A VERBAL/SOCIAL AUTOPSY STUDY

TO IMPROVE ESTIMATES OF THE CAUSES AND DETERMINANTS OF NEONATAL AND CHILD MORTALITY

IN MALAWI

Government of Malawi



National Statistical Office Malawi

> Ministry of Health Malawi







FINAL REPORT

Version September 2014

Contributors

Country Team:

Tiope Mleme Benjamin Banda Humphreys Nsona Bertha Kanyuni Mercy Kanyuka

Baltimore Team

Henry Kalter Alain Koffi Agbessi Amouzou

Acknowledgements

This study has been conducted by the National Statistical Office (NSO) of Malawi in collaboration with Institute for International Programs at Johns Hopkins Bloomberg School of Public Health, under the "New data collection on causes and determinants of child mortality" grant award by the Bill and Melinda Gates Foundation to the U.S. Fund for UNICEF on behalf of the WHO/UNICEF-supported Child Health Epidemiology Reference Group (CHERG).

We would like to extend our special thanks to Malawi VASA team members based at NSO in Zomba and in Balaka and Salima districts that were involved in data collection, management and analysis. Among JHU-IIP members, we would like to thank Monica Fox, Joseph Agostino and Rachel Upton, for their administrative, technical, and/or programmatic support of the VASA study.

EXECUTIVE SUMMARY

Background

Through a new grant to the U.S. Fund for UNICEF on behalf of the WHO/UNICEF-supported Child Health Epidemiology Reference Group (CHERG), the Bill and Melinda Gates Foundation is supporting a set of 14 activities to provide improved global estimates and measures of the causes and determinants of maternal, neonatal and child morbidity and mortality, of intervention coverage, and of the effectiveness of health interventions. Many of these new activities entail gathering and reviewing existing data and building models to develop estimates; while two new activities partly involve gathering new verbal and social autopsy (VASA) data to directly measure neonatal and child mortality and its determinants in several high priority countries. This document represents the final report of the VASA project in Malawi, which is preliminary until country stakeholders have had the opportunity to review it.

Aim and Objectives of the VASA Project in Malawi

- 1. Estimate the cause distributions of death, separately for neonates (0-27 days old) and young children (1-59 months old), in Balaka and Salima districts, Malawi;
- 2. Estimate the proportions of deaths, by cause, of neonates and young children that occur in hospital in Balaka and Salima districts, Malawi; and
- 3. Estimate the prevalences of social factors contributing to deaths of neonates and young children in Balaka and Salima districts, Malawi.

VASA Method

Sample size and sampling

The Verbal Autopsy and Social Autopsy study (VASA) was based on a platform of the 24,000 household Rapid Mortality Monitoring (RMM) Survey undertaken by the National Statistics Office and Johns Hopkins Bloomberg School of Public Health (JHU) from October 2011 to February 2012 in the districts of Balaka and Salima. The reference household survey with a full birth history was aimed at providing data to measure annual neonatal, infant and under-five mortality in the sampled districts. The reference study was conducted as part of JHU's evaluation of the impact of the Catalytic Initiative Rapid Scale-Up of Maternal, Newborn and Child Health (MNCH) interventions in Malawi. A total sample of 1289 under-five deaths in the 4-years prior to the RMM survey, including 470 neonates and 819 post-neonates, were identified for a VASA follow-up interview.

Questionnaire

A two-component questionnaire was developed for the survey based on the GC-13 VA questionnaire and integrated with an updated Pathway Analysis SA questionnaire. Mothers aged 15 years and older and other caregivers of deceased neonates and young children were included for interview in the study. The reference survey collected individual and household identifiers for all deceased children and these identifiers were used to help locate the households where a death occurred and that needed to be followed-up for a VASA interview. The questionnaire was translated into the local language, Chichewa, which is spoken by most persons in the study area. A local anthropologist was recruited to do the translation and another team of two experienced staff at NSO independently back-translated the Chichewa questionnaire and compared this to the original English questionnaire. The discrepancies were then scrutinized to determine the source of the errors and these were ably corrected through consultations between the anthropologist and the back translators.

Main Results

- There was low coverage of key interventions along the continuum of care for pregnant women (4+ quality ANC visits), neonates (thermal care, kangaroo care for preterms) and young children (full immunization).
- One-third of women who recognized they had a pregnancy or labor and delivery complication at home did not seek formal health care
- One-half of caregivers of deceased newborns did not seek care for the fatal illness
- There was delayed care seeking for child illnesses after recognition of a possibly severe or severe symptom
- Inaccessibility to health facilities due to distance, lack of transportation and cost, emerged as the main constraints to formal health careseeking for mothers and children
- Three-fourths of peri-neonatal deaths were of stillbirths and neonates in the first 6 days after birth
- Newborns died mainly of preventable maternal conditions and neonatal illnesses
- 40 percent of newborns were born and died at a health facility without going home
- Children are less likely to be fully immunized against polio by age one (22 percent of children age 12-23 months)

Recommendations

- Accelerate progress in extending the coverage of interventions and service delivery channels Encourage and promote good recognition and early care seeking for maternal complications
- Increase OPV coverage
- Encourage and promote good recognition and early health care seeking for newborn and child illnesses
- The MOH should review the distance and cost issues that may be limiting access to fixed health facilities

- Improve the early detection and management of pregnancy, labor and delivery complications at health facilities
- Improve quality management of newborn illnesses at health facilities
- Improve quality management of under-five infectious illnesses at the health facility

TABLE OF CONTENTS

SECTION1-INTRODUCTION	8
1.1 Background	11
1.2 Objectives of the VASA Study	11
1.3 Country	12
1.3.1 Geography and administrative system	12
1.3.2 Population	12
1.3.3 Economy	12
1.3.4 Health	10
SECTION2-METHODOLOGY	14
2.1 Salima and Balaka Districts	18
2.2 Ethical clearances	18
2.3 Project personnel	18
2.4 Stakeholder involvement	18
2.5 Sample size and sampling	18
2.6 Questionnaires	18
2.7 Recruitment, training, pilot testing and fieldwork	20
2.8 Analyses	18
SECTION3-RESULTS	20
3.1 Final interview result	20
3.2 Characteristics of stillbirths and deceased newborns (0-27 days)	21
3.3 Characteristics of deceased young children (1-59 months)	22
3.4 Verbal autopsy	24
3.5 Social capital	25
3.6 Maternal health before, during pregnancy, labor and or delivery	26
3.6.1 Maternal health before the pregnancy	26
3.6.2 Maternal health during the pregnancy	27
3.6.3 Maternal health during Labor and delivery	33
3.7 Neonatal (0-27 days) care	39

ANNEXES	49
SECTION4-CONCLUSIONS AND RECOMMENDATIONS	47
3.8.2 Curative Care	45
3.8.1 Preventive Care	44
3.8 Young child(1-59 months) care	44
3.7.2 Curative Care	41
3.7.1 Preventive Care	39

ANNEX B1: Questionnaires

ANNEX B2 : Oral Consent Script

ANNEX B3: Recruitment Scripts

ANNEX B4: Physician Coding

LIST OF TABLES AND FIGURES

Table 2.1	Selected demographic characteristics of RMM districts in Malawi	17
Table 2.2:	Sample size of neonatal (NN) or 1-59 month old deaths required for various levels of precision and corresponding required study reference periods	19
Table 2.3:	Recall period required to detect N deaths in a 24,000 households survey in Malawi	19
Table 3.1	Final Interview result	23
Table 3.2	VASA recall periods N, mean, median, range	24
Table 3.3	Respondent's relationship with the deceased child	24
Table 3.4	Demographic characteristics of the deceased child	26
Table 3.5	Physician-coded VA underlying causes of death and underlying maternal causes	28
Table 3.6	Social capital	26
Table 3.7	Maternal health during pregnancy- Number of Antenatal visits	28
Table 3.8	Maternal health during pregnancy: Providers seen during ANC visits (N=375)	28
Table 3.9	Maternal health during pregnancy: ANC components (among those who received at least one ANC by a health care provider)	29
Table 3.10	Maternal health: Maternal complications symptoms and syndromes during pregnancy and before labor (N=399)	31
Table 3.11	Formal Care-seeking constraints among those who sought any care for any pregnancy symptoms that started before labor (N=191)	33
Table 3.12	Maternal health during labor and delivery: Labor and delivery conditions	35
Table 3.13	Maternal health: Maternal complications symptoms and syndromes that started with or during labor (N=399)	37
Table 3.14	Formal Care-seeking constraints among those who sought any care with any labor/ Delivery symptom that started at home (N=221)	39
Table 3.15	Neonatal deaths: Preventive care to newborn after birth (N=320)	41
Table 3.16	Formal Care-seeking constraints for neonates illness among those who sought or tried to seek care or never taken to a health provider (N=142)	44
Table 3.17	Preventive care at home for deceased children (before death), N=691	45
Table 3.18	Preventive care outside-of-home for deceased children (before death), N=691	46
Table 3.19	Formal Care-seeking constraints for Young children illness among those who sought or tried to seek care or never taken to a health provider (N=648)	48
Figure 2.1	Map of Malawi showing the two districts selected for the RMM and VASA projects	17
Figure 2.2	The Pathway to Survival	22
Figure 3.1	Physician-coded VA underlying causes of death 320 Neonatal (0-27 days) Deaths in Malawi, 2008-2011	27
Figure 3.2	Physician-coded VA underlying causes of death 691 Young Child (1-59 months) Deaths in Malawi, 2008-2011	29
Figure 3.3	The conditions the mother suffered from before pregnancy	27
Figure 3.4	Maternal symptoms during of pregnancy	30

Figure 3.5	Number of mothers who had a pregnancy complication syndrome and those who ever sought formal care (before labor)	32
Figure 3.6	Maternal symptoms during labor and delivery	36
Figure 3.7	Number of mothers who had a labor/delivery complication syndrome and those who ever sought formal care for symptoms and syndromes that started with or during labor	38
Figure 3.8	Pathway Analysis (adapted) -Curative Care for 180 Newborn Deaths (born at home or left delivery facility alive)	43
Figure 3.9	Pathway Analysis (adapted) - Curative Care for 691 Young Child Deaths	47

ABBREVIATIONS

ADC Area Development Committee

ANC Antenatal Care

ARIS Acute Respiratory Infections

BMGF Bill and Melinda Gates Foundation

CHERG Child Health Epidemiology Reference Group CIDA Canadian International Development Agency

CPR Contraceptive Prevalence Rate
DHMT District Management Health Team
DHS Demographic and Health Survey
DPT Diphteria, Pertussis, Tetanus
EHP Essential Health Package

EmOC Emergency Obstetric Care
GDP Gross Domestic Product
HSA Health Surveillance Agent
HTC HIV testing and counselling

IIP Institute for International Programs

IMCI Integrated Management of Childhood Ilnesses

IMR Infant Mortality Rate

IPT Intermittent Preventive Treatment

IRS Insecticide Residual Spraying

ITN Insecticide Treated Nets
JHU Johns Hopkins University

MDGs Millennium Development Goals

MMR Maternal Mortality Ratio

MoH Ministry of Health

MPs Members of Parliament NSO National Statistic Office OPV Oral Polio Vaccine

PMTCT Prevention of Mother to Child Transmission

PoW Program of Work

RMM Rapid Mortality Monitoring
SWAp Sector Wide Approach
TA Traditional Autorities
TFR Total Fertility Rate

UNICEF United Nations Children's Fund VASA Verbal Autopsy/ Social Autopsy VDC Village Development Committee

WHO World Health Organization

SECTION 1- INTRODUCTION

1.1 Background

Malawi is receiving support from the Canadian International Development Agency (CIDA) through UNICEF and the Bill and Melinda Gates Foundation (BMGF) through WHO to implement a Rapid Scale-Up of Maternal, Newborn and Child Health programs with the broad objective of demonstrating that proven high impact interventions can be scaled up rapidly to reduce maternal, newborn and child mortality.

To ensure national and global learning of results of the program, the Institute for International Programs at Johns Hopkins Bloomberg School of Public Health (IIP-JHU) in close collaboration with the National Statistical Office (NSO) conducted an independent evaluation of the impact of the Rapid Scale-Up in Malawi. The evaluation included a household survey with full birth history to measure annual mortality in the two Rapid Mortality Monitoring (RMM) districts of Salima and Balaka.

In an effort to improve country-specific and global estimates and measures of the causes and determinants of neonatal and child mortality, the U.S. Fund for UNICEF on behalf of the WHO/UNICEF supported Child Health Epidemiology Reference Group (CHERG) through a grant from the BMGF supported a Verbal and Social Autopsy (VASA) study. The CHERG worked with the NSO to conduct a VASA study by revisiting households with a recent death identified by the RMM Survey to conduct a VASA interview. The VASA study provides estimates of the proportions of deaths due to important causes for neonates such as birth asphyxia, preterm birth and sepsis, and for 1-59 month olds such as malaria, pneumonia and diarrhea; and estimates the percentage of deaths lacking key preventive actions and affected by behavioral and social factors such as problematic care seeking and inadequate care given by formal heath care providers, as well as examines the reasons for these problems.

1.2 Objectives of the VASA Study

Policy planners need information on causes of death to identify service priorities, effectively allocate scarce resources and evaluate the impact of health care programs. In Malawi, with a weak civil registration system, a number of deaths and their causes remain neither registered nor certified as to the cause of death. As such the VASA study aimed to shed light on the causes of deaths and assesses the perception of the illness and care-seeking carried out by the caregiver of the deceased child. Specifically the objectives of the study were:

- 1. To estimate the cause distributions of death, separately for neonates (0-27 days old) and young children (1-59 months old), in Balaka and Salima districts.
- 2. To estimate the proportions of deaths, by cause, of neonates and young children that occur in hospital in Balaka and Salima districts.

3. To Estimate the prevalence of social factors contributing to deaths of neonates and young children in Balaka and Salima districts

1.3 Country

1.3.1 Geography and administrative system

Malawi is a small, narrow, landlocked country that shares boundaries with Zambia in the west, Mozambique in the east, south and southwest, and Tanzania in the north. Malawi has an area of 118,484 km2 of which 94,276 km² is landlocked. The country is divided into three administrative regions, namely the northern, central and southern regions. Malawi has 28 districts, which are further divided into traditional authorities (TAs) ruled by chiefs. The village is the smallest administrative unit and each village is under a TA. A Group Village Headman (GVH) oversees several villages. There is a Village Development Committee (VDC) at GVH level which is responsible for development activities. Development activities at TA level are coordinated by the Area Development Committee (ADC). Politically, each district is further divided into constituencies which are represented by Members of Parliament (MPs) and in some cases these constituencies can combine more than one TA.

1.3.2 Population

In 2011 Malawi's population was estimated at 14.4 million¹. Since the population stood at eight million in 1987, this means that it has almost doubled over a 20-year period. At this growth rate it is projected that by 2016, the population will be at 16.3 million. The proportion of Malawi's population residing in urban areas is estimated at 15.3%. Malawi is one of the most densely populated countries in Africa with 139 persons per km² in 2008 and the Southern Region having the highest population density at 184 persons per km². Malawi's population growth rate is estimated at 2.3%, predominantly due to the high total fertility rate (TFR), which is now estimated at 5.7, and the low contraceptive prevalence rate (CPR) of 35% among all women using any method 6. Almost half of the population is under 15 years of age and the dependency ratio rose from 0.92 in 1966 to 1.04 in 2008. About 7% of the population are infants aged less than 1 year, 22% are children under five years of age and about 46% are aged 18 years and above. Malawi is predominantly a Christian country (83%), while 13% are Muslim, 2% of other religions and 2% of no religion.

1.3.3 Economy

Malawi is predominantly an agricultural country: this sector accounts for 35% of the GDP and more than 80% of export earnings (primarily from tobacco sales) and it supports more than 85% of the population². The DHS 2010³ found that 58% of women and 49% of men work in agriculture. The sources of revenue for funding public services are taxes on personal income and company profits, trade taxes and grants from donors. In the event of insufficient revenue to

cover the budgeted expenditure, the financing of the deficit is met either from domestic bank and non-bank sources, or from foreign financing in the form of loans from donor and overseas banks. In such a scenario, the financing of public services in Malawi is inextricably linked to the aggregate of each of these revenue sources. For instance, in the 2008/09 financial year, the major public sector sources of finance contributed in the following proportions: domestic taxes had a share of 77.9% and trade taxes had a share of 10.1%, while non-tax revenue was 12.0%. These revenues represented 24.5% of GDP. In terms of recurrent expenditures, health was the third at 10.2% after General Administration (33.9%), Agriculture (18.9%) and Education (13.7%)⁴.

1.3.4 Health

In 2004 the Ministry of Health (MoH) in conjunction with other government ministries, the private sector, Civil Society Organizations (CSOs) and HDPs developed the Sector Wide Approach (SWAp) Program of Work for the period 2004-2010 to guide the implementation of interventions in the health sector. The PoW was completed in 2010 but was extended to June 2011 to allow for the final evaluation of the Program. Substantial progress was made during the implementation of the PoW as demonstrated in improved health indicators, such as the maternal mortality ratio (MMR), infant mortality rate (IMR) and contraceptive prevalence rate (CPR)⁴.

An Essential Health Package (EHP) was agreed upon, covering diseases and conditions affecting the majority of the population and especially the poor. This package has been delivered free of charge to Malawians and most of the interventions for EHP conditions have been cost effective. The conditions in this package are: vaccine preventable diseases; acute respiratory infections (ARIs); malaria; tuberculosis; sexually transmitted infections (STIs) including HIV/AIDS; diarrhoeal diseases; Schistosomiasis; malnutrition; ear, nose and skin infections; perinatal conditions; and common injuries. The section below describes the progress that has been made so far in the fight against these conditions/diseases including progress in attaining the health-related Millennium Development Goals (MDGs)^{5,6}.

- Vaccine preventable conditions

Malawi has had a robust and enviable immunization program for many years and recent high coverage is confirmed in the 2010 DHS report which shows that 81% of children aged 12-23 months were fully immunized. This is an increase in coverage of 26% since the 2004 DHS. However, in 2010 the country experienced an outbreak of measles with an estimated 43,000 children requiring treatment.

High coverage, particularly of measles is required to maintain herd immunity and additional resources will therefore be required to sustain a vaccine coverage of 90 per cent and above for all antigens.

- Acute respiratory infections

Acute respiratory infection is one of the most significant causes of morbidity and mortality amongst children worldwide. In Malawi, between 2004 and 2010 the proportion of children with ARIs taken to a health facility for treatment increased from 19.6% to 70.3%. Also, there was a reduction of pneumonia case fatality from 18.7% in 2000 to 5.7% in 2008.

Evidence has shown that populations, especially children, that are heavily exposed to wood smoke from cooking are at much higher risk from severe pneumonia and higher risk of mortality⁶.

Prevention though hand-washing, immunisation with pneumococcal vaccine, early diagnosis and treatment with antibiotics are all highly effective. Along with malaria treatment and oral rehydration of diarrhoeal disease ARI is addressed through an Integrated Management of Childhood Illnesses (IMCI) approach. The successful implementation of pneumonia interventions in the PoW is likely to have contributed to the dramatic fall in infant and child mortality. Continuation of these interventions will help to achieve the two MDG targets dealing with child mortality by 2015.

- Malaria

Malaria is endemic throughout Malawi and continues to be a major public health problem with an estimated 6 million cases occurring annually. The use of Insecticide Treated Nets (ITN) when sleeping is the primary control strategy for preventing malaria. The Malawi National Malaria Indicator Survey 2010-17 showed a parasite prevalence rate by slide microscopy of 43.3% nationally, and severe anaemia prevalence (HB concentration >8g/dl) was 12.3% among children under five.

Malaria parasite prevalence increased with age whilst severe anaemia showed the opposite trend; both malaria parasite and severe anaemia prevalence rates were higher among children who did not sleep under an ITN the previous night. The prevalence of severe anaemia in children under two years of age who did not sleep under an ITN the night before (25.7%) compared to a rate of 13.6% among those who did sleep under a net the previous night. This was found to be higher in the poorer wealth quintiles.

At present 60.4% of pregnant women are reported to have taken two or more doses of the recommended intermittent preventive treatment (IPT) as compared to 48% in 2006.

Currently coverage of Insecticide Residual Spraying (IRS) is low, with poor diagnostic capacity, abuse of ITNs, low coverage of second dose of SP in pregnancy, unavailability of quality ACT in the private sector, and poor adherence to treatment guidelines and policies all affecting the implementation of malaria interventions.

Acute Diarrhoeal Diseases

Dehydration from diarrhoea is one of the major causes of death in young children worldwide. The prevalence of diarrhoea overall in Malawi is estimated at 17.5 % with 38 % in children 6-12 months. The 2010 DHS shows a higher percentage of reported cases without access to improved drinking water and sanitation. In 60% of cases treatment was sought from a formal health provider, and 24.2% of children under six months reportedly did not receive any treatment at all18. The BoD assessment calculates that the number of episodes of acute diarrhoea in children under five years of age is over 13 million per year, and yet the health service treated only 324,000 in 2010.

Malnutrition

Although there has been some reduction, malnutrition remains high, with 47% of children under five stunted and 20% severely stunted. The prevalence of diarrhoea and disease outbreaks such as measles have a significant influence on nutritional status, particularly acute malnutrition, and have to be taken into account when interpreting nutrition surveillance results. Despite the expectation that the MDG target related to nutrition will be reached, high levels of underweight persist. Thirteen per cent of children under five are underweight and 3% are severely underweight (DHS 2010).

Investments in child survival interventions such as vaccines for various diseases, effective treatment of pneumonia at community level, and effective prevention and treatment of malaria and diarrhoeal diseases have contributed significantly to the remarkable decline in infant and under five mortality rates.

Malawi has registered progress in child survival during the implementation of the Accelerated Child Survival and Development Strategic plan 2008 -2012. According to DHS and Count down data, the infant mortality rate has declined from 76 per 1000 in 2004; 66/1000 in 2010 to 53 in 2012. In the same period the under-five mortality has moved down from 133/1000 to 112/1000 to 83/1000 and neonatal mortality reduced from 36/1,000, to 31/1000 and 27/1000. The maternal mortality rate reduced from 984/100,000 in 2004 to 675/100,000 in 2010 and to 460/100,000 in 2012. Health facility delivery increased from 57.2% in 2004 to 73% in 2010. There has also been a reduction in pneumonia case fatality from 18.7% in 2000 to 5.7% in 2008 and an increase in the proportion of children with acute respiratory infections taken to health facilities for treatment from 19.6% in 2004 to 70.3% in 2010. Immunization coverage is high: 81% of the children aged 12-23 months old were fully immunised in 2010.

Since the last MICS 2006⁷, where 10 districts had mortality rate of over 140, there has been varying degrees of achievements by districts. According to the 2006 MICS mortality rate of 140 was considered to be very high. Six of the high mortality districts had mortality rate of less than 140 per 1000 live births while four remained above 140. The rest of the districts either stagnated or achieved minimal reduction levels.

- Maternity and Neonatal Care

The maternal mortality rate decreased from 984 per 100,000 live births in 2004 to 675 per 100,000 in 2010, with an increase in women delivering at health centres from 57.2% in 2004 to 73% in 2010.

According to the zonal reports, data from district maternal death audits shows that sepsis and post-partum haemorrhage are the most likely causes of death in the majority of mortality cases based at health facilities. Unlike the MDGs relating to child health, the maternity MDG targets are unlikely to be met without significant additional investment to increase access to Emergency Obstetric Care (EmOC) for many more pregnant women, and a similar investment in family planning to reduce the total fertility rate. Using data from the 2010 EmOC survey, it is estimated that only half of the births requiring emergency care are receiving such care.

Currently, the neonatal mortality rate (NMR) is estimated at 33 deaths per 1,000 live births and it is higher in rural areas (34/1,000) compared to urban areas (30/1,000). It is also higher among male children (38/1,000) compared to female children (30/1,000)20. About 69 per cent of women were protected against tetanus at their last birth.

- Major Communicable Diseases

Apart from malaria, the major communicable diseases are tuberculosis, HIV/AIDS and STIs.

Tuberculosis

With regard to tuberculosis, the effort to collaborate and support the HIV/AIDS programme is paying off. More cases of tuberculosis are being detected and treatment failure is diminishing. There is some success in reaching the MDG targets for tuberculosis.

Sexually Transmitted Infections including HIV/AIDS

This component of the EHP consumes the greatest resources with direct costs in the order of an estimated 16% of the direct costs for the first year of the EHP programme. Moreover, this is expected to increase as the country moves towards universal coverage for the new ART regime. As part of the HIV prevention strategy, the health sector provides 25 million male and 1 million female condoms each year. HIV testing and counselling (HTC) is an integral part of the HIV prevention strategy and approximately 1.8 million people were counselled and tested for HIV in 2009/2010, representing 28% of the sexually active population. HIV testing among couples is limited, and the high level of HIV discordant couples has prompted the inclusion in the HSSP of strategies to promote couple testing. Another key prevention component is Prevention of Mother to Child Transmission (PMTCT). In 2009/10, 37% of HIV positive mothers received appropriate drugs and counselling. The HSSP provides strategies for increasing this by 10% annually over the five year period.

Testing and treatment of other STIs is an important HIV prevention activity. About half the number of cases estimated in the BoD study was treated in 2010.

SECTION 2- METHODOLOGY

2.1 Salima and Balaka Districts

The Verbal Autopsy and Social Autopsy study (VASA) was based on a platform of a 24,000 household survey with a full birth history, the Rapid Mortality Monitoring (RMM) Survey undertaken by the National Statistics Office and Johns Hopkins Bloomberg School of Public Health (JHU) from October 2011 to February 2012 in the districts of Balaka and Salima. The VASA study returned to households that had reported an under-five death in the previous four years.

Two of the 28 districts in Malawi were selected for RMM based on the criteria of high under-five mortality, high fertility, easy access for the study team, full coverage of HSAs deployed, and average population size based on the distribution of district population size across the country.

These districts conducted the Gold-Standard mortality survey which formed the basis for the VASA study. Table 2.1 shows selected demographic characteristics of the two districts.

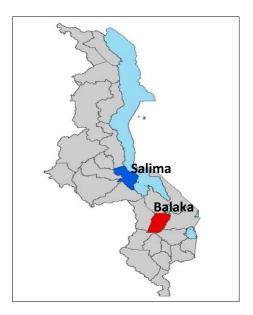


Figure 2.1 Map of Malawi showing the two districts selected for the RMM and VASA projects

Table 2.1 Selected demographic characteristics of RMM districts in Malawi

District	Population	Under-five mortality rate (U5MR)		Under-five mortality rate (U5MR) Total fertility rate (TFR)		Region
		2006 MICS	2010 DHS	2006 MICS	2010 DHS	
Balaka	316,748	160	125	6.3	6.0	South
Salima	340,327	144	150	7.1	6.6	Central

2.2 Ethical clearances

Ethical clearance for the VASA study was obtained from the Johns Hopkins School of Public Health's Institutional Review Board and the Malawi National Health and Science Research Committee.

2.3 Project personnel

VASA in-country project personnel include staff of the NSO, which provides overall project leadership. The project was implemented under the local leadership of the Commissioner and Deputy Commissioner of Statistics at NSO. A Principal Investigator coordinated the management and technical activities of the project, assisted by a co-investigator and one data manager,

2.4 Stakeholder involvement

A number of key stakeholders were involved in the survey processes such as protocol development, survey instruments, training of data collectors, supervision, report writing and dissemination. More importantly, the stakeholder involvement was aimed at seeking the potential use of the key findings as a key element in program implementation in the health sector. The key partners were the United Nations Children's Fund (UNICEF), World Health Organization (WHO), the Ministry of Health's Reproductive Health Unit and Integrated Management of Childhood Illness (IMCI) Unit, the Salima District Health Management Team and the Balaka District Health Management Team.

2.5 Sample size and sampling

The Verbal Autopsy and Social Autopsy study (VASA) was based on a platform of a 24,000 household survey, Rapid Mortality Monitoring (RMM) Survey undertaken by the National Statistics Office and Johns Hopkins Bloomberg School of Public Health (JHU) from October 2011 to February 2012 in the districts of Balaka and Salima. The reference household survey with a full birth history was aimed at providing data to measure annual neonatal, infant and under-five mortality in the sampled districts. The reference study was conducted as part of JHU's evaluation of the impact of the Catalytic Initiative Rapid Scale-Up of Maternal, Newborn and Child Health (MNCH) interventions in Malawi.

Table 2.2 shows the sample size of deaths required by the VASA study, and table 2.3 shows the estimated number of deaths that can be detected with particular recall periods in a survey of 24,000 households in Balaka and Salima districts, Malawi.

Table 2.2: Sample size of neonatal (NN) or 1-59 month old deaths required for various levels of precision and corresponding required study reference periods

Parameters	San	nple size for different pro	ecision levels
Р	0.5	0.5	0.5
Alpha	0.05	0.05	0.05
Z-alpha	1.96	1.96	1.96
Precision	0.05	0.07	0.10
Design effect	1.4	1.4	1.4
Non-response	0.1	0.1	0.1
Number of deaths	598	305	149

Table 2.3: Recall period required to detect N deaths in a 24,000 households survey in Malawi: CBR=0.044*, NNMR=0.027*, U5MR=0.092*, and Average HH size**=4.3 (Salima 77,531 HHs with avg. size 4.4, Balaka 75,656 HHs with avg. size 4.2)

Recall period	NN	1-59 mo
1-year	123	295
2-year	245	590
3-year	368	885

^{*}UNICEF State of the World's Children (2010); **NSO, Malawi 2008 census, preliminary report.

The RMM survey identified about 1300 under-five deaths within a 4-year recall period, among whom about 450 were neonatal deaths and 900 were post-neonatal deaths. This number of deaths is sufficient to estimate causes of death among neonatal and post-neonatal deaths with precision of about +/-5-7% for neonates and +/-5% for post-neonates.

A total sample of 1289 under-five deaths were identified on a 4 year recall period (the time from death until interview) from the RMM survey where 470 were neonatal deaths and 819 were post neonatal deaths.

2.6 Questionnaires

The VASA questionnaire blends the Population Health Metrics Research Consortium (PHMRC) verbal autopsy questionnaire with the Child Health Epidemiology Reference Group social autopsy questionnaire. The first part of the VASA questionnaire was a general information module for deceased neonates and young children. It included sections on backgrounds of the deceased and the interviews, consent, and information of about other people present during the interview.

The second component focuses on the actual verbal and social autopsy questions. For both neonates and children 1-59 months old it includes sections on confirming the child's age at death, signs and symptoms of the illness, the caregiver's perception of the illness, actions taken and constraints to formal health careseeking, care provided by formal facilities and providers, health records, and the family's social situation and access to social capital. In addition, for neonatal deaths, the interview asks about the maternal history, including the mother's careseeking for her obstetric complications, and about normal newborn care prior to the baby's illness; while for children, the interview also asks about preventive care given to the child before onset of the fatal illness.

Mothers aged 15 years and older and other caregivers of deceased neonates and young children were included for interview in the study. The reference survey collected individual and household identifiers for all respondents and these identifiers were used to help locate the households where a death occurred and that needed to be followed-up for a VASA interview. All identifiers collected by the reference household survey were kept confidential, secure and available only to study team and local investigators.

The questionnaire was translated into the local language, Chichewa, which is spoken by most persons in the study area. A local anthropologist was recruited to do the translation and another team of two experienced staff at NSO independently back-translated and compared the original English questionnaire. The discrepancies were then scrutinized to determine the source of the errors and these were ably corrected through consultations between the anthropologist and the back translators.

2.7 Recruitment, training, pilot testing and fieldwork

The survey was entirely implemented by the National Statistical Office from recruitment, training to fieldwork logistics. Data collectors were recruited based on prior experience in conducting structured interview mortality surveys, prior experience in utilizing a personal or netbook computer or Personal Digital Assistant (PDA) and any other experience in the use electronic devices, such as smart phones for data collection. The study preferred female as opposed to male data collectors due to the cultural aspects of the topics, and to a lesser extent religious beliefs in the study areas where topics related to pregnancy, care giving, still births and child deaths are openly discussed among the women folks.

A three-week training session was conducted from 18th February to 8th March 2013, at Chilema Ecumenical Training Centre in Zomba. The trainers consisted of senior statisticians from NSO who had benefitted from a week long VASA training of trainer's workshop done in November 2012 under the guidance of investigators from JHU. Ministry of health officials also facilitated in the training of data collectors with a focus on signs and symptoms of the common causes of

illnesses prevalent in Malawi with particular attention to the study areas. The training focused on both technical aspects as well as ethical issues in matters of sensitivity, confidentially, and prescribed assistance to bereaved respondents. It also included three-day visits to the field for practice during which the fieldworkers familiarized themselves with the questionnaire and the use of netbook computers in conducting interviews.

Four teams of four interviews and one team leader were constituted for the fieldwork and two field coordinators were also recruited to conduct additional quality control of data collected and liaise the fieldwork to the study headquarters at NSO.

The first round of data collection started on 12th March and was completed on 27th of April, 2013. A second round was necessary to correct some of important discrepancies between some personal identifiers (age at death, age at death category [stillbirth, neonatal, child], birth date, date of death, and sex) as determined by the RMM survey and the VASA interviews. It concerned 63 households (46 in Salima and 17 in Balaka) and was conducted in August-September 2013.

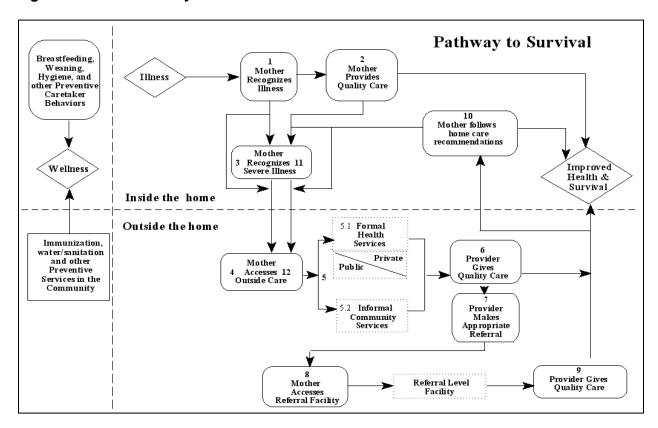
2.8 Analyses

There are several possible ways to analyze VA data to determine the cause distribution of deaths. In this study we analyzed the data using: 1) physician review, conducted by a physician consultant to the NSO, 2) computer-applied expert sign/symptom algorithms, and 3) statistical methods being developed by the Gates Grand Challenge 13 (GC-13) project. The results of the methods will be compared to each other.

An experienced in-country pediatrician reviewed the data for each VASA interview and classified the biological cause of death. "Classify" means to determine the cause of death, such as pneumonia or birth asphyxia. Some deaths may have direct and underlying causes, as well as contributing causes. CHERG-JHSPH provided NSO with guidelines for the physician coding of cause of death based on VA data, and trained the pediatrician in following these guidelines (ANNEX B4).

Analysis of the SA data is based on the Pathway to Survival conceptual framework (Figure 2.2), which traces the steps that must be taken in order to return a sick child to health and survival. By studying where children "fell off" the Pathway, we can identify caregiver behaviors, social constraints and health system factors that must be modified to decrease child mortality. The recently updated CHERG SA instrument adds recognition and care-seeking for the maternal pregnancy and labor and delivery complications that contribute to neonatal deaths; as well as normal newborn care and preventive care of children. The basic analysis will tabulate the data for all variables in the SA sections of the VASA questionnaire. In addition to the physician VA review/analysis, we conducted basic tabular and cross-tabular analyses of the SA data, including the basic Pathway to Survival indicators, and included these in the final report of the VASA study. CHERG-JHSPH will conduct further analyses, and will work together with NSO investigators to analyze the VASA data for publication.

Figure 2.2 – The Pathway to Survival



SECTION 3- RESULTS

3.1 Final interview result

Of the 1,289 households sampled from the 2012 RMM Mortality survey, 14 cases were dropped after data collection because the children's ages were out-of-range for the study.

Table 3.1 presents information on the final results for each interview. Of the 1275 cases, 1,090 (85.5 percent) had a completed VASA interview. Of the remaining households, 97 (7.6 percent) were vacant, destroyed or not found, especially in Salima, mainly because of the higher mobility of the fishing households that migrate frequently depending on fishing season. Another 58 households (4.6 percent) did not have an eligible individual present to respond to the questionnaire at the time of the VASA survey.

Of the 1,090 completed interviews, 79 were stillbirths, 320 neonatal (0-27 days) deaths and 691 young child (1-59 months) deaths.

Table 3.2 presents the recall period which is the difference between the dates of the VASA interview and date at death of the child. For neonatal deaths, the mean recall period was 2.3 years, which was not different from the young child recall period of 2.5 years. In both groups of deaths, the mother of the deceased child was the respondent to the VASA questionnaire in nine-tenths of the cases (table 3.3).

Table 3.1 Final Interview result

Interview result	Frequency	Percent
Completed	1,090	85.5
No Eligible respondent at home at time	4	0.3
Eligible respondent refused interview	3	0.2
No eligible respondent lives in household	58	4.6
No household member at home	1	0.1
Dwelling vacant /destroyed / not found	97	7.6
Child reported dead in birth history is actually alive	21	1.7
Duplicate report of deathinterview already conducted	1	0.1
Total	1,275	100

Table 3.2 VASA recall periods N, mean, median, range

	Neonate death (0-27 days)	Young Child death (1-59 months)
VASA recall periods	N=317	N=681
Mean (years)	2.3	2.5
Median (years)	2	2
Range (years)	0 to 4	0 to 4

Note: Recall period is calculated from vasa interview dates

Table 3.3 Respondent's relationship with the deceased child

Relationship	Stillbirths and Neonates (0-27 days) deaths					ng child nths) deaths
	Frequency Percent Frequence		Frequency	Percent		
1. Mother	357	89.5	601	87.0		
2. Grandmother	21	5.3	44	6.4		
3. Aunt	13	3.3	23	3.3		
4. Father	5	1.3	13	1.9		
5. Others	3	0.8	10	1.4		

3.2 Characteristics of stillbirths and deceased newborns (0-27 days)

Table 3.4 presents the distribution of the deceased children by age, characteristics of the mother and father and the household.

Seventy-nine children, mostly neonates' deaths in the platform survey, reverted to stillbirths in the VASA interview.

For neonatal deaths, the mean age at death was 5.1 days. The majority of newborns (70 percent) died during the first 6 days of life. The masculinity ratio was at 134, suggesting a vulnerability of boys over girls during the neonatal period. The highest proportion of neonate deaths (63.5 percent) occurred to mothers aged more than 25 years old.

The average age of the mothers at first union of 18.2 years suggests that mothers of the deceased babies entered into marriage at a relatively young age.

And the majority of the parents of deceased children in this group had some primary level of education. In more than one-third of the households in which the death occurred, the breadwinners had agricultural occupation. Only 14 percent of the households used piped water. And it took on average 2 hours to reach the nearest health facility to the household.

3.3 Characteristics of deceased young children (1-59 months)

For young child deaths, the mean age at death was 14 months. The majority of young children (1-59 months) died before their second birthday. In this group, girls appeared to be more vulnerable to death than boys. Here as well, the highest proportion (78.6 percent) of young child deaths occurred to mothers aged more than 25 years.

The average age of the mothers at first union of 18.4 years suggests that, just as with the mothers of deceased neonates, the mothers of the group of deceased children also entered into marriage at a relatively young age.

Most of the parents (more than 70 percent) of deceased children in this group also had completed some years of primary education. In about 40 percent of the households in which the death occurred, the breadwinner was a farmer. Only 11 percent of the households of this group of deaths used piped water. And it took on average 2 hours to reach the nearest health facility from the household.

Table 3.4 Demographic characteristics of the deceased child

Characteristics	Stillbirth		Young chi	
	Neonates (0-27 days)) months) deaths	
	deat		Francis C	
Characteristics of the deceased child	Frequency	Percent	Frequency	Percent
Groups ages in days	70	40.0		
Stillbirths	79	19.8	na	na
0-6 days	224	56.1	na	na
7-13 days	54	13.5	na	na
14-20 days	22	5.5	na	na
21-27 days	20	5.0	na	na
Total	399	100.0	na	na
Mean age (in days) [neonates deaths]	5.1 da	ays	na	na
Groups ages in months 1-3 months	20	no	102	14.8
4-6 months	na	na	82	14.6
7-11 months	na	na	151	21.9
12-23 months	na	na	170	24.6
	na	na		
24-59 months Total	na	na	185 691	26.8 100.0
Mean age (in months)	na	na	13.6 mg	
Sex	na	na	13.0 1110	JIIIIS
Male	183	57.2	326	47.2
Female	137	42.8	365	52.8
Masculinity ratio	137		89	
Wasculling ratio	10-	<u> </u>	03	
Maternal Characteristics				
Maternal age				
<20 years	17	4.3	8	1.2
20-24 years	126	32.1	135	20.2
25-29 years	109	27.8	174	26.1
>=30 years	140	35.7	351	52.5
Mean age (in years)	28.		30.	
Maternal education				
None	61	15.3	154	22.4
Primary	301	75.6	489	71.2
Secondary+	36	9.1	44	6.4
Mean years of schooling	4.5	5	3.7	•
Mean age when first married (years)	18.:	2	18.	4
Paternal Characteristics				
Paternal education				
None	34	9.9	68	11.2
Primary	230	67.3	425	70.0
Secondary+	78	22.8	114	18.8
Mean years of schooling	6.2	<u> </u>	5.8	3
Household Characteristics				
Main breadwinner's occupation				
Agriculture	143	35.8	273	39.5
Unskilled labor	96	24.1	168	24.3
Business owner	99	28.8	145	21.0
Mean time at current residence (in years)	13.		14.0	
Mean household density (persons/rooms)	2.7		2.8	
In-house water supply [Piped water outside the house]	56	14.0	74	10.7
Mean travel time to nearest health facility (hours)	1.8	3	1.9)

3.4 Verbal autopsy

Figure 3.1 shows the underlying causes of death of the 320 neonates and table 3.5 shows the maternal underlying causes identified for 108 of the neonates, grouped by the underlying child causes of death to which they contributed. Pneumonia was the leading cause of neonatal death. Combined with sepsis and meningitis, these serious neonatal infections were responsible for 57.5 percent of the neonatal deaths. Preterm delivery and birth asphyxia were the other main causes of the neonatal deaths, each contributing 17-18 percent of the deaths. In table 3.5 we see that maternal sepsis and premature rupture of the membranes were important contributors to the neonatal deaths due to infectious causes and to preterm delivery.

Figure 3.1 Physician-coded VA underlying causes of death 320 Neonatal (0-27 days) Deaths in Malawi, 2008-2011

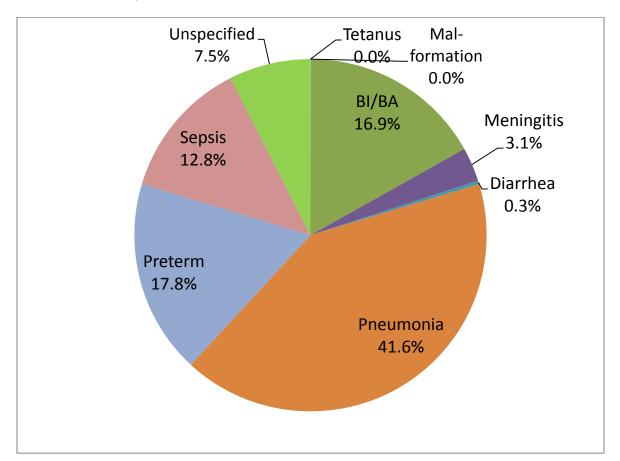


Table 3.5 Physician-coded VA underlying causes of death and underlying maternal causes

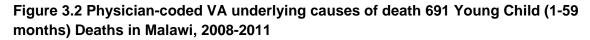
Physician-coded VA underlying cause of death (OB§ factors)	Frequency	Percent
Birth asphyxia (3 obstructed labor)	54	16.9
Meningitis (5 maternal sepsis)	10	3.1
Diarrhea	1	0.3
Pneumonia (29 maternal sepsis, 24 PROM ^{§§})	133	41.6
Sepsis (5 maternal sepsis, 7 PROM)	41	12.8
Preterm (12 maternal sepsis, 7 anemia, 1 hypertension, 16 PPROM ^{§§§})	57	17.8
Unspecified	24	7.5

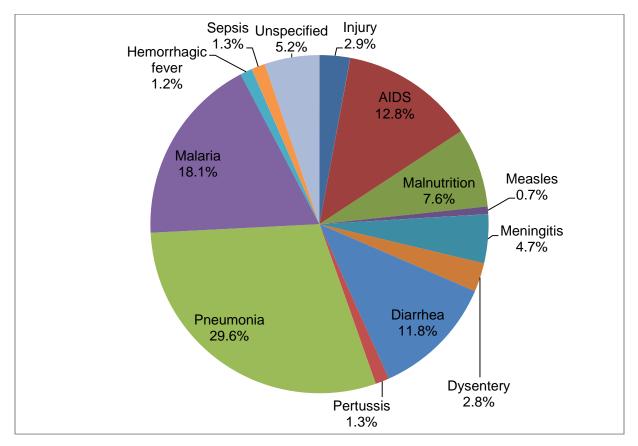
[§] OB: Obstetric

Figure 3.2 shows the underlying causes of death of the 691 young children included in the VASA study. As with the neonates, pneumonia was the leading cause of death, being responsible for 29.6 percent of the deaths; and other infections were the next leading causes, including malaria (18.1 percent), AIDS (12.8 percent), diarrhea and dysentery (11.8 percent and 2.8 percent) and meningitis (4.7 percent). Malnutrition was the underlying cause of 7.6 percent (52) of the deaths, and contributed to an additional 9.1 percent (63) of the deaths. Injuries caused nearly 3 percent of the deaths. The most common injuries were burns and road traffic injuries (5 deaths each) and drowning (4 deaths).

^{§§} PROM = premature rupture of the membranes

PPROM=preterm premature rupture of the membranes





3.5 Social capital

Social capital refers to institutions, relations and norms which shape the quality and quantity of social interactions inside the community. It is proven that social cohesion is necessary for communities to economically prosper and for development to last. As part of the VASA survey, in order to capture the degree of solidarity (social capital) of the Malawian communities which experienced an under-five death, the respondent or the mother (more often as the respondent) had to answer questions dealing with the themes that the respondent's community had worked on together over the last three years prior to the survey; whether the respondent or the mother had requested help from any group or any organization within the community during the pregnancy or during the fatal illness of the child, and to whom he/she turned to ask for this help; and finally, whether any particular community service had ever been refused to her/him.

Thus, almost of the respondents reported that the community they were living in had worked together on at least one of the topics such as schools, health, jobs, credit, roads, public transport, water, sanitation, etc. In contrast, almost one-third of the mothers were not able to turn to any persons or community for help during the pregnancy of the deceased child or the index child's fatal illness. Lastly, almost all of the respondents acknowledged that they had never been denied any of the community services including community services: education, health service, jobs, credit, transport, etc.

Table 3.6 Social capital

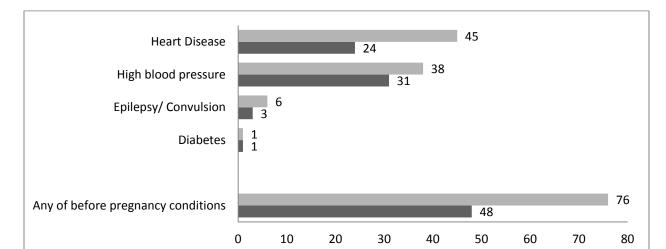
VARIABLES	Stillbirths and Neonates (0-27 days) deaths	Young child (1-59 months) deaths
In last 3 years, community worked together on at least 1 of the following: schools, health, jobs, credit, roads, public transport, water, sanitation, agriculture, justice, security, mosque/church	395 (99.0%)	688 (99.6%)
Mother was <u>able to turn</u> to any persons or community groups or organizations for help during the pregnancy or child's fatal illness	268 (67.2%)	482 (69.8%)
Mother and her family have <u>never been denied</u> any of the following community services: education, health service, jobs, credit, transport, water, sanitation, agriculture, justice, security	385 (96.5%)	655 (94.8%)

3.6 Maternal health before pregnancy, during pregnancy, and during labor and or delivery

The questions related to the maternal conditions were asked for all stillbirths and newborn deaths (N=399).

3.6.1 Maternal health before the pregnancy

The VASA collected information on the health condition of the mother before the indexed pregnancy. Figure 3.1 below shows that 38 mothers reported suffering from High Blood Pressure and 31 of them underwent treatment for that condition. Of the 45 mothers who reported suffering with a Heart Disease, 24 were treated. Overall, 76 (or 19 percent) of mothers of stillbirths or neonatal deaths had any of the conditions (epilepsy/convulsion, diabetes, heart disease, or high blood pressure) before the pregnancy. Among the latter, 48 (63 percent) sought treatment for any of those conditions.



■ Those who suffered from conditions

■ Those who underwent treatment for the conditions

Figure 3.3 The conditions the mother suffered from before pregnancy

3.6.2 Maternal health during the pregnancy

During the pregnancy, more than 94 percent of the mothers of stillbirths and deceased newborns had at least one ANC visit. Yet, only 41 percent benefited from the at least 4 ANC visits (table 3.7).

Table 3.7 Maternal health during pregnancy- Number of Antenatal visits

Number of ANC visits	Frequency	Percent
0	22	5.5
1	13	3.3
2	56	14.0
3	137	34.3
4 and more	163	40.9
Don't know/Missing	8	2.0
Total	399	100

Table 3.8 presents the distribution of type of providers seen during an ANC visit. Hence, of the 375 who received at least 1 ANC, 99.2 percent went at least to a health care provider.

Table 3.8 Maternal health during pregnancy: Providers seen during ANC visits (N=375)

Providers seen during ANC visits	Frequency	Percent
Health care provider	372	99.2
TBA/Religious healer	8	2.0
Relative/neighbor/friend	1	0.3
Other	1	0.3

Table 3.9 shows the ANC's components for the mothers who went to a health care provider for an ANC visit.

Thus, during the ANC visits to a health provider, the majority of pregnant women had their blood pressure measured, blood tested, received nutritional counseling and counseling about danger signs, i.e. signs to watch for and where to seek care when they occur. Yet very few of the women (18.0 percent) had their urine tested, which is important to help detect preeclampsia.

Table 39 Maternal health during pregnancy: ANC components (among those who received at least one ANC by a health care provider)

ANC components	Frequency	Percent
Provider measured the blood pressure	307	82.5
The woman gave a urine sample	67	18.0
The woman gave a blood sample	315	84.7
Provider told her to eat more high energy foods like and high	293	78.8
protein foods like than when not pregnant		
Provider told about the danger signs during pregnancy and	324	87.1
where to go if she had any danger signs		

Before labor, 61 mothers had no symptoms or complications (Figure 3.2). Three hundred thirty-eight women had at least one complication during the last 3 months of pregnancy or during labor and delivery. Of these 338 women, 260 had at least one pregnancy complication that started before labor; and of those 260, 69 (27 percent) did not seek care and 191 (73 percent) did.

Table 3.10 presents information on maternal complications/syndromes during the pregnancy before the labor and or the delivery. The syndromes were derived from the symptoms as reported by the mothers and the codes notes are provided below the table 3.10. Twelve percent of the mothers were classified as having had ante-partum hemorrhage, followed by about 11 percent with maternal sepsis. And when the syndromes were present, the majority (173/260, 66 percent) of mothers did seek any formal care as shown in figure 3.3. However, this left one-third of the mothers with a pregnancy complication without any formal health care for their complication.

Figure 3.4 Maternal symptoms during of pregnancy

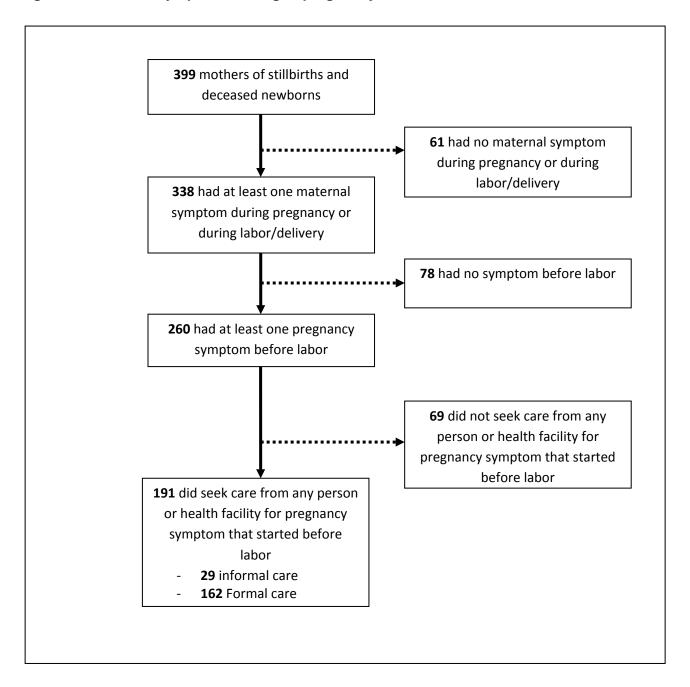
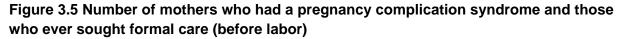
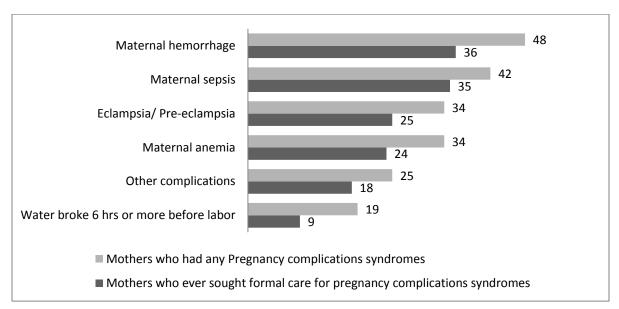


Table 3.10 Maternal health: Maternal complications symptoms and syndromes during pregnancy and before labor (N=399)

	Frequency	Percent
Maternal sepsis	42	10.5
Fever	67	16.8
Severe abdominal pain	98	24.6
Smelly vaginal discharge	34	8.5
Eclampsia/ Pre-eclampsia	34	8.5
Severe headache	77	19.3
Blurred vision	90	22.6
Puffy face	42	10.5
Convulsions	7	1.8
High blood pressure	46	11.5
Maternal anemia	34	8.5
Too weak to get out of bed	102	25.6
Fast or difficult breathing	40	10.0
Severe anemia or pallor and shortness of breath	53	13.3
Maternal hemorrhage	48	12.0
Water broke 6 hours or more before labor	19	4.8
Diabetes	0	0.0
Other complications	25	6.3

Notes: Maternal sepsis = Fever + (Severe abdominal pain OR Smelly vaginal discharge); Eclampsia/ Preeclampsia = Severe headache + (Blurred vision OR Puffy face OR Convulsions OR High blood pressure); Maternal anemia = Severe anemia or pallor and shortness of breath +(Too weak to get out of bed OR Fast or difficult breathing); Maternal hemorrhage = Any vaginal bleeding before labor





Among those who sought care for any pregnancy symptom that started before labor, 74 percent of the mothers said they had no concerns or problems to go to health provider. More than half of the mothers (59 percent) who did not seek any formal care had reported on some concerns or problems in reaching the health facility. Of the total of 49 who had some concerns in reaching the health provider, the majority complained about the distance, the absence of transportation and the cost associated with the health facility visit (table 3.11).

Table 3.11 Formal Care-seeking constraints among those who sought any care for any pregnancy symptoms that started before labor (N=191)

	Did not go to a health provider (N=29)		Did go to provider (Total (N	l=191)
	Frequency	Percent*	Frequency	Percent*	Frequency	Percent*
Had had concerns or problems to go to a health provider	17	58.6	32	19.8	49	25.7
Did not think was sick enough to need health care	4	13.8	6	3.7	10	5.2
No one available to go with her	0	0.0	0	0.0	0	0.0
Too much time from her regular duties	0	0.0	0	0.0	0	0.0
Someone else had to decide	0	0.0	0	0.0	0	0.0
Too far to travel	10	34.5	24	14.8	34	17.8
No transportation available	8	27.6	16	9.9	24	12.6
Cost (transport, health care, other)	7	24.1	9	5.6	16	8.4
Not satisfied with available health care	3	10.3	0	0.0	3	1.6
Symptom(s) required traditional care	1	3.4	2	1.2	3	1.6
Thought she was too sick to travel	4	13.8	2	1.2	6	3.1
Thought she/baby will die despite care	0	0.0	0	0.0	0	0.0
Fears exposure to male health provider	1	3.4	0	0.0	1	0.5
Other (specify)	1	3.4	1	0.6	2	1.0
Don't know	0	0.0	0	0.0	0	0.0
Had no concerns or problems to go to health provider	12	41.4	130	80.3	142	74.4

3.6.3 Maternal health during Labor and delivery

Table 3.12 shows that the majority of women (56.7 percent) delivered in a health facility (38.1 percent in hospital and 29 percent at a lower-level health facility). Four percent delivered enroute to a health facility. And a quarter of the mothers gave birth at home.

A key component for health outcomes is the ability for women to make their own choices concerning their health. The VASA collected information on who decided on the place for delivery. And the majority of women (73.2 percent) decided for themselves. For nine percent and eight percent of pregnant women it was their mother or another person.

Almost two-thirds of the mothers were assisted in their delivery by a skilled birth attendant, i.e. either a doctor or a nurse/midwife. Traditional birth attendants assisted in 11 percent of the deliveries and 7 percent of pregnant women delivered by their own.

Over half (53 percent) of pregnant mothers reported that labor lasted 0-6hours. Less that 1 percent of pregnant mothers reported a labor lasting more than 49 hours.

Two-hundred and fifty women had at least one complication that started at home with or during labor (Figure 3.5). The majority of them (160/250, 64 percent) sought some formal care.

Table 3.12 shows that during labor/delivery the majority of mothers suffered from preterm labor, premature rupture of the membranes, intrapartum-hemorrhage, and prolonged labor. Figure 3.6 shows that about two-thirds of the women sought formal care for each of these complications, i.e., there were no major differences in the careseeking pattern for the different complications.

Table 3.12 Maternal health during labor and delivery: Labor and delivery conditions

Delivery place	Frequency	Percent
Hospital	152	38.1
Other health provider or facility	114	28.6
On route to a health provider or facility	16	4.0
Home	98	24.6
Other/ Don't know	19	4.8
Who decided that this was the right place to deliver the baby		
The woman, herself	292	73.2
Her husband	19	4.8
Her mother	37	9. 4
Her mother-in-law	17	4.3
Her father-in-law	0	0.0
Other	35	8.0
Don't know/ Missing	2	0.5
Person who delivered the baby		
Doctor	71	17.8
Nurse/midwife	190	47.6
Relative/neighbor/friend	64	16.0
Self (the mother)	26	6.5
Traditional birth attendant	44	11.0
Other	2	0.5
Don't know	2	0.5
How much time did the labor and delivery take		
0- 6 hours	211	52.9
7- 12 hours	107	26.8
13- 24 hours	57	14.3
25- 48 hours	13	3.3
49- 72 hours	3	0.8
Missing	8	2.0

Figure 3.6 Maternal symptoms during labor and delivery

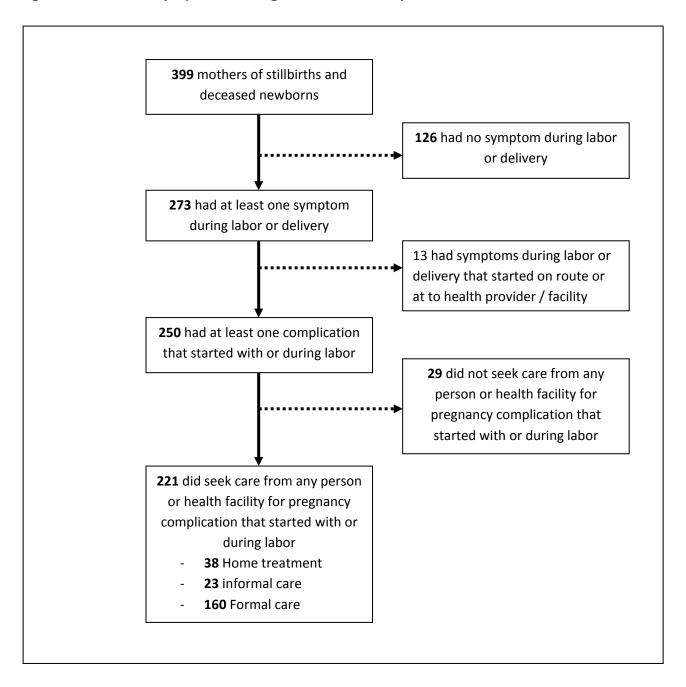
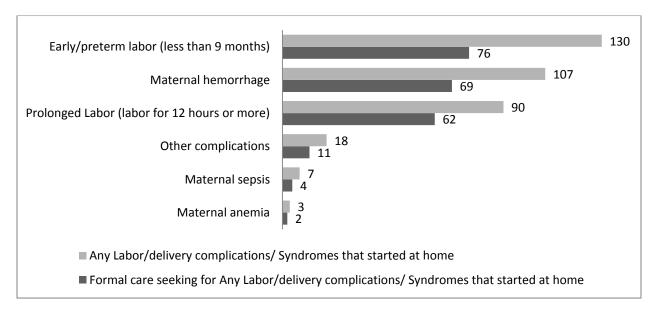


Table 3.13 Maternal health: Maternal complications symptoms and syndromes that started with or during labor (N=399)

	Any Labor/delivery complications/ Syndromes		Any Labor/delivery complications/ Syndromes that started at home	
	Frequency	Percent	Frequency	Percent
Maternal sepsis	8	2.0	7	1.8
Fever	13	3.2	12	3.0
Severe abdominal pain	25	6.3	23	5.8
Smelly vaginal discharge	11	2.8	10	2.5
Eclampsia/ Pre-eclampsia	1	0.3	0	0.0
Severe headache	6	1.5	6	1.5
Blurred vision	4	1.0	4	1.0
Puffy face	2	0.5	2	0.5
Convulsions	2	0.5	1	0.3
High blood pressure	9	2.3	9	2.3
Maternal anemia	3	0.8	3	0.8
Too weak to get out of bed	11	2.8	11	2.8
Fast or difficult breathing	2	0.5	2	0.5
Severe anemia or pallor and shortness of breath	8	2.0	8	2.0
Maternal hemorrhage	122	30.6	107	26.8
Early/preterm labor (less than 9 months)	138	34.6	130	32.6
Prolonged Labor (labor for 12 hours or more)	92	23.1	90	22.6
Other complications	21	5.3	18	4.5

Notes: Maternal sepsis = Fever + (Severe abdominal pain OR Smelly vaginal discharge); Eclampsia/Pre-eclampsia = Severe headache + (Blurred vision OR Puffy face OR Convulsions OR High blood pressure); Maternal anemia = Severe anemia or pallor and shortness of breath +(Too weak to get out of bed OR Fast or difficult breathing); Maternal hemorrhage = Excessive bleeding during labor or delivery

Figure 3.7 Number of mothers who had a labor/delivery complication syndrome and those who ever sought formal care for symptoms and syndromes that started with or during labor



Among those who sought any care with any labor/ delivery symptom that started at home, more than two-third (67 percent) of the mothers said they had no concerns or problems to go to health provider. Six-one mothers did go to any health provider, and the majority (67 percent) reported on concerns or problems to do so. Of the 72 who had some concerns in reaching the health provider, the majority complained about the distance, the absence of transportation and the cost associated with the health facility visit (Table 3.14).

Table 3.14 Formal Care-seeking constraints among those who sought any care with any labor/ Delivery symptom that started at home (N=221)

	Sought h informal ca		Sought son care (N		Total (N	l=221)
	Frequency	Percent*	Frequency	Percent*	Frequency	Percent*
Had had concerns or problems to go to a health provider	41	67.2	31	19.4	72	32.6
Did not think was sick enough to need health care	8	13.1	0	0.0	8	3.6
No one available to go with her	4	6.6	1	0.6	5	2.3
Too much time from her regular duties	1	1.6	0	0.0	1	0.5
Someone else had to decide	1	1.6	0	0.0	1	0.5
Too far to travel	23	37.7	22	13.8	45	20.4
No transportation available	24	39.3	19	11.9	43	19.5
Cost (transport, health care, other)	14	23.0	16	10.0	30	13.6
Not satisfied with available health care	0	0.0	1	0.6	1	0.5
Symptom(s) required traditional care	0	0.0	3	1.9	3	1.4
Thought she was too sick to travel	10	16.4	2	1.3	12	5.4
Thought she/baby will die despite care	12	19.7	4	2.5	16	7.2
Fears exposure to male health provider	1	1.6	0	0.0	0	0.0
Other	3	4.9	0	0.0	3	1.4
Don't know	0	0.0	0	0.0		0.0
Had no concerns or problems to go to health provider	20	32.8	129	80.6	149	67.4

3.7 Neonatal (0-27 days) care

3.7.1 Preventive care

The VASA data offers information on key postnatal interventions such as cord care, timing of bathing, breastfeeding and kangaroo care for preterm birth. The results are presented in Table 3.15.

The umbilical cord or ligation requires sustained attention, because neonatal tetanus and cord infections continue to be an important cause of neonatal morbidity and mortality in developing countries. Our study shows that in 63 percent of cases of neonatal deaths, the equipment used for cutting the umbilical cord came from a sterilized delivery kit, i.e. new/from delivery kit/boiled razor blade. After the umbilical cord was cut, 57 percent of newborns had their cords tied with a clean piece of string, and 30 percent had the cord tied with a cord clamp. Seventy-five percent of respondents stated that nothing was applied to the umbilical cord stump; nine percent reported that they did not know if anything was applied and seven percent stated that an antibiotic was applied to the stump.

Regarding the first bath after birth, more of half of the babies were either not bathed at all or were bathed after the first day of life.

About half of the babies were breastfed immediately (within 1 hour) after birth and of the 52 preterm births, only 14 percent benefited from the kangaroo care.

Table 3.15 Neonatal deaths: Preventive care to newborn after birth (N=320)

	Frequency	Percent
Tool used for cutting the cord		
New/from delivery kit/boiled razor blade	201	62.8
Old razor blade	11	3.4
Scissors	91	28.4
Other	4	1.3
Don't know	13	4.1
Material used for tying the cord		
Clean/from delivery kit/boiled piece of thread	181	56.6
Unclean piece of thread	27	8.4
Cord clamp	94	29.4
Other	9	2.8
Don't know	9	2.8
What was applied to the umbilical cord stump after birth		
Alcohol/other antiseptic	17	5.3
Antibiotic ointment/cream/powder	24	7.5
Mustard oil or ghee	0	0
Animal dung or dirt/mud	3	0.9
Other	5	1.6
Don't know what is was	1	0.3
Don't know whether something was applied	28	8.8
Nothing was applied	242	75.6
How long after birth was the baby first bathed		
Less than 1 hour	71	22.2
1-23 hours	76	23.8
24-72 hours (1-3 days)	25	7.8
More than 72 hours (3 days)	3	0.9
Not bathed	141	44.1
Don't know	4	1.3
Breastfeeding immediately after birth	159	49.7
Kangaroo care of preterm births (N=52)	7	13.5

3.7.2 Curative care

For analysis of the curative careseeking after the onset of the fatal illness, we excluded those who were born and died in the same health facility without leaving (n =135). We also excluded 5 other cases whose illness started at the delivery facility but no information on care-seeking was available. Overall, the Pathway to survival analysis includes a sample of 180 newborns born at home or born and left the health facility alive (Figure 3.8).

Of the 180 fatally ill newborns, the caretakers of 98 percent reported that their child had a severe or possibly severe symptom. However, no care was given or sought for 36 newborns (20 percent) and a similar proportion (21 percent) were said to have "died immediately."

Of 106 babies who received, sought or tried to seek care, 86 first went for care outside of the home whereas 20 received home care first, 4 of whom were later taken for outside care. In total, 90 babies sought or tried to seek any outside care, on average 1.3 days after the illness started. Eighty in total sought or tried to seek some formal care. Of those who sought both formal and informal care, the delay in seeking formal care was prolonged to an average of 2.3 days. Yet, 65 could reach the facility and the other 15 died while setting out or en-route to the health facility. Of those who reached the health facility, only 39 left the facility alive and the other 21 newborns died at the health facility.

In response to the question whether the mother had had concerns or problems that kept her from bringing the newborn to a health provider, overall 51 (36 percent) responded affirmatively (Table 3.16). Among those newborns who were not taken to a health provider (N=62), 52 percent of caregivers reported on concerns or problems to go to the health facility. And here as well, the main constraints were related to accessibility of the health facility (the long distance, no transportation available and cost).

Figure 3.8 Pathway Analysis (adapted) -Curative Care for 180 Newborn Deaths (born at home or left delivery facility alive)

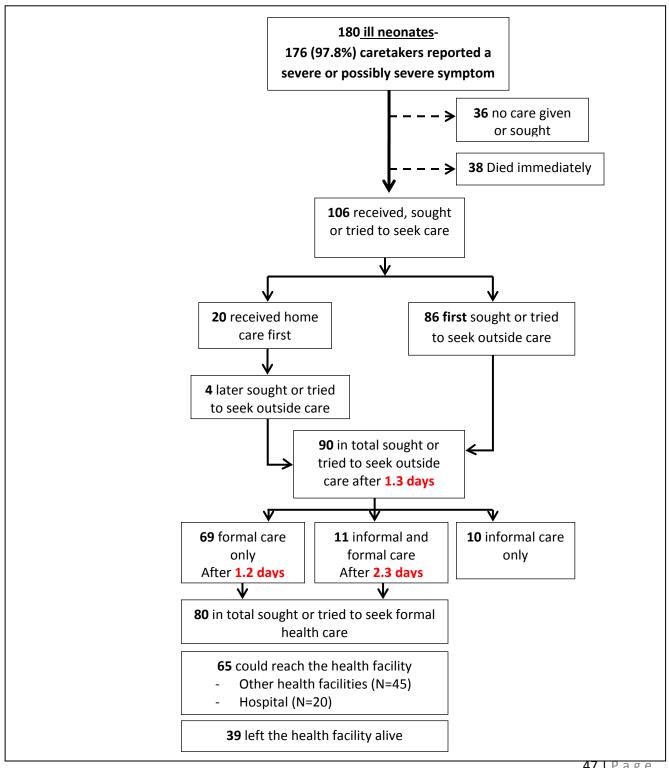


Table 3.16 Formal Care-seeking constraints for neonates illness among those who sought or tried to seek care or were never taken to a health provider (N=142)

	Newborn taken to a provider	a health	Newborn wa a health (N=8	orovider	Total (N	=142)
	Frequency	Percent*	Frequency	Percent*	Frequency	Percent*
Caregiver had concerns or problems to go to a health provider	32	51.6	19	23.8	51	35.9
Did not think was sick enough to need health care	2	3.2	0	0.0	2	1.4
No one available to go with caregiver	0	0.0	0	0.0	0	0.0
Too much time from her regular duties	0	0.0	0	0.0	0	0.0
Someone else had to decide	0	0.0	0	0.0	0	0.0
Too far to travel	11	17.7	15	18.8	26	18.3
No transportation available	12	19.4	13	16.3	25	17.6
Cost (transport, health care, other)	7	11.3	14	17.5	21	14.8
Not satisfied with available health care	1	1.6	0	0.0	1	0.7
Symptom(s) required traditional care	5	8.1	0	0.0	5	3.5
Thought babywas too sick to travel	2	3.2	0	0.0	2	1.4
Thought baby will die despite care	5	8.1	0	0.0	5	3.5
Was late at night (transportation or provider not available	2	3.2	3	3.8	5	3.5
Other	2	3.2	0	0.0	2	1.4
Don't know	0	0.0	0	0.0	0	0.0
		42.4				
Caregiver had no concerns or problems to go to health provider	30	48.4	61	76.3	91	64.1

3.8 Young child (1-59 months) care

3.8.1 Preventive Care

Table 3.17 presents key preventive practices at home before the fatal illness of the young children (N=691).

Thus, 52 mothers reported cooking inside the home and 54 percent of these said their child was usually nearby, thereby exposing their child to the indoor pollution that constitutes a risk factor for childhood pneumonia. More than 73 percent of the deceased children regularly slept under an insecticide treated bed net. Almost all of the deceased children had ever been breastfed. Only 30 percent of the deceased children were eating dairy products or fresh foods or eggs every day when the fatal illness occurred.

Table 3.17 Preventive care at home for deceased children (before death), N=691

Indicators	Frequency	Percent
Mother cooked inside (N=52) and child usually nearby	28	53.8
Child always slept under insecticide treated bed net	508	73.5
Child ever breastfed	676	97.8
Ate dairy products or fresh foods or eggs every day	206	29.8

Table 3.18 presents the preventive care outside-of-home for the deceased children (before death). During the VASA survey, immunization data was collected from two sources: the vaccination record of children and statements from the mother when the book was not available or did not exist.

Hence, 92 percent of children received BCG. The proportion of children who received OPV and DPT1 was also high at 89 and 86 percent, respectively.

Table 3.18 also shows the percentage of children age 12-23 months who had received vaccinations against the six major preventable childhood diseases by one year of age, i.e, a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus; an OPV birth dose (a zero dose) followed by a primary series of 3 OPV; and a measles vaccination. Overall, 18 percent of deceased children ages 12-23 months were fully immunized against these diseases before they reached their first birthday. According to the immunization results in DHS 2010, and in general, children (alive or dead) in the central and southern region were less likely to be fully immunized by age one. The current study reports on only deacsed children population in Salima (in Central region) and Balaka (in Southern region), suggesting more investigation to understand the reasons why the deceased children are less likely to be fully immunized compare to alive children.

The highest coverage this study was for BCG, OPV birth dose, DPT 1, and Measles, ranging from 88 to 93 percent. Children are least likely to be fully immunized against polio by age one (22 percent of children age 12-23 months have had all four doses).

Eighty-nine percent of children age 12-23 months received measles vaccine.

Approximately 94 percent of children aged 6-59 months received at least one dose of vitamin A.

Table 3.18 Preventive care outside-of-home for deceased children (before death), N=691

Indicators	Frequency	Percent
Received:		
BCG	633	91.6
Polio 0	612	88.6
DPT1	594	86.0
Received measles or MMR: (just for those 9 months and	378	85.3
older): (N=443)		
Correctly immunized (Child 12-23 months) (N=170)	31	18.2
BCG (12-23 months)	158	92.9
OPV birth dose (12-23 months)	155	91.2
OPV1 (12-23 months)	55	32.4
OPV2 (12-23 months)	51	30.0
OPV3 (12-23 months)	40	23.5
DPT1 (12-23 months)	158	92.9
DPT2 (12-23 months)	147	86.5
DPT3 (12-23 months)	114	67.1
Measles (12-23 months)	151	88.8
Received vitamin A dose (6-59 months) (N=541)	507	93.7

3.8.2 Curative care

The Pathway to survival was examined on a sample of 691 children from 1 – 59 months (Figure 3.9). The caretakers recognized signs of severe or possibly severe illness for most (95.2 percent). About 4 percent (N=26) of the fatally ill children did not receive or seek care, and 6 percent died "immediately.

Of the 622 who received, sought, or tried to seek care, 543 first sought care outside the home; 76 received care inside the home first and 67 of these 76 later sought outside care. In total 610 sought or tried to seek outside care, on average 1.3 days after the illness started. 404 sought or tried to seek formal care only with a delay of 1.3 days and 192 who sought or tried to seek some formal and informal care delayed formal care-seeking by 2.5 days (to reach the health provider); 14 sought or tried to seek informal care only.

Of the 596 who sought or tried to seek formal health care, 53 died while setting out or en-route to the facility, 43 reached the health facility and 64 percent of these latter left the facility alive. The other 36 percent (197 children) died at the health facility.

Of the 648 caregivers who sought care or not (not including those who died "immediately"), 52 did not take their children to a health provider, of which 60 percent said they had had problems or concerns in doings so (Table 3.19). And here as well, the main constraints were related to accessibility of the health facility (the long distance, no transportation available and cost).

Figure 3.9 Pathway Analysis (adapted) - Curative Care for 691 Young Child Deaths

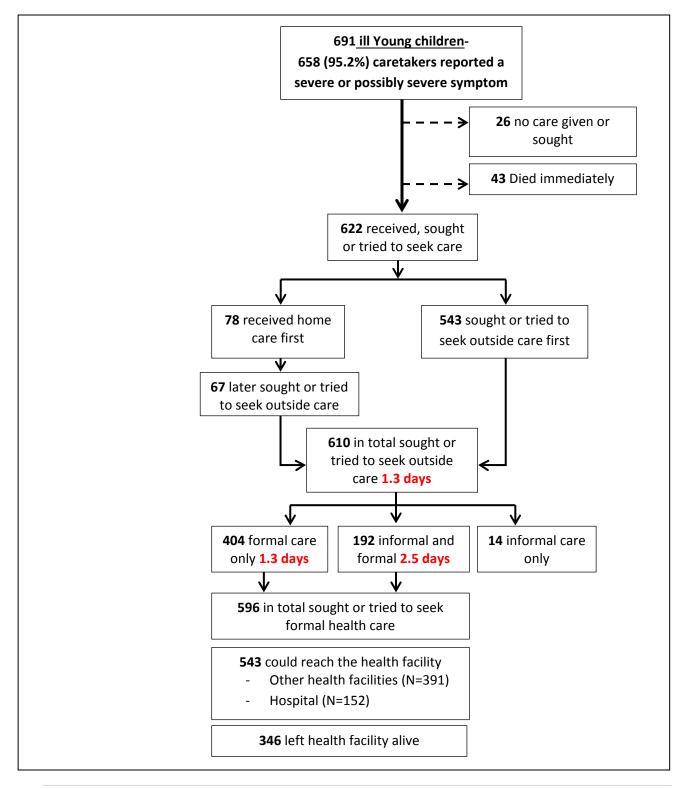


Table 3.19 Formal Care-seeking constraints for Young children with a fatal illness among those who sought or tried to seek care or never taken to a health provider (N=648)

	child was no a health (N=	provider	child was to health pi (N=5	rovider	Total (N	I=648)
	Frequency	Percent*	Frequency	Percent*	Frequency	Percent*
Caregiver had concerns or problems to go to a health provider	31	59.6	210	35.2	241	37.2
Did not think was sick enough to need health	12	23.1	30	5.0	42	6.5
care						
No one available to go with caregiver	1	1.9	3	0.5	4	0.6
Too much time from her regular duties	2	3.8	0	0.0	2	0.3
Someone else had to decide	1	1.9	2	0.3	3	0.5
Too far to travel	10	19.2	118	19.8	128	19.8
No transportation available	8	15.4	100	16.8	108	16.7
Cost (transport, health care, other)	12	23.1	121	20.3	133	20.5
Not satisfied with available health care	5	9.6	6	1.0	11	1.7
Symptom(s) required traditional care	3	5.8	4	0.7	7	1.1
Thought child was too sick to travel	1	1.9	2	0.3	3	0.5
Thought child will die despite care	3	5.8	2	0.3	5	0.8
Was late at night (transportation or provider not	10	19.2	37	6.2	47	7.3
available						
Other	5	9.6	2	0.3	7	1.1
Don't know	0	0.0	0	0.0	0	0.0
Caregiver had no concerns or problems to go to health provider	21	40.4	386	64.8	407	62.8

SECTION 4: CONCLUSIONS AND RECOMMENDATIONS

The main findings of the VASA study can be summarized as below:

- More than half of the mothers of the deceased newborns did not complete 4 or more ANC visits
- 82 percent of ANC providers did not check the urine sample of the mother during her pregnancy
- About a quarter of mothers delivered at home.
- More than one-third of mothers were assisted by unskilled birth attendants during their delivery
- Ante-partum hemorrhage and maternal sepsis represented the major complications / syndromes that started before labor
- During labor/delivery the majority of mothers suffered from preterm labor, premature rupture of the membranes, intrapartum-hemorrhage, and prolonged labor.
- One-third of women who recognized they had a pregnancy or labor and delivery complication at home did not seek formal health care
- Inaccessibility to health facilities due to distance, lack of transportation and cost, emerged as the main constraints to formal health careseeking for mothers
- The deceased children lived in households with difficult socio-demographics conditions
- Three-fourths of peri-neonatal deaths were of stillbirths and neonates in the first 6 days after birth
- Newborns died mainly of preventable maternal conditions and neonatal illnesses
- 40 percent of newborns were born and died at a health facility without going home
- Pneumonia and other infectious diseases were the leading cause of the neonatal deaths. Preterm delivery and birth asphyxia were the second and third leading causes. Maternal sepsis and premature rupture of the membranes were important contributors to the neonatal deaths, underlying 98 (40.7 percent) of the 241 deaths due to infectious causes and preterm delivery.
- Pneumonia and other infectious diseases also were the leading causes of the young child deaths. Malnutrition caused or contributed to nearly 17% of the deaths. Injuries were found to cause nearly 3% of the child deaths.
- Half of the deceased newborns were not breastfed immediately after birth
- More than 30 percent of the newborns and young children who reached the health facility for care died at that facility
- Formal health care was sought for only 44% of newborns with an opportunity for careseeking for their fatal illness; while formal care was sought for 86% of the young children

- Nearly all of the newborns' and young children's caretakers reported a possibly severe
 or severe illness sign at the outset of the illness, yet careseeking was absent for many
 and delayed for many others
- Children are least likely to be fully immunized against polio by age one (22 percent of children age 12-23 months have had all four doses)
- Seeking informal care appears to have contributed to the delays in seeking formal care
- Inaccessibility to health facilities due to distance, lack of transportation and cost, emerged as the main constraints to formal health careseeking for mothers and children
- One-half of caregivers of deceased newborns did not seek care for the fatal illness
- There was delayed care seeking for child illnesses after recognition of a possibly severe or severe symptom

Some recommendations to address and improve factors that are associated with causes of neonatal and child deaths are presented below.

- Accelerate progress in extending the coverage of interventions and service delivery channels
- Increase OPV coverage
- Encourage and promote good recognition and early care seeking for maternal complications
- Encourage and promote good recognition and early health care seeking for newborn and child illnesses
- The MOH should review the distance and cost issues that may be limiting access to fixed health facilities
- Improve the early detection and management of pregnancy, labor and delivery complications at health facilities
- Improve quality management of newborn illnesses at health facilities
- Improve quality management of under-five infectious illnesses at the health facility

REFERENCES

¹ National Statistical Office (NSO). Malawi Population Census 2008. Zomba, Malawi: NSO.

²World Bank Country Brief: Malawi 2005-2010

³ National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

⁴ Mwase, T. (2010) Health Financing Profile for Malawi. Lilongwe: MoH

⁵ Ministry of Health, Lilongwe- Malawi Health Sector Strategic Plan 2011 – 2016. Moving towards equity and quality

⁶ Effect of reduction in household air pollution on childhood pneumonia in Guatemala (RESPIRE): a randomised controlled trial: The Lancet, Volume 378, Issue 9804, 12 November 2011

⁷ National Statistical Office and UNICEF. 2008. Malawi Multiple Indicator Cluster Survey. 2006, Final Report. Lilongwe, Malawi: National Statistical Office and UNICEF

ANNEXES

ANNEX B1: QUESTIONNAIRES

ANNEX B2: ORAL CONSENT SCRIPT

ANNEX B3: RECRUITMENT SCRIPTS

ANNEX B4: PHYSICIAN CODING

ANNEX B1: Questionnaires

VERBA	VERBAL/SOCIAL AUTOPSY GENERAL INFORMATION (FOR SBs, NN & CHILD DEATHS 0—59 MONTHS OLD)					
Section	Section 1: Background about the deceased					
Interviev	terviewer: Before going to the field to do the interview, fill in this section from the survey or surveillance record for the deceased.					
G1.1	Address of the household [Copy the household address]	T.A Cluster Village/Place				
	Directions to the household [Copy the directions to the household]					
	Sketch a map if needed					
G1.2	Name of the deceased (if known) [Copy the name of the deceased]					
G1.3	Sex of deceased [Copy the sex of the deceased]	1. Male 2. Female				
G1.4	Date of birth of the deceased [Copy the day, month and year of birth of	of the deceased]				

G1.5	Date of death of the deceased	1 1	
	[Copy the day, month and year of death	of the deceased]	(DK = 99/99/9999)
G1.6	Last known age of the deceased [Copy the last known age of the deceas than 24 hours, record "00" days; Record years if 1 year or older.]	Days: 1 or more \rightarrow GQ1.7 (DK = 99) Months \rightarrow GQ1.7 (DK = 99)	
			${(DK = 99)}$ Years \rightarrow GQ1.7
G1.6.1	Was this a stillbirth or neonatal death? [Copy this information from the record]	 Stillbirth Neonatal death Not known from the record 	
G1.7	Name of mother		
	[Copy the name of the mother]		
G1.8	Name of father		
	[Copy the name of the father]		
Section	2: Background about the interview	<u>v</u>	
Interview	er: Before and after the interview, fill in th	nis section. These questions should not be asl	ked of the respondent.
G2.1	Language of the interview		
G2.2	Interviewer name and ID number		
G2.3	Dates of attempted and successful interviews	DATE	RESULT OF THE INTERVIEW
G2.3.1	Date of first interview attempt		Interim result:
G2.3.2	Date of second interview attempt		Interim result:
G2.3.3	Date of third interview attempt		Interim result:
G2.4	Date interview started		
	[Equals date of the last attempt]	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	

G2.5	Time interview started	,			
	[Record hour 1-24 / minutes 1-60]	H R M M			
G2.6	Date interview finished	Final result:			
	[Equals date started or a later date]				
G2.7	Time interview finished				
	[Record hour 1-24 / minutes 1-60]	<u>н </u>			
	Interview result codes: 1. Completed (Final result code) 2. Partially completed (Final result code) 3. Eligible respondent postponed intervi 4. No eligible respondent at home at tim 5. Eligible respondent refused interview	9. In progress (Interim result code)10. Child reported dead in birth history is actually alive			
G2.8	Date form checked by supervisor				
G2.9	Date entered in computer				
INTERVI	EW BEGINS				
who was househo	Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the mother or to another adult who was the deceased's main caregiver during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caregiver will be home. Introduce yourself to the adult who opens the door as follows: "My name is <your name="">. I am coming from the National Statistics Office. For the purpose of improving health care, we are collecting information on child health in this area. I would like to talk to <mother's name="">. Is she around?"</mother's></your>				
Section	3: Consent				
		respondent. Ask the respondent if he or she has any questions. Once any f he or she is willing to take part in the study.			
G3.1	INTERVIEWER: Did respondent give consent?	1. Yes 2. No 2 → Thank respondent for their time and end the interview.			
Section	Section 4: Information about the respondent				
Read: I v	vould now like to ask you some general q	uestions about yourself.			
G4.1	What is your (the respondent's) name?				
G4.2	INTERVIEWER: What is the sex of the respondent?	1. Male 2. Female			

G4.3	What is your relationship to the deceased child?	 Mother Father Grandmother Grandfather Aunt Uncle Brother Sister Birth attendant (specify type) Other male (specify) 	
G4.4	How old are you?		Years (DK = 99)
G4.5	How many years of school did you comp	olete? [Do not include repeated years.]	Years >6 years → (<1 = 00; DK = 99) GQ4.6
G4.5.1	Now I would like you to read this sentence to me. (Show card to respondent) If she cannot read the whole sentence, probe: Can you read any part of the sentence to me?	 Cannot read at all Able to read only part of sentence Able to read whole sentence No card available to show mother 	
be kept c	confidential.	about (your / the family's) household. Please	
-	, , , , , , , , , , , , , , , , , , ,	nducting the interview at the household when	e the death was identified.]
G4.6	How many people live at (this / that) hou [Read "at that household?" if you are		People (DK = 99)
G4.7	How many sleeping rooms are in the ho		Rooms (DK = 99)
G4.8	Does the household have a separate room for cooking?	1. Yes 2. No 9. Don't know	

G4.9	[Ask about each possession, and mark each one "Yes," "No" or "Don't know."] This requires changes to the data dictionary and form files. If Lewis is adding Chichewa to these files then he should first make his changes before I modify the DD and fmf.	Does the household have: 1. electricity? 2. a radio? 3. a television? 4. a refrigerator? 5. a fixed line telephone? Does it have: 6. a mobile telephone? 7. a computer? 8. a bicycle? 9. a car or truck? For drinking water, does the household use: 10.piped water inside the residence? 11.piped water outside the residence? 12.a protected well? 13.an unprotected well? 14.spring water 15.a water vendor, water supplied by truck or bottled water? 16.rain water? 17.surface water?	1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9.
G4.10	What type of toilet does the household have?	1. Flush toilet 2. Improved pit toilet 3. Traditional pit toilet 4. Bush/field/beach 5. Other (specify)	
G4.11	What is the main kind of energy the household uses for cooking? Requires change to the DD. If Lewis is adding Chichewa then he should make his change first.	 Charcoal Firewood Paraffin Electricity Gas Cow dung Other (specify) Don't know 	
G4.12	What is the main material used for the floor of the house?	 Natural/mud Cement Wood Tiles Other (specify) Don't know 	
Section	5: Information about others at the	interview	
G5.7	INTERVIEWER: Are there other people present during the interview?	1. Yes 2. No	2 → GQ5.9
G5.8	INTERVIEWER: In addition to the responsible interview?	ondent, how many people are present during	$\frac{\text{Other people}}{(DK = 99)}$

9	INTERVIEWER: Mark the death. For each other pers they were present during t person (other than the mo	son present at he child's illne	the interview, ask the ess and/or at the death	respondent their relation. For stillbirths and neo	onship to the decea onatal deaths, also a	sed and whet	
		Mark (X)	Stillbirths and ned	onatal deaths only	Neonatal & older	child deaths on	
	Relationship of person to the deceased child	if present at the interview	Present during the pregnancy: 1. Yes / 2. No	Present at the delivery: 1. Yes / 2. No	Present during child's illness: 1. Yes / 2. No	Present at t child's deat 1. Yes / 2. I	
.1	Mother						
.2	Father						
.3	Grandmother						
.4	Grandfather						
.5	Aunt						
.6	Uncle						
.7	Brother						
.8	Sister						
.9	Traditional birth attendant						
.10	Other male (specify:						
.11	Other female (specify						

/1.1	Was the deceased a singleton or multiple births?	 Singleton okha Multiple mapasa Don't know sindikudziwa 	☐ 1 or 9 → VQ1.3
	Kodi malemuwo anabadwa okha kapena mapasa?		
	[If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.]		
/1.2	Was this the first, or second, or the third in the birth order? Was this delivery the first, second or	 First woyamba Second wachiwiri Third or more wachitatu kupitilirapo Don't know sindikudziwa 	
	later in the birth order?		
	Kodi uchembere uwu unali oyamba wachiwiri, kapena wachitatu?		
/1.3	If the mother is present, mark "Yes" and do not ask this question.	1. Yes Inde 2. No Ayi	□ 1 → VQ1.6
	Is the mother still alive?		
	Kodi amai ali moyo?		
/1.4	Did the mother die during or after the delivery?	During Nthawi yobereka After Atabereka Don't know sindikudziwa	□ 1 or 9 → VQ1.6
	Kodi amai anamwalira pobereka kapena atangobereka?	o. Bontanon omanaama	

V1.5	How long after the delivery did the mother	er die?	Days masiku	
	Kodi atabereka maiwa, anakhala ntha		(DK = 99)	
			Months miyezi	
	Record days if less than 28 days—if less Record months if 28 days or more]	[Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days or more]		
V1.6	Where was the deceased child born?	Hospital ku chipatala Other health provider or facility malo		
	Kodi malemuwo (mwanayo)	ena a za umoyo 3. On route to a health provider or facility		
	anabadwira kuti?	mnjira		
		4. Home pakhomo 5. Other kwina (specify)		
		9. Don't know sindikudziwa	_	
V1.7	At the time of the delivery was the deceased child:	 Very small wochepetseta Smaller than usual wochepetsetsa 		
	Kodi nthawi imene malemu	kupitilira muyeso 3. About average wabwino bwino		
	amabadwa anali:	Larger than usual wamkulu kwambiri Don't know sindikudziwa		
	[Read the question and slowly read the	o. Bont know smarkadziwa		
	first four choices. Respondent should hear all four choices & then respond.]			
	[Show photos] (awonetseni zithunzi)			
V1.8	What was the weight of the deceased ch	ild at birth?	Grams	
	Kodi pobadwa malemuwa analemera I	bwanji pa sikelo?	(DK = 9999)	
V1.9	What was the sex of the deceased?	Male wamamuna Female wamkazi		
	Kodi mwanayo anali wani?	Perificie warrikazi Don't know sindikudziwa		
V1.10	When did the deceased child born?			
	Kodi anabadwa liti?			
	Compare the delivery date just stated by the respondent to the birth date from the		D D M M Y Y Y Y (DK = 99/99/9999)	
	prior record (GQ1.4). Discuss any incons correct the stated delivery date. You can	sistency with the respondent to confirm or not change the prior record's date.		
V1.11	Was it a live or a still birth?	Alive wamoyo Dood watufe		
	Kodi mwanayo anabadwa wamoyo, kapena wakufa?	Dead wakufa Don't know sindikudziwa		
V1.12	Did the baby ever cry?	1. Yes Inde		
	Kodi mwanayo analirako?	2. No Ayi9. Don't know Sindikudziwa		
V1.13	Did the baby ever move? Kodi mwanayo anayendapo?	1. Yes Inde 2. No Ayi		
	Roui iliwaliayo aliayefidapo?	9. Don't know Sindikudziwa		

V1.14	Did the baby ever breathe? Kodi mwanayo anapumako?	 Yes Inde No Ayi Don't know Sindikudziwa 	
V1.15	Refer to VQ1.11–1.14. If "Dead" & no crying, movement or breathing, mark "Stillbirth." If "Alive" & VQ1.12–1.14 = "No," or if "Dead" and VQ1.12, 1.13 or 1.14 = "Yes," then discuss & correct.	Stillbirth Nthayo Live birth wamoyo	□ 2 → VQ1.20
		<u>Stillbirths</u>	
V1.16	Did the baby's body have any kind of bruises or signs of injury at birth? Kodi panthawi yomwe mwanayo amabadwa, panali kukalika, kapena zizindikiro zakuvulala pa thupi lake?	 Yes Inde No Ayi Don't know Sindikudziwa 	
V1.17	Was the baby's body (skin and tissue) pulpy? Kodi thupi (khungu ndi minyewa) la mwanayo linali lofewa kwambiri?	Yes Inde No Ayi Don't know sindikudziwa	
V1.18	Did the baby have any physical abnormalities at the time of delivery? (for example: body part too large or too small, additional growth on body) Kodi mwanayo anabadwa ndi chilema chirichonse? (mwa chitsanzo: chiwalo china chachikulu kwambiri, kapenanso chaching'ono kwambiri , kapena kukula koonjezera kwa thupi)	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ3.1
V1.19	What were the physical abnormalities? Kodi zinali ziilema zanji? Ask for the following abnormalities [Mark all that apply – Show photos]	1. Was the head size very small at the time of birth mutu wang'ono	Yes No 1. □ 2. □ 1. □ 2. □ 1. □ 2. □
	Inst_1: STOP. Afte	er completing VQ1.19 $ ightarrow$ SQ3.1 (Maternal h	istory)
		<u>Live births</u>	
V1.20	How old was the child when the illness st Kodi mwanayo anali ndi zaka zingati p [Record days if less than 28 days—if less Record months if 28 days-11 months; Record years if 1 year or older.]	pamene anayamba kudwala?	Days (DK = 99) Months (DK = 99) Years (DK = 99)

V1.21	How long did the child [NAME] suffer from the illness? Kodi anadwala nthawi yaitali bwanji?		Days
			(DK = 99)
	[Record days if less than 28 days—if less Record months if 28 days or more.]	[Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days or more.]	
V1.22	Where did the deceased child [NAME] die? 1. Hospital ku chipatala 2. Other health provider or facility kapena ku malo ena a za umoyo		
	Kodi mwanayo anamwalilira kuti?	3. On route to a health provider or facility mnjira 4. Home pakhomo 5. Other kwina (specify)	
V1.24	When did the deceased child die?		
	Kodi anamwalira liti? Compare the date of death just stated by the respondent to the date of death from the prior record (GQ1.5). Discuss any inconsistency with the respondent to confirm or correct the stated date. You cannot change the prior record's date.		//
			(DK = 99/99/9999)

1.25	AGE AT DEATH	
	Record only the calculated age <u>OR</u> the stated age. First try to calculate the age. respondent for the child's age at death.	If this is not possible, then ask the
	CALCULATE THE AGE AT DEATH	
	Record the delivery date from VQ1.10:	Days (if < 28 days) (osakwana masiku 28) (DK = 99)
	Now, if possible, calculate the age at death (VQ1.24 – VQ1.10). If only the month and year are known, you may still be able to calculate the approximate age in months or years. Discuss the calculated age with the respondent: I have calculated that the child was (about) <calculated age=""> at death. Is this correct? If the respondent does not agree with the calculated age, then again discuss the</calculated>	Months (if 1-11 months) (Ngati ali pakati pa mwezi umodz ndi miyezi khumu ndi umudzi)
	delivery date and date of death to make sure that these are correct. If the calculated age at death cannot be resolved, then go below to the "STATED AGE" box. Once the age at death is calculated, check VQ1.20 and VQ1.21 to make sure that the age at illness onset and the illness duration are consistent with the age at death. For example, the age at onset + duration cannot be greater than the age at death.	(DK = 99) Years (if 1 year or older)
	[Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-11 months; Record years if 1 year or older.]	(Chaka chimodzi kapena kupitilira) (DK = 99)
	After recording the calculated age → VQ1.26	
	STATED AGE AT DEATH (Ask only if the calculated age cannot be determined)	Days (if < 28 days)
	How old was the deceased child at the time of death?	(osakwana masiku 28) (DK = 99)
	Kodi malemuwo (mwanayo) anali ndi zaka zingati pamene amamwalira	
	Compare the age at death just stated by the respondent to the child's last known age from the prior record (GQ1.6). Discuss any inconsistency with the respondent to confirm or correct the stated age. You cannot change the prior record's age. Partly	Months (if 1-11 months) (if 11 months) (Mwezi umodzi ndi miyezi khumu ndi umodzi)
	known delivery and death dates might help resolve the stated age. For example, if the child was born and died in the same month, then this is likely a neonatal death.	(DK = 99)
	Once the age at death is determined, check VQ1.20 and VQ1.21 to make sure that the age at illness onset and the illness duration are consistent with the age at death. For example, the age at onset + duration cannot be greater than the age at death.	Years (if 1 year or older) (Chaka chimodzi kapena kupitilira)
	[Record days if less than 28 days—if less than 24 hours, record "00" days; Record	(DK = 99)

[Record days if less than 28 days—if less than 24 hours, record "00" days; Record months if 28 days-11 months; Record years if 1 year or older.]

Read: N	low, I would like to ask you some question	1. Less than 28 days old 2. 1-59 months old Ty (FOR STILLBIRTHS AND NN DEATHS < s about (your / the mother's) health and (your lanzi lanu (mai) komanso pakati pa (dzina lanzi lan	r / her) pregnancy with <name>.</name>
Here an	d in the following questions, read "the m	nother," "her" and "she" if the moth	er is not the respondent.
S3.1	Before the pregnancy with <name>, did (you / the mother) suffer from any of the following known conditions: Musanaime pakati pa (Name) munayamba (mai) mwadwalapo matenda monga awa: [Read out all options and check "Yes," "No" or "Don't know" for each.] If "Yes," then ask: Did (you / she) undergo treatment for this condition during the pregnancy? Kodi munakalandira chithandizo cha matendawa pamene munali oyembekezera?</name>	1. High blood pressurekuthamanga kwa magazi 2. Heart disease matenda a mtima 3. Diabetes matenda a suga 4. Epilepsy/convulsion khunyu 5. Other ena (specify other)	Suffered from Yes No DK 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 9. 1. 2. 1. 2. 9. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 3
S3.2	During pregnancy, did (you / the mother) see anyone for antenatal care? Panthawi yomwe munali oyembekezera, kodii munapezako winaaliyense kuti akuthandizeni ndi chithandizo cha amai oyembekezera? (kusikelo)	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ3.3
S3.2.1	Whom did (you / mother) see for antenatal care? Is there anyone else? Ndi ndani amene (mai) anakuthandizanii? Palinso wina? [Probe, and record all persons seen.]	Health care provider wopereka chisamaliro cha za umoyo TBA/Religious healer Mzamba/Wachipembezo Relative/neighbor/friend wachibale Other ena (specify)	1. □ 2. □ 3. □ 4. □ → SQ3.3 9. □

S3.2.2	How many times did (you / the mother) re provider during this pregnancy?	eceive antenatal care from a health care	(DK =		s (Kangati)
	Kodi panthawi yomwe munali ndi paka cha amai oyembekezera kuchokera kv	ati, munalandirako kangati chithandizo wa azaumoyo?			
S3.2.3	During which month of the pregnancy dic care from a health care provider?	I (you / the mother) <u>last</u> receive antenatal	(DK =		n (Mwezi)
S3.2.4	During this pregnancy, did the provider do any of the following for (you / the mother) at least once? Kodi pamene munali oyembekezera ogwira ntchito za umoyo (amayi ake) anachita zina mwa izi: [Read out all options and check "Yes," "No" or "Don't know" for each.] [LOCAL ADAPTATION: Additional high energy and high protein foods to mention If the respondent asks]	 Did the provider measure (your / her) blood pressure kuthamanga kwa magazi?	Yes 1. □ 1. □ 1. □ 1. □ 1. □	No 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	<u>DK</u> 9. □ 9. □ 9. □ 9. □ 9. □
S3.3	Please tell me the danger signs during pregnancy or labor and delivery that you should seek care for immediately. Mungandiuze zizindikiro zowopsya pa nthawi imene mayi ali woyembekezera kapena matenda ayamba ndi pobereka zimene zingakupangitseni kufuna chithandizo mwamsanga. Probe: Would you tell me some of the danger that you can remember. Ndiuzeni zowopsyezo zimene mungathe kukumbukira. Probe: Would you tell me other dangers? Pali zinanso? [Check each danger sign mentioned.]	1. Vaginal bleeding kutaya magazi kunjira yoberekera	1.		▶ — Mentioned

\$3.4	During this pregnancy, (were you / was the mother) given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? Pamene munali oyembekezere (amayi ake) analandira katemera wa Kafumbata, wokutetezani ku Kalongolongo ndi kukomoka?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ3.5
S3.4.1	During this pregnancy, how many times of Kodi pamene munali oyembekezera m	did (you / mother) get this injection?	Times (Kangati) (DK = 9)
S3.5	At any time before this pregnancy, did (you / the mother) receive any tetanus injection, either to protect yourself or another baby? Kodi musanachembeze mimba imeneyi (amayi ake) munalandila katemera wa Kafumbata woteteza inu (amayi ake) kapena mwana wina?)	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ3.6
S3.5.1	Before this pregnancy, how many other t injection? Musanakhale ndi mimba imeneyi, ndi wa Kafumbata (a mayi ake)? [If 7 or more time, record "7."]	imes did (you / mother) receive a tetanus kangati kamene munalandila katemera	Times (Kangati) (DK = 9)
S3.6	Skip SQ3.6-3.7.1 in areas wo/malaria. During this pregnancy, did (you / the mother) sleep under an insecticide treated bednet or mosquito net? Kodi pamene munali oyembekezera (amayi ake) munagona mmasikito a chitetezo neti?	Yes, usually or always (inde nthawi zonse) Yes, sometimes (Inde, nthawi zina) Never (Ayi) Don't know (sindikudziwa)	
S3.7	During this pregnancy, did (you / the mother) take any drug to prevent (you / the mother) from getting malaria? Kodi pamene munali oyembekezera (amayi ake) munalandila chithandizo cha mankhwala a Malungo?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ2.1
S3.7.1	During this pregnancy, how many times of Kodi pamene munali oyembekezera (a mankhwala amenewa?	,	Times (DK = 99)

V2.1	Now I would like to ask you about any	Did (you / the mother) have:	Yes		<u>DK</u>
	problems (you / the mother) might have	1. Convulsions? kukomoka	1. □		9. □
	had during the pregnancy. Was the late	2. High blood pressure kuthamanga kwa	1. □	2. □	9. □
	part of the pregnancy (defined as the	magazi?			
	last 3 months), labor or delivery	3. Severe anemia or pallor and shortness	1. □	2. □	9. □
	complicated by any of the following	of breath kuchepa kwa magazi ndi	1. 🗆		9. 🗆
	problems that started before the baby	kulephera kupuma?			9. 🗆
	was delivered?	4. Diabetes suga?	1. 🗆	2. 🗆	9. 🗆
	was asilvered.	5. Severe headache mutu wa	1. 🗆	∠. ⊔	9. ⊔
	Tsopano ndifuna ndikufunseni ngati	ching'alang'ala?	1 _	2 -	0 =
	munali ndi vuto lina lilonse (amayi	6. Blurred vision	1. ⊔	∠. ⊔	9. □
	ake) pamene munali oyembekezera.			_	•
	kodi kumapeto kwa mimba imeneyi	?			9. 🗆
		(Were you / Was she):	1. 🗆		9. 🗆
	(miyezi itatu yomaliza) panali	7. Too weak to get out of bed kufooka	1. 🗆		9. □
	zobvuta zimene zimakuchitikilani	podzuka?	1. □	2. □	9. □
	mwana asanabadwe?	Did (you / the mother) have:			
		8. Severe abdominal pain kupweteka	1. □	2. 🗆	9. □
	[Read each complication and mark	mmimba?	1. □		9. □
	"Yes," "No" or "Don't know" for each.]	9. fast or difficult breathing kupuma	1. □	2. □	9. □
		mofulumira ndi mobanika?	1. 🗆		9. 🗆
	[Read "the mother" if the mother is	10.Puffy face nkhope yofufuma ?	_	_	
	not the respondent.]	11. <u>any</u> vaginal bleeding before labor	1. 🗆	2. □	9. 🗆
	-	kutaya magazi asanabereke?			9. 🗆
		12.Excessive bleeding during labor or	1. 🗆	∠. ⊔	3. 🗆
			1 _	2. □	0 =
		delivery kutaya magazi kwambiri	1. ⊔	∠. ⊔	9. ⊔
		nthawi yobereka?			
		13.Fever kutentha?	-		
		14.Smelly vaginal discharge chikazi cha			
		fungo?			
		Was the:			
		15.Child delivered not head first			
		sanasogoze mutu?			
		16.Cord delivered first mchombo?			
		17. Cord around the child's neck mchombo			
		kuzengeza khosi?			
		Did (you / the mother) have:			
		18. Any other complication pali vuto			
		linanso?			
		iiiialisu :			
		(analytha ather secondination)			
		(specify the other complication)			
V2.2*	Did (you / the mother) have any of the	Did (you / the mother) have:	Yes	No	DK
V Z.Z	following problems that started after the	1. Convulsions kukmoka ?		2. □	9. □
	delivery?	Heavy bleeding kutaya magazi	1. 🗆		9. □
	donvoly:	kwambiri?	'. ⊔	∠. ⊔	∪. ⊔
	Kodi inu (amayi ake) munakala ndi	Fever with smelly vaginal discharge or	1 -	2. □	0 -
	mavuto amene anadza chifukwa cha		1. ⊔	∠. ⊔	∍. ⊔
	kubereka?	abdominal pain kutentha			
	RUDEI ERA!	kuphatikizana ndi chikazi cha fungo			
	[Dood oook commission and asset	ndi kupweteka kwa mmimba?			
	[Read each complication and mark				
	"Yes," "No" or "Don't know" for each.]				
	[Read "the mother" if the mother is				
	not the respondent.]				
	l .		l		

V2.2	How many months long was the pregnancy?		N 4 / 22 NO2 4
	Kodi mimba imeneyi inali ya miyezi in	gati?	Months ≠ 99 → VQ2.4 (DK = 99)
V2.3	Did the pregnancy end early, on time, or late? Kodi mimba imeneyi munachila nthawi isanakwane, m'nthawi yake, kapena nthawi inapitilira?	Early kuchira nthawi isanakwane On time nthawi yake Late kupitilira masiku Don't know sindikudziwa	
V2.4	Was the baby moving in the last few days before birth? Kodi mwana amatakataka mmimba patangosala masiku ochepa kuti abadwe?	Yes Inde No Ayi Don't know Sindikudziwa	
V2.5	When did (you / the mother) last feel the baby move? Kodi munamumva kutakataka kwa mwana mmimba, kotsiliza patasala nthawi yaitali bwanji kuti abadwe? [Read "the mother" if the mother is not the respondent.] [Record hours if less than 24 hours; Record days if 1 day or more.]		Hours before delivery patasala maola asanachire (DK = 99)
			Days before delivery patasala masiku asanachile (DK = 99)
V2.6	Did the water break before labor or during labor? Kodi chiberekero chinasweka matenda asanayambe kapena atayamba? [Note: Labor begins when contractions are no more than 20 minutes apart.]	Before sanayambe During atayamba Don't know sindikudziwa	□ 2 or 9 → VQ2.8
V2.7	How much time before labor did the water break? Kodi panapita nthawi yaitali bwanji matenda asanayambe kuti chiberekero chisweke? [Record "24" if 1 day or more.]		Hours (DK = 99)
V2.8	What was the color of the liquor when the water broke? Kodi chiberekero chitasweka madzi anali amtundu wanji?	1. Green or brown (obiriwira) 2. Clear (normal) zowonekera 3. Other zina (specify) 9. Don't know sindikudziwa	
V2.9	Did the liquor foul smell? Kodi fungo la madziwo linali lonunkha?	Yes Inde No Ayi Don't know Sindikudziwa	

V2.10	How much time did the labor and deliver	v take?	
VZ.10	How much time did the labor and delivery take?		Hours
	Kodi matenda ndi kubadwa kwa mwana kunatenga nthawi yaitali bwanji?		(DK = 99)
	[Record "00" if less than 1 hour.]		
S3.8	Where did the delivery occur? Kodi munachilira kuti?	1. Hospital (kuchipatala) 2. Other health provider or facility 3. On route to a health provider or facility (panjira) 4. Home (panyumba) 5. Other (specify) 9. Don't know (sindikudziwa)	□ 1-3 = Health provider 9 → SQ3.11
S3.9	Who decided that this was the right place to deliver the baby? Kodi ndani amene anakulondolerani kuti mukachilire ku malo amenewa? [Record the one main decision maker.]	 The woman, herself mwini wake mayiyo Her husband amuna ake Her mother mayi ake Her mother-in-law apongozi ake a akazi Her father-in-law apongozi ake a amuna Other ena (specify) Don't know sindikudziwa 	
S3.10	If she did not go to a health provider or facility (SQ3.8 = 4-5) for the delivery, ask: Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider or facility for the delivery? Kodi inu (amayi ake) munali ndi nkhawa kapena mavuto omwe anakulepheretsani kupita ku chipatala cha amayi oyembekezera kuti mukachire? If she went or was on route to a health provider or facility (SQ3.8 = 1-3) for the delivery, ask: Did (you / the mother) have to overcome any concerns or problems to go to health provider or facility for the delivery? Kodi inu (amayi ake) munalimbana ndi nkhawa kapena mavuto omwe analipo kuti mupite ku chipatala cha amayi oyembekezera kuti mukachire?	1. Yes Inde 2. No Ayi 9. Don't know Sindikudziwa	□ 2 or 9 → SQ3.11

S3.10.	What concerns or problems did (you / she) have?	Did not think she was sick enough to need health care amaganiza kuti matenda sanayamba	1. _□ 2. _□
	Kodi nkhawa zanu ndi mavuto anu (amayi ake) otani?	No one available to go with her panalibe wondipelekeza	3. □ 4. □
		3. Too much time from her regular duties	5. □
	Prompt: Was there any other concern	kutanganidwa ndi ntchito za	6. □
	or problem other than the ones	pakhomo	7. □
	aforementioned?	4. Someone else had to decide (specify)	8. □
	Kadi nanali ahinanaa?	wina wapadera apereke maganizo	9. 🗆
	Kodi panali chinanso?	5. Too far to travel mtunda ndi wautali	10. □
	[Multiple answers allowed]	6. No transportation available	11. □
	[Multiple answers allowed.]	mayendedwe panalibe	40
		7. Cost (transport, health care, other)	12. 🗆
		ndalama panalibe zolipilira transport	13. □
		chipatala ndi zina	14. 99.
		Not satisfied with available health care kusakhutisidwa ndi chisamaliro cha	99. 🗆
		za umoyo chimene chilipo	
		zizindikiro zimafunika a zamba	
		10. Thought she was too sick to travel	
		amaganiza kuti wadwalika kuti	
		sangayende	
		11. Thought she/baby will die despite care	
		amaganiza kuti mwana akhoza	
		kumwalira ngakhale panali	
		chisamaliro	
		12. Was late at night (transportation or	
		provider not available) unali usiku	
		kwambiri	
		13. Fears exposure to male health provider	
		amawopa kuwoneredwa ndi	
		anamwino achimuna	
		14. Other zina (specify)	
		99.Don't know sindikudziwa	
00.44	Mha (at tha faailita) dalii sayad tha haba (4. Destay datala	
S3.11	Who (at the facility) delivered the baby?	Doctor dotolo Nurse/midwife namwino	
	Kodi ndi ndani anakuthandizani	3. Relative/neighbor/friend anansi	
	kuchira?	4. Self (the mother) yekha	
	Rucillia:	5. Traditional birth attendant azamba	
	[Read "at the facility" if she	6. Other zina (specify)	
	delivered at a health facility.]	9. Don't know sindikudziwa	
S3.12	How soon after labor started did the <bir< td=""><td>RTH ATTENDANT> first attend the mother?</td><td> Days</td></bir<>	RTH ATTENDANT> first attend the mother?	Days
			(DK = 99)
	Kodi matenda atayamba panapita ntha	awı yaıtali bwanji kuti mzamba	
	akuthandizeni?		
	[Discuss that labor starts with painful as-	tractions over 20 minutes or less 1	Hours
	[Discuss that labor starts with painful con	tractions every 20 minutes of less.]	(DK = 99)
	[Mark days &/or hours as needed: e.g. 00	day, 06 hours]	

S3.13	Did the birth attendant use a pictorial graph to follow the progress of (your / the mother's) labor? Kodi mzamba anagwiritsa ntchito pepala la mizele-mizele kutstira mmene matenda anu (amayi ake) amayendela?	1. Yes Inde 2. No Ayi 9. Don't know Sindikudziwa	
S3.14	Did the birth attendant wash her hands with soap and water or wear surgical gloves before assisting with the birth? Kodi mzamba anasamba mmanja ndi soap kapena kuvala magolovesi asanayambe kukuthandizani?	Yes, washed with soap and water inde anasamba ndi sopo Yes, wore surgical gloves Inde anamvala magolovesi No ayi Don't know sindikudziwa	
S3.15	On what surface did (you / the mother) deliver? Kodi munachilira pa malo otani?	 Labor bed bed lachipatala Solid floor with mackintosh/cover poyalidwa chipepala Solid washed floor pansi pokolopedwa Solid unwashed floor pansi posakolopedwa Dirt/soil/mud/straw floor pa udzu Other ena (specify) Don't know sindikudziwa 	
V2.17	Was the delivery or what was the type of delivery? [Read the choices and mark ONE.] Kodi munachila?	Vaginal with forceps zitsulo zokanulira Vaginal without forceps popanda zitsulo Vaginal (don't know) sakudziwa C-section opareshoni Don't know sindikudziwa	
V2.18	During labor but before delivery, did (you / the mother) receive any kind of injection? Kodi matenda atayamba koma musanchile munalandilapo (amayi ake) jakisoni wina aliyense? [Read "the mother" if the mother is not the respondent.]	1. Yes Inde 2. No Ayi 9. Don't know Sindikudziwa	

SA Module 4: Careseeking for maternal complications (FOR STILLBIRTHS AND NN DEATHS < 28 DAYS OLD)

Read: Now, I would like to ask you some questions about (your / the mother's) careseeking during the pregnancy with <NAME>. Read: Tsopano ndifuna ndikufunseni mafunso okhuzana ndi chisamaliro chimene mumafuna muli oyembekezera (Name).

S4.1	Maternal symptoms:		Symptoms during	Started (related to
	First look back at the maternal VA symptoms in GQ1.9. Mark ("X") these in the "Symptoms in the last 3 months" column. If she had any symptom(s), then read: Earlier, you mentioned that (you / the mother) had <symptom(s)> during the last 3 months of the pregnancy or during labor or delivery. Which of the symptoms started before labor? And which started with or during labor or delivery, including any that may have brought on the labor? Poyamba paja munachula zizindikilo zomwe zimakuchikilani (amayi ake) miyezi itatu yakumapeto</symptom(s)>	1. Convulsions (kukomoka) 2. High blood pressure (kuthamanga magazi) 3. Severe anemia or (pallor and SOB) (kusowa magazi) 4. Diabetes (matenda a sugar) 5. Severe headache (kuphwanya kwa mutu) 6. Blurred vision 7. Too weak to get out of bed 8. Severe abdominal pain (not labor pain) 9. Fast or difficult breathing 10. Puffy face 11. Any vaginal bleeding before labor 12. Excessive bleeding during labor or dlvr. 13. Fever 14. Smelly vaginal discharge	last 3 months Yes	labor/delivery) Before W/D DK 1.
	akuyembekezera, kapena matenda atayamba kapenanso nthawi yochila. Kodi ndi zizindikilo ziti zimene zinakuchitikilani matenda asanayambe? Nanga ndi ziti zinayambika ndi matenda kapena mkati mwamatenda kuphatikiza zina zimene zinachititsa kuti matenda ayambike? [Remind the respondent that labor starts with painful contractions every 20 minutes or less. Then review each reported symptom with her to determine which started before labor and which started with or during labor or delivery. Do not include any symptoms here that started after the baby was delivered.]	15.Early/preterm labor (less than 9 mnths) 16.Water broke 6 hrs or more before labor 17.Labor for 12 hours or more	□ → Inst_8	
S4.2	Did (you / the mother) seek care from any person or health facility for (any of) the pregnancy symptom(s) that started before labor? Kodi inu (amayi ake) munafunapo chisamaliro kwa munthu aliyense kapena kuchipatala pa zizindikiro zimene zinayamba matenda asanayambe? [Read "for any of" if she had more than one pregnancy symptom.]	 Yes Inde No Ayi Don't know Sindikudziwa 	□ 2 → SQ4.4 9 → Inst_2	

r			
S4.2.1	Where did (you / she) seek this care from? Kodi inu (amayi ake) chithandizo chimenechi munakachifuna kuti? Prompt: Was there anywhere else? Panalinso kwina? [Multiple answers allowed.]	1. Hospital	1. □
S4.3	If more than one symptom started before labor and she sought care from a health provider (SQ4.2.1 = 1-4), ask: For which symptom or symptoms that started before labor did (you / she) seek care from a health provider or facility? Kodi mwa zizindikilo zimene zinakuchitikilani matenda asanayambike ndi ziti zomwe munafuna chisamaliro cha ku chipatala?	1. Convulsions 2. High blood pressure 3. Severe anemia or (pallor <u>and</u> SOB) 4. Diabetes	10.Puffy face□ 11.Any bleeding before labor□ 12 blank - 13.Fever□ 14.Smelly vaginal discharge□ 15 blank - 16.Water broke ≥6 hrs bfr. labor□ 17 blank - 18.Other (specified in SQ4.1)□
S4.4	If she <u>never</u> went to a health provider (SQ4.2 = 2 <u>or</u> SQ4.2.1 ≠ 1-4) for any of the pregnancy symptoms, ask: Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider or facility for the symptom(s) that started <u>before</u> labor? Kodi inu (amayi ake) munali ndi nkhawa kapena mavuto amene anakulepheretsani kupita kuchipatala chifukwa cha zizindikiro zimene zimakuchitikilani matenda asanayambe? If she <u>went</u> to health provider (SQ4.2.1 = 1-4) for any pregnancy symptom(s), ask: Did (you / the mother) have to overcome any concerns or problems to go to a health provider or facility for the symptom(s) that started <u>before</u> labor? Kodi inu (amayi ake) munalimbana ndi nkhawa kapena mavuto ena kuti mupite kuchipatala chifukwa cha zizindikiro zimene zimakuchitikilani matenda asanayambe?	1. Yes Inde 2. No Ayi 9. Don't know Sindikudziwa	□ 2 or 9 → Inst_1

\$4.4.1	What concerns or problems did (you / she) have? Kodi inu (amayi ake) munali ndi nkhawa kapena mavuto otani? Prompt: Was there anything else? Panali zinanso? [Multiple answers allowed.]	1. Did not think was sick enough to need health care-Amaona ngati kudwala kwake kunali kosafuna chithandizo cha kuchipatala	1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ 10. □ 11. □ 12. □ 13. □ 99. □
		chithandizo	
		99.Don't know- sindikuziwa	
		l <u>ever</u> went to a health provider for any preg	
S4.5	Did any health provider or facility refer (you / her) to another health provider or facility for (any of) the symptom(s) that started before labor? Kodi achipatala (amayi ake) anakutumizani ku chipatala china chifukwa cha zizindikilo zomwe zimakuchitikilani matenda asanayambe?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ4.6
S4.5.1	Did (you / she) go to the provider or facility to which (you were / she was) referred to? Kodi (amayi ake) munapita ku chipatala komwe anakutumizaniko?	Yes Inde No Ayi Don't know Sindikudziwa	

\$4.6 \$4.7	How many different health providers or fa pregnancy symptom(s) that started before Kodi munaonana ndi okuthandizani ar zizindikiro zomwe mumamva matenda (Were you / Was the mother) admitted to hospital for (any of) the symptom(s) that started before labor? Kodi munagonekedwa kuchipatala chifukwa cha zizindikiro zomwe mumamva matenda asanayambe?	e labor? ngati kapena ku zipatala zingati pa	Health providers/facilities (DK = 99) □
S4.8	Please tell me everything that the provider(s) suggested that (you / the mother) do for the pregnancy symptom(s) at home? Chonde ndiuzeni zonse zomwe okuthandizani anakulangizani (amayi ake) kuti mukachite pa zizindikilo zomwe mumamva muli oyembekezera pamene muli ku nyumba kwanu. Prompt: Was there anything else? Panalinso china? [Multiple answers allowed.]	1. Take antibiotic by mouth-kumwa mankhwala okupha tizilombo tosaoneka ndi maso toyambisa matenda	1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ → Inst_2 99. □ → Inst_2
S4.9	(Were you / Was the mother) able to follow <u>all</u> this advice? Kodi munakwanitsa kutsata malangizo onsewa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 9 → <i>Inst</i> _2

S4.10	If not able to follow all the advice, ask: Did (you / she) have any concerns or problems that kept (you / her) from following the advice? Kodi panali zovuta zina zomwe zinakulepheretsani kutsatila malangizo? If able to follow all the advice, ask: Did (you / she) have to overcome any concerns or problems to follow the advice? Kodi munalimbana ndi mavuto ena kuti musatile malangizowa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → Inst_2
S4.10.	What concerns or problems did (you / the mother) have? Kodi ndi zovuta zanji zomwe munali (amai ake anali) nazo? Prompt: Was there anything else? Panalinso china? [Multiple answers allowed.]	1. Did not understand instructions- Malangizo sindimamvesa 2. Too much time from her regular duties- nthawi yambiri imathara ntchito za nthawi zonse 3. Someone else (specify) decided- maganizo anachokera kwa munthu wina 4. Cost too much-ntengo wolipira ndi waukulu	1.
	Inst_2: Refer to	SQ4.1: If no labor or delivery symptoms $ ightarrow$	Inst_8

S4.11	Now let's talk about the labor and delivery symptom(s). You said earlier that the symptom(s) that started with or during labor or delivery (was / were) <symptom(s)>. Tsopano tiyeni tikambe za matenda akayambika ndi zizindikiro za nthawi yochila. Munanena kuti zizindikiro zimene zimakuchitikilani matenda asanayambe zinali zizindikiro izi: [Read and mark the SQ4.1 symptom(s) confirmed by the respondent. Correct the SQ4.1 responses if necessary.]</symptom(s)>	1. Convulsions	10.Puffy face
S4.12	Where (were you / was the mother) when (this / the first) symptom began? Kodi chizindikilo choyamba cha matenda chinayamba (amayi ake ali) muli kuti? [Read "the first" if she had more than one labor or delivery symptom.]	1. Home 2. On route to a health provider or facility 3. At the health provider or facility where she went for normal labor 4. Other (specify)	□ 3 → SQ4.17
S4.13	Did (you / she) receive, seek or try to seek any care or treatment for (any of) the labor or delivery symptom(s)? Kodi munalandira (amayi ake) kapena kufuna chithandizo cha mankhwala pa zizindikilo zilizonse za matenda kapena kuchila? [Read "any of the symptoms" if she had more than one symptom.]	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ4.17
S4.13.	What was the <u>first</u> thing (you / the mother) did when you first saw the symptom(s)? Kodi chinthu choyamba chimene munachita (amayi ake) ndi chiyani mutaona zizindikilozi? Mark <u>only</u> the <u>first</u> action taken.]	1. Home treatment (at her own home, or by a relative, neighbor, or friend) pakhomo Sought or tried to seek care from a: 2. Hospital kucipatala 3. NGO or government clinic cha boma kapena mabungwe 4. Private doctor/clinic cha pulaiveti 5. Community nurse or midwife namwino adera 6. Pharmacist or drug seller ogulitsa mankhwala 7. TBA/village doctor/quack/other nonformal or traditional provider Azamba 8. Other ena (specify)	□□99 → SQ4.16

S4.14	Who decided that this was the right thing to do at that time?	The woman, herself Her husband Her mother		
	Kodi ndi ndani anaganiza kuti zomwe munachita pa nthayi imeneyo zinali zolondola?	4. Her mother-in-law 5. Her father-in-law 6. Other (specify)		
	[Only one response allowed. Record the main decision maker.]	o. Bontanow		
S4.15	If she did <u>not</u> go to a health provider (SQ4.13.1 = 1 or 6-8), ask: Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider at that time?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → Inst_3	
	Kodi panali zifukwa kapena zovuta zimene zinakulepheretsani (amayi ake) kupita ku chipatala pa nthawi imeneyo?			
	If she <u>went</u> to a health provider (SQ4.13.1 = 2-5), ask: Did (you / the mother) have to overcome any concerns or problems to go to the <health care="" provider=""> at that time?</health>			
	Kodi munalimbana (amayi ake) ndi zifukwa kapena zobvuta zina kuti mupite ku chipatala pa nthawi imeneyo?			
S4.15. 1	What concerns or problems did (you / the mother) have?	Did not think she was sick enough to need health care No one available to go with her	1. □ 2. □	
	Kodi ndi zovuta zanji zomwe munali (amai ake anali) nazo?	3. Too much time from her regular duties 4. Someone else had to decide (specify) 5. Too far to travel	3.	
	Prompt: Was there anything else?	6. No transportation available	6. □ 7. □	
	Palinso china?	8. Not satisfied with available health care 9. Symptom(s) required traditional care	8. - 9. -	
	[Multiple answers allowed.]	10. Thought she was too sick to travel 11. Thought she/baby will die despite care 12. Was late at night (transportation or provider not available)	10. □ 11. □	
		13. Fears exposure to male health provider 14. Other (specify)	13. □ 14. □ 99. □	
	Inst_3: If SQ4.13.1 = 2-5 (First <u>went</u> to a health provider or facility) → SQ4.16.1			

S4.16	Did (you / she) <u>ever seek or try to seek</u> care from a health provider or facility for (any of) the labor or delivery symptom(s)?	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ4.17	
	Kodi munayeserapo (amayi ake) kufuna chithandizo ku chipatala pamene chimodzi mwa zizindikilo za matenda kapena kuchila zinakuchitikilani?			
S4.16. 1	Please tell me all the types of health providers and facilities where (you / she) sought or tried to seek care for (any of) the labor or delivery symptom(s).	1. Hospital 2. NGO or government clinic 3. Private doctor/clinic 4. Community nurse or midwife 9. Don't know	1. □ 2. □ 3. □ 4. □ 9. □	
	Mungandiuze konse kumene munapita (amayi ake) kukapeza chithandizo pamene chimodzi mwa zizindikilo za matenda kapena kuchila zinakuchitikilani?			
	Prompt: Anywhere else? Pali kwinanso			
	[Multiple answers allowed.]			
S4.17	Refer to SQ3.8 to determine the delivery place. Discuss with respondent to confirm or correct the delivery place. Discuss & resolve inconsistencies, for	Hospital Other health provider or facility On route to a health provider or facility Home Other (specify)	□ 1-3 = Health provider	
	example, if SQ4.13 or 4.16 = "No," but the mother delivered in a health facility.	9. Don't know		
S4.18	So, including where (you / the mother) we symptom(s) and for the delivery, how mashe) go to?	ent or tried to go for the labor or delivery ny health providers or facilities did (you /		
	Kodi tikawonkhetsa konse kumene mukukwana kangati?	unapita kukapeza chithandizo (amayi ake)	Health providers/facilities	
	[If SQ4.16 = 2 <u>and</u> SQ4.17 = 4 or 5 \rightarrow re [If SQ4.16 = 2 <u>and</u> SQ4.17 = 1-3 \rightarrow record [If SQ4.16 = 2 <u>and</u> SQ4.17 = 9 \rightarrow record [If SQ4.16 = 9 \rightarrow record '99' health provi	rd '01' health provider/facility] '99' health providers/facilities]		
	Inst_4: If SQ4.12 = 3 (Symptoms began	at the health care provider where she wen	t for normal labor) → SQ4.22	
Ins	Inst_5: If SQ4.16 = 2 or 9 $\&$ SQ4.17 = 4-9 (No health care provider seen/sought for the symptoms/delivery) \rightarrow Inst_8			

Inst_5.5: If SQ4.1 = only 1 labor or delivery symptom \underline{OR} If SQ4.16 = 2 or 9 \rightarrow SQ4.21

S4.19	Was there any particular symptom or symptoms for which (you / the mother) went to the (first) health provider?	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ4.21
	Kodi panali chizindikilo kapena zizindikilo zina zapadera zomwe zinakupangitsani (amayi ake) kupita ku chipatala kapena za umoyo?		
	[Read "the first health provider?" if she went to more than one provider.]		
S4.20	For which symptom(s) did (you / the mother) go for maternal care? Kodi zizindikilo zake zinali zotani zomwe inu (amayi ake) munapitila ku chipatal?	1. Convulsions	11.Any bleeding before labor
		Severe abdominal (not labor) pain Fast or difficult breathing	
S4.21	How long after the labor or delivery sympto or see the (first) health provider?	otom(s) began, did you/mother decide to go	Days (DK = 99)
		cindikilo za matenda kapena za kuchila andizo ku chipatala kwa nthawi yoyamba	Hours (DK = 99)
	[Read "to the first" if she went or trie	d to go to more than one health provider.	Minutes (DK = 99)
	[Mark days, hours &/or minutes as need	ed: e.g. 00 day, 02 hours, 10 minutes]	, , ,

a health provider/facility, then that should be the first health provider (if she went to only one) or the last health provider. Ask all the questions for the first provider before going on to the last.

Before asking about the first health provider, read:

Now I would like to ask about (your / the mother's) visit to the (first) health provider.

Now we would like to talk more about your visit to the first health care provider

[Read "first" if she went or tried to go to more than one provider.]

Before asking about the last health provider, read:

Now I would like to ask about (your / the mother's) visit to the last health provider.

Now we would like to talk more about your visit to the last health care providder

	FIRST HEALTH	LAST HEALTH
 LABOR AND DELIVERY MATRIX QUESTIONS – 	PROVIDER	PROVIDER

	<u>, </u>		
What was the name of the (first / last)	1. Hospital (Government) chipatala	S4.22	S4.32
health care provider or facility where	cha boma		
(you / the mother) (sought care for the			
labor or delivery symptom(s) /	bungwe		
delivered the baby / tried to deliver the baby)?	Hospital (Private) chipatala cha pulaiveti		
	4. Health center (Government)	(Name of	(Name of Provider/Facility)
Probe to identify the type of provider.	chipatala cha ching'ono cha boma	Provider/Facility)	
	5. Health center (NGO) chipatala cha		
	ching'ono cha bungwe		
	6. Health post (Government)		
	chipatala choyendera boma		
	7. Health post (NGO) chipatala		
	choyendera bungwe		
	Private doctor/clinic (Formal) dokotala wovomerezedwa		
	Private doctor/clinic (Informal)		
	Dokotala wosalolezedwa		
	10. Trained community nurse/midwife		
	namwina wadera		
	99. Don't know sindikudziwa		
After (deciding to seek care / being ref	erred), how much time passed before	S4.23	S4.33
going to the <first health="" last="" p<="" td=""><td></td><td> Days</td><td> Days</td></first>		Days	Days
		(DK = 99)	(DK = 99)
Kodi panapita nthawi yaitali bwanji musanakafike ku chipatala choyaml		Hours (DK = 99)	Hours (DK = 99)
Discuss that this might include the time	e needed to arrange for transportation	(=:: 55)	, ,
and money to go to the provider/facility			Minutes (DK = 99)
traditional provider before going to the			(DK = 99)
, , ,	, ,	Minutes	
[If she delivered at home, record the till	me from decision/referral to delivery.]	(DK = 99)	
[Mark days, hours &/or minutes as neeminutes]	eded: e.g. 00 days, 02 hours, 10		
Was there any cost to travel to the	1. Yes Inde	S4.24	S4.34
<first health="" last="" provider=""></first>	2. No Ayi	□ 2 or 9 → SQ4.25	□ 2 or 9 → SQ4.35
or pay for (your / the mother's) care	9. Don't know Sindikudziwa		
there?			
Kodi panali kulipila mayendedwe			
popita ku chipatala choyamba ndi			
chomaliza kapena kulipila			
chithandizocho inu (amayi ake)?			
How did (you / the mother) arrange	Had available anasungira	S4.24.1	S4.34.1
for the money for these expenses?	2. Borrowed kungongola	1. 🗆	1. 🗆
	3. Sold assets anagulitsa katundu	2. □	2. □
Kodi ndalama zolipilira munazipeza	4. Help from kin/relatives	3. □	3. □
bwanji?	anathandizidwa ndi achibale	4. □	4. □
FA de Atria la consecuencia de la Caracteria de la Caract	5. Community fund ndalama	5. □	5. □
[Multiple answers allowed.]	zosonkha za mdera	6. □	6. □
	6. Govt. scheme ndalama za boma .	7. 🗆	7. _□
	7. Other zina	9. □	9. □
	9. Don't know sindikudziwa		

What mode of transport did you/mother use to go there? Kodi munagwiritsa ntchito mayendedwe otani kuti mukafike kumeneko? [Multiple answers allowed.]	1. Walk anagoyenda	S4.25 1. □ If only walk 2. □ → SQ4.26.1 3. □ 4. □ 5. □ 6. □ 7. □ → SQ4.26.1 9. □	S4.35 1. □ If <u>only</u> walk 2. □ → SQ4.36.1 3. □ 4. □ 5. □ 6. □ 7. □ → SQ4.36.1 9. □
How much did the transport cost?		S4.26	S4.36
Kodi mayendedwe anakwana ndala	ma zingati?	unit (DK = 9999)	unit (DK = 9999)
Did (you / the mother) reach the <first health="" last="" provider=""> before delivering the baby? Kodi munafika (amayi ake) ku chipatala musanachile? If "No," discuss with respondent to reach correct response: 2, 3 or 4.]</first>	 Yes, reached before delivering Inde, ndinakafika ndisanachire No, delivered before setting out Ayi, ndinachira ndisanapite ku chipatala No, delivered on route to provider Ayi, ndinachilira mjira No, could not reach this provider – did not set out/returned home/took other action Ayi, sindinapite kapena ndinabwerera, ndinagwiritsa njira zina Don't know sindikudziwa 	S4.26.1 □ 2, 3 → Inst_8 4, 9 → Inst_7	S4.36.1 □ 2-9 → <i>Inst</i> _8
How long did it take to travel to the <first health="" last="" provider="">?</first>		S4.27 Hours	S4.37 Hours
Kodi zinakutengerani nthawi yaitali choyamba kapena chomaliza?	owanji kuti mukarike ku chipatala	(DK = 99)	(DK = 99)
[Mark hours &/or minutes as needed:	e.g. 05 hours, 30 minutes]	Minutes (DK = 99)	Minutes (DK = 99)

What did the <first health<="" last="" td=""><td></td><td>S4.28</td><td>S4.38</td></first>		S4.28	S4.38
PROVIDER> do for (your / the	Gave oxygen for the baby	1. □	1. □
mother's) (labor or delivery	anawonjezeredwa mpweya wina	2. 🗆	2. □
symptom(s) / delivery)?	mthupi	3. □	3. □
Symptom(s) / delivery):	Gave antibiotics by mouth	4. □	3. □ 4. □
Kadi ku ahinatala ahayamba			
Kodi ku chipatala choyamba	Anapatsidwa mankhwala	5. 🗆	5. 🗆
kapena chomaliza kupita	(penisilini, amoxciline cotrim	6. □	6. □
anakuthandizani (amayi ake)	Gave ant malarial by mouth	7. □	7. □
bwanji pa zizindikiro za matenda	Anapatsidwa mankhwala a	8. □	8. □
kapena pochira?	Malungo	9. □	9. □
	4. Gave BP medicine by mouth	10. □	10. □
Prompt: Was there anything else?	Anapatsidwa mankhwala	11. □	11. □
	othamanga magazi	12. □	12. □
Panali chinanso?	5. Other medicine by mouth	13. □	13. □
	anapatsidwa mankhwala ena	14. 🗆	14. 🗆
[Multiple answers allowed.]	(specify)	15. 🗆	15. 🗆
<u>'</u>	6. Gave medicine to stop bleeding	16. □	16. □
		17. □ _	10. □ 17. □
	anapatsidwa mankhwala oletsa	17. 🗆	I/. U
	kutaika kwa magadzi	40 11 1	40 11 1
	7. Gave medicine to stop convulsions	18. stayed days	18. □ stayed days
	mankhwala oletsa kukomoka		
	8. Gave medicine to strengthen labor	19. 🗆	19. 🗆
	Mankhwala owonjezera	20. □ → SQ4.30	20. □ → SQ4.40
	mphamvu pochira	99. □ → SQ4.30	99. □ → SQ4.40
	Gave medicine to stop labor		
	mankhwala oletsa zizindikiro		
	zobereka		
	10.Gave medicine for baby's lungs		
	mankhwala othandizira		
	kufutukula mapapu		
	11.Gave IM medicine Mankhwala		
	obaya pathupi/jakisoni		
	12.Gave IV fluids or medicine		
	mankhwala a mdzia oyenda		
	1		
	mumsempha		
	13.Blood transfusion anamuwonjezera		
	magazi		
	14. Advised to buy outside medicine		
	kukagula mankhwala kwina		
	15. Uterine massage anandithandizira		
	chiberekero		
	16.Did a C-section anandipanga		
	opareshoni		
	17.Did another operation anagwiritsa		
	njira zina (specify)		
	18.Admitted to hospital		
	anakugonekani mchipatala		
	19.Other zina (specify)		
	20.Nothing palibe 99.Don't know sindikudziwa		
	33.DOITE KHOW SIHUIKUUZIWA		

PROVIDER> refer (you / the mother) to another health provider or facility? Kodi okuthandizani woyamba kapena womalizayu anakutumizaninso (amayi ake) ku chipatala china kuti mukalandile chithandizo? Why (were you / was the mother) referred? Kodi ndi chifukwa chiyani munatumizidwa (amayi ake) kwina kuti mukalandile chithandizo? 2. No Ayi 9. Don't know Sindikudziwa 1. The provider was not capable of managing the problem wothandizayo vutolo linamukanika		
referred? Kodi ndi chifukwa chiyani munatumizidwa (amayi ake) kwina kuti mukalandile chithandizo? 1. The provider was not capable of managing the problem wothandizayo vutolo linamukanika	S4.30 □ 2 or 9 → SQ4.30.2	4.40 □ 2 or 9 → SQ4.40.2
	S4.30.1 1. □ 2. □ 3. □ 4. □ 9. □	S4.40.1 1. □ 2. □ 3. □ 4. □ 9. □
	S4.30.2 □ 1 → Inst_8	S4.40.2 □ 1 → <i>Inst</i> _ 8

If <u>did not go</u> to another health	1. Yes Inde	S4.31	S4.41
provider, ask: Did (you / the mother)	2. No Ayi	\square 2 or 9 \rightarrow Inst 7	\square 2 or 9 \rightarrow Inst 8
have any concerns or problems that	9. Don't know Sindikudziwa	=	_
kept (you / her) from going to another			
provider?			
p. 6			
Kodi munali (amayi ake) ndi			
nkhawa kapena mabvuto ena			
amene anakulepheretsani kupita			
ku chipatala?			
Ru Cinpatala:			
If went to another health provider,			
ask: Did (you / the mother) have to			
overcome any concerns or problems			
to go to another provider?			
Kadi munalimbana (amayi aka) ndi			
Kodi munalimbana (amayi ake) ndi			
zifukwa kapena zobvuta zina kuti			
mupite mukapeze chithandizo kwina?			
kwina?			
What concerns or problems did (you /		S4.31.1	S4.41.1
the mother) have?	1. Thought no more care needed	1. □	1. □
,	mumaganiza chithandizo ndi	2. □	2. □
Kodi ndi zokhumudwitsa kapena	chosafunikiranso	3. □	3. □
mabvuto anji amene munaliawo	2. No one available to go with her	4. □	4. □
(amayi ake)?	panalibe okuperekezani	5. 🗆	5. 🗆
	3. Too much time from regular duties	6. □	6. □
Prompt: Was there anything else?	ntchito zina ndi zina	7. 🗆	7. 🗆
· · · · · · · · · · · · · · · · · · ·	zinakuchulukirani	8. 🗆	8. 🗆
Panali chinanso?	4. Someone else (specify) decided ena		9. 🗆
	ake anakupangirani maganizo	10. 🗆	10. 🗆
[Multiple answers allowed.]	5. Too far to travel kunakutalikirani	11. 🗆	11. 🗆
	6. No transportation available	12. 🗆	12. 🗆
	munalibe mayendedwe	13. □ → <i>Inst</i> _8	13. 🗆
	7. Cost (transport, health care, other)	10. b / mst_0	10. 🗆
	Ndinalibe ndalama zolipilira etc	14. □	14. 🗆
	8. Not satisfied with available care	99. 🗆	99. 🗆
	simunakhutisidwe ndi chisamaliro		99. ⊔
	Problem required traditional care		
	Vutolo limafunikira kuchikuda		
	10. Thought too sick to travel		
	amaganiza kuti munadwalika		
	kwambiri kuti muyende		
	11. Thought she/baby will die anyway		
	munmaganiza kuti mwana afabe		
	12. Was late at night ndinachedwa		
	unali usiku kwambiri		
	13. She delivered before going		
	munachira musanapite		
	kuchipatala		
	14. Other zina (specify)		
	99. Don't know simukudziwa		
Inst_7: Check SQ4.18 → If she went	to another health provider	go to SQ4.32 (LAST	
I Groom Gaario - ii dile welle	to another flourer provider	HEALTH PROVIDER)	
		ALTITI KOVIDEK)	

Inst_8: STOP – If VQ1.15 = 1 (Stillbirth) → VQ5.4 (Section 5: Health records) SA Module 5a: Care of the newborn; and VA Section 3: Neonatal deaths (FOR NN DEATHS <28 DAYS OLD)talk Read: Now I would like to ask you about the care of the newborn child. Tsopano ndifuna ndikufunseni zokhuzana ndi chisamaliro cha mwana wongobadwa kumene. S5a.1 What tool was used for cutting the 1. New/from delivery kit/boiled razor blade cord? lumo latsopano 2. Old razor blade **lumo logwiritsidwa** Kodi ndichipangizo chanji chimene ntchito kale anagwilitsa ntchito kudulira 3. Scissors sisesi mchombo? 4. Other zina(specify)...... 9. Don't know sindikudziwa What material was used for tying the 1. Clean/from delivery kit/boiled piece of S5a.2 thread ulusi woyera cord? 2. Unclean piece of thread ulusi Kodi anagwiritsa ntchito chani wosayera pomangila mchombo? 3. Cord clamp zomangira mchombo 4. Other zina (specify)...... 9. Don't know sindikudziwa S5a.3 1. Yes Inde Was anything applied to the umbilical \square 2 or 9 \rightarrow VQ3.1 cord stump after birth? 2. No Ayi 9. Don't know Sindikudziwa Kodi panapakidwa chilichonse pa mchombo wa mwana? S5a.3. What was it? 1. Alcohol/other antiseptic madzi a mchere opukutira mchombo 1 Kodi chinali chiyani? 2. Antibiotic ointment/cream/powder mafuta opaka/pauda wopaka 3. Mustard oil or ghee mafuta osungunulidwa kuchokera ku mkaka 4. Animal dung or dirt/mud **ndowe** kapena matope 5. Other zina (specify) 9. Don't know sindikudziwa V3.1 Were there any bruises or signs of 1. Yes Inde injury on the baby's body at birth? 2. No Avi 9. Don't know Sindikudziwa Kodi pobadwa mwanayo pathupi pake panasupuka kapena kuonetsa zizindikilo zobvulala? V3.2 Was any part of the baby physically 1. Yes Inde \square 2 or 9 \rightarrow VQ3.4 abnormal at the time of delivery? (for 2. No Ayi example: body part too large or too 9. Don't know Sindikudziwa

small, additional growth on body)

Kodi pa nthawi yobadwa mwanayu thupi kapena ziwalo zake zinaoneka zodabwitsa kapena kulumala?

V3.3	What were the abnormalities? Kodi maonekedwe achilendo pa thupi lake anali othani? Ask for the following abnormalities: [Mark all that apply – Show photos]	1. Was the head size very small at the time of birth? 2. Was the head size very large at the time of birth? 3. Was there a mass defect on the back of head or spine? 4. Was there any other abnormality?	Yes No 1.
V3.4	Did the baby breathe immediately after birth? Kodi mwanayu anapuma atangobadwa kumene?	 Yes Inde No Ayi Don't know Sindikudziwa 	□ 2 → <i>V</i> Q3.6
V3.5	Did the baby have difficulty breathing? Kodi mwanayu ankabanika popuma?	Yes Inde No Ayi Don't know Sindikudziwa	
V3.6	Was anything done to try to help the baby breathe at birth? Kodi mwanayu anathandizidwa kuti apuma atangobadwa?	Yes Inde No Ayi Don't know Sindikidziwa	
V3.7	Did the baby cry immediately after birth? Kodi mwanayu analira atangobadwa kumene?	Yes Inde No Ayi Don't know Sindikudziwa	□ 1 → VQ3.9
V3.8	How long after birth did the baby first cry? Kodi mwanayu atangobadwa panapita nthawi yaitali bwanji kuti ayambe kulira? [Mark ONE response]	 Within 5 minutes Within 6-30 minutes More than 30 minutes Never Don't know 	□ 4 → SQ5a.4
V3.9	Did the baby stop being able to cry? Kodi mwanayi anasiya kulira?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ5a.4
V3.10	How long before the baby died did the baby stop crying? Kodi mwanayu asanamwalire panapita nthawi yaitali bwanji atasiya kulira?	Less than one day One day or more Don't know	
S5a.4	How long after birth was the baby first bathed? Kodi panapita nthawi yaitali bwanji kuti mwanayu asambisidwe kwa nthawi yoyamba?	 Less than 1 hour 1-23 hours 24-72 hours (1-3 days) More than 72 hours (3 days) Not bathed Don't know 	

	Was anything done to keep the baby warm on the first day after birth? Kodi munachitapo kanthu kuti mwanayu azimva kufunda atangobadwa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ5a.6
S5a.5.	What was done? Kodi munachita chiyani? [Multiple answers allowed.] For each mentioned, ask: How soon after birth was this done? Kodi atangobadwa panapita nthawi yaitali bwanji kuti zimenezi zichitika?	Dried/wiped anampukuta Wrapped in a blanket anakutira mbulangeti Skin-to-skin contact anamukhumbatira lincubator munamuyika ku magesi Other zina	Done How soon after birth ≤1hr ≤6 6-24 >24 DK 1. □ □ □ □ □ □ □ □ 2. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ <t< td=""></t<>
S5a.6	Did (you / the mother) or a wet nurse ever breastfeed the baby? Kodi inu (amayi ake) kapena anamwino anayamwitsa mwanayu?	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5a.7
S5a.6.	How long after birth was the baby first put Kodi mwanayu atangobadwa panapita mumuyamwitse bele? [If immediately or less than 1 hour, reconduction of the second hours, other conductions of the second hours of the second hours.]	nthawi yaitali bwanji kuti d'00' hours.]	Hours (DK = 99)
\$5a.6. 2	Was the baby being breastfed at the time when the fatal illness began? Kodi mwanayu amayamwa bele pamene matenda anayambika?	Yes Inde No Ayi Don't know Sindikudziwa	
S5a.7	At the time the fatal illness began, was the baby being given any other liquid, including non-human milk or formula, fruit juice, tea or water, or any semisolid or soft foods such as cereal? Kodi pa nthawi imene matendawa amayambika kodi mwanayu ankapatsidwa zakumwa kuphatikizapo mkaka osati wammawere, madzi azipatso, tii, madzi zakudya za phalaphala kapena zofewa monga cerelac ndi zina? [Multiple answers allowed. Probe, and record all liquids and foods given.]	Non-human milk or pre-mixed formula mkaka wogula	1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 9. □

V3.11	Was the baby able to suckle in a normal way during the first day of life? Kodi mwanayu ankakwanitsa kuyamwa bwino tsiku limene anabadwa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 1 → VQ3.13
V3.12	Did the baby ever suckle in a normal way? Kodi mwanayu anayamwako bwino?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.17
V3.13	Did the baby stop suckling in a normal way? Kodi mwanayu anasiya kuyamwa bwinobwino?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.17
V3.14	How long after birth did the baby stop su Kodi atangobadwa mwanayu panapita kuyamwa? [Less than 24 hours = "00" days]	· ·	Days (DK = 99)
V3.15	How long before s/he died did the baby stop suckling? Kodi atasiya kuyamwa mwanayu panapita nthawi yaitali bwanji kuti amwalire?	Less than one day One day or more Don't know	
V3.16	Was the baby able to open her/his mouth at the time s/he stopped suckling? Kodi atasiya kuyamwa mwanayu ankatha kutsekula pakamwa pake?	Yes Inde No Ayi Don't know Sindikudziwa	
V3.17	During the illness that led to death, did the baby have any difficulties in breathing? Kodi nthawi imene mwanayu amadwala ankabanika popuma?	Yes Inde No Ayi Don't know sindikudziwa	□ 2 or 9 → VQ3.20

V3.18	At what age did the difficulty in breathing	start?	
	Kodi kupuma kobanikaku kunayambika mwanayi ali ndi msinkhu wotani?		Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.19	For how many days did the difficulty in breathing last?		
	Kodi kupuma mobanikaku kunakhala	masiku angati?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.20	During the illness that led to death, did the baby have fast breathing?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.23
	Kodi nthawi imene mwanayu amadwala ankapuma mofulumila asanamwalire?	9. DOITE KNOW SITUIKUUZIWA	
V3.21	At what age did the fast breathing start?		
	Kodi kupuma mofulumilaku kunayaml	oika ali ndi msinkhu wanji?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.22	For how many days did the fast breathing	g last?	
	Kodi kupuma mofulumilaku kunakhal	a masiku angati?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.23	During the illness that led to death, did the baby have indrawing of the chest?	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi nthawi imene mwanayu amadwala matenda omwe anamwalira nawo chidali chake chinalowa mkati?	9. DOTT KNOW SINGIKUGZIWA	
	[Show photo]		_
V3.24	During the illness that led to death, did the baby have grunting?	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi nthawi imene mwanayu amadwala matenda omwe anamwalira nawo ankabula?		
	[Demonstrate grunting]		
V3.25	During the illness that led to death, did the baby have spasms or convulsions?	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi nthawi imene mwanayu amadwala matenda omwe anamwalira nawo ankakomokakomoka?		

V3.26	During the illness that led to death, did the baby have fever?	1. Yes Inde 2. No Ayi	□ 2 or 9 → VQ3.29
	Kodi nthawi imene mwanayu amadwala matenda omwe anamwalira nawo ankatentha thupi?	9. Don't know Sindikudziwa	
V3.27	At what age did the fever start?		
	Kodi kutentha thupi kunayamba ali nd	li nsinkhu wanji?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.28	How many days did the fever last?		
	Kodi kutentha thupiku kunatha patapi	ta masiku angati?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.29	During the illness that led to death, did the baby become cold to touch?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.32
	Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi thupi lake linkazizila poligwila?	9. Don't know Sindikudziwa	
V3.30	At what age did the baby start feeling col	ld to touch?	
	Kodi mwanayu anayamba kumveka k	uzizila thupi ali ndi msinkhu wanji?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.31	How many days did the baby feel cold to	touch?	
	Kodi mwanayu anamveka kuzizila thu	pi kwa masiku angati?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V3.32	During the illness that led to death, did the baby become lethargic, after a period of normal activity?	Yes Inde No Ayi Don't know Sindikudziwa	
	Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi thupi lake linali lowuma kusiyana ndi nthawi yomwe anali bwino?		
V3.33	During the illness that led to death, did the baby become unresponsive or unconscious?	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi nthawi imene mwanayu amadwala matenda omwe anamwalira nawo anka kugwedera kapena kukomoka?		

V3.34	During the illness that led to death, did the baby have a bulging fontanelle? Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo,	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	kodi liwombo lake linatupa?			
	[Show photo]			
V3.35	During the illness that led to death, did the baby have pus drainage from the umbilical cord stump?	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi pa mchombo pake pamatuluka mafinya?			
V3.36	During the illness that led to death, did the baby have redness of the umbilical cord stump?	2.	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.38
	Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi mchombo wake unali ofiirirako?			
V3.37	Did the redness of the umbilical cord stump extend onto the abdominal skin?	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi kufiira kwa mchomboko kunafalikira mpaka chikopa cha pa mimba?			
V3.38	During the illness that led to death, did the baby have skin bumps containing pus or a single large area with pus?	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	Nthawi imene amadwala matenda omwe anamwalira nawo, kodi khungu la mwanayo linali ndi zotupa ndi mafinya kapena malo amodzi achilonda cha mafinya?			
V3.39	During the illness that led to death, did the baby have ulcer(s) (pits)?	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	Nthawi imene amadwala matenda omwe anamwalira nawo, kodi mwanayo anali ndi zithupsya kapena zilonda zakuya?			
V3.40	During the illness that led to death, did the baby have an area(s) of skin with redness and swelling?	2.	Yes Inde No Ayi Don't know Sindikudziwa	
	Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi pa thupi lake panali khungu lofira ndi potupa?			

V3.41	During the illness that led to death, did s/he have areas of the skin that turned black? Nthawi imene mwanayu amadwala matenda omwe anamwalira nawo, kodi panali mbali yina a thupi lake imene khungu linasanduka lakuda?	Yes Inde No Ayi Don't know Sindikudziwa	
V3.42	During the illness that led to death, did the baby bleed from anywhere? Nthawi imene amadwala matenda omwe anamwalira nawo, kodi mwanayu ankatuluka magazi pena pali ponse pa thupi lake?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.44
V3.43	Record from where did the baby bleed:		
V3.44	During the illness that led to death, did s/he have more frequent loose or liquid stools than usual? Nthawi imene amadwala matenda omwe anamwalira nawo, kodi ankachita chimbuzi chamadzimadzi kusiyana ndi masiku ena?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ3.46
V3.45	How many stools did the baby have on t most frequent? Kodi anachita chimbuzi kangati patsil mowirikiza?	ne day that diarrhea/loose liquid stools were	Stools (DK = 99)
V3.46	During the illness that led to death, did s/he vomit everything? Nthawi imene amadwala matenda omwe anamwalira nawo, kodi anasanza zonse?	Yes Inde No Ayi Don't know Sindikudziwa	
V3.47	During the illness that led to death, did s/he have yellow skin? Nthawi imene amadwala matenda omwe anamwalira nawo, kodi khungu lake linachita chikasu?	Yes Inde No Ayi Don't know Sindikudziwa	
	During the illness that led to death, did the baby have yellow eyes? Nthawi imene amadwala matenda omwe anamwalira nawo, kodi maso ake anachita chikasu?	Yes Inde No Ayi Don't know Sindikudziwa	

V3.49	Did the infant appear to be healthy and then just die suddenly? Kodi mwanayu ankaoneka wathanzi koma kenako anangomwalira mwadzidzi?	Yes Inde No Ayi Don't know Sindikudziwa	
S5a.8	Check SQ4.17 to determine if the baby was born in a health facility (codes 1-2):	Yes, born in a health facility Inde, anabawira ku chipatala Not born in a health facility sanabadwire ku chipatala Don't know sindikudziwa	□2 or 9 → SQ5a.10
S5a.8.	Did the baby leave the delivery facility alive or did s/he die in the facility? Kodi mwanayu anatuluka mchipatala wamoyo kapena atamwalira?	Yes, left alive Inde anatuluka ali wa moyo Died in the facility anamwalirira kuchipatala Don't know sindikudziwa	□2 or 9 → SQ6.1
	How soon after birth did the baby leave the Kodi mwanayu atabadwa panapita nthe mchipatala?		Days (DK = 99)
	[Record hours if less than 24 hours—if le days if 1 day or more.]	ess than 1 hour, record '00' hours; Record	Hours (DK = 99)
	Was the child examined by a health worker prior to discharge? Kodi mwanayu anapimidwa ndi wa za umoyo asanatulutsidwe mchipatala?	Yes Inde No Ayi Don't know Sindikudziwa	
S5a.9	Did (you / the mother) receive any counselling by a health worker prior to discharge? Kodi inu (amayi ake) munalandila uphungu kuchokera kwa za umoyo	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5a.10
	asanakutulutseni mchipatala?		
S5a.9.	What (were you / was she) counselled on? Kodi inu (amayi ake) munalandila uphunguwu wokhuzana ndi chiyani? [Multiple answers allowed]. Probe: Anything else?	Breastfeeding kuyamwitsa Immunization katemera Post-natal care attendance kusikero Danger signs of newborn illness zizindikiro za matenda a mwana Other (specify) Don't know sindikudziwa	
	Palinso china?		

S5a.10 Was the baby ever seen by a			Seen	Times		First	visit
worker or nurse at home or in community, or by a doctor or rhealth facility before the fatal is began? Kodi mwanayu anaonedwap za umoyo kapena a nurse a lanu, kapena dokotala kaper ku chipatala asanayambe ku [Multiple answers allowed.] For each mentioned, ask: How many times was the baby a <provider ana<="" anaonedwapo="" any="" ask:="" at="" baby="" before="" began?="" fatal="" first="" illness="" kangati?="" kodi="" koyamba="" mwanayu="" of="" plac="" provider(s)?="" seen="" td="" the="" then="" these)="" type="" was="" when=""><td>o ndi a mdera a na nurse adwala?</td><td>1. CHW or nurse at home/in community namwino 2. Doctor or nurse at a health facility dotolo 3. Never seen sanawonedwe 3. Don't know sindikudziwa 3. Don't know sindikudziwa</td><td>1. □ 2. □ 3. □ 9. □</td><td></td><td></td><td>Days (<1 = DK =</td><td>= 00;</td></provider>	o ndi a mdera a na nurse adwala?	1. CHW or nurse at home/in community namwino 2. Doctor or nurse at a health facility dotolo 3. Never seen sanawonedwe 3. Don't know sindikudziwa 3. Don't know sindikudziwa	1. □ 2. □ 3. □ 9. □			Days (<1 = DK =	= 00;
S5a.11 Before the fatal illness began, <name> suffer from any of the following known conditions: Matenda asanayambe, kodi anadwalapo ena mwa maten [Read out all conditions and cu "Yes," "No" or "Don't know" for If "Yes," then ask: Was s/he prany treatment for this condition Kodi analandilapo chithandi chili chonse? If "Yes," then ask: Was s/he prany treatment for this conditions.</name>	did e (Name) da awa: neck each.] ovided n? zo china	1. Preterm birth anabadwa asanakwane masiku a. Was s/he given special nutrition anapasidwa zakudya zamagulu? b. Was s/he given "kangaroo care" kangaru? 2. Malformation (from the time of birth) anabadwa ndi chileme: a. Head, neck and/or back mutu, khosi kapena msana b. Mouth/palate kamwa kapena lilime c. Heart mtima d. Arms and/or legs mikono kapena miyendo (specify other)	<u>Yes №</u> 1. □ 2	9	1	2. □ 2. □ 2. □ 2. □ 2. □ 2. □	9.
	st_1: STOP	- If VQ1.26 = 1 (Neonatal death) → SQ6.	<u> </u>				

SA Module 5b: Preventive care of post-neonates (FOR CHILD DEATHS 28 DAYS—59 MONTHS OLD)

Read: Now let's talk about care of the child before the fatal illness began.

S5b.1	Where (do you / does the mother) cook? Kodi inu (amayi ake) amaphikira malo otani?	 Inside the house mnyumba Outside the house panja pa nyumba In a structure outside the house malo ena ali onse kunja kwa nyumba Don't know sindikudziwa 	
S5b.2	When (you / the mother) cooked, was <name> usually beside or carried by (you / her)?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
	Kodi inu (amayi ake) pophika (Name) mumakhala naye limodzi kapena mumakhala mutamunyamula?		
S5b.3	Skip SQ5b.3 in areas wo/malaria.	1. Yes, usually or always	
	Matenda asanayambike, kodi (Name) amagona mmasikito onyikidwa mu mbwezela chitetezo?	2. Yes, sometimes3. Never9. Don't know	
	Before (her / his) fatal illness began, did <name> sleep under an insecticide treated bednet or mosquito net?</name>		
S5b.4	Did (you / the mother) or a wet nurse ever breastfeed <name>?</name>	3. Yes Inde4. No Ayi9. Don't know Sindikudziwa	□2 or 9 → SQ5b.5
	Kodi inu (amayi ake) kapena a namwino munamuyamwitsa (Name)?	o. Bont their smantazina	
S5b.4.	Was <name> being breastfed at the time (her / his) fatal illness began?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□1 or 9 → SQ5b.5
	Kodi (Name) ankayamwabe pamene anayamba kudwala?		
S5b.4.	How old was <name> when s/he was la</name>	st breastfed?	Months
	Kodi (Name) anali atakwanitsa miyezi	ingati pamene anayamwa komaliza?	(<1 = 00; DK = 99)
S5b.5	At the time the fatal illness began, was <name> being given any other liquid, including non-human milk or formula, fruit juice, tea or water, or any solid, semisolid, or soft foods? Or was <name> on complimentary feeding when this fatal illness begun?</name></name>	 Non-human milk or pre-mixed formula Powdered formula mixed with a liquid Juice, water and/or water-based drinks. ORS Drops or syrups (vitamins, medicines) Solid, semi-solid or soft foods Nothing else, only given breast milk Don't know	1
	Pa nthawi imene matenda amayamba kodi (Name) amapatsidwa zakumwa za madzi kuphatikizapo mkaka wa mchitini, madzi azipatso, tea kapena madzi, zolimba pang'ono kapena zakudya zofewa?		
	[Multiple answers allowed. Probe, and record all liquids and foods given.]		

S5b.5.	On most days <u>before</u> the illness began, h semisolid, or soft foods other than liquids	Times (DK = 99)	
	Masiku ambiri matenda asanayambe (usku zakudya zolimba, zolimbilako pa	Name) ankadya kangati masana kapena ng'ono, zofewa osati zamadzi?	
\$5b.5. 2	Which of the following food types/groups did <name> typically eat every day? Kodi pa mtundu wa zakudya izi (Name) amadya ndi ziti zimene amadya tsiku ndi tsiku? [Read out all options and check "Yes," "No" or "Don't know" for each.]</name>	1. Grains, roots and tubers chakudya chopatsa mphamvu monga chimanga, mapira, chinangwa mbatata	Yes No DK 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □
S5b.6	Did <name> drink any liquids or semi- solid foods from a bottle with a nipple or teat? Kodi (Name) anamwa madzi kapena zolimbilako pang'ono kupyolera mbotolo lokhala ndi nkhumbu kapena kabere?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
S5b.7	Now I would like to ask about the chlid's vaccinations. Do you have a card where <name>'s vaccinations are written down? Tsopano ndikufuna ndikufunseni za akatemera a mwanayu. Kodi muli ndi khadi la (Name) pamene panalembedwa za katemera? If "Yes," ask: May I see it please? Ndingaliwone?</name>	Yes, seen Inde, munapawona Yes, but not seen Inde simunapawone No card panalibe khadi	□ 2 or 3 → SQ5b.8

S5b.7.	Did <name> receive any vaccinations that are not included on this card, including vaccinations received in a national immunization day campaign? Kodi (Name) analandilapo akatemera ena amene palibe pa khadipa, kuphatikiza akatemera amene amaperekedwa pa kampeni yakatemera wa dziko muno? If "Yes," probe for vaccinations received but not recorded on the card. [Record 'Yes' only if BCG, Polio 0-3, DPT 1-3, Measles and/or Hepatitis B1-3 vaccine(s) mentioned.]</name>	Yes (received BCG, P Measles and/or Hep E that are not recorded analandila akatemer sanalembedwe pa kl No Ayi Don't know sindikudz	31-3 on t a er had	vacc he ca na ko i	inatio	ons		co co va bu	ccinatior	
	Copy vaccination date for each vaccine from the card. Record "99" or "9999" for			Day		Month	ı	Yea	ır	
	partially unknown dates.	BCG	lΓ	Ī						BCG
	Write '88' in 'day' column if card shows	POLIO 0 (given at birth)								P0
	that a vaccination was given, but no date is recorded.	POLIO 1								P1
		POLIO 2	l L							P2
	Do not leave any rows blank. Record	POLIO 3								P3
	"00" in the 'day' column for each vaccination that was not given.	DPT 1								DPT1
	vaccination that was not given.	DPT 2								DPT2
		DPT 3								DPT2
		MEASLES								MSL
		HEPATITIS B1								HEP1
		HEPATITIS B2	.							HEP2
		HEPATITIS B3	. L							HEP3
S5b.8	Did <name> ever receive any vaccinations to prevent her/him from getting diseases, including vaccinations received in a national immunization day campaign?</name>	Yes Inde No Ayi Don't know Sindikudzi	wa] .	2 or 9 -	→ SQ5b.	10
	Kodi (Name) analandilapo akatemera omuteteza ku matenda, kuphatikiza akatemera onse analandira nthawi ya kampeni ya katemera wa mdziko muno?									
	Please tell me if <name> received any of the following vaccinations:</name>									
	Ndiuzeni ngati (Name) analandirapo ena mwa akatemera awa									

		·	<u> </u>
.1	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? Katemera wa BCG woteteza	Yes Inde No Ayi Don't know Sindikudziwa	
	kuchifuwa chachikulu amene mwana amabaidwa jakisoni pa nkono kapena paphewa ndipo pamachita chipsyera?		
.2	Did <name> receive polio vaccine that drops in the mouth?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5b.8.5
	Polio amene amadonthetsera mkamwa?		
.3	When was the first polio vaccine received, just after birth or later?	Just after birth atangobadwa Later patapita nthawi chibadwile Don't know Sindikudziwa	
	Kodi katemera woyamba wa polio analandila patapita nthawi yaitali bwanji atangobadwa?	5. Bont Know Smankadziwa	
.4	How many times was the polio vaccine re	eceived?	Times (DK = 99)
	Kodi analandila kangati katemera wa p	polio?	(DN = 99)
.5	A DPT vaccination, that is, an injection given in the thighs or buttocks, sometimes at the same time as polio drops?	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5b.8.7
	Katemera wa DPT, jackison amene amabaidwa pa nchafu kapena mmatako nthawi zina amalandila pamodzi ndi polio amene amamudonthetsera mkamwa?		
.6	How many times?		Times (DK = 99)
	Kodi analandila kangati?		(DK = 99)
.7	A measles or MMR injection, that is, a shot in the arm at the age of 9 months or older, to prevent measles?	Yes Inde No Ayi Don't know Sindikudziwa	
	Katemera womuteteza ku chikuku, jakisoni amene amabaidwa pa nkono amene amaperekedwa mwana akakwanitsa miyezi 9 kapena kuposera?		

	.8	A Hap B vaccination, that is, an injection in the right thigh, sometimes given at the same time as DPT?	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5b.9
		Katememera wa Hep B, jakison amene amabaya pa nchafu ya kumanja amene nthawi zina amalandilira pamodzi ndi DPT?		
	.9	How many times was a Hap B vaccination Katemera wa Hep B analandila kangat		Times (DK = 99)
S	5b.9	Were any of the vaccinations <name> received given as part of a national immunization day campaign? Kodi ena mwa akatemera amene (Name) analandila anali amodzi mwa a kampeni ya katemera wa mdziko muno?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□2 or 9 → SQ5b.10
S	55b.9. 1	At which national immunization day campaigns did <name> receive vaccinations? Kodi ndi kampeni wa katemera wa dziko lonse ut amene (Name) analandila?</name>	1. <campaign 1=""> (TYPE/DATE)</campaign>	1. □ 2. □ 3. □ 4. □
		[Record all campaigns mentioned.]		
S5	5b.10	(Before / In the six months before) the fatal illness, did <name> receive one or more vitamin A doses like this?</name>	Yes, 1 dose Inde, kamodzi Yes, 2 or more doses Inde kawiri kapena kupitilirapo No Ayi sanapatsidwe Don't know Sindikudziwa	
		Asanadwale matenda omwe anamwalira nawo, kodi (Name) analandila vitamin A kamodzi kapena kupitilirapo monga uyu?		
		[Read "Before" if the child lived less than 6 months.]		
		[Show ampoule/capsule/syrup]		

S5b.11	Before the fatal illness began, did <name> suffer from any of the</name>		Suffered fro Yes No I		<u>Tr</u> Yes	eatme <u>No</u>	e <u>nt</u> DK
	following known conditions:	Low height or weight (malnutrition) anali wamfupi kapena wopepuka kwampiri	1 2 9		1. 🗆	2. 🗆	9. 🗆
	Asanadwale matenda omwe anamwalira nawo, kodi (Name)	Malformation (from the time of birth) kulumala:	1. \(\begin{array}{cccccccccccccccccccccccccccccccccccc	9. 🗆	1. □ 1. □	2. □ 2. □	9. □ 9. □
	anadwala ena mwa matenda monga awa:	a. Head, neck and/or backb. Mouth/palatec. Heart	1. 🗆 2. 🗆 9	9. □	1. □ 1. □ 1. □	2. □ 2. □ 2. □	9. □ 9. □ 9. □
	[Read out all conditions and check "Yes," "No" or "Don't know" for each.] If "Yes," then ask: Was s/he provided any treatment for this condition?	d. Arms and/or legs	1. 🗆 2. 🗆 9	9. 🗆 9. 🗆 9. 🗆	1. □ 1. □ 1. □ 1. □	2. □ 2. □ 2. □ 2. □ 2. □	9. □ 9. □ 9. □ 9. □
	Kodi analandira chithandizo cha	8. Other ena					
	matendawo? for this condition?	(specify other)					
VA Sect	ion 4: Infant and child deaths (FOR CH	ILD DEATHS 28 DAYS—59 MONTHS OLD)					
Read: N	ow I would like to ask you about <name></name>	's illness.					
Read: T	sopano ndifuna ndikufunseni za kudwa	la kwa (Name).					
V4.1	During the illness that led to death, did the <name> have fever? Pa nthawi imene amadwala matenda omwe anamwalira nawo kodi (Name) anatenthapo thupi?</name>	 Yes Inde No Ayi Don't know Sindikudziwa 	□ 2 or 9 → V	/Q4.6			
V4.2	How many days did the fever last?						
	Kodi kutentha thupi kunatenga masiku	ı angati?	Days (DK = 99)				
	[Less than 24 hours = "00" days]						
V4.3	Did the fever continue until the child's death? Kodi kutentha thupi kunapitilira mpaka tsiku lomwalira?	 Yes Inde No Ayi Don't know Sindikudziwa 	□ 2 or 9 → V	/Q4.6			
V4.4	How severe was the fever? Kodi thupi linatentha motani?	 Mild mosadetsa nkhawa Moderate mwa pakatikati Severe modetsa nkhawa Don't know sindikudziwa 					
V4.5	What was the pattern of the fever? Kodi kutentha thupiku kumachitika motani?	 Continuous mopitilira On and off mosakhazikika Only at night usiku wokhawokha Don't know sindikudziwa 					

			1
V4.7	How many stools did <name> have on t frequent? Or when the <name> experie <name> pass stools? Kodi (Name) anatsekula mmimba kang mowilikiza?</name></name></name>	Stools (DK = 99)	
V4.8	How many days before death did the free many days before <name> death, did so Kodi kutsekula mmimba kunayambika</name>	Days (DK = 99)	
	[Less than 24 hours = "00" days]	i maoma angan (name) asanamwante:	(517 – 33)
V4.9			☐ 1 or 9 → VQ4.11
	Kodi kutsekula mmimbaku kunapitilira mpaka nthawi yomwalira?		
V4.10	How many days before <name> death of</name>	did the loose or liquid stools stop?	
	Kodi kutsekula mmimbaku kunasiya p	Days (DK = 99)	
	[Less than 24 hours = "00" days]		
V4.11	Was there visible blood in the loose or liquid stools? Kodi magazi ankaoneka mmchimbuzi cha madzimadzicho?	Yes Inde No Ayi Don't know Sindikudziwa	
V4.12	During the illness that led to death, did the child have a cough? Pa nthawi imene amadwala matenda omwe anamwalira nawo, kodi mwanayo anadwalapo chifuwa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.16
V4.13	For how many days did the cough last?	1	
	Kodi chifuwa anadwala masiku angati	?	Days (DK = 99)
	[Less than 24 hours = "00" days]		
V4.14	Was the cough very severe?	Yes Inde No Ayi	
	Kodi chifuwacho anadwalika nacho kwambiri?	Don't know Sindikudziwa	
V4.15	Did the child vomit after s/he coughed?	Yes Inde No Ayi	
	Kodi mwanayu ankasanza akatsokomola?	No Ayi Don't know Sindikudziwa	

V4.16	During the illness that led to the child's death, did <name> have difficulty in breathing? Pa nthawi imene amadwala matenda omwe anamwalira nawo, kodi (Name) ankapuma mobanika?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.18
V4.17	For how many days did the difficulty in but the Kodi kupuma mobanikaku kunatenga [Less than 24 hours = "00" days]	-	Days (DK = 99)
V4.18	During the illness that led to the child's death, did <name> have fast breathing? Pa nthawi imene amadwala matenda omwe anamwalira nawo, kodi (Name) ankapuma mofulumila?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.20
	Inst_1: la	f both VQ4.16 and VQ4.18 = 2 $ ightarrow$ VQ4.25	
V4.19	For how many days did the fast breathing Kodi kupuma mofulumilaku kunatenga [Less than 24 hours = "00" days]		Days (DK = 99)
V4.20	During the illness that led to the child's death, did s/he have indrawing of the chest? Pa nthawi imene amadwala matenda omwe anamwalira nawo, kodi chidali cha mwanayi chinalowa nkati?	Yes Inde No Ayi Don't know Sindikudziwa	
V4.21	During the illness that led to the child's death, did her/his breathing sound like any of the following? Pa nthawi imene amadwala matenda omwe anamwalira nawo, kodi kupuma kwa mwanayi kumamveka motere? [Demonstrate each sound]		
V4.22	Stridor (Kubuula patalipatali mokoka mpweya))	Yes Inde No Ayi Don't know Sindikudziwa	
	Grunting (Kubuula ngati kuchita nkonono))	Yes Inde No Ayi Don't know Sindikudziwa	
V4.24	Wheezing (kupuma motulusa mpweya mofulumila ngati kumina)	Yes Inde No Ayi Don't know Sindikudziwa	

V4.25	Did <name> experience any generalized convulsions or fits during the illness that led to death? Kodi pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) ankakomoka kapena kuwuma ziwalo?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.26	Was <name> unconscious during the illness that led to his/her death? Kodi (Name) anali chikomokere pamene ankadwala matenda omwe anamwalira nawo?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.28
V4.27	How long before death did unconsciousness start? Kodi atakomoka panapita nthawi yaitali bwanji asanamwalire?	 Less than 6 hours 6-23 hours 24 hours or more Don't know 	
V4.28	Did <name> have a stiff neck during the illness that led to his/her death? Kodi (Name) anauma khosi pa nthawi imene amadwala matenda omwe anamwalira nawo? [Demonstrate]</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.29	Did <name> have a bulging fontanelle during the illness that led to his/her death? Kodi (Name) anatupa pa liwombo pa nthawi imene amadwala matenda omwe anamwalira nawo? [Show photo]</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.30	During the month before s/he died, did <name> have a skin rash? Mwezi umene anamwalira (Name) anali ndi nsungu pa thupi pake?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.35
V4.31	Where was the rash? Nsungu zinatuluka pati?	Face kumaso/kunkhope Trunk/Abdomen pa mimba Extremities malo obisika Everywhere pena pali ponse Don't know	
V4.32	Where did the rash start? Kodi nsunguzi zinayambira mbali iti yathupi?	1. Face 2. Trunk/Abdomen 3. Extremities 4. Everywhere 9. Don't know	

V4.33	How many days did the rash last?		Days		
	Kodi nsunguzi zinakhala masiku anga	ti?	(DK = 99)		
V4.34	Did the rash have blisters containing clear fluid?	 Yes Inde No Ayi Don't know Sindikudziwa 			
	Kodi nsunguzi zimachita matuza amadzi owonekera?				
V4.35	During the illness that led to the child's death, did <name>'s limbs (legs, arms) become very thin?</name>	 Yes Inde No Ayi Don't know Sindikudziwa 			
	Pa nthawi imene ankadwala matenda omwe anamwalira nawo, kodi (Name) miyendo ndi mikono ya zowonda zonyozoloka?				
	[Show photo]				
V4.36	During the illness that led to death, did <name> have swollen legs or feet? Pa nthawi imene ankadwala matenda omwe anamwalira nawo, kodi (Name) miyendo ndi mapazi anali otupa?</name>	 Yes Inde No Ayi Don't know Sindikudziwa 	□ 2 or 9 → VQ4.38		
V4.37	How long did the swelling last?		Days (DK = 99)		
	Kodi inatupa kwa nthawi yaitali bwanj [Record days or weeks.]	?	Weeks (DK = 99)		
V4.38	During the illness that led to the child's death, did <name>'s skin flake off in patches?</name>	 Yes Inde No Ayi Don't know Sindikudziwa 			
	Pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) khungu lake linkasendeka pena ndi pena?				
V4.39	Did <name>'s hair change in color to a reddish or yellowish color?</name>	 Yes Inde No Ayi Don't know Sindikudziwa 			
	Kodi sitsi la (Name) linasintha maonekedwe kukhala lofiira kapena la chikasu?				
V4.40	Did <name> have a protruding belly?</name>	Yes Inde No Ayi			
	Kodi (Name) anali ndi mimba	9. Don't know Sindikudziwa			

V4.41	During the illness that led to the child's death, did <name> suffer from "lack of blood" or "pallor"? Pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) anapezeka ndi vuto losowa magazi?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.42	During the illness that led to death, did <name> have swelling in the armpits? Pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) anali ndi zotupa mkhwapa?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.43	During the illness that led to death, did <name> have a whitish rash inside the mouth or on the tongue? (Oral thrush) Pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) mkamwa kapena pa lilime lake munatuluka nsungu zoyela?</name>	Yes Inde No Ayi Don't know Sindikudziwa	
V4.44	During the illness that led to death, did <name> bleed from anywhere? Pamene ankadwala matenda omwe anamwalira nawo, kodi (Name) ankatuluka magazi?</name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → VQ4.46
V4.45	Record from where s/he bled:		
V4.46	During the illness that led to death, did s/he have areas of the skin that turned black? Pamene ankadwala matenda omwe anamwalira nawo, kodi mbali zina za khungu lake linkasanduka lakuda?	Yes Inde No Ayi Don't know Sindikudziwa	
V4.47	Did <name> suffer from an injury or accident such as? Kodi (Name) anavulala kapena kuchita ngozi monga? [Ask the respondent each in sequence and mark each as "Yes," "No" or "Don't know."]</name>	1. a road traffic crash/injury ngozi ya pa mseu/kuvulala?	Yes No DK 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □
		(If "Yes," then specify)	

V4.48	Was the injury or accident intentionally inflicted by someone else? Kodi kuvulala kapena ngoziyi inachitika mwadala ndi munthuwina?	Yes Inde No Ayi Don't know Sindikudziwa	
V4.49	How long did <name> survive after the i Kodi (Name) anakhala moyo kwa ntha itachitika? [Record hours if less than 24 hours—Les Record days if 1 day or more.]</name>	wi yaitali bwanji atavulala kapena ngozi	Hours (DK = 99) Days (DK = 99)
SA Mod	lule 6: Care-seeking for the child's fatal	illness (FOR NN & CHILD DEATHS 0-59 I	MONTHS OLD)
	sopano ndifuna ndikufunseni zokhuzar	>'s fatal illness and the care and treatments the na ndi kudwala kwa (Nmae) ndi chithandizo	
S6.1	Who first noticed that <name> was ill? Kodi anazindikira koyamba kuti (Name) akudwala ndani?</name>	 The respondent woyankha Other relative, neighbor, friend achibale, anansi anzanu CHW or nurse at home or in community namwino Doctor or nurse at a health facility dotolo Other ena (specify) 	
S6.2	Earlier you said that <name> had <symptom(s)> during her/his illness.</symptom(s)></name>	Symptoms in order of appearance	Illness day the symptom started
	, , , ,	1.	
	Poyamba munati (Name) anasonyeza zizindikilo nthawi imene amadwala?	2.	
	[Read back all the child's symptoms	3.	
	from VA section 3 (for neonates) or VA section 4 (for children).]	4.	
	How did <sq6.1 person=""> first know that <name> was ill? Which of these</name></sq6.1>	5.	
	symptoms did s/he have at that time?	6.	

		1					1
	Kodi <sq6.1 person=""> ana bwanji koyamba kuti (Name ankudwala? Kodi pa nthaw anali ndi zizindikiro ziti? What symptoms did s/he hav On what day of the illness did symptoms start? Nanga kenako anali ndi zizi zotani? Zizindikiro zinayam lachingati atayamba kudwa [Probe until all the symptoms recorded in the order they approximation of the symptoms and sudvalation of the symptoms recorded in the order they approximation of the symptoms and sudvalation of the symptoms recorded in the order they approximation.</sq6.1>	e) ri imeneyo re next? d these indikiro nba tsiku ala?	7.				
S6.3	When <sq6.1 person=""> first that <name> was ill, was s/h Pamene <sq6.1 person=""> anazindikira koyamba kuti (akudwala, anali [Read the choices for each co</sq6.1></name></sq6.1>	ne (Name)	1. Feeding normally, poorly, or not at all samadya kumene kapena mosakwanira	1. 🗆	Medium 2. □ 2. □ 2. □	Abnormal 3. □ 3. □ 3. □	<u>DK</u> 9. □ 9. □
S6.4	Did <name> receive, or did yor try to seek, any care or treathe fatal illness? Kodi (Name) analandila kap kumufunira chithandizo chamankhwala pa matendawo?</name>	atment for pena a ?	 Yes Inde No—care not needed, given or sought Ayi, chithandizo sichimafunika, kuperekedwa kapena kufunidwa No— died immediately Ayi, anamwalira nthawi yomweyo Don't know sindikudziwa 	□2 →	SQ6.6 3 or 9 \rightarrow	VQ5.10	
S6.5	or tried to take (her / him) for all the other care and treatmed. Ndiuzeni zonse zimene mur naye pofunafuna chithandiz (Name) analandila mwa ndo [Include any provider <name] (1)="" care="" check="" chi<="" health="" one="" or="" other="" provider="" td="" the="" where=""><td>health care. ents s/he reconnamehitila (zo cha za ur ondomeko. I zo did not rea thealth providid was delive</td><td>ME>'s fatal illness inside the home and all Start with the first care or treatment <nam (2)="" (4)="" 1="" a="" ach="" action="" ake="" also="" and="" as="" because="" before="" box="" check="" chisamaliro="" chizin="" choyan="" control="" died="" each="" eived.="" ensure="" er="" ered,="" for="" he="" home="" ken.="" leaving="" mame)="" mark="" matenda="" me="" munachita="" muyambe="" ndi="" ndiuzeninso="" neonata="" no="" of="" pa="" pakhomo="" pano="" remoyo.="" row.="" s="" seco<="" second="" symphome.="" taken="" td="" tell="" that="" the="" then="" was="" what="" when="" zomwe=""><td>IE> receive ptoms you ndi kwina mba kaper ndikilo che or on roual deaths of the "illness</td><td>ed and then, took each a konse kom na mankhwailichonse. ute.] only: If the illings began at p</td><td>in order, te action. we munapi ala amene ness began provider" bo</td><td>Il me ita at the x. (3)</td></nam></td></name]>	health care. ents s/he reconnamehitila (zo cha za ur ondomeko. I zo did not rea thealth providid was delive	ME>'s fatal illness inside the home and all Start with the first care or treatment <nam (2)="" (4)="" 1="" a="" ach="" action="" ake="" also="" and="" as="" because="" before="" box="" check="" chisamaliro="" chizin="" choyan="" control="" died="" each="" eived.="" ensure="" er="" ered,="" for="" he="" home="" ken.="" leaving="" mame)="" mark="" matenda="" me="" munachita="" muyambe="" ndi="" ndiuzeninso="" neonata="" no="" of="" pa="" pakhomo="" pano="" remoyo.="" row.="" s="" seco<="" second="" symphome.="" taken="" td="" tell="" that="" the="" then="" was="" what="" when="" zomwe=""><td>IE> receive ptoms you ndi kwina mba kaper ndikilo che or on roual deaths of the "illness</td><td>ed and then, took each a konse kom na mankhwailichonse. ute.] only: If the illings began at p</td><td>in order, te action. we munapi ala amene ness began provider" bo</td><td>Il me ita at the x. (3)</td></nam>	IE> receive ptoms you ndi kwina mba kaper ndikilo che or on roual deaths of the "illness	ed and then, took each a konse kom na mankhwailichonse. ute.] only: If the illings began at p	in order, te action. we munapi ala amene ness began provider" bo	Il me ita at the x. (3)
Action #	(1) Other care		(1) Health Providers Illn	(3) ness day	For what s	(4) symptom(s)) was

	Home care (own, relative, neighbor, friend)	Tradi- tional or non- formal provider	Phar- macist or drug seller	Trained CH Worker, nurse, or midwife	Private doctor (formal/ unsure)	NGO or govt. clinic	Hospital	(2) Illness began at provider where child was delivered	the action was taken	the action taken?
1.									(DK = 99)	
2.									(DK = 99)	
3.									(DK = 99)	
4.									(DK = 99)	
5.									(DK = 99)	
6.									(DK = 99)	
7.									(DK = 99)	
										ld was delivered: le 4) → SQ6.16
S6.6	And did not fill L&D matrix (modes of the content of the illness) If no care given or sought, ask: Who decided that <name> did not need any care or treatment for the illness? Ndani anaganiza kuti (Name) sanayenele kulandila chisamaliro cha mankhwala pamene amadwala? If any care given or sought, ask: Who decided that <action 1=""> was the first thing to do for <name>'s illness? Ndani anaganiza kuti <chochitika 1=""> chinali kumuchitira (Name) pamene amadwala? [Record the one main decision maker.]</chochitika></name></action></name>			y 2. Child 3. Child 4. Child 5. Child 6. Child 7. Child akud 8. Othe 9. Don'	d's father d's aunt a d's uncle d's grand d's paterr chimuna d's mater chikazi er ena (sp	bambo al azkhali ake amalume mother ag nal grandfa nal grandfa nal grandfa	e omuberek ke omubere e ogo ake ther agogo ather agogo	ka 2.		

S6.7	If never taken to a health provider, ask: Did you have any concerns or problems that kept you from taking <name> to a health provider during his/her illness? Kodi panali zifukwa kapena mavuto ena amene anakuchitisani kuti musamutengere (Name) ku chipatala pamene amadwala? If taken to a health provider, ask: Did you have to overcome any concerns or problems to take <name> to the (first) health provider? Kodi munalimbana ndi zovuta kuti mumutengere (Name) ku chipatala choyamba kumene munapita naye?</name></name>	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → Inst_2
S6.7.1	What concerns or problems did you have? Kodi munali ndi zovuta zanji? Prompt: Was there anything else? Panali chinanso? [Multiple answers allowed.]	1. Did not think child was sick enough to need health care ndinmaganiza kuti mwana samadwala kwambiri koti nkufunika chithandizo cha mankhwala	1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □ 8. □ 9. □ 10. □ 11. □ 12. □ 13. □ 99. □
		t_2: If SQ6.4 = 2 (No care given) or ever took and <u>never tried to take</u> to a health	provider) → SQ6.39
S6.8	Refer to SQ6.5 for the first health provider You mentioned that you took <name> to <first health="" provider=""> for <sym (this / these) symptom(s) when it was de</sym </first></name>	o the (first) health provider, I mean the MPTOM(S)>. How long had <name> had</name>	Days (DK = 99) Hours (DK = 99)

HEALTH PROVIDER>?

Mwanena kuti poyamba munamutengera (Name) ku chipatala mutaona zizindikro zakuti akudwala, apa ndikunena kumene munapita naye kwa nthawi yoyamba. Kodi (Name) anali atakhala ndi zindikilozi kwa nthawi yaitali bwanji pamene mumaganiza zomutengera ku chipatala, apanso ndikunena kumene munapita naye koyamba?

__ _ Minutes (DK = 99)

[Read "...to the first..." if took or tried to take to more than one health provider.]

[Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes]

Child illness matrix instructions: Ask the following questions for the <u>first</u> and <u>last</u> health providers where care was sought or tried to be sought for the fatal illness. Ask all the questions for the first provider before going on to the last.

Before asking about the first health provider, read:

Now I would like to ask you about your visit to the (first) health provider. [Read "first" if went or tried to go to more than one provider.]

Tsopano ndifuna ndikufunseni za ku chipatala kumene munapita nthawi yoyamba.

Before asking about the last health provider, read:

Now I would like to ask you about your visit to the last health provider, I mean the <LAST HEALTH PROVIDER>.

Tsopano ndifuna ndikufunseni za ku chipatala kumene munapita komalizira.

- CHILD ILLNESS MATRIX QUESTIONS -		FIRST HEALTH PROVIDER	LAST HEALTH PROVIDER
At the time when it was decided to take <name> to the <first health="" last="" provider="">, was s/he Nthawi imene mumaganiza kumutengera (Name) ku chipatala koyamba ndi kotsiliza, kodi anali?</first></name>	 Feeding normally, poorly, or not at all Alert, drowsy, or unconscious Normally active, less active than 	S6.9 Med Abnrm DK 1 2 3 9 1 2 3 9	1 2 3 9
[Read the choices for each condition.]			
What was the name of the <first health="" last="" provider=""> where you took <name>?</name></first>	1. Hospital (Government) 2. Hospital (NGO) 3. Hospital (Private) 4. Health center (Government)	S6.10 □□	\$6.25 □□
Kodi dzina la ku chipatala kumene munapita koyamba kapena komaliza ndi (Name) ndi lanji? Probe to identify the type of provider.	 Health center (NGO) Health post (Government) Health post (NGO) Private doctor/clinic (Formal) Private doctor/clinic (?Formal?) Trained community health worker, nurse, or midwife Don't know 	(Name of Provider or Facility)	(Name of Provider or Facility)

		1	
After (deciding to seek care / being refe going to the <first health="" last="" pr<="" td=""><td>S6.11 Days (DK = 99)</td><td>S6.26 Days (DK = 99)</td></first>	S6.11 Days (DK = 99)	S6.26 Days (DK = 99)	
Mutaganiza zopeza chithandizo cha r bwanji musanapite ku chipatala koya	Hours (DK = 99)	Hours (DK = 99)	
[Discuss that this might include the time and money to go to the provider/facility, traditional provider before going to the fulfithe child died at home, record the time [Mark days, hours &/or minutes as need.]	or to provide home care or go to a nealth provider.] The from decision/referral to death.]	Minutes (DK = 99)	Minutes (DK = 99)
Was there any cost to travel to the <first health="" last="" provider=""> or pay for the child's care there? Kodi zinalipo ndalama zoyendera kupita ku chipatala kapena kulipila chisamaliro cha mwanayu?</first>	Yes Inde No Ayi Don't know Sindikudziwa	S6.12 □ 2 or 9 → SQ6.13	S6.27 □ 2 or 9 → SQ6.28
How did you arrange for the money for these expenses? Kodi ndalama zomwe munagwilitsa ntchito munazipeza bwanji?	Had available		\$6.27.1 1. □ 2. □ 3. □ 4. □ 5. □ 6. □
[Multiple answers allowed.]	7. Other	7. □ 9. □	7. □ 9. □
What mode of transport did you/mother use to go to see the FIRST/LAST HEALTH PROVIDER? Kodi munagwiritsa ntchito mayendedwe otani kuti mukawonane ndi chipatala?	Walk Rickshaw/cart/ boat Bus Taxi/auto/trecker Ambulance Other Could not arrange transport	S6.13 1. □ If only walk 2. □ → SQ6.14.1 3. □ 4. □ 5. □ 6. □ 7. □ → SQ6.14.1	S6.28 1. □ If only walk 2. □ → SQ6.29.1 3. □ 4. □ 5. □ 6. □ 7. □ → SQ6.29.1
[Multiple answers allowed.]	9. Don't know	9. 🗆	9. □
How much did the transport cost? Kodi mayendedwe munalipila ndalan	na zingati?	S6.14 unit (DK=9999)	S6.29 unit $(DK = 9999)$
Did the child reach the <first health="" last="" provider=""> before s/he died? Kodi mwanayu anafika ku chipatala asanamwalire? [If "No," discuss with respondent to determine correct response: 2, 3 or 4.]</first>	 Yes, reached before child died No, died before setting out No, died on route to this provider No, could not reach this provider – did not set out/returned home/took other action Don't know 	S6.14.1 □ 2, 3 → SQ6.39 4, 9 → Inst_4	S6.29.1 □ 2-9 → SQ6.39
How long did it take to travel to the <fif< td=""><td>RST/LAST HEALTH PROVIDER>?</td><td>S6.15</td><td>S6.30</td></fif<>	RST/LAST HEALTH PROVIDER>?	S6.15	S6.30
Kodi zinatenga nthawi yaitali bwanji l	kukafika ku chipatala koyamba	Hours (DK = 99)	Hours (DK = 99)

kapena komaliza?		Minutes	Minutes
[Mark hours &/or minutes as needed: e.	a 02 hours 10 minutes!	(DK = 99)	(DK = 99)
	g. 62 Hours, To Hillates]	00.40	00.04
What did the <first health="" last="" provider=""> do for <name>'s problem? Kodi wa za umoyo oyamba kapena omaliza anachita chiyani pa matenda amwanayu?</name></first>	Gave oxygen Helped breathe with bag or mask Gave fluids by mouth Gave antibiotics by mouth Gave antimalarial by mouth Gave ORS	2. □ 3. □ 4. □ 5. □ 6. □ 7. □	S6.31 1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □
Prompt: Was there anything else?	8. Gave other medicine by mouth9. Gave IM medicine	9.	8. -
Panali chinanso?	10.Gave IV fluids or medicine	11. □	10. p
[Multiple answers allowed