MINISTRY OF HEALTH
MONROVIA, LIBERIA

Community-Based Health Survey in Liberia

Part 1: A Quantitative Study

March 2016

The Community-based health survey: Part 1 - Quantitative Study was coordinated by the Ministry of Health and implemented by the Liberia Institute of Statistics and Geo-Information Services (LISGIS). The funding and technical assistance was provided by the United Nations Children's Fund (UNICEF).

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List of Abbreviations and Acronyms

AfT	Agenda for Transformation
AIDS	Acquired Immune Deficiency Syndrome
ALP	Accelerated Learning Program
CBOs	Community Based Organizations
CFSNS	Comprehensive Food Security and Nutritional Survey
CHO	Community Health Officer
CHT	Community Health Team
CHVs	Community Health Volunteers
CHW	Community Health Worker
DHOs	District Health Officers
EA	Enumeration Area
EVD	Ebola Virus Disease
FGD	Focus Group Discussion
gCHVs	general Community Health Volunteers
HIV	Human Immune Virus
LDHS	Liberia Demographic Health Survey
LISGIS	Liberia Institute for Statistics and Geo- Information Services
MDGs	Millennium Development Goals
MNCH	Maternal Newborn Child health
MOE	Ministry of Education
MOH	Ministry of Health
NGOs	Non-Governmental Organizations
ORS	Oral Rehydration Salt
PMCs	Project Management Committees
PPS	Population Proportion to Size
PRS	Poverty Reduction Strategy
PSU	Population sampling Unit
RHF	Recommended Home Fluid
SOW	Scope of Work
SPSS	Statistical Package for Social Science
SSIs	Semi Structured Interviews
TOR	Terms of Reference
TTMs	Trained Traditional Midwives
UN	United Nations
CRC	Convention on the Rights of the Child
UNDP	United Nations Development Program
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Introduction

Health system bottlenecks[1] continue to impede the scale up of high-impact maternal, newborn and child interventions; thereby contributing to maternal, newborn, and under-five morbidity and mortality. In 2014, the deadly Ebola Virus Disease (EVD) Epidemic devastated the already fragile healthcare system in Liberia. In response to the EVD outbreak, the MoH developed the 2015-2021 Health Investment Plan. It aims to identify policies and implementation gaps as well as improve the health status through the building of a resilient health system.

In line with the investment plan, the Community Health Services Division (CHSD) of the MoH and Partners, embarked upon an ambitious goal of revising the Community health services policy to strengthen the community health program and deploy a fit for purpose, well-trained, supervised and incentivized cadre of community health workers to provide coverage for the more than 29% of Liberia who have no access to Primary Health Care (PHC) services.

Therefore, there is a critical need for readily available, accessible, and reliable baseline information and thematic data on post-EVD to better inform policy makers and programme managers for the design, planning, and implementation of the community health program in Liberia. Consequently, the MoH with support from UNICEF Liberia conducted a community-based health survey to better inform the design and implementation of the community health program.

Study objectives

The objectives of the survey were to:

a. To provide baseline data on pre-identified indicators of water, sanitation, hygiene, nutrition, maternal, newborn and child health, as well as health-related KAP that will allow the MoH and partners to track its post-EVD interventions.
b. To better understand maternal, newborn, and child care practices, experiences and barriers that can inform the interventions

Methods

The assessment was conducted in the 15 political sub divisions of Liberia from October to December 2015. A 4 day training workshop was held at LISGIS from October 12 – 15, 2015. A total of 5,027 households from 201 communities were selected through a systematic random sampling. From the total number of households, 5169 respondents were interviewed. Double entry

[1] Health Sector Assessment, Ministry of Health, 2015

verification was performed on all questionnaires to alleviate all possible errors. STATA 12 was used for statistical analyses.

Key results

Background characteristics

- Age: 50% of respondents were between the ages of 26 to 45, while 14% of respondents were 25 years or below.
- Education: 62% of respondents interviewed reach the primary level or had no education, while 28% had achieved at least secondary education.
- Marital Status: 55% of respondents were married/partners and 38% were single.
- 52% of children in households surveyed had only acquired primary education (Grade 1 -6). Only 18% of children in the sampled households acquired senior high education (Grade 10 -12).
- The average school entry for children of respondents was 6.7 years and varies from county to county; The results reveal almost one-fifth of persons aged 3-4 years attended any organized leaning or early education development programs and learning for children.

Community profile

- 62% of the total population interviewed lived five kilometers away from the nearest health facility.
- 33% of total respondents acknowledged the availability of a community health development committee in their communities. On the other hand, only 22% of the respondents mentioned that these committees were functional (holding monthly meetings) in their communities.
- 35.6% of the respondents confirmed the presence of gCHVs in their communities, while 46.6% of the respondents also confirmed the presence of TTMs.

Water, Sanitation, and Hygiene

- 65% of the respondents' main source of drinking water was hand pumps/ protected wells, and 12% continue to use rivers, dams, streams and lakes.
- Only 37% of total respondents treat their drinking water with bleach/chlorine, while 23% permit water to settle before drinking.
- 55% of respondents used bush/ field to defecate and less than 10% used other forms of sanitation facilities.
- On the overall, 41% of households interviewed were observing good hand washing behavior, even though 53% of households did not have standard hand washing stations.

Maternal and Newborn Health

ANTE NATAL CARE

- From the total number of women who were pregnant from 2010 to the time of the survey, 97% received antenatal care from some medical practitioners. Among these, 88.1% of the respondents said antenatal care was provided by nurses/certified midwives.
- 65% of women and 26.2% of mothers received Sulfamethoxazol Pyrimethamine (SP) /fansidar and chloroquine treatment for malaria respectively.

PLACE OF DELIVERY

- 60% of women who got pregnant from 2010 to the time of the survey gave birth in a government facility, while 33% give birth in private clinics. 7% of women interviewed (2,345 women) also during the survey gave birth at home.
- According to the women, key reasons for out-of-facility delivery are distance and transport cost (83%) and high cost of delivery at facilities (20%).

ASSISTANCE DURING DELIVERY

- 69% of births were delivered with the help of nurses/ certified midwife, 12% by traditional midwife and 13% were delivered by doctors.
- The highest percentage of delivery by doctors was carried out in Bomi County, while River Gee County did not record any delivery by a doctor.

POSTNATAL CARE FOR MOTHERS AND NEWBORN

- Of all women (1827) interviewed who had babies from 2010 to the time of the assessment, only 2% (52) received postnatal care after birth.
- On the county level, more women in Montserrado, Sinoe, Margibi and Lofa Counties received postnatal care, while no woman in Bomi, Grand Cape Mount, Grand Gedeh, and Grand Kru Counties accessed postnatal care.
- 18% of mothers said their babies received postnatal checks immediately after birth.

Child Health

BIRTH REGISTRATION:

- On the overall, only 25% of mothers interviewed during the assessment had knowledge on birth registration. Around 9% of children had a birth certificate.
- The most knowledgeable of these are from Bomi (91%), followed by Cape Mount and Grand Kru, 65% and 43% respectively. Mothers in southeastern counties of Grand Gedeh, Maryland and River Gee do not have knowledge on birth registration.

MANAGEMENT OF ACUTE RESPIRATORY INFECTIONS

- Of the mothers who had under-five children, 19% reported that their children had had symptoms of ARI within two weeks before the survey.
- Of that number, 74% of mother sought advice for ARI from a medical practitioner, while 72% receive antibiotics for the treatment of ARI.

MANAGEMENT OF CASES OF FEVER

- 24.7% of women reported that their under-five children had had fever within two weeks preceding the survey.
- 47% of mothers who experienced cough and fever in children sought treatment from a health facility or provider; while 9.3% sought treatment from black baggers.
- 35% of children received ACT and 50% received aspirin.

DIARRHEA

- 19% of mothers said that their children had some form of running stomach during two weeks prior to the survey.
- Of the total number of children who had running stomach, mothers who sought advice from medical practitioner amounted to 39%;
- The use of recommended homemade Fluids (RHF) was 38%; and use of oral rehydration salt 32%. On the overall, 45% of mothers seek treatment for running stomach on the same day;

Knowledge of HIV/AIDS

- 80% of people interviewed have heard of HIV/AIDS.
- 85% of people interviewed said that people can reduce their chance of getting HIV/AIDS by using condom every time they have sex.

Conclusion

The assessment of the community health in Liberia highlights the need to expand essential health services to remote communities with limited access to health facilities to increase the coverage of life-saving interventions for equitable outcomes.

Map of Liberia

SECTION 1

INTRODUCTION

Chapter 1: Background

Situated on the West Coast of Africa, Liberia's population is estimated at 4.4 million with an annual growth rate of 2.1. Liberia has a tropical climate with abundant rainfall. On the 2014 UNDP Human Development Index, Liberia ranks 177 out of 188 countries[2]. The poverty rate is overwhelming; Of the 4.4 million people, 81.86% are living in poverty, mostly women and children. A greater portion (56%[3]) of the population is functionally illiterate. Average life expectancy is 57.41, with an estimate of 55.82 for males and 59.04 for females[4].

The Liberia Demographic and Health Survey (2013 LDHS) has been conducted in 2013. The results show that the maternal mortality rate is estimated at 1,072/100,000 live birth, the under-five mortality rate was at 94/1000 live births, and the neonatal mortality rate at 26/1000 live births. Health system bottlenecks impede the scale up of high-impact maternal, newborn and child interventions contributing to maternal, newborn, and under-five morbidity and mortality. These include inadequate number of skilled human resources for health, limited emergency obstetrics and newborn care services and referral mechanisms coupled with frequent stock-outs of essential drugs. Additional major non-health factors include the lack of decision-making power by women in some communities, particularly in the rural setting, lack of clearly defined community referral and health financing mechanisms, poverty, economic difficulties, negative socio-cultural values, practices and beliefs, all contributing to delays in making the decision to seek health care, in reaching a health facility, and in receiving quality and affordable care at the health facility.

In 2014 the deadly Ebola Virus Disease (EVD) Epidemic devastated the already fragile healthcare system in Liberia. Health services were rendered dysfunctional with health facility closures, fears and inability of health workers to provide routine health services, and community distrust and fears. Communities sought care from traditional, private and informal health care providers, driving up out-of-pocket expenditure on health; the number of outpatient visits in the public sector plummeted by 61%. Women and children were disproportionately affected by the crisis beyond EVD itself with declines of 43% in antenatal care, 38% in institutional deliveries, 45% in measles and 53% in DTP3 vaccinations between August and December 2014 compared to the same period in 2013 (MoH 2015).

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[2] http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LBR.pdf; under the theme, "work for human development", the 2015 ranking and values will officially be made public after the global launch and worldwide electronic release.
[3]PRS, 2008, p.111.
[4] http://www.cia.gov/library/publications/the-world-factbook/geos/li.html

In response to the EVD outbreak, the MoH developed the 2015-2021 Health Investment Plan. It aims to identify policies and implementation gaps as well as improve the health status through the building of a resilient health system. A resilient health system that will contribute to the achievement of equitable health outcomes described in the 10-year National Health Policy and Plan. Two of the key priorities are 1) to develop an incentivized community health workforce to improve community-based service delivery that will provide preventive, promotive, and curative health services to the most under-served communities, rebuild trust in the health system, enhance linkages to health facility services and create social stability and economic impact in vulnerable communities and 2) to ensure 'an enabling environment that restores trust in the health authorities' ability to provide services through community engagement in service delivery and utilization, improved leadership, governance and accountability at all levels. This strategy will also help to ensure that every person in Liberia has access to essential health services which has the potential to save lives and dramatically improve national health indicators.
In line with the investment plan the Community Health Services Division of the MoH and Partners, embarked upon an ambitious goal of 1) revising the Community health services policy and 2) developing the community health strategic plan in order to provide an overarching policy mandate to strengthen the community health program and deploy a fit for purpose, well-trained, supervised and incentivized cadre of community health workers to provide coverage for the more than 29% of Liberia and close to 60% of rural Liberian who have no access to PHC services.

There is a critical need for readily available, accessible, and reliable baseline information and thematic data post-EVD to better inform policy makers and programme managers for the design, planning, and implementation of the community health program in Liberia.

Chapter 2: Objectives

2.1 Main objective

The main purpose of the community-based health survey (PART 1- QUANTITATIVE STUDY) is to expand the evidence base of community –based maternal, newborn and child health services in Liberia post-EVD crisis. This includes assessing the coverage of the current maternal, newborn, and child health and understanding various factors that facilitate or hinder access and utilization of health services at the community level. It will be an opportunity to better understand maternal, newborn, and child care practices, experiences and barriers that can inform the community-based interventions being developed for a strengthened community-based health system able to deliver quality care especially for remote and hard-to-reach communities.

2.2 Specific objectives

The community-based quantitative health study aims to provide baseline data on pre-identified indicators of water, sanitation, hygiene, nutrition, maternal, newborn and child health, and health-related behaviors. Specifically the study aims to:

- Determine the current profile of general Community Health Volunteers (gCHVs)
- Assess the functionality of existing community health structures
- Assess water, sanitation and hygiene conditions
- Determine service utilization patterns for antenatal care, delivery and postnatal care for mothers and newborns
- Understand care seeking behaviors and practices among caregivers
- Determine patterns of utilization of services for integrated community case management for childhood illnesses
- Assess the coverage of life-saving interventions including breastfeeding and immunization
- Understand the current knowledge of HIV/AIDS in selected populations

Chapter 3: Methodology

3.1 Research Design

The Part 1 of the community-based health survey is a quantitative cross-sectional research study designed to collect primary data on caregivers, women and children under five. The questionnaire targeted women of child bearing age, pregnant women; women with children under five and their husbands within the catchment population of every facility in the fifteen (15) counties of Liberia.

3.2 Sampling Methodology

With a simple multi-stage cluster design to select the final sample size from the fifteen counties, the primary sampling unit (PSU) was the Enumeration Areas (EAs), which is defined by the National Census, and the secondary sampling units (SSU) are households. Probability Proportion to Size (PPS) was used to determine the number of EAs to be sampled per county. A total of 75 EAs was selected across all 15 counties. In each selected EA, systematic random sampling was used to select 30 households using the household rosters from the National Census (LISGIS 2008)[5].

For each selected EA, a team leader visited the selected communities prior to the commencement of the data collection to explain the purpose of the study to local leaders, and requested permission to conduct the interviews. With the assistance of the local leaders or a liaison, household listings were confirmed. Names of male headed households who had recently moved into the community since the 2008 Census were added and names of those who have moved out of communities were removed. All corrections were made before completing the household randomization.

With a total number of 670,295 households in Liberia (according to the 2008 National Population and Housing Census), the total number of households agreed upon to be sampled was 5027 households (0.75 %). The 5027 H/Hs were proportionally allocated among the fifteen counties. A total of 201 communities were selected to be covered; with a minimum of 25 households per community. The final selection of the 25 households was randomly done on the field from the households' listing. A total of 5221 respondents were interviewed. The table below presents the sample size.

[5] Household listings for the randomly selected EAs were provided by the 2008 National Census database.

Table 1: Sample design for the quantitative community-based health study

County	Number of households	Number of households selected	Number of communities	Respondents	
				n	%
Bomi	20,508	154	6	224	4
Bong	69,810	524	21	464	9
Gbarpolu	14,533	109	4	103	2
Grand Bassa	47,440	356	14	335	6
Grand Cape Mount	23,950	180	7	131	2
Grand Gedeh	18,143	136	5	133	3
Grand Kru	8,969	67	3	51	1
Lofa	49,642	372	15	360	7
Margibi	45,095	338	14	368	7
Maryland	19,254	144	6	204	4
Montserrado	232,585	1744	70	2,032	39
Nimba	80,734	605	24	628	12
River Cess	13,981	105	4	56	1
River Gee	9,822	74	3	36	1
Sinoe	15,829	119	5	96	2
Total	**670,295**	**5027**	**201**	**5221**	**100**

n = Number of respondents; % = percentage of respondents

3.3 Data Collection

Data collection was conducted and coordinated by 60 trained and experienced enumerators and 15 field supervisors. A four-day workshop on orientation of the study and data collection instruments was conducted at LISGIS from Oct. 12 – 15, 2015. The training addressed in particular the focus of the questionnaire and techniques to use in gathering the relevant information. The tools and questionnaires were pretested before the field work. Feedback from the pre-test was used to improve the questionnaire. Data collected over a period of four weeks were thoroughly crosschecked and findings collaborated in order to reduce biases.

3.4 Data management and analysis

Completed and validated questionnaires from the field were safely and securely transported to LISGIS headquarters in Monrovia. Data entry was performed by five trained and experienced clerks under the supervision of two senior personnel from LISGIS. Double entry verification was performed on all questionnaires to alleviate any possible errors. Data entry was done using CSPro.

For analysis, STATA (version 12.0) was used. The data is mostly categorical and some continuous variables (e.g. age in completed years) were categorized. “No responses” were very few and were not systematic and were recoded as missing values. Some variables were recoded so as to increase conceptual sense (e.g. don’t know’ were included in ‘No” in dichotomous variables). Categorical data was reported as frequencies and proportions (as row percentages). Cross tabulations and

bivariate analyses were performed on selected key variables with focus on the various indicators, for examples, water, sanitation, hygiene, nutrition, maternal, newborn and child health.

3.5 Ethical Considerations

The study is non-invasive and posed no risk to participants. Individuals interviewed were duly informed about the purpose of the survey. In addition, they were informed that participation is voluntary and could withdraw their consent to participate at any stage of the research, without incurring penalties. The respondents gave verbal and or written informed consent to participate in the research. Individual privacy and confidentiality were adhered.

3.6 Limitations

Self-reported behaviors may not always be aligned with the individual's actual practices. It is possible that respondents may have provided socially desirable responses. Furthermore, self-reported data may suffer from desirability bias and recall bias and the accuracy of these self-reports may be compromised because some health-risk behaviors are difficult to recall and some are so sensitive that respondents may not want to report them.

SECTION 2

KEY FINDINGS

Chapter 1: Background Characteristics of Respondents

1.1 Socio-demographic characteristics

- **Age:** 50% of respondents were between the ages of 26 to 45, while 14% of respondents were 25 years or below.
- **Education:** 62% of respondents interviewed reach the primary level or had no education, while 28% had achieved at least secondary education.
- **Marital Status:** 55% of respondents were married/partners and 38% were single.
- **Religion:** Overall, 83% of respondents were Christians and 12% were Muslims. Only Grand Kru has a total of 100% Christians, while Grand Cape Mount has a total of 99% Muslims.

Table 2: Background Characteristics of Respondents

Variables	Respondents	
	Number/frequency	Percentage
Gender (n=5221)		
Male	2826	54
Female	2395	46
Age Range in years (n=5221)		
15 - 25	736	14
26 - 35	1366	26
36 - 45	1248	24
46 - 60	970	19
Over 60	418	8
Don't Know	483	9
Education (n=5221)		
Primary or less	3256	62
Secondary	1484	28
Higher	481	9
Religion (n=5221)		
Christian	4326	83
Muslim	636	12
Traditional religion	156	3
No Religion or other	103	2
Marital Status (n=5221)		

Variables	Respondents	
	Number/frequency	Percentage
Single	4536	38
Married /Partners	6,574	55
Separated/ divorced	317	3
Widow/ widower	475	4
County (n=5221)		
Bomi	224	4
Bong	464	9
Gbarpolu	103	2
Grand Bassa	335	6
Grand Cape Mount	131	2
Grand Gedeh	133	3
Grand Kru	51	1
Lofa	360	7
Margibi	368	7
Maryland	204	4
Montserrado	2,032	39
Nimba	628	12
River Cess	56	1
River Gee	36	1
Sinoe	96	2

1.2 Educational level of children

- 52% of children in households surveyed had only acquired primary education (Grade 1 -6). Only 18% of children in the sampled households acquired senior high education (Grade 10 -12).
- The average school entry was 6.7 years and varies from county to county. In Sinoe, Nimba, River Cess, Bong and Grand Kru, it ranges from 7.1 years to 8.6 years.

Table 3: Educational status (School attendance) of the children in households surveyed

	Age 3 and above who ever attended school		Age 3 and above Currently in School	
	n	%	n	%
Bomi	5.8	798	69	553
Bong	8.4	1,422	42	496
Gbarpolu	6.3	363	58	210
Grand Bassa	6.0	1,062	40	427
Grand Cape Mount	6.4	501	46	231
Grand Gedeh	6.6	376	51	193
Grand Kru	8.6	270	65	175
Lofa	6.3	1,357	59	803
Margibi	6.1	1,238	65	806
Maryland	6.3	742	55	407
Montserrado	6.2	6,637	67	3,805
Nimba	7.9	2,535	65	1,645
River Cess	8.3	229	58	132
River Gee	6.8	111	58	64
Sinoe	7.1	379	66	249
Liberia	64	18020	53	10196

n = Number of respondents; % = percentage of respondents

- The results also show that 53 % of children aged 3 years old and over were currently in school, with no significant gender differences. School attendance ranged between 40% in Grand Bassa to 69% in Bomi (table 3).

- Early childhood and development (see table 4): The results reveal almost one-fifth of persons aged 3-4 years attended any organized leaning or early education development programs and learning for children. Table 4 shows that 30 to 50 percent of persons aged 3-4 years attended any organized early education learning in Lofa, Grand Gedeh and River Gee counties.

Table 4: Percent of Household population aged 3-4 years who attended and did not attend any organized learning or early education development by county

County	ECD attendance	
	Frequency	Percentage (%)
Bomi	51	27.5
Bong	47	19.1
Gbarpolu	35	22.9
Grand Bassa	103	7.8
Grand Cape Mount	41	17.1
Grand Gedeh	20	30.0
Grand Kru	17	0.0
Lofa	115	30.4
Margibi	64	20.3
Maryland	62	19.4
Montserrado	281	26.0
Nimba	141	8.5
River Cess	15	6.7
River Gee	4	50.0
Sinoe	30	3.3
Liberia	1026	19.6

Chapter 2: Community Engagement

2.1 Community profile

- **Distances to Health Facilities.** 62% of the total population interviewed lived five kilometers away from health centers. Of this number, Sinoe County is mostly affected with 96% of respondents living far from health centers. Rivercess, Bong, Grand Bassa, Nimba and Montserrado counties also have high percentage of respondents who live beyond five kilometers of a health center.

- **Health Seeking Behavior.** The survey shows that 81% of respondents go to health facilities when they are sick, while 12% visit other facilities. Other places visited for health purposes are bagger/drug stores, TTMs, medicine stores and herbalists. The table below gives a vivid picture of the general characteristics of respondents

Table 5: Community profile (distance from health facility and care seeking)

Variables	Respondents	
	number	Percentage
Distance from health facility (n=number of respondents)		
>5 kilometers from the nearest health facility	3257	62
5 kilometers or less from the nearest health facility	1964	38
Health care seeking behavior (n=number of respondents)		
Govt Health Facility	4199	81
Private Health Facility	604	12
Herbalist	52	1
Country Doctor	22	0
Community Health Volunteer	23	0
Traditional trained midwife (TTM)	9	0
Medicine Store	74	1
Black Bagger/Drug Peddler	109	2
Other Sources	77	1

2.2 Community Health Development Committee

- As presented in table 5, around 33% of total respondents acknowledged the availability of a community health development committee (CHDC) in their communities. Respondents in Lofa and Nimba were more aware of the CHDCs compared to those in Grand Gedeh, River Cess, and River Gee.

- 22% of the respondents mentioned that the CHDCs were functional (holding monthly meetings) in their communities.

Table 6: Available community health development committee (CHDC) by County

County	Respondents confirming availability of CHDCs			Respondents confirming that their communities are holding monthly meetings		
	n	%	Total	n	%	Total
Bomi	75	33	224	50	25	202
Bong	254	55	464	134	31	431
Gbarpolu	36	35	103	12	21	56
Grand Bassa	85	25	335	55	17	323
Grand Cape Mount	54	41	131	1	2	55
Grand Gedeh	1	1	133	0	0	121
Grand Kru	35	69	51	22	43	51
Lofa	308	86	360	177	53	335
Margibi	113	31	368	49	14	344
Maryland	16	8	204	12	6	187
Montserrado	222	11	2032	111	6	1768
Nimbi	469	75	628	387	65	592
River Cess	3	5	56	0	0	54
River Gee	5	14	36	3	10	31
Sinoe	61	64	96	25	27	93
Liberia	**1737**	**33**	**5221**	**1038**	**22**	**4643**

n = Number of respondents; % = Percentage of respondents

2.3 General Community Health Volunteers

- More than one-third of respondents (35.6 percent) confirmed the presence of general Community Health Volunteers (gCHVs) in their communities as shown in Table 7.

- In addition, 46.5 percent of respondents acknowledged the presence of trained traditional midwife (TTM). TTMs were predominately available in River Cess County and Sinoe County.

Table 7: Percentage (%) of respondents who acknowledged the presence of Community Health Volunteers (specific type) in their communities in all 15 counties

County	Percentage of respondents by type of Community health volunteers (%)				Total number of respondents
	gCHV	TTM	Health Promoters	Others	
Bomi	72.8	67.5	87.7	0.6	224
Bong	53.9	70.2	87.9	1.2	460
Gbarpolu	31.1	3.1	96.9	2.6	103
Grand Bassa	23.6	73.4	83.5	3.8	335
Grand Cape Mount	60.3	31.6	97.5	11.4	131
Grand Gedeh	4.5	16.7	100.0	0.0	133
Grand Kru	92.2	68.1	91.5	0.0	51
Lofa	75.6	24.3	98.9	3.3	360
Margibi	16.9	34.4	75.4	6.6	362
Maryland	19.6	2.5	100.0	0.0	204
Montserrado	11.2	44.4	86.5	3.6	1993
Nimbi	77.4	37.0	95.9	19	625
River Cess	26.8	100.0	20.0	0.0	56
River Gee	44.4	0.0	100.0	0.0	36
Sinoe	80.2	96.1	55.8	1.3	96
Liberia	35.6	46.5	90.0	2.6	5,169

- Overall, 19% of respondents said gCHVs rendered services in Ebola surveillance, contact tracing and prevention, and maternal and newborn care. 23% of respondents also said that gCHVs rendered services in immunization and 20% said gCHVs work with water and sanitation (see table 8).

Table 8: Services rendered by gCHVs (number and percentage (%))

County	Ebola surveillance, contact tracing and prevention		Maternal and newborn care		Immunization		Water and Sanitation		Total
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	
Bomi	136	61	109	49	51	23	141	63	224
Bong	194	42	178	38	230	50	199	43	464
Gbarpolu	31	30	8	8	8	8	11	11	103
Grand Bassa	63	19	49	15	49	15	61	18	335
Grand Cape Mount	61	47	25	19	31	24	58	44	131
Grand Gedeh	1	1	3	2	2	2	6	5	133
Grand Kru	14	27	43	84	41	80	14	27	51
Lofa	177	49	107	30	130	36	184	51	360
Margibi	30	8	35	10	28	8	16	4	368
Maryland	6	3	1	0	24	12	37	18	204
Montserrado	135	7	141	7	120	6	76	4	2032
Nimbi	154	25	185	29	414	66	212	34	628
River Cess	0	0	15	27	1	2	2	4	56
River Gee	2	6	2	6	8	22	13	36	36
Sinoe	8	8	70	73	50	52	35	36	96
Liberia	1012	19	971	19	1187	23	1065	20	5221

Chapter 3: Water, Sanitation, and Hygiene

Findings from the study reveal that 65% of the 5,169 respondents interviewed used hand pump water as their main source of drinking water. 12% still use rivers, dam, streams and lakes as a source of drinking water. Only 2% use pipe borne water as a source of drinking water.

3.1 Water Treatment Methods

Results of the survey show that water treatment behavior among households interviewed is on a low scale (table 9). Only 37% of total respondents interviewed treat their drinking water with bleach/chlorine, while 23% permit water to settle before drinking.

Table 9: Water treatment methods according to respondents surveyed

County	Boil		Bleach/ chorine		Purr		Water Garud		Cloth		Ceramic/ sand		Disinfection		Settle		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Bomi	0	0	93	42	100	45	4	2	0	0	0	0	1	0.4	24	10.7	224
Bong	1	0	22	5	99	22	14	3	1	0.2	0	0	0	0	115	25	460
Gbarpolu	9	9	60	58	0	0	6	6	0	0	0	0	0	0	24	23.3	103
Grand Bassa	2	1	77		1	0	1	0	0	0	1	0.3	0	0	129	38.5	335
Grand Cape Mount	0	0	37	28	36	28	5	4	1	0.8	0	0	0	0	41	31.3	131
Grand Gedeh	0	0	14	11	21	16	15	11	5	3.8	1	0.8	0	0	47	35.3	133
Grand Kru	0	0	8	16	0	0	0	0	1	2	0	0	0	0	42	82.4	51
Lofa	2	1	144	40	2	1	13	4	1	0.3	12	3.3	0	0	3	0.8	360
Margibi	2	1	211	58	2	1	21	6	3	0.8	2	0.6	10	2.8	20	5.5	362
Maryland	5	2	39	19	45	22	45	22	2	1	1	0.5	0	0	5	2.5	204
Montserrado	19	1	889	45	171	9	288	15	29	1.5	19	1	11	0	409	20.5	1,993
Nimbi	6	1	291	47	1	0	49	8	1	0.2	0	0	0	0	196	31.4	625
River Cess	1	2	1	2	0	0	0	0	0	0	0	0	0	0	54	96.4	56
River Gee	1	3	5	14	10	28	8	22	0	0	0	0	0	0	3	8.3	36
Sinoe	0	0	1	1	0	0	1	1	0	0	0	0	0	0	94	97.9	96
Liberia	**48**	**1**	**1892**	**37**	**488**	**9**	**470**	**9**	**44**	**1**	**36**	**1**	**22**	**0**	**1206**	**23**	**5169**

* n=number / frequency; % = percentage

3.2 Availability of Sanitation Facilities

- Overall, the assessment reveals that 55% of respondents interviewed use bush/field to defecate. Unfortunately, only 2% use flush toilet. Less than 10% of respondents use other forms of sanitation facilities.

- At the county level, only four counties reported high percentage in the use of improved/flush latrines. 34% of respondents in Montserrado County use improved facilities, 51% in Margibi, 19% in Lofa, 10 % in Grand Bassa and 14% in Bomi Counties. On the other hand, none of the respondents interviewed in Sinoe, River Cess, River Gee and Grand Kru Counties had access to improved latrine facilities. Table 10 below shows the findings.

Table 10: Types of Latrine Facilities according to respondents

County	Flush		VENTILATED IMPROVED PIT LATRINE		PIT LATRINE WITH SLAB		PIT LATRINE WITHOUT SLAB/OPEN PIT		COMPOSTING TOILET		BUCKET TOILET		HANGING TOILET/HANGING LATRINE		NO FACILITY /BUSH/FIELD		OTHER		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Bomi	31	14	1	0.4	11	5	7	3.1	0	0	3	1.3	2	0.9	169	75	0	0	224
Bong	14	3	2	0.4	19	4	4	0.9	0	0	1	0.2	32	7	343	75	0	0	460
Gbarpolu	0	0	1	1.0	39	38	12	11.7	0	0	0	0	0	0	42	41	0	0	103
Grand Bassa	34	10	0	0.0	3	1	44	13.1	1	0.3	0	0	12	3.6	236	70	5	1.5	335
Grand Cape Mount	3	2	0	0.0	6	5	5	3.8	0	0	0	0	0	0	113	86	0	0	131
Grand Gedeh	2	2	1	0.0	26	20	53	39.8	5	3.8	0	0	6	4.5	40	30	0	0	133
Grand Kru	0	0	0	0.0	3	6	0	0	0	0	0	0	0	0	48	94	0	0	51
Lofa	67	19	2	0.6	20	6	44	12.2	0	0	0	0	110	31	117	33	0	0	360
Margibi	183	51	1	0.3	7	2	29	8	0	0	2	0.6	19	5.2	120	33	1	0.3	362
Maryland	4	2	3	1.5	41	20	86	42.2	10	4.9	0	0	6	2.9	52	26	2	1	204
Montserrado	673	34	17	0.9	81	4	106	5.3	13	0.7	4	0.2	54	2.7	1040	52	5	0.3	1993
Nimbi	19	3	4	0.6	65	10	76	12.2	2	0.3	2	0.3	104	17	352	56	1	0.2	625
River Cess	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0	56	100	0	0	56
River Gee	0	0	1	2.8	7	19	20	55.6	4	11.1	0	0	0	0	4	11	0	0	36
Sinoe	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0	96	100	0	0	96
Liberia	**1030**	**20**	**33**	**1**	**328**	**6**	**486**	**9**	**35**	**1**	**12**	**0**	**345**	**7**	**2828**	**55**	**14**	**0**	**5169**

* n=number / frequency; % = percentage

3.3 Availability of Hand Washing stations

On the overall, the result shows that 41% of households interviewed were observing good hand washing behavior (table 11). 53% of households did not have standard hand washing stations, while 4% did not grant interviewers the permission to observe their hand washing stations. Grand Gedeh (89%) and Maryland (88%) recorded the highest hand washing practices while River Cess, Gbarpolu, Nimba, Grand Kru, Bomi and Sinoe Counties adopt hand washing practices that were below 7%.

Table 11: Availability of hand washing stations

County	Availability of hand washing station		Total
	Number	Percentage (%)	
Bomi	10	4.5	224
Bong	359	78	464
Gbarpolu	17	17	103
Grand Bassa	163	49	335
Grand Cape Mount	8	6	131
Grand Gedeh	118	89	133
Grand Kru	3	6	51
Lofa	133	37	360
Margibi	196	54	368
Maryland	179	88	204
Montserrado	875	44	2032
Nimbi	42	7	628
River Cess	4	7	56
River Gee	28	78	36
Sinoe	1	1	96
Liberia	2136	41	5221

Chapter 4: Maternal and Newborn Health

4.1 Antenatal care

Around 76% of 2395 women interviewed had been pregnant since 2010 (table 12). Lofa, River Cess and Sinoe counties recorded the highest percentage of pregnant women (73% – 77%) while Grand Cape Mount, Nimba, Grand Kru, Grand Bassa, Gbarpolu and Bomi recorded the lowest percentage of pregnant women (60% - 66%).The assessment further reveals that from the total number of women who were pregnant from 2010 to the time of the survey, 97% received antenatal care from some medical practitioners.

Table 12: Percentage of mothers who had child since 2010 and saw anyone for checkup for pregnancy by county

County	Percent had child since 2010 (%)	Percent had child and saw anyone for checkup for pregnancy (%)	Number of mothers
Bomi	59.6	100.0	84
Bong	65.8	97.2	36
Gbarpolu	63.2	98.0	196
Grand Bassa	63.5	86.4	125
Grand Cape Mount	60.0	100.0	51
Grand Gedeh	52.1	92.1	38
Grand Kru	62.8	100.0	27
Lofa	73.7	99.4	179
Margibi	58.6	100.0	143
Maryland	57.6	92.1	38
Montserrado	57.7	96.4	717
Nimbi	60.3	96.7	243
River Cess	75.0	100.0	33
River Gee	52.9	88.9	9
Sinoe	77.8	100.0	56
Liberia	76	96.8	1975

The results revealed almost nine in ten mothers (88.1percent) received antennal care from nurse/ certified midwife, 17 percent from doctors, and 16 percent from traditional midwife (table 12). The findings by county reveal 91 to 100 percent mothers received antenatal care from

nurses/ certified midwife in Gbarpolu, Bong, Lofa, Maryland , river Gee and Sinoe counties compared to 76.9 percent to 89 percent in other counties. Antenatal care by doctors ranges between 27 percent to 39.3 percent in Montserrado, Bong, River Cess and Bong counties; 11.8 percent to 19 percent in Grand Cape Mount, Margibi and Grand Kru Counties and few in other counties. Meanwhile, more than half (62.5) mothers in Sinoe County receive antenatal care from traditional midwife and 19.6 percent to 37 percent in Margibi , Grand Bassa, River Cess, Nimba, and Grand Kru Counties compared to few in other counties. Furthermore, the provision of antenatal care services by physician assistants ranges from 8 percent to 15 percent in Montserrado, Bomi, and Nimba counties as compared to other counties.

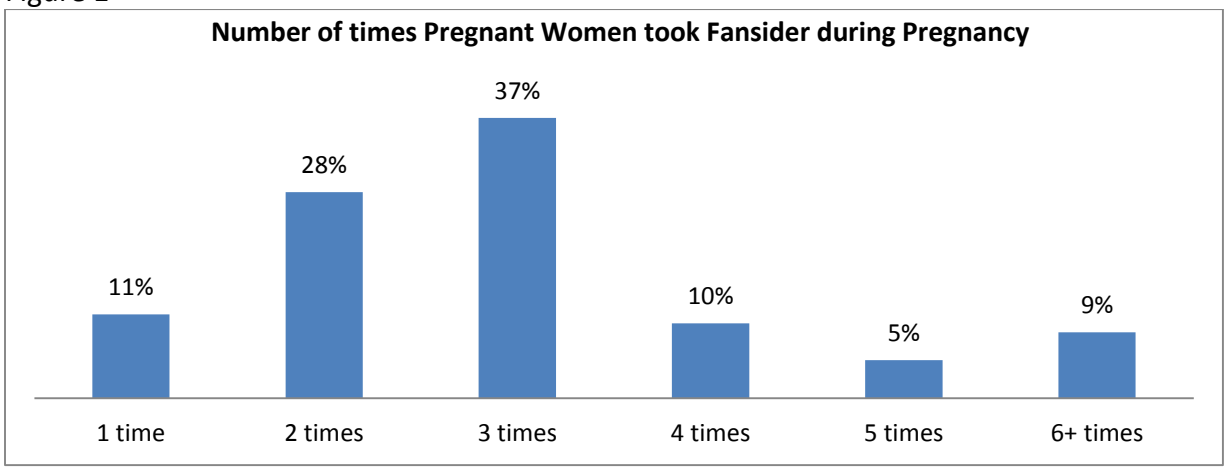
Table 13: Percent of mothers and type of person who checked up for pregnancy by county

County	Doctor	Nurse/ Certified Midwife	Physician Assistants	TTM	Others	Number of mothers
Bomi	32.1	89.3	9.5	4.8	0.0	84
Bong	21.9	97.4	3.1	7.8	0.0	192
Gbarpolu	5.7	91.4	2.9	2.9	0.0	35
Grand Bassa	9.3	76.9	0.0	30.6	0.0	108
Grand Cape Mount	11.8	86.3	5.9	7.6	0.0	51
Grand Gedeh	2.9	88.6	2.9	2.9	2.9	35
Grand Kru	18.5	85.2	7.4	37.0	0.0	27
Lofa	7.3	94.4	3.4	8.4	0.0	178
Margibi	12.6	86.7	5.6	19.6	3.5	143
Maryland	5.7	97.1	5.7	0.0	0.0	35
Montserrado	21.1	84.4	8.2	9.3	0.1	691
Nimbi	8.9	88.9	14.9	35.7	0.0	235
River Cess	27.3	78.8	6.1	33.3	0.0	33
River Gee	0.0	100.0	0.0	0.0	0.0	8
Sinoe	39.3	100.0	3.6	62.5	0.0	56
Liberia	17.0	88.1	7.0	16.0	0.4	1911

From the total number of women who received antenatal care, 42% received the service at government hospitals, 33% at government clinics, and 12% at other private clinics (table not shown).

In terms of treatment, 65 % of women and 26.2 % mothers received Sulfamethoxazol Pyrimethamine (SP) /fansidar and chloroquine treatment for malaria respectively. The SP/fansider treatment for malaria ranged from 80 % to 97% for mothers in Grand Cape Mount, River Cess, Grand Kru and Sinoe counties; while 51 % to 73 % for mothers in Grand Bassa, Nimba, Margibi, Montserrado, Bomi and Lofa Counties. Chloroquine treatment for malaria varies from 25 % to 75 % in Maryland, Gbarpolu, Grand Gedeh, Margibi, Lofa and River Gee counties as compared to few mothers in other counties. From the number of women who took SP/Fansider during pregnancy, 37% took the drug three times; while 28% took it two times.

Figure 1



4.2 Care during delivery

60% of women who got pregnant from 2010 to the time of the survey gave birth in a government facility while 33% give birth in private clinics. Although home delivery has been prohibited by the MOH, 7%of women interviewed during the survey gave birth either in their own homes or in the homes of others. Home deliveries were more prevalent in Grand Bassa, Margibi, Montserrado and Maryland Counties while delivery by traditional midwives was more prevalent in Grand Bassa, Margibi, Nimba, River Cess and River Gee. Tables 14 shows the findings.

Table 14: Place of delivery

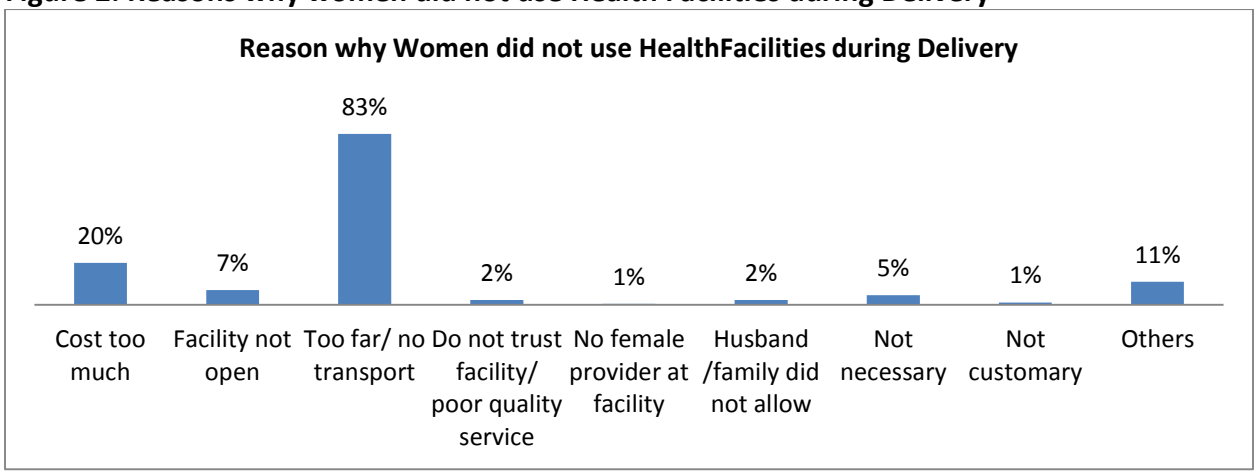
Background Characteristics	Public /sector		Private Sector		Home		
	Number	Percent	Number	Percent	Number	Percent	
Mother's age at birth							
15 – 25	107	66	0	0	56	34	163
26 – 35	263	66	4	1	131	33	398
36 45 -	183	70	1	0	77	30	261
45 – 60	117	68	15	23	39	23	171
Over 60	38	72	6	11	9	17	53
# of children							
1-3 children	909	80	134	12	100	9	1143
4 - 5 Children	302	68	52	12	88	20	442
>6 children	347	80	4	1	84	19	435
Pre-natal Care visits							
1 -3 visits	286	71	28	7	90	22	404

Background Characteristics	Public /sector		Private Sector		Home		
	Number	Percent	Number	Percent	Number	Percent	
<4 visits	1483	79	197	10	197	10	1877
Education							
Primary	329	80	25	6	57	14	411
Secondary	597	76	94	12	94	12	785
Higher	532	88	29	5	43	7	604
County							
Bomi	69	83	14	17	0	0	83
Bong	151	26	422	73	2	0	575
Gbarpolu	32	89	3	8	1	3	36
Grand Bassa	49	40	52	42	23	19	124
Grand Cape Mount	33	65	18	35	0	0	51
Grand Gedeh	35	92	2	5	1	3	38
Grand Kru	26	96	1	4	0	0	27
Lofa	159	89	18	10	2	1	179
Margibi	86	61	39	28	15	11	140
Maryland	25	66	6	16	7	18	38
Montserrado	492	69	115	16	107	15	714
Nimbi	181	75	48	20	13	5	242
River Cess	24	73	9	27	0	0	33
River Gee	8	89	1	11	0	0	9
Sinoe	29	52	27	48	0	0	56
Total	**1399**	60	**775**	33	**171**	7	2345

Reasons for not delivering in health Facilities

Of the total number of women who gave birth between 2010 and the time of the survey, 395 women did not give birth at health facilities. The women stated several reasons why they were not able to give birth at health centers. 83% of women said that the location of health centers were too far from their communities and that they did not have transportation fare to travel to health centers. On the other hand, 20% of mothers who did not give birth at health centers said that cost of delivery was too much to afford while 11% said it was due to other reasons. Figure 2 below shows reasons why women did not give birth at health centers.

Figure 2: Reasons why women did not use Health Facilities during Delivery



Assistance during Delivery

The survey collected data on the type of personnel who assisted during delivery. Table 15 shows that 69% of births were delivered with the help of nurses/ certified midwife; 12% by traditional midwife and 13% were delivered by doctors. The highest percentage of delivery by doctors were carried out in Bomi County while River Gee County did not record any delivery by a doctor and only 3% of mother who give birth in Grand Gedeh county were attended to by a doctor.

Table 15: Assistance during delivery

Background Characteristics	Doctor		Nurse/Midwife		Physician Assistant		Traditional midwife		TOTAL
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Mother's age at birth									
15 – 25	54	13	317	76	16	4	**31**	7	418
26 – 35	123	15	645	77	52	6	**15**	2	835
36 45 -	86	13	434	67	34	5	**90**	14	644
46 – 60	41	37	16	15	12	11%	**41**	37%	110
0ver 60	6	11	40	70	2	4	**9**	16	57
# of children									
1-3 children	189	14	966	71	66	5	144	11	1365
4 - 5 Children	74	13	376	66	37	6	87	15	574
>6 children	329	49	241	36	30	4	74	11	674
Education									
Primary	49	11	299	69	27	6	60	14	435
Secondary	117	14	575	70	40	5	92	11	824
Higher	45	22	138	66	8	4	17	8	208
County									

Background Characteristics	Doctor		Nurse/Midwife		Physician Assistant		Traditional midwife		TOTAL
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Bomi	27	24	75	66	8	7	4	4	114
Bong	42	17	187	75	6	2	15	6	250
Gbarpolu	2	6	32	89	1	3	1	3	36
Grand Bassa	10	8	83	66	0	0	33	26	126
Grand Cape Mount	6	11	44	77	3	5	4	7	57
Grand Gedeh	1	3	31	91	1	3	1	3	34
Grand Kru	5	13	23	58	2	5	10	25	40
Lofa	13	6	168	83	6	3	15	7	202
Margibi	18	10	124	70	8	4	28	16	178
Maryland	2	5	34	89	2	5	0	0	38
Montserrado	146	17	583	69	57	7	64	8	850
Nimbi	21	6	209	60	35	10	84	24	349
River Cess	9	19	26	54	2	4	11	23	48
River Gee	0	0	8	100	0	0	0	0	8
Sinoe	22	19	56	49	2	2	35	30	115
Liberia	**324**	**13**	**1683**	**69**	**133**	**5**	**305**	**12**	**2445**

4.3 Postnatal Care Mothers and Newborn

Postnatal care for mothers

Of all women (1827) interviewed who had babies from 2010 to the time of the assessment, only 2% (52) received postnatal care after birth. Of this number, 29% received postnatal care within less than 5 hours after delivery, while 21 % got the service 4 – 23 hours. Additionally, 31% of women got postnatal care 1 – 5 days after giving birth, 12%, 6-10 days after giving birth and 8% received postnatal checks after 10 days. On the county level, more women in Montserrado, Sinoe, Margibi and Lofa Counties received postnatal care while no woman in Bomi, Grand Cape Mount, Grand Gedeh, Grand Gedeh and Grand Kru Countes accessed postnatal care.

Table 16: Postnatal check-up for mothers

Background Characteristics	Less than 4 hours		4- 23 hours		1 - 5 days		6 - 10 days		Over 10 days		TOTAL
	n	%	n	%	n	%	n	%	n	%	
Mother's age at birth											
15 – 25	3	17	1	6	3	17	10	56	1	6	18
26 – 35	2	50	1	25	1	25		0		0	4
36 45 -	6	50	2	17	2	17	2	17	0	0	12
46 – 60	1	10	3	30	3	30	2		1	10	10
Over 60	1	17	2	33	1	17	2	33	0	0	6

Background Characteristics	Less than 4 hours		4- 23 hours		1 - 5 days		6 - 10 days		Over 10 days		TOTAL
	n	%	n	%	n	%	n	%	n	%	
# of Children											
1-3 children	6	38	5	31	2	13	3	19	0	0	16
4 - 5 Children	2	25	3	38	1	13	2	25		0	8
>6 children	7	30	4	17	8	35	4	17	0	0	23
Education											
Primary	4	25	4	25	6	38	1	6	1	6	16
Secondary	5	42	1	8	5	42	1	8	0	0	12
higher	0		0		0		0		0		0
County											
Bomi	0		0		0		0		0		0
Bong	1	25	1	25	2	50	0	0	0	0	4
Gbarpolu	1	50	0	0	1	50	0	0	0	0	2
Grand Bassa	4	57	0	0	3	43	0	0	0	0	7
Grand Cape Mount	0		0		0	0	0		0		0
Grand Gedeh	0		0		0	0	0		0		0
Grand Kru	0		0		0	0	0		0		0
Lofa	0	0	1	50	1	50	0	0	0	0	2
Margibi	3	50	0	0	3	50	0	0	0	0	6
Maryland	1	100	0	0	0	0	0	0	0	0	1
Montserrado	3	21	3	21	2	14	3	21	3	21	14
Nimba	0	0	2	50	0	0	1	25	1	25	4
River Cess	2	50	0	0	2	50	0	0	0	0	4
River Gee	0		0		0	0	0		0		0
Sinoe	0	0	4	50	2	25	2	25	0	0	8
Liberia	**15**	29	**11**	21	**16**	31	6	12	4	8	52

N=number; %=percent

Of the total number of women who had given birth from 2010 to the time of the survey (1827), only 1% had seen medical personnel for postnatal checkup (25 women). Of this number, 56% accessed the service through a medical doctor, a nurse or a midwife, 8% saw a PA while 36% were checked by a traditional midwife.

Table 17: Health workers who provided mother first postnatal checkup

Background Characteristics	Doctor/nurse/midwife		Physician Assistant		Traditional midwife		TOTAL
	Number	Percent	Number	Percent	Number	Percent	
Mother's age at birth							
15 – 25	2	50	0	0	2	50	4
26 – 35	1	33	0	0	2	67	3
36 45 -	4	50	1	13	3	38	8
45 – 60	4	80	1	20	0	0	5

Background Characteristics	Doctor/nurse/midwife		Physician Assistant		Traditional midwife		TOTAL
	Number	Percent	Number	Percent	Number	Percent	
Over 60	1	100	0	0	0	0	1
Place of delivery							
Public	7	78	0	0	2	22	9
Private	1	100	0	0	0	0	1
Home	6	40	2	13	7	47	15
Education							
Primary	6	75	1	13	1	13	8
Secondary	4	67	0	0	2	33	6
Higher	0	0	0	0	0	0	0
County							
Bomi	0		0		0		0
Bong	1	50	0	0	1	50	2
Gbarpolu	1	100	0	0	0	0	1
Grand Bassa	2	50	0	0	2	50	4
Grand Cape Mount	0	0	0	0	0	0	0
Grand Gedeh	0	0	0	0	0	0	0
Grand Kru	0	0	0	0	0	0	0
Lofa	1	100	0	0	0	0	1
Margibi	1	33	1	33	1	33	3
Maryland	0	0	0	0	0	0	0
Montserrado	4	67	0	0	2	33	6
Nimbi	2	100	0	0	0	0	2
River Cess	0	0	0	0	2	100	2
River Gee	0	0	0		0	0	0
Sinoe	2	50	1	25	1	25	4
Liberia	14	56	2	8	9	36	25

Postnatal checkup for Newborn

80% (1974) of all women interviewed during the survey said that their babies had had postnatal checks at some point in time. 18% of mothers said their babies received postnatal checks immediately after birth, 69% said 1 – 5 hours after birth, and 7% said 6 – 10 hours after birth. 2% of women also indicated that their babies received postnatal checkups 11 – 15 hours after birth while 3% of women said that their babies received the first postnatal checks more than 15 hours after birth.

Postnatal checks on babies were more prevalent in Montserrado, Grand Bassa, Nimbi, Montserrado, Margibi and Lofa counties while low postnatal checkup for newborns were recorded in River Gee, Grand Kru, Maryland and River Cess (table 18a and 18b).

Table 18a: Timing of Newborn First Postnatal Checkup

Background Characteristics	Immediately		1 - 5 hours after birth		6 - 10 hours after birth		11 - 15 hours after birth		Over 15 hours after birth		TOTAL
	n	%	n	%	n	%	n	%	n	%	
Mother's age at birth											
15 – 25	60	17	256	71	21	6	9	3	14	4	360
26 – 35	135	18	515	69	58	8	13	2	22	3	743
36 45 -	83	17	356	71	41	8	12	2	10	2	502
45 – 60	36	27	134	66	20	10	10		4	2	204
Over 60	11	35	31	63	3	6	3		1	2	49
Number of children											
1-3 children	172	15	816	73	79	7.0	25	2	33	3	1125
4 - 5 Children	100	23	274	62	39	8.8	12	3	18	4	443
>6 children	84	21	280	69	25	6.2	10	2	7	2	406
Place of delivery											
Public	232	16	1001	71	104	7.4	32	2	39	3	1408
Private	22	13	128	75	10	5.8	5	3	6	4	171
Home	**100**	25	**240**	61	**28**	7.1	13	3	13	3	394
Education											
Primary	63	18	245	71	20	5.8	8	2	10	3	346
Secondary	96	15	467	71	55	8.4	19	3	21	3	658
higher	17	10	119	69	22	12.8	7	4	7	4	172
County											
Bomi	1	1	64	76	14	17	5	6	0	0	84
Bong	40	20	130	66	8	4	3	2	15	8	196
Gbarpolu	2	6	28	78	5	14	1	3	0	0	36
Grand Bassa	61	49	58	46	4	3	0	0	2	2	125
Grand Cape Mount	2	4	35	69	7	14	4	8	3	6	51
Grand Gedeh	2	5	36	95	0	0	0	0	0	0	38
Grand Kru	0	0	25	93	2	7	0	0	0	0	27
Lofa	97	54	80	45	2	1	0	0	0	0	179
Margibi	40	28	103	72	0	0	0	0	0	0	143
Maryland	2	5	34	89	0	0	0	0	2	5	38
Montserrado	45	6	565	79	66	9	25	3	15	2	716
Nimba	62	26	133	55	18	7	9	4	21	9	243
River Cess	0	0	30	91	3	9	0	0	0	0	33
River Gee	1	11	8	89	0	0	0	0	0	0	9
Sinoe	1	2	41	73	14	25	0	0	0	0	56
Total	**356**	**18**	**1370**	**69**	**143**	**7**	**47**	**2**	**58**	**3**	**1974**

Table 18b: Timing of Newborn First Postnatal Checkup

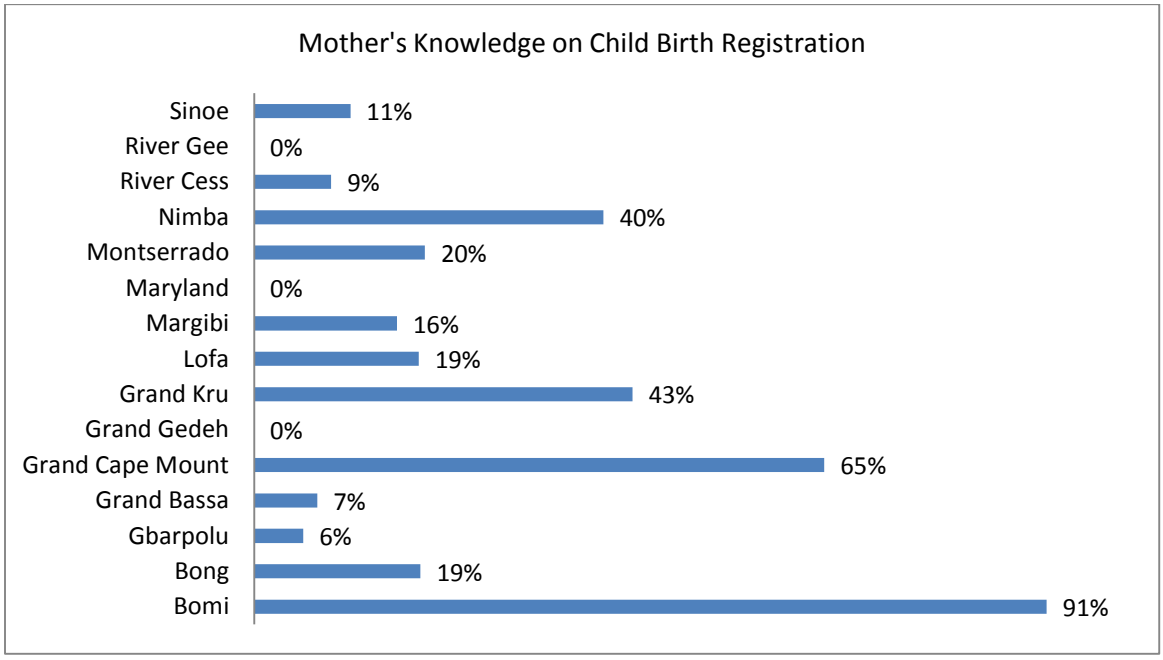
Background Characteristics	Hours after birth		Days after birth		Weeks after birth		Total
	n	%	n	%	n	%	
Place of delivery							
Public	704	61	355	31	101	9	1160
Private	85	61	47	34	8	6	140
Home	131	48	95	35	46	17	272
County							
Bomi	45	49	30	33	17	18	92
Bong	151	90	9	5	7	4	167
Gbarpolu	20	63	8	25	4	13	32
Grand Bassa	45	53	29	34	11	13	85
Grand Cape Mount	37	70	13	25	3	6	53
Grand Gedeh	16	43	20	54	1	3	37
Grand Kru	9	38	12	50	3	13	24
Lofa	140	89	16	10	2	1	158
Margibi	68	60	41	36	4	4	113
Maryland	24	63	13	34	1	3	38
Montserrado	298	45	280	43	79	12	657
Nimba	106	66	37	23	18	11	161
River Cess	9	39	10	43	4	17	23
River Gee	6	86	1	14	0	0	7
Sinoe	19	42	14	31	12	27	45
Total	**993**	**59**	**533**	**32**	**166**	**10**	**1692**

Chapter 5: Child Health

5.1 Birth Registration

On the overall, only 25% mothers interviewed during the assessment had knowledge on birth registration. The data further reveal that mothers with the highest knowledge on birth registration (91%) were from Bomi County; 65% of mothers who had knowledge on birth registration were also from Grand Cape Mount. Mothers in southeast counties of Grand Gedeh, Maryland and River Gee do not have knowledge on birth registration. Figure 3 below shows the mothers' knowledge on birth registration by county.

Figure 3: Mother's knowledge on birth registration



- The results show that 9% of children (living or deceased) of mothers who participated in the survey had a birth certificate.

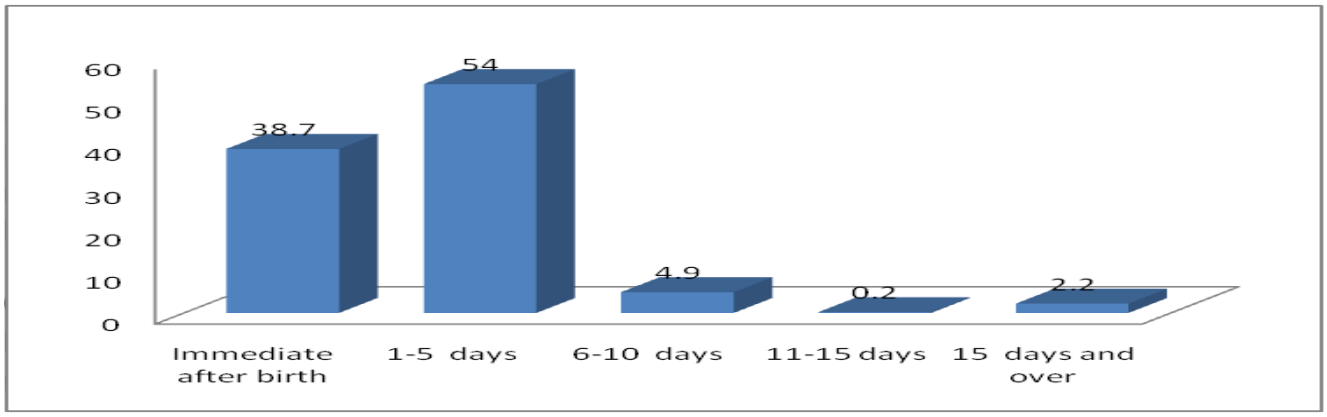
Table 19: Percent of Children (Living or Deceased) with birth certificate

Variables	Children with birth certificate (%)	Total
Mother's age at birth		
15 - 25	4	54
26 - 35	6	80
36 45 -	0	0
46 - 60	0	0
0ver 60	0	0
Maternal education		
Primary or less	11	28
Secondary	11	55
Higher	10	11
Place of delivery		
Public facility	77.3	354
Private facility	9.1	4
Home	9.8	12
County		
Bomi	90.5	22
Bong	0	63
Gbarpolu	5.6	19
Grand Bassa	4.3	69
Grand Cape Mount	62.8	43
Grand Gedeh	50	2
Grand Kru	10.4	37
Lofa	12	195
Margibi	9.3	43
Maryland	0	-
Montserrado	4.5	337
Nimba	3.4	238
River Cess	0	39
River Gee	0	0
Sinoe	0	81
Total	9	1,188

5.2 Breastfeeding

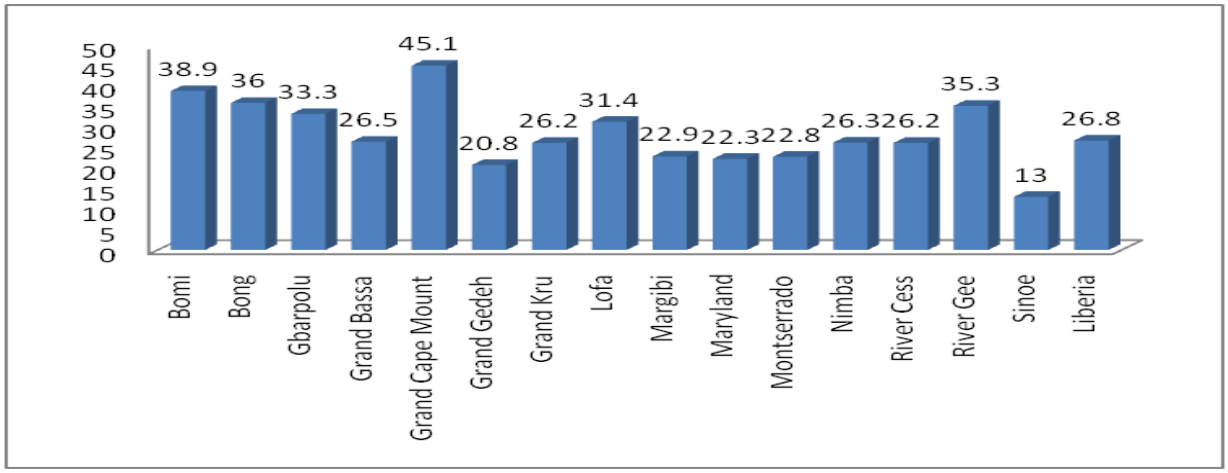
The assessment shows that 95% of women who have children from 2010 to the time of the survey breastfed their babies at some point. 54% said that they initiated breastfeeding 1 – 5 days after birth; while 38.7% initiated breastfeeding immediately after birth (See graphs below).

Figure 4: Breastfeeding Behavior among Women



Continued to breastfeed their children up to two years of age; while 7.8% only breastfeed their children up to one year old.

Figure 5: Breastfeeding behavior by county



5.3 Immunization

54% of children whose mothers were interviewed received Diphtheria-Pertussis-Tetanus vaccine and 46% of children received measles vaccine. The table below shows different disaggregation of women whose children has received either DPT or measles vaccine or both.

Table 20: DPT and measles vaccinations received by children

Background Characteristics	DPT		Measles		TOTAL
	n	%	n	%	
Mother's age at birth					
15 - 25	13	52	12	48	25
26 - 35	25	54	21	46	46
36 45 -	17	55	14	45	31
46-60	6	50	6	50	12
Over 60	0	0	0	0	0
Number of Children					
1-3 children	35	54	30	46	65
4 - 5 Children	12	52	11	48	23
>6 children	15	56	12	44	27
Place of delivery					
Public	46	53	40	47	86
Private	7	54	6	46	13
Home	9	56	7	44	16
Mother's Education					
Primary	9	53	8	47	17
Secondary	28	55	23	45	51
higher	7	50	7	50	14
Sinoe	17	55	14	45	31
Total	62	54	53	46	115

Of the total number of household interviewed during the assessment, 1,839 children were found to be between the ages of 0 – 4. Of this number, 24% were below the age of one, 23% were one year old, 21% two years old, 19% three years while 12% were four years old.
Of all the under-fives identified during the survey, most vaccinations happened at the health facilities. Only 4% declared that they have received any type of vaccine but no record (vaccination card) was provided, while 3.8 % received vaccines on National Immunization Day and 4% polio drops.

5.4 Prevalence and Treatment of symptoms of Acute Respiratory Infections (ARI)

Of the mothers who had under-five children, 19% reported that their children had had symptoms of ARI within two weeks of the survey (Table 21).

Table 21: Percentage of children with symptoms of ARI-like symptoms

Variables	Percentage with symptoms of ARI (%)	Number of children
Sex of the child		
Male	52	177
Female	48	163
Mother's education		
Primary or less	49	167
Secondary	44	149
Higher	7	25
County		
Bomi	13	11
Bong	19	38
Gbarpolu	14	5
Grand Bassa	15	19
Grand Cape Mount	20	10
Grand Gedeh	24	9
Grand Kru	4	1
Lofa	14	25
Margibi	22	31
Maryland	34	13
Montserrado	27	138
Nimba	14	33
River Cess	9	3
River Gee	22	2
Sinoe	5	3
Liberia	19	341

Of that number, 74% of mother sought advice for ARI from a medical practitioner while 72% receive antibiotics for the treatment of ARI (table 22).

Table 22: Care seeking and treatment for ARI-like symptoms

	Percentage for whom advice or treatment was sought from a health facility or provider	Number of children	Percentage who received antibiotics	Number of children
Sex of the child				
Male	7	131	3	60
Female	7	123	3	57
Mother's education				
Primary or less	2	43	1	15
Secondary	6	115	3	54
Higher	1	19	0	7
County				
Bomi	73	8	82	9
Bong	71	27	79	30
Gbarpolu	80	4	60	3
Grand Bassa	79	15	74	14
Grand Cape Mount	80	8	50	5
Grand Gedeh	44	4	44	4
Grand Kru	100	1	100	1
Lofa	96	24	100	25
Margibi	77	24	74	23
Maryland	31	4	23	3
Montserrado	76	105	72	100
Nimba	73	24	67	22
River Cess	33	1	67	2
River Gee	0	0	0	0
Sinoe	100	3	133	4
Liberia	74	**253**	72	**245**

5.5 Prevalence and Treatment of fever

Around 25% of women who had under-five children during the time of the survey reported that their children had had fever within two weeks of the survey (table 23). Montserrado, Grand Gedeh and Sinoe Counties reported the highest percentages of children with fever while Sinoe and Grand Kru reported lowest percentages of children with fever.

Table 23: Prevalence of fever among children under 5

	Percentage with fever	Number of children
Sex of the child		
Male	53	230
Female	47	208
Mother's education		
Primary or less	2	5
Secondary	35	182
Higher	37	40
County		
Bomi	17	14
Bong	25	49
Gbarpolu	22	8
Grand Bassa	17	21
Grand Cape Mount	20	10
Grand Gedeh	32	12
Grand Kru	7	2
Lofa	20	36
Margibi	31	44
Maryland	47	18
Montserrado	34	177
Nimba	16	40
River Cess	9	3
River Gee	11	1
Sinoe	7	4
Total	**24.7**	**439**

47% of mother with under –five children reported that their children had had fever during two weeks of the survey said that they had seen a medical personnel for advice. Montserrado,

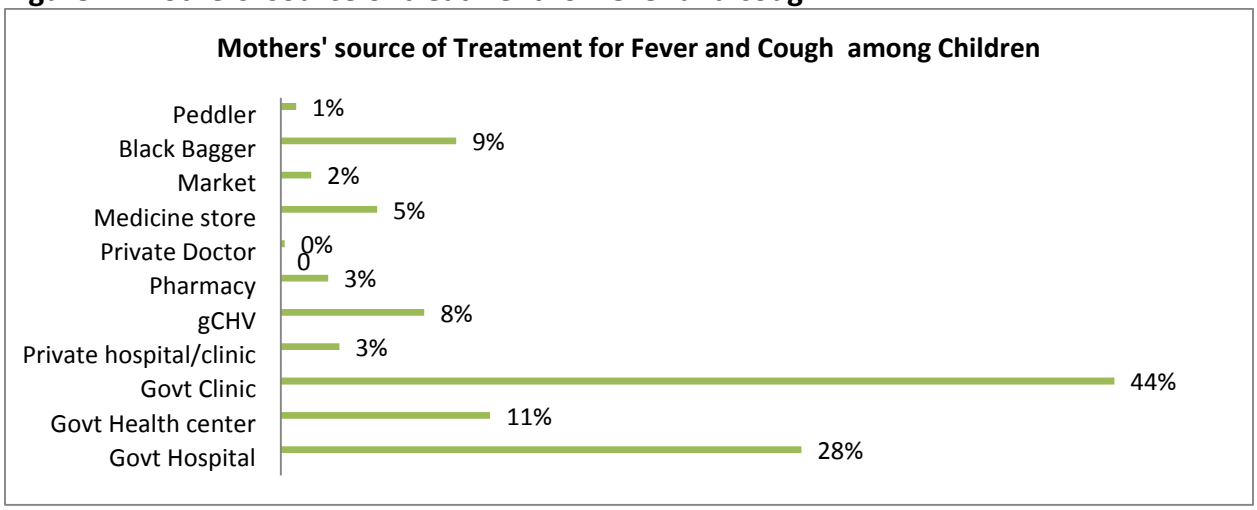
Margibi and Sinoe ranked high among counties who sought the advice of practitioners. 33% of children with fever took antimalarial drugs while 50% took antibiotics (table 24).

Table 24: Care seeking and treatment of fever among children under 5 with fever

	Percentage for whom advice or treatment was sought from a health facility or provider		Percentage who took antimalarial drugs		Percentage who took antibiotics drugs	
	n	%	n	%	n	%
Sex of the child						
Male	263	51	189	36.3	137	26
Female	257	49	180	34.6	124	24
Mother's education						
Primary or less	34	7	23	4	46	9
Secondary	115	22	81	16	112	22
Higher	17	3	11	2	25	5
County						
Bomi	7	1	6	0	8	9
Bong	27	5	23	1	28	15
Gbarpolu	5	1	4	0	4	1
Grand Bassa	14	13	13	1	17	15
Grand Cape Mount	4	12	4	0	7	21
Grand Gedeh	3	8	3	0	7	18
Grand Kru	1	4	1	0	1	4
Lofa	27	17	15	1	16	10
Margibi	26	67	18	1	31	79
Maryland	3	0	1	0	8	1
Montserrado	99	52	64	4	109	57
Nimba	23	12	12	1	20	87
River Cess	1	4	4	0	3	13
River Gee	0	0	0	0	2	25
Sinoe	3	7	1	0	0	0
Total	243	47	169	33	50	281

Additionally, 44% of mothers who experienced cough and fever in children sought treatment from government clinics 28% from government hospitals, 11 % from government health centers, while 9.3% sought treatment from black baggers (Figure 7).

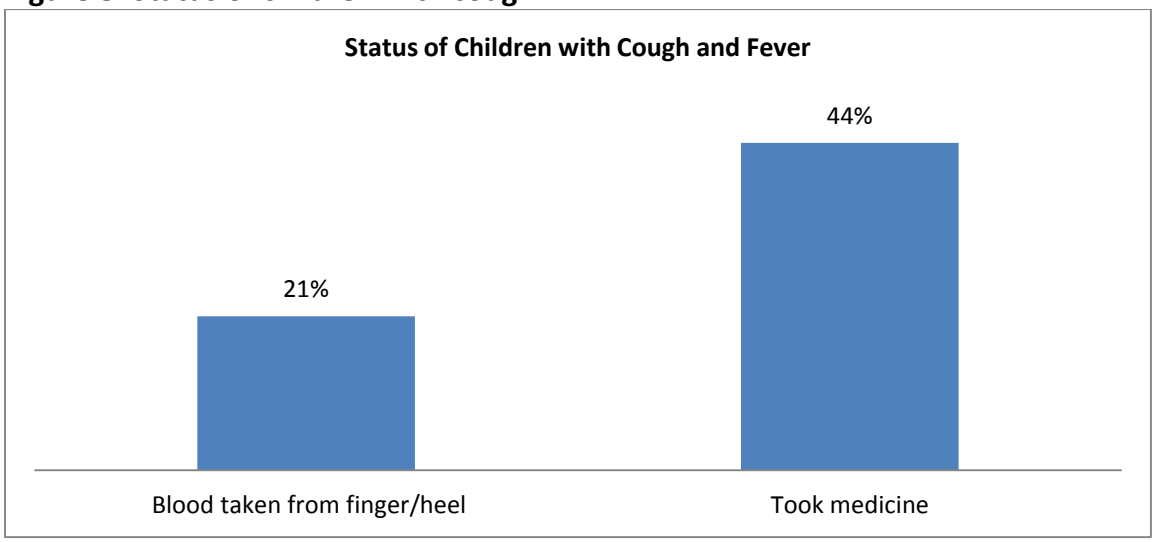
Figure 7: Mothers' source of treatment for fever and cough



The data further reveal that 50% - 87% mothers in Grand Gedeh, Lofa, Sinoe, Grand Kru, Grand Cape Mount and Bong Counties sought treatment for fever and cough from government clinics and few mothers in other counties.

21% mothers whose children experienced cough and fever reported that children had had blood taken from fingers/heels.

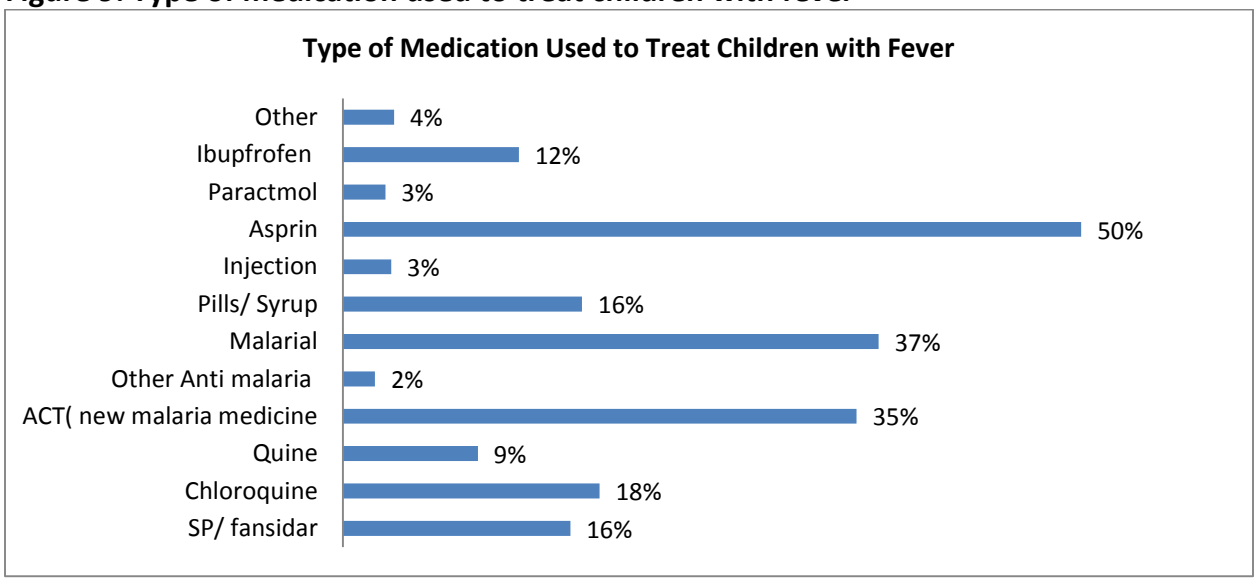
Figure 8: Status of children with cough



50% of mothers reported that aspirin was used as treatment for children with fever, while 37% mothers reported other malaria pills. 36 % of mothers use other forms of malaria

medicine. Other treatments included 17.5 % chloroquine, 16 % pills/ syrup and 15.5 % sp/ fansidar among others

Figure 9: Type of medication used to treat children with fever



5.6 Prevalence and Treatment of diarrhea

19% of mothers interviewed said that their children had some form of running stomach during two week prior to the survey. River Gee, Maryland and Grand Gedeh counties reported the highest number of running stomach cases (table 25).

Table 25: Prevalence of diarrhea among children under 5

	Percentage with diarrhea (all types of diarrhea)	Number of children
Sex of the child		
Male	53	176
Female	47	156
Source of drinking water		
Improved	33	109
Not improved	11	37
Mother's education		
Primary or less	52	173
Secondary	40	133
Higher	7	24
County		
Bomi	14	12

Bong	20	39
Gbarpolu	14	5
Grand Bassa	20	25
Grand Cape Mount	18	9
Grand Gedeh	26	10
Grand Kru	7	2
Lofa	13	23
Margibi	22	31
Maryland	32	12
Montserrado	25	132
Nimba	10	25
River Cess	3	1
River Gee	33	3
Sinoe	2	1
Total	19	330

Of the total number of children who had any form of running stomach during the survey, 39% of mother sought advice from a medical practitioner. 32% of children were treated with oral rehydration salt, 38% with recommended homemade Fluids (RHF) and 0% were treated with zinc (See table 26 below).

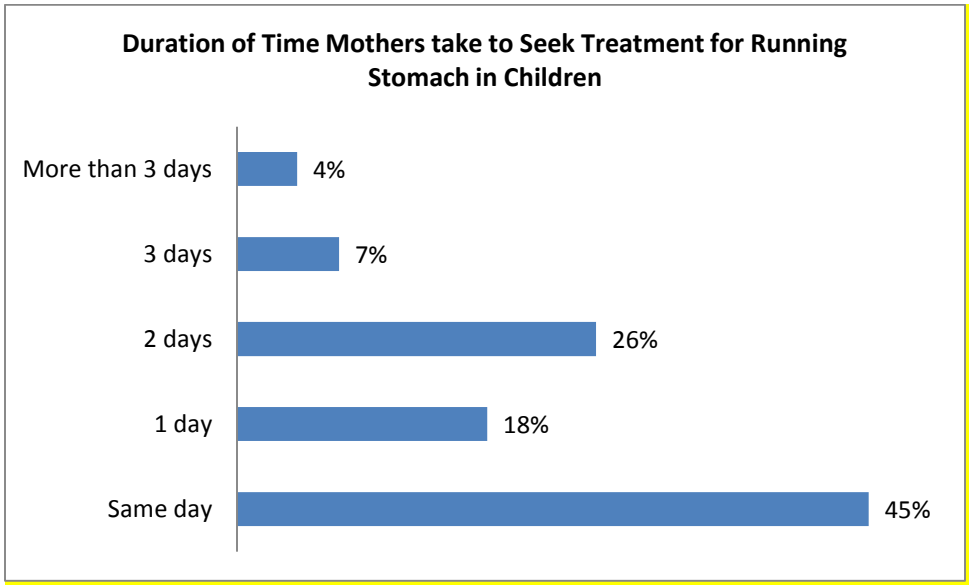
Table 26: Care seeking and treatment of diarrhea among children

	Children with diarrhea for whom advice or treatment was sought from a health facility or provider		Fluids from ORS packets		Recommended home fluids (RHF)		Zinc	
	n	%	n	%	n	%	n	%
Sex of the child								
Boy	176	53	71	22	44	2	2	0
Girl	56	17	55	17	27	1	0	0
Source of drinking water								
Improved	79	24	98	30	51	15	2	0.6
Not improved	32	10	24	7	20	6	0	0
Mother's education								
Primary or less	19	6	22	7	11	3	0	0
Secondary	32	10	49	15	27	8	2	0.6
Higher	0	0	8	2	3	1	0	0.0
County								
Bomi	5	42	5	42	3	25	0	0.0
Bong	18	46	16	41	8	21	0	0.0
Gbarpolu	2	40	2	40	2	40	0	0.0
Grand Bassa	16	64	12	48	7	28	0	0.0
Grand Cape Mount	4	44	5	56	3	33	0	0.0
Grand Gedeh	3	30	4	40	2	20	0	0.0
Grand Kru	1	50	1	50	0	0	0	0.0
Lofa	11	48	14	61	9	39	0	0.0
Margibi	10	32	11	35	6	19	1	3.2
Maryland	2	17	1	8	0	0	1	8.3
Montserrado	44	33	42	32	25	19	0	0.0
Nimba	12	48	10	40	5	20	0	0.0
River Cess	0	0	2	200	1	100	0	0.0
River Gee	1	33	0	0	0	0	0	0.0
Sinoe	0	0	1	100	0	0	0	0.0
Liberia	**129**	**39**	**126**	**38**	**71**	**22**	**2**	**1**

Time mothers take to seek Treatment for Running Stomach in Children

On the overall, 45% of mothers interviewed during the survey seek treatment for running stomach on the same day when their children have running stomach; 18% seek treatment after one day; while 26% seek treatment on the second day. Figure 10 below shows details of the findings.

Figure 10. Duration of Time Mothers take to Seek Treatment for Running Stomach in Children



The data by county reveal that 50% - 67 % mothers in Sinoe, Nimba , Bong , Grand Kru and Gbarpolu Counties sought advice/ treatment for their children the same day of running stomach compared to 30% to 42 % in Grand Bassa, Lofa, Grand Cape, Mount, and Montserrado Counties.

Chapter 6: Mothers' knowledge of HIV/AIDS

The study shows 80% of women have heard of HIV/AIDS. Knowledge of HIV/AIDS ranges from 91% - 99% in Margibi, Bomi, Grand Kru, River Cess, and Sinoe Counties. Moreover, 71 % - 83% of women in River Gee, Grand Bassa, Maryland, Nimba, Montserrado, and Grand Cape Mount Counties have heard of AIDS compared to 65.2 % - 67.6 % women in Bong, Grand Gedeh and Gbarpolu Counties. The result further reveals that almost 90% women interviewed have sexual partners.

85% of women said that HIV/AIDS can be transmitted through breastfeeding; while 83% said HIV/AIDS can be transmitted through pregnancy. Figure 11 shows women perceptions on HIV / AIDS.

Figure 11: Women perception on HIV/AIDS

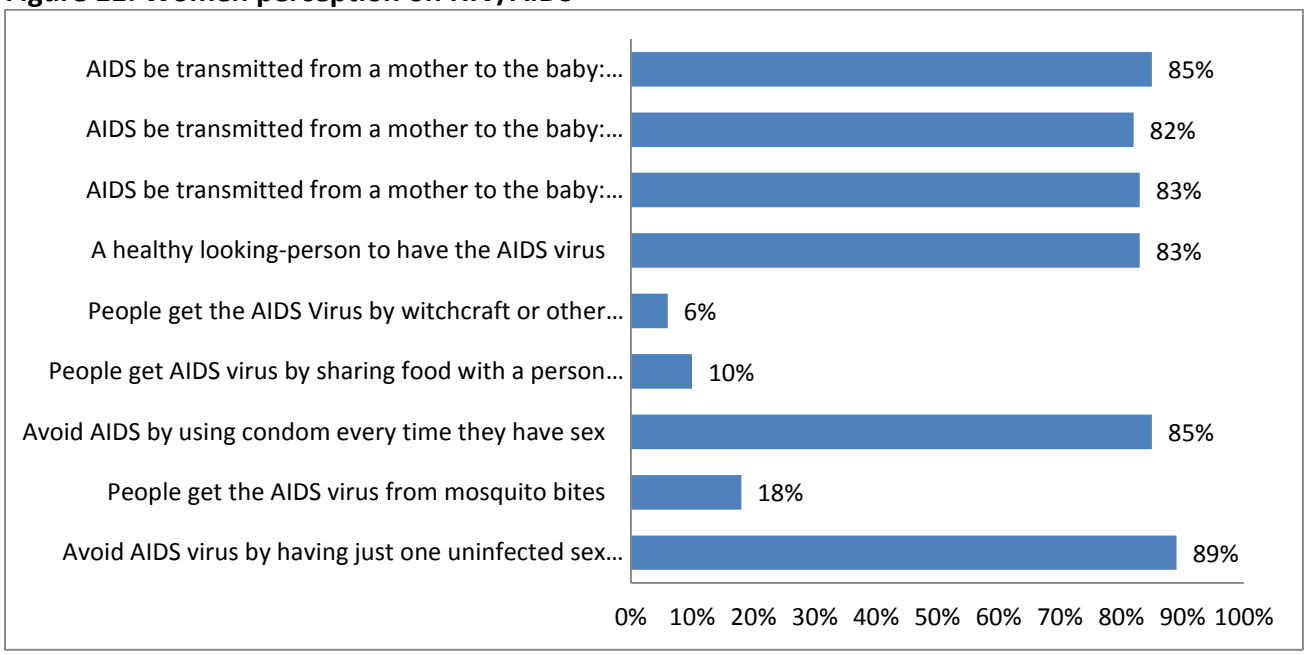


Table 27: Chances of getting HIV/AIDS

County	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partner?		Can people get the AIDS virus from mosquito bites?		Can people reduce their chance of getting the AIDS virus by using condom every time they have sex?		Can people get the AIDS virus by sharing food with a person who has AIDS?		Can people get the AIDS Virus because of witchcraft or other supernatural means?	
	n	%	n	%	n	%	n	%	n	%
Bomi	158	98	25	15	152	94	19	12	9	6
Bong	227	93	36	15	207	85	31	13	22	9
Gbarpolu	43	86	14	28	42	84	10	20	5	10
Grand Bassa	124	73	26	15	112	66	25	15	9	5
Grand Cape Mount	81	96	14	17	80	95	5	6	0	0
Grand Gedeh	64	98	12	18	63	97	9	14	7	11
Grand Kru	44	100	10	23	43	98	2	5	5	11
Lofa	164	77	49	23	151	71	39	18	21	10
Margibi	190	70	90	33	200	73	42	15	28	10
Maryland	109	97	12	11	103	92	8	7	5	4
Montserrado	1151	92	144	12	1114	89	67	5	44	4
Nimba	326	88	99	27	303	82	46	12	31	8
River Cess	45	100	18	40	43	96	3	7	1	2
River Gee	17	100	5	29	15	88	7	41	2	12
Sinoe	76	99	24	31	71	92	7	9	8	10
Liberia	2819	89	578	18	2699	85	320	10	197	6

SECTION 3

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

The major public health problems of the country remain largely preventable communicable diseases, high maternal and under-five (under-5) mortality and undernutrition. Despite the progress made with regards to the relative decrease in the maternal, infant and child mortality rates in 2013 as compared to 2007, problems still persist.

The community-based assessment revealed the low coverage of essential and life-saving maternal, newborn, and child health interventions post EVD crisis. An estimated 60% of women who got pregnant gave birth in a health facility; the key reason for out-of-facility delivery are distance and transport costs (83%) followed by high costs of delivery at health facilities (20%). Care during the postnatal period was very low for both the mother and the newborn. Care seeking for childhood illnesses at the health facility was quite low especially among children with fever (47%) and diarrhea (39%). Almost 60% of the survey respondents were living five kilometers away from the nearest health facility and only one third of them confirmed the availability of a community health development committee as well as the presence of gCHVs in their communities.

The expansion of community-based maternal, newborn and child health and nutrition services will be vital to the health of communities located more than a one-hour walk (>5km) from the nearest health facility. In addition, there is a need to raise health awareness of individuals, families and communities, while encouraging health-seeking behavior and a healthy lifestyle.

RECOMMENDATIONS

In view of this, the following recommendations are advanced to enhance the provision of access to health and sustainable socio-economic development.

Ministry of Education

- ✓ Expand and strengthening formal school attendance for children and organized early childhood education programs;

Ministry of Health

- ✓ Increase and strengthen community health development committees;
- ✓ Equip and train additional Community health workers;

- ✓ Expand access to institutional health facilities-based services for the provision of maternal and child health services by providing training and upgrading the skills of professionals, provision of essential drugs, equipment and supplies;
- ✓ Encourage and strengthen men's participation and involvement in reproductive health , child health and care;

GOL / Partners

- ✓ Expand the provision of safe drinking water and improved toilet facility;

APPENDICES

APPENDIX – A Data Collection Instruments

DENTIFICATION	
NAME OF COUNTY _____	
NAME OF DISTRICT _____	
NAME OF CITY/TOWN/VILLAGE _____	
STRUCTURE NUMBER	
HOUSEHOLDNUMBER	(out of 20)
HOUSEHOLD LESSTHAN 5KM FROM HEALTH FACILITY = 1; MORE THAN 5KM = 2	

	1	2	3	FINAL VISIT
Date	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER NO.
RESULT*	_____	_____	_____	FINAL RESULT
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 REFUSED
4 POSTPONED
5 PARTLY COMPLETED
6 OTHER _____ (SPECIFY)

SUPERVISOR	OFFICE EDITOR	DATA ENTRY
NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____

Hello. My name is _____ . I am working with UNICEF and the Ministry of Health. We are conducting a survey about health all over XXX County. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 minutes. All of the you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer , just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need any more information about the survey, you may contact the person listed on this card.

GIVE CARD TO PERSON

Do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ...1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ...2 → END

	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	1.13
	First Name	Sex	Relationship To head	Age in Years	*For persons of the age 12 and above* **Marital Status**	*If 3-4 years old* ECD does (name) attend any organized learning or ECD?	*Has (name) ever attended school?* (applicable to only 3 yrs and above)	Are you currently attending school/post high? (applicable to 3 yrs and above)	At what age did you begin school? (applicable to 3 yrs and above)	What grade level are you currently attending? (2016-2018) (applicable to 3 yrs and above)	Were you attending school last year? (2014)	What is the highest grade you have completed? (applicable to 3 yrs and above)
	Do not record full name, but only an identifying first name to refer to the household member	1=male 2=female	1=Head 2=Spouse 3=Child 4=Parent 5=Sibling 6=grand-child 7=Grad-parant 8Orphan taken car of 9=Other relative 10=No relation	for children below 6 months write "0" For children 6-12 months write "1"	1=Single 2=Married/ Living as partner 3=Separated/ Divorced 4=Widow or Widower 99= Not applicable(<12 yrs old)	1=Yes 2=No 99=N/A	1=Yes 2=No 3=N/A *If no skip to next person or 111*	1=Yes 2=No 3=N/A	In complete years	0=Pre-Primary 1=Grade 1 2=Grade 2 3=Grade 3 4=Grade 4 5=Grade 5 6=Grade 6 7=Grade 7 8=Grade 8 9=Grade 9 10=Grade 10 11=Grade 11 12=Grade12 13= Post high school	1=Yes 2=No 3=N/A	0=Pre-Primary 1=Grade 1 2=Grade 2 3=Grade 3 4=Grade 4 5=Grade 5 6=Grade 6 7=Grade 7 8=Grade 8 9=Grade 9 10=Grade 10 11=Grade 11 12=Grade12 13= Post high school
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... ☐☐ .....MINUTES ☐☐	
102	In what month and year were you born?	MONTH..... ☐☐ DON'T KNOW MONTH.....98 .....YEAR ☐☐☐☐ DON'T KNOW YEAR.....9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES.....1 NO.....2	→ 107
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
106	What is the highest grade you completed?	GRADE..... ☐☐	
107	What is your religion?	CHRISTIAN..... 1 MUSLIM..... 2 TRADITIONAL RELIGION..... 3 NO RELIGION..... 4 OTHER_____ 6 (SPECIFY)	

SECTION 1. WATER AND SANITATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Is there a government community health worker (gCHV) in your community?	YES . . . . . .1 NO . . . . . .2 DON'T KNOW 8	110
109	If yes, what services does the community health worker offer? RECORD ALL THAT ARE MENTIONED.	TREATMENT FOR RUNNING STOMACH 1 TREATMENT FOR FEVER/MALARIA 2 TREATMENT FOR COUGH/ARI 3 HEALTH EDUCATION 4 OTHER_____ 5 (SPECIFY) OTHER_____ 6 (SPECIFY) OTHER_____ 7 (SPECIFY) DON'T KNOW 9	
110	Where can you usually go for health services?	**GOVT HEALTH FACILITY** _____ 1 (NAME OF FACILITY) **PRIVATE HEALTH FACILITY** _____ 2 (NAME OF FACILITY) **OTHER SOURCE** HERBALIST . . . . . 3 COUNTRY DOCTOR . . . . . 4 COMMUNITY HEALTH WORKER . . . 5 TTM . . . . . 6 MEDECINE STORE 7 BLACK BAGGER/DRUG PEDDLER 8 OTHER_____ 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING----------1 PIPED TO YARD/PLOT----------2 PUBLIC TAP/STANDPIPE----------3 TUBE WELL OR BORE WELL----------4 DUG WELL	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE)----------1 ASH, MUD, SAND----------2 NONE----------3	
116	What type of toilet do you use here?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM----------1 FLUSH TO SEPTIC TANK----------2 FLUSH TO PIT LATRINE----------3 FLUSH TO SOMEWHERE ELSE----------4 FLUSHDON'TKNOWWHERE-------5 PIT LATRINE VENTILATED IMPROVED PIT LATRINE----6 PIT LATRINE WITH SLAB----------7 PIT LATRINE WITHOUT SLAB/OPEN PIT--8 COMPOSTING TOILET---------9 BUCKET TOILET----------10 HANGING TOILET/HANGING LATRINE---11 NO FACILITY/BUSH/FIELD-------12 OTHER_____13 SPECIFY	

SECTION 2. MATERNAL AND NEWBORN CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever born a child?	YES——————1 NO——————2	→ 206
202	Do you have any children you born who are living with you? I mean belly born.	YES——————1 NO——————2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any children you born who are alive but do not live with you?	YES——————1 NO——————2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . . . [ ][ ]	
206	Have you ever born a child who was born alive and later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES——————1 NO——————2	→ 208
207	How many boys have died? and later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL_____ births during your life. Is that correct?	YES . . . . . ☐ NO . . . . . ☐	CHECK 201-208

210 Now I would like to talk about your most recent births, whether still alive or not, starting with the last one. RECORD NAMES OF THE LAST 3 BIRTHS IN 211. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

211 What is/was the name of your (last, next) child? RECORD NAME	212 Is (NAME) a boy or a girl?	213 In what month and year was NAME) born? PROBE: What is his/her birthday? MONTH YEAR	214 Is (NAME) still living	215 IF LIVING Is (Name) still living with you?
LAST BIRTH 01	Boy 1 Girl 2	☐☐ ☐☐☐☐	Yes 1 NO 2	Yes 1 NO 2
NEXT TO LAST BIRTH 02	Boy 1 Girl 2	☐☐ ☐☐☐☐	Yes 1 NO 2	Yes 1 NO 2
SECOND TO LAST BIRTH 03	Boy 1 Girl 2	☐☐ ☐☐☐☐	Yes 1 NO 2	Yes 1 NO 2

POST-NATAL HEALTH CHECKS (WOMEN 15 - 45 YRS)

212	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES——————1 NO——————2	(skip to 215)
213	Did anyone check on your health After you left the facility?	YES——————1 NO——————2	(skip to 215) (skip to 217)
214	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES——————1 NO——————2	(skip to 217)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	Who checked on your health that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR ----------1 NURSE/MIDWIFE ---------2 PHYSICI NSSIST NT–3 **OTHER PERSON** TR DITION LMIDWIFE—4 RELATIVE/FRIEND----------5 OTHER_____6 (SPECIFY) NO ONE ASSISSTED 7	
216	How long IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ------ 1 ☐☐ DAYS ---------- 2 ☐☐ WEEKS ------- 3 DON'TKNOW--------998 ☐☐☐	
217	During the two months after (NAME) was born, did any health worker or a traditional midwife check on his/her health?	YES----------1 NO----------2 DON'TKNOW----------8	
218	How many hours, days or weeks after (NAME) was born did (he/she) first received a checkup? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH---------1 ☐☐ DAYS AFTER BIRTH---------2 ☐☐ WKS AFTER BIRTH--------3 ☐☐ DON'TKNOW---998 ☐☐☐	
219	Whocheckedon(N ME)'shealthatthattime? PROBE FOR MOST QUALIFIED PERSON?	**HEALTH PERSONNEL** DOCTOR----------1 NURSE/MIDWIFE----------2 PHYSICAN ASSISTANT--------3 **OTHER PERSON** TRADITIONAL MIDWIFE------4 COMMUNITY/VILLAGE HEALTH WORKER----------5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
220	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCULE THE APPROPRIATE CODE. IF UNABLE TO DETRMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME----------1 OTHER HOME----------2 PUBLIC SECTOR GOVT. HOSPITAL----------3 GOVT. HEALTH CENTER-----4 GOVT. HEALTH CLINIC-------5 OTHER PUBLIC_____6 (SPECIFY) **PRIVATE MED.** SECTOR PVT. HOSPITAL/CLINIC-----7 OTHER PRIVATE MED._____8 (SPECIFY) OTHER _____9 (SPECIFY)	
221	In the first two months after delivery, did you receive a vitamin A dose?	YES----------1 NO----------2 DON'TKNOW----------8	
222	Did you ever give taytay water to (NAME)?	YES----------1 NO----------2	**(SKIP TO 225)**
223	How long after you delivered did you first give (NAME) the titi? IF LESSTH NN1HOUR, RECORD '00' HOURS, IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY----------000 HOURS ------ 1 [ ][ ] DAYS --------- 2 [ ][ ]	
224	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREASTMILK)-------1 PLAIN WATER----------2 SUGAR GLUCOSE WATER----3 GRIPE WATER----------4 SUGAR-SALT-WATER SOLUTION-----5 FRUIT JUICE----------6 INFANT FORMULA----------7 TEA/INFUSIONS----------8 COFFEE----------9 HONEY----------10	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you still giving taytay to (NAME)?	YES----------1 NO----------2	→ 227
226	How long will you give taytay to (NAME)	ONE MONTH----------1 THREE MONTHS----------2 SIX MONTHS----------3 NINE MONTHS----------4 ONE YEAR----------5	
227	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES----------1 NO----------2	
228	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partner?	YES----------1 NO----------2 DON'TKNOW----------8	
229	Can people get the AIDS virus from mosquito bites?	YES----------1 NO----------2 DON'TKNOW----------8	
230	Can people reduce their chance of getting the AIDS virus by using condom every time they have sex?	YES----------1 NO----------2 DON'TKNOW----------8	
231	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES----------1 NO----------2 DON'TKNOW----------8	
232	Can people get the AIDS Virus because of witchcraft or other supernatural means?	YES----------1 NO----------2 DON'TKNOW----------8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	Is it possible for a healthy looking-person to have the AIDS virus?	YES----------1 NO----------2 DON'TKNOW----------8	
234	Can the virus that causes AIDS be transmitted from a mother to the baby: During Pregnancy? During Delivery? By breastfeeding?	YES NO DK DURING PREG.— 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING— 1 2 8	
235	Are there any special drugs that a doctor or nurse can give to a woman affected with the AIDS virus to reduce the risk of transmission to the baby?	YES----------1 NO----------2 DON'TKNOW----------8	
236	During any of the antenatal visits for your last birth were you given any information about:	Yes No DK 1 2 8	
	Babies getting the AIDS virus from their mother?	1 2 8	
	Things that you can do to prevent getting the AIDS virus?	1 2 8	
	Getting tested for the AIDS virus?	1 2 8	

SECTION 3. ANTENATAL AND DELIVERY CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
301	CHECK 211, 213 AND 215: ENTER IN 302 THE NAME OF THE MOST RECENT BIRTH SINCE 2010 EVEN IF THE CHILD IS NO LONGER ALIVE. Now I would like to ask you some questions about your last pregnancy that ended in a live birth.			
302	NAME OF MOST RECENT BIRTH FROM 212	NAME_____		
303A	When you were pregnant with (Name) did you see anyone for a check-up (prenatal care) for this pregnancy?	YES ----------1 NO----------2		→ 307
303B	IF YES: Whom did you see? Anyone else? PROBE TO IDENITY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	HEALTH PERSONNEL DOCTOR NURSE/CERTIFIED MIDWIFE PHYSICIAN ASST TRADITIONAL MIDWIFE (TTM/TBA) OTHER_____ NO ONE	 1 2 3 4 5 6	 → 307
304	Where did you receive check-ups for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME OTHER HOME PUBLIC SECTOR GOVT. HOSPITAL GOVT. HEALTH CENTER GOVT. CLINIC OTHER PUBLIC_____ (SPECIFY) PRIVATE MED. FACILITY PRIVATE HOSPITAL/CLINIC OTHER PRIVATE OTHER_____ (SPECIFY)	 1 2 3 4 5 6 7 8 9	 → 307
305	How many months pregnant were you when you first received a check-up for this pregnancy?	MONTHS DON'T KNOW	[ ][ ] 98	
306	How many times did you receive prenatal checkups during this pregnancy?	NUMBER OF TIMES DON'T KNOW	[ ][ ] 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	During this pregnancy, did anyone tell you that pregnant women need to take some kind of medicine to keep them from getting malaria? EMPHASIZE THE WORD 'KEEP'.	YES----------1 NO----------2 DON'TKNOW----------8	
308	During this pregnancy, did you take any medicine to keep from getting malaria? EMPHASIZE THE WORD 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.	YES----------1 NO----------2 DON'TKNOW----------8	314
309	What medicine did you take to keep from getting malaria? RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.	SP/FANSIDAR 1 CHLOROQUINE 2 OTHER_____ 3 DON'T KNOW 4	314
310	CHECK 309: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' CIRCLED GO TO 311	CODE 'A' NOT CIRCLED GO TO 314	
311	How many times did you take (SP/Fansidar) during this pregnancy?	NO. OF TIMES [ ][ ]	
312	CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B', OR 'C' CIRCLED GO TO 313	CODE 'A' NOT CIRCLED GO TO 314	
313	Did you get the (SP/Fansidar) during any prenatal care visit, during another visit to a health facility, or from another source?	PRENATAL VISIT. 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE_____ 6 (SPECIFY)	
314	Who delivered you? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND CIRCLE ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO FIND OUT IF ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR 1 NURSE/CERTIFIED MIDWIFE 2 PHYSICIAN ASST 3 OTHER PERSON TRADITIONAL MIDWIFE 4 RELATIVE/FRIEND 5 OTHER SOURCE_____ 6 (SPECIFY) NO ONE 7	

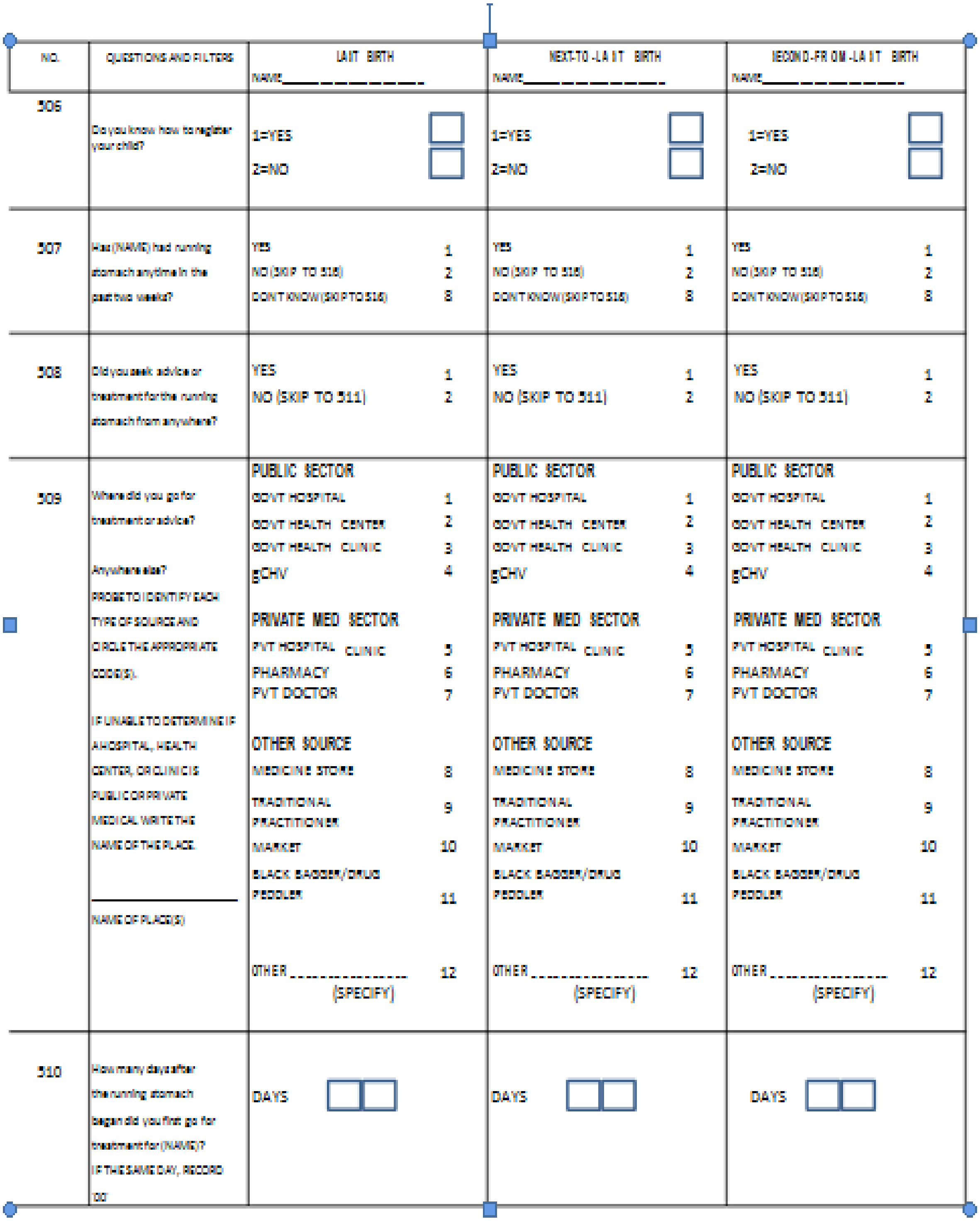
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
315	Where did you deliver (Name)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS A PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME OTHER HOME PUBLIC SECTOR GOVT. HOSPITAL GOVT. HEALTH CENTER GOVT. CLINIC OTHER PUBLIC_____ (SPECIFY) PRIVATE MED. FACILITY PRIVATE HOSPITAL/CLINIC OTHER PRIVATE OTHER_____ (SPECIFY)	 1 2 3 4 5 6 7 8 9	401
316	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH FACILITY NOT OPEN TOO FAR / NO TRANSPORTATION DON'T TRUST FACILITY / POOR QUALITY SERVICE NO FEMALE PROVIDER AT FACILITY HUSBAND / FAMILY DID NOT ALLOW NOT NECESSARY NOT CUSTOMARY OTHER_____ (SPECIFY)	1 2 3 4 5 6 7 8 9	

SECTION 4. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 211, 213 AND 215: ENTER IN 402 THE NAME OF THE LAST LIVING CHILD UNDER 5 YEARS Now I would like to ask you some questions about your youngest child under the age of 5.		
402	NAME OF YOUNGEST LIVING CHILD UNDER 5 FROM Q.212	NAME_____	
403	In what month and year was (NAME) born?	MONTH ..... [ ][ ] DON'T KNOW MONTH. .....98 .....YEAR [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
404	How old was (NAME) at his or her last birthday? COMPARE AND CORRECT 403 AND/OR 404 IF INCONSISTENT	AGE IN COMPLETED YEARS [ ][ ]	
405	Do you have a card where (NAME)'s vaccinations are written? IF YES: May I see it please?	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3	409
406	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '66' IN 'DY' COLUMN IF CRD SHOWS TH T V CCIN TIONW SGIVEN, BUT NOD TE IS RECORDED (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		
407	CHECK 406: PENTA or DPT (1, 2, and 3) AND MEASLES NOT ALL RECORDED GO TO 408	PENTA (DPT) & MEASLES ALL RECORDED GO TO 411	

	DAY	MONTH	YEAR
DATE OF BIRTH	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
PENTA/DPT 1	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
PENTA/DPT 2	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
PENTA/DPT 3	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
MEASLES	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
VITAMIN A (MOST RECENT)	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]
VITAMIN A (2nd MOST RECENT)	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]

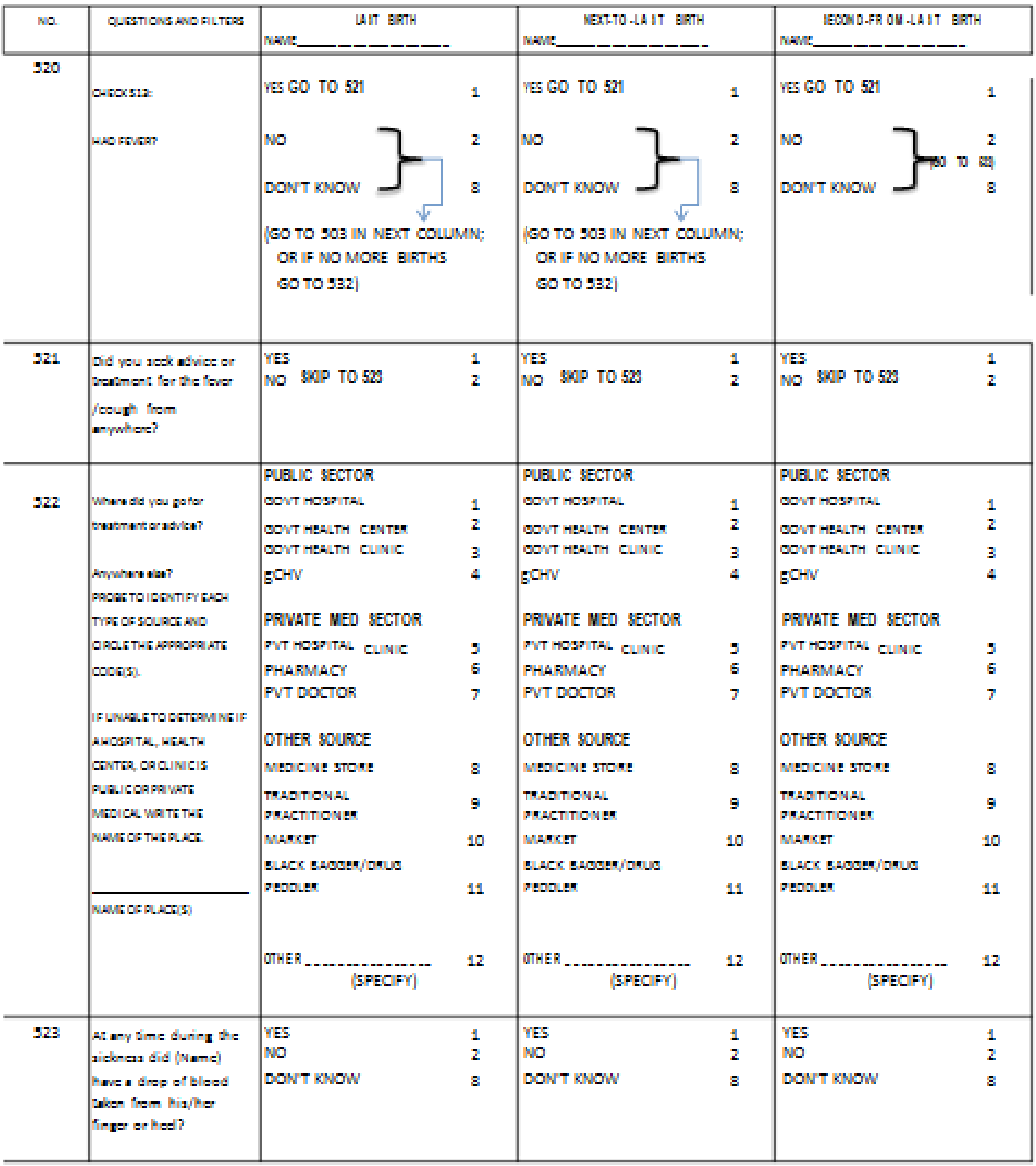
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	Has (NAME) received any vaccinations that are not written on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS PENTA (DPT) 1-3, AND/OR MEASLES VACCINES. IF YES, WRITE '66' IN Q.404 IN THE 'DAY' COLUMN FOR THE CORRESPONDING VACCINE.	YES 1 NO 2 DOES NOT KNOW 8	411
409	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES——————1 NO——————2 DON'TKNOW——————8	412
410A	Did (NAME) ever get: A pentavalent or DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES——————1 NO——————2 DON'TKNOW——————8	410C
410B	How many times did (NAME) receive the penta (DPT) vaccine?	NUMBER OF TIMES ☐	
410C	A measles injection –that is, a shot in the arm at the age of 9 months or older, to prevent him/her from getting measles?	YES——————1 NO——————2 DON'TKNOW——————8	
411	CHECK 406, DATE FOR MOST RECENT VITAMIN A DOSE RECORDED NO DATE FOR MOST RECENT VITAMIN A DOSE GO TO 412	DATE FOR MOST RECENT VITAMIN A DOSE GO TO 501	
412	Has (NAME) ever received any vitamin dose? SHOW AMPULES.	YES——————1 NO——————2 DON'TKNOW——————8	501
413	Did (NAME) receive a vitamin A dose during the last six months?	YES——————1 NO——————2 DON'TKNOW——————8	



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_______________	NEXT-TO-LAST BIRTH NAME_______________	SECOND-FROM-LAST BIRTH NAME_______________
506	Do you know how to register your child?	1=YES ☐ 2=NO ☐	1=YES ☐ 2=NO ☐	1=YES ☐ 2=NO ☐
507	Has (NAME) had running stomach anytime in the past two weeks?	YES 1 NO (SKIP TO 518) 2 DON'T KNOW (SKIP TO 518) 8	YES 1 NO (SKIP TO 518) 2 DON'T KNOW (SKIP TO 518) 8	YES 1 NO (SKIP TO 518) 2 DON'T KNOW (SKIP TO 518) 8
508	Did you seek advice or treatment for the running stomach from anywhere?	YES 1 NO (SKIP TO 511) 2	YES 1 NO (SKIP TO 511) 2	YES 1 NO (SKIP TO 511) 2
509	Where did you go for treatment or advice? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE. ______________ NAME OF PLACE(S)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER _______________ 12 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER _______________ 12 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER _______________ 12 (SPECIFY)
510	How many days after the running stomach began did you first go for treatment for (NAME)? IF THE SAME DAY, RECORD '00'	DAYS ☐☐	DAYS ☐☐	DAYS ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME______________	NEXT-TO-LAST BIRTH NAME______________	SECOND-FROM-LAST BIRTH NAME______________
511	Since the running stomach began, did anyone give (NAME): A) ORS? B) A homemade sugar-salt drink?	A) ORS YES 1 NO 2 DON'T KNOW 8 A) HOME MADE DRINK YES 1 NO 2 DON'T KNOW 8	A) ORS YES 1 NO 2 DON'T KNOW 8 A) HOME MADE DRINK YES 1 NO 2 DON'T KNOW 8	A) ORS YES 1 NO 2 DON'T KNOW 8 A) HOME MADE DRINK YES 1 NO 2 DON'T KNOW 8
512	CHECK 510, (a) WAS ORS GIVEN? (a) = YES ('1')	YES GO TO 513 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]	YES GO TO 513 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]	YES GO TO 513 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]
513	Where did you get the ORS drink from?	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 4 PHARMACY 5 PVT DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 4 PHARMACY 5 PVT DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 4 PHARMACY 5 PVT DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)
514	Was anything else given to treat the running stomach?	YES 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]	YES 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]	YES 1 NO 2 DON'T KNOW 8 SKIP TO [illegible]

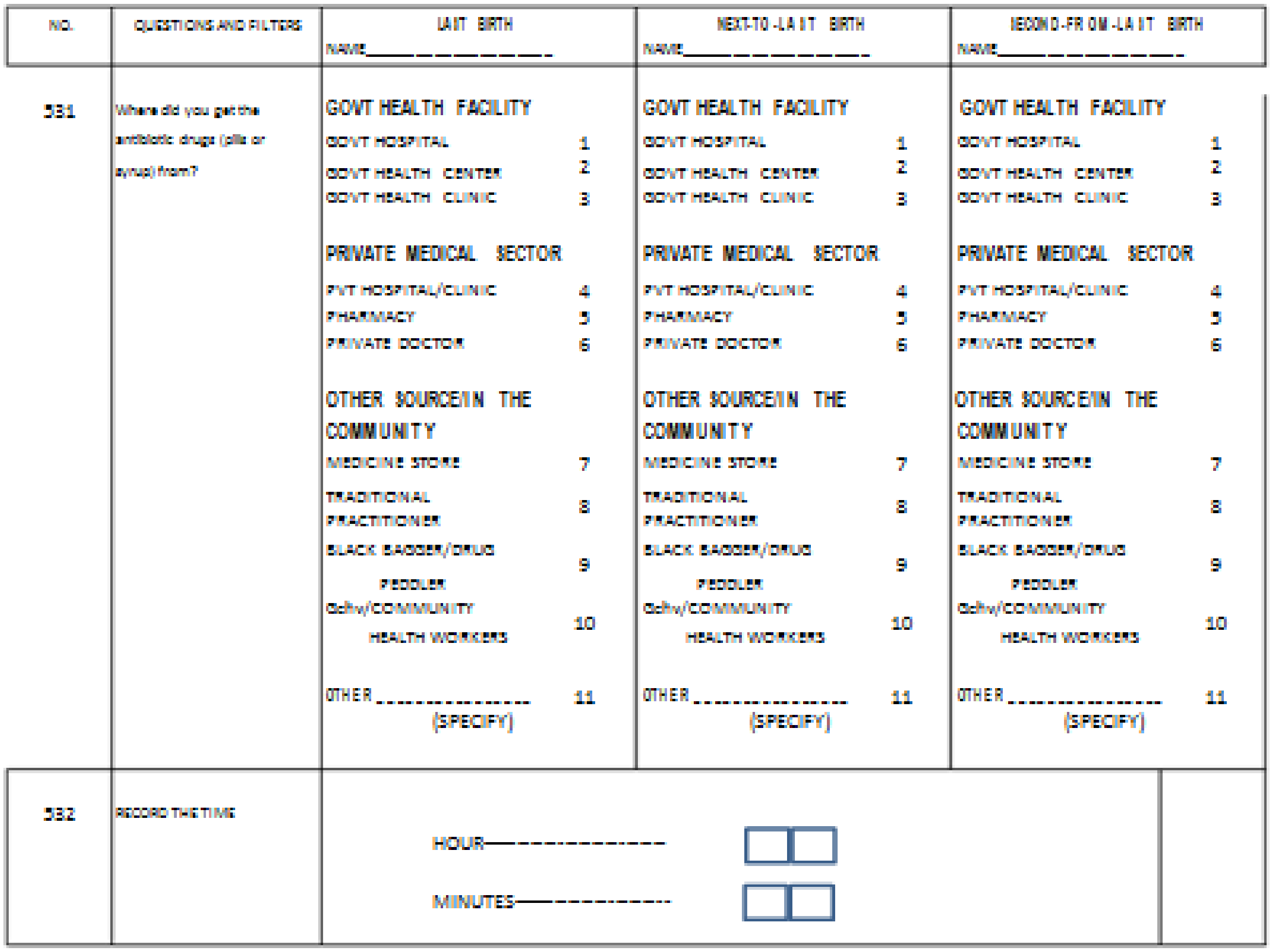
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_______________	NEXT-TO-LAST BIRTH NAME_______________	SECOND-FROM-LAST BIRTH NAME_______________
515	What else was given to treat the running stomach? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP ANTIBIOTIC 1 FLAGYL 2 ZINC 3 OTHER PILL 4 UNKNOWN PILL OR SYRUP 5 INJECTION ANTIBIOTIC 6 NON-ANTIBIOTIC 7 UNKNOWN INJECTION 8 IV (INTRAVENOUS) 9 HOME REMEDY/ HERBAL MEDINICE 10 OTHER _______________ 11 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 1 FLAGYL 2 ZINC 3 OTHER PILL 4 UNKNOWN PILL OR SYRUP 5 INJECTION ANTIBIOTIC 6 NON-ANTIBIOTIC 7 UNKNOWN INJECTION 8 IV (INTRAVENOUS) 9 HOME REMEDY/ HERBAL MEDINICE 10 OTHER _______________ 11 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 1 FLAGYL 2 ZINC 3 OTHER PILL 4 UNKNOWN PILL OR SYRUP 5 INJECTION ANTIBIOTIC 6 NON-ANTIBIOTIC 7 UNKNOWN INJECTION 8 IV (INTRAVENOUS) 9 HOME REMEDY/ HERBAL MEDINICE 10 OTHER _______________ 11 (SPECIFY)
516	Has (Name) had fever anytime in the last two weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (Name) had cough anytime in the last two weeks?	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520
518	When (NAME) had a cough did he/she breathe faster than usual with short, rapid breaths or have a hard time breathing?	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520	YES 1 NO 2 DON'T KNOW 8 SKIP TO 520
519	Was the fast or hard breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER_____________ 6 DON'T KNOW 8 SKIP TO 521	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER_____________ 6 DON'T KNOW 8 SKIP TO 521	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER_____________ 6 DON'T KNOW 8 SKIP TO 521



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME__________	NEXT-TO-LAST BIRTH NAME__________	SECOND-FROM-LAST BIRTH NAME__________
520	CHECK 512: HAD FEVER?	YES GO TO 521 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 521 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 521 1 NO 2 DON'T KNOW 8 (GO TO 533)
521	Did you seek advice or treatment for the fever /cough from anywhere?	YES 1 NO SKIP TO 523 2	YES 1 NO SKIP TO 523 2	YES 1 NO SKIP TO 523 2
522	Where did you go for treatment or advice? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE. ____________ NAME OF PLACE(S)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER ______ 12 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER ______ 12 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 gCHV 4 PRIVATE MED SECTOR PVT HOSPITAL CLINIC 5 PHARMACY 6 PVT DOCTOR 7 OTHER SOURCE MEDICINE STORE 8 TRADITIONAL PRACTITIONER 9 MARKET 10 BLACK BAGGER/DRUG PEDDLER 11 OTHER ______ 12 (SPECIFY)
523	At any time during the sickness did (Name) have a drop of blood taken from his/her finger or heel?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME____________	NEXT-TO-LAST BIRTH NAME____________	SECOND-FROM-LAST BIRTH NAME____________
524	At any time during the sickness did (Name) take any medicine for the sickness?	YES GO TO 525 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 525 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 525 1 NO 2 DON'T KNOW 8 (GO TO 532)
525	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDARE 1 CHLOROQUINE 2 QUININE. 3 NEW MALARIA MEDICINE (ACT) 4 OTHER ANTI-MALARIAL 5 ______________________ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP 6 INJECTION 7 OTHER DRUGS ASPIRIN 8 PARACETAMOL 9 IBUPROFEN 10 OTHER 11 ______________________ (SPECIFY) DON'T KNOW 12	ANTIMALARIAL DRUGS SP/FANSIDARE 1 CHLOROQUINE 2 QUININE. 3 NEW MALARIA MEDICINE (ACT) 4 OTHER ANTI-MALARIAL 5 ______________________ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP 6 INJECTION 7 OTHER DRUGS ASPIRIN 8 PARACETAMOL 9 IBUPROFEN 10 OTHER 11 ______________________ (SPECIFY) DON'T KNOW 12	ANTIMALARIAL DRUGS SP/FANSIDARE 1 CHLOROQUINE 2 QUININE. 3 NEW MALARIA MEDICINE (ACT) 4 OTHER ANTI-MALARIAL 5 ______________________ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP 6 INJECTION 7 OTHER DRUGS ASPIRIN 8 PARACETAMOL 9 IBUPROFEN 10 OTHER 11 ______________________ (SPECIFY) DON'T KNOW 12
526	How many days after the illness began did you first go for treatment for (NAME)? IF THE SAME DAY, RECORD '00'	DAYS ☐☐	DAYS ☐☐	DAYS ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME________________	NEXT-TO-LAST BIRTH NAME________________	SECOND-FROM-LAST BIRTH NAME________________
527	CHECK 524 WAS NEW MALARIA MEDICINE (ACT) ('D') GIVEN?	YES GO TO 528 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 528 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 528 1 NO 2 DON'T KNOW 8 GO TO [illegible]
528	Where did you get the malaria medecine (ACT) from?	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE/IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)
529	How long after the fever started did (NAME) first take the new	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 4	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 4	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 4
530	CHECK 524 WAS ANTIBIOTIC DRUGS PILL OR SYRUP ('F') GIVEN?	YES GO TO 531 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 531 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS GO TO 532)	YES GO TO 531 1 NO 2 DON'T KNOW 8 GO TO [illegible]



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME______________	NEXT-TO-LAST BIRTH NAME______________	SECOND-FROM-LAST BIRTH NAME______________
531	Where did you get the antibiotic drugs (pills or syrup) from?	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)	GOVT HEALTH FACILITY GOVT HOSPITAL 1 GOVT HEALTH CENTER 2 GOVT HEALTH CLINIC 3 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 4 PHARMACY 5 PRIVATE DOCTOR 6 OTHER SOURCE IN THE COMMUNITY MEDICINE STORE 7 TRADITIONAL PRACTITIONER 8 BLACK BAGGER/DRUG PEDDLER 9 Gchv/COMMUNITY HEALTH WORKERS 10 OTHER ______________ 11 (SPECIFY)
532	RECORD THE TIME	HOUR—————— ☐☐ MINUTES—————— ☐☐		

MEN AGE 15-49

SECTION 2. MATERNAL AND NEWBORN CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	How long have you been living continuously in (NAME OF CITY, TOWN, VILLAGE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS ---------- [ ][ ] ALWAYS ----------150 VISITOR ----------151	} 603
602	Just before you moved here did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
603	During the war, did you leave your house? IF YES: CIRCLE ALL MENTIONED.	NO, DID NOT LEAVE HOUSE 1 STAYED WITH RELATIVES OR FRIENDS INSIDE LIBERIA 2 WENT TO A CAMP 3 LIVED IN BUSH 4 WENT OUTSIDE LIBERIA 5 OTHER_____ 6 (SPECIFY)	
604	In what month and year were you born?	MONTH ..... [ ][ ] DON'T KNOW MONTH. ..... 98 ..... YEAR [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
605	How old are you? COMPARE AND CORRECT 604 AND/OR 605 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
606	Have you ever been to school?	YES ----------1 NO ----------2	SKIP TO 609
607	What is the highest level of school you attended: Primary, Secondary, or Higher?	PRIMARY SECONDARY HIGHER	
609	What is the highest grade you completed at that level?	GRADE ..... [ ][ ]	
610	Have you ever been to any program besides primary school that teaches you to read and write?	YES ----------1 NO ----------2	
	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER_____ 6 (SPECIFY)	

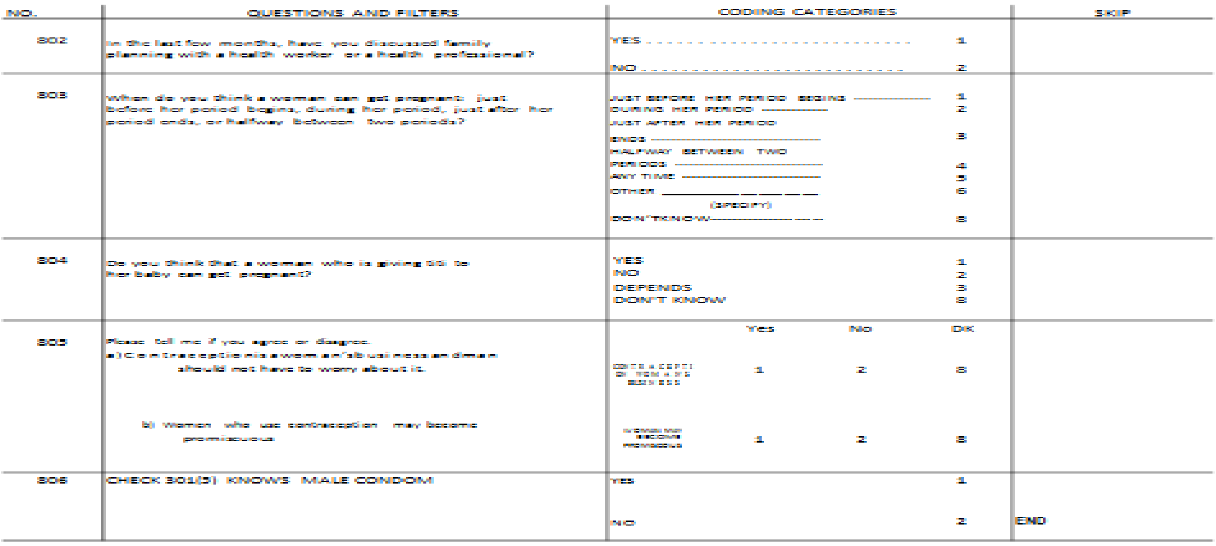
REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . .1 NO . . . . . .2 DON'T KNOW 8	 SKIP TO 706
702	Do you have any sons or daughters that you have fathered who are now living you?	YES . . . . . 1 NO 2	 SKIP TO 704
703	How many sons live with you? And how many daughters live with you? IFNONE,RECORD'00'	SONS AT HOME [ ][ ] DAUGHTERS AT HOME [ ][ ]	
704	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	 SKIP TO 706
705	How many sons are alive but do not live with you? How many daughtors are alive but do not live with you? IFNONERECORD'00'	SONS ELSEWHERE [ ][ ] DAUGHTERS ELSEWHERE [ ][ ]	
706	Have you fathered a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	 SKIP TO 708
707	How many boys have died? How many girls have died? IFNONERECORD'00'	BOYS DEAD [ ][ ] GIRLS DEAD [ ][ ]	
708	SUM ANSWERS TO 703, 705, AND 707, AND ENTER TOTAL IFNONE,RECORD'00'	TOTAL [ ][ ]	
709	CHECK 2008:	HAS HAD MORE THAN ONE CHILD 1 HAS HAD ONLY ONE CHILD 2 HAS NOT HAD ANY CHILDREN 3	 SKIP TO 712 SKIP TO 801
710	Did all of the children you fathered have the same biological mother?	YES————————1 NO————————2	SKIP TO 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	In all, how many women have you fathered children with?	NUMBER OF WOMEN ☐☐	
712	How old were you when your (first) child was born?	AGE IN YEARS ☐☐	
713	CHECK 703 AND 705:	AT LEAST ONE LIVING CHILD 1 NO LIVING CHILDREN 2	 SKIP TO 801
714	How many years old is your (youngest) child?	AGE IN YEARS ☐☐	
715	CHECK 714:	(YOUNGEST) CHILD IS AGE 0-5 YEARS 1 OTHER 2	 SKIP TO 801
716	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD IFNONE,RECORD'00' _____ (NAME OF (YOUNGEST) CHILD)		
717	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	SKIP TO 719
718	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH ---------- 01 FACILITY CLOSED ---------- 02 TOO FAR/NO TRANSPORTATION ---------- 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ---------- 04 NO FEMALE PROVIDER ---------- 05 NOT THE FIRST CHILD ---------- 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ---------- 07 HE DID NOT THINK IT WAS NECESSARY ---------- 08 FAMILY DID NOT THINK IT WAS NECESSARY ---------- 09 OTHER _____ 10 (SPECIFY) DON'T KNOW ---------- 11	
719	When a child has running stomach, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink?	MORE THAN USUAL ---------- 1 ABOUT THE SAME ---------- 2 LESS THAN USUAL ---------- 3 NOTHING TO DRINK ---------- 4 DON'T KNOW ---------- 8	

CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk to you about family planning or birth control. Which family planning methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 801 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 801, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 60, AND 11, ASK802 IF 801 HAS CODE 1 CIRCLED.		
8011	FEMALE STERILIZATION, TUBE TIE, TURNING THE WOMB. Women can have an operation to avoid having any more children.	YES . . . . . .1 NO 2	
8012A	MALE STERILIZATION. Men can have operation to avoid having any more children.	YES . . . . . .1 NO 2	
8012B	Have you ever had an operation to avoid having any more children?	YES . . . . . .1 NO 2	
8013	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . .1 NO 2	
8014	INJECTABLES Women can have an injection by a health care provider that stops them from becoming pregnant for one or more months.	YES . . . . . .1 NO 2	
8015	CONDOM, RAINCOAT Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . .1 NO 2	
8016	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . .1 NO 2	
8017	Have you heard of any other ways or methods that women can use to avoid pregnancy?	YES . . . . . .1 OTHER _____ 10 (SPECIFY) OTHER _____ 1 11 (SPECIFY) NO 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
802	In the last few months, have you discussed family planning with a health worker or a health professional?	YES			1	
		NO			2	
803	When do you think a woman can get pregnant: just before her period begins, during her period, just after her period ends, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ________			1	
		DURING HER PERIOD ________			2	
		JUST AFTER HER PERIOD ENDS ________________			3	
		HALFWAY BETWEEN TWO PERIODS ______________			4	
		ANY TIME ______________			5	
		OTHER ______________ (SPECIFY)			6	
		DON'T KNOW______________			8	
804	Do you think that a woman who is giving titi to her baby can get pregnant?	YES			1	
		NO			2	
		DEPENDS			3	
		DON'T KNOW			8	
805	Please tell me if you agree or disagree.		Yes	No	DK	
	a) Contraception is a woman's business and a man should not have to worry about it.	CONTRACEPTION WOMAN'S BUSINESS	1	2	8	
	b) Women who use contraception may become promiscuous	WOMEN MAY BECOME PROMISCUOUS	1	2	8	
806	CHECK 301(3) KNOWS MALE CONDOM	YES			1	
		NO			2	END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		PUBLIC SECTOR		
807	Where is that?	GOVT. HOSPITAL	1	
		GOVT. HEALTH CENTER	2	
	Any other place?	GOVT. HEALTH CLINIC	3	
		NACP	4	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	OTHER PUBLIC____________ (SPECIFY)	5	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.	**PRIVATE MEDICAL SECTOR**		
		PRIVATE HOSPITAL/CLINIC	6	
	________________________________ (NAME OF PLACE(S))	PHARMACY	7	
		PRIVATE DOCTOR	8	
		FAMILY PLANNING ASSOCIATION OF LIBERIA	9	
		MOBILE CLINIC	10	
		OTHER PRIVATE MEDICAL ______________ (SPECIFY)	11	
		OTHER SOURCE		
		SHOP	12	
		CHURCH	13	
		FRIEND/RELATIVE	14	
		OTHER ________________ (SPECIFY)	15	
808	If you wanted to, could you get a condom?	YES	1	
		NO	2	

STUDY IMPLEMENTATION TEAM

Names of those who conducted the community health survey at LISGIS.

NO	NAMES	POSITION
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2.	Joseph A. Farkollie	**Assistant Projector Coordinator**
3.	Thomas Davis	**GIS Director**
4.	Joseph W. Nyan	**Data Processing Director**
5.	Richard N. Russ	**Data Processing Supervisor**
6.	Dominic K. Paye	**Chief Accountant**
7.	Theresa Torgbor	**Secretary**

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6.	M. Alphonso Gbaye
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7.	Ousman K. Jackitay
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11.	Mohammed Kabba
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14.	Roselyn Payjia
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49.	Randall R. Kollie
50.	Roshan G. Muhlenburg
51.	S. Boima Ville
52.	Salophine Faeflen
53.	Samuel T. Quaye
54.	Sonni V. Kennedy
55.	Martu Jones
56.	Tamba Davis

57.	Youngor Johnson
58.	Z. Emmanuel S. Doe
59.	Eddie Richards
60.	Susan S. Monway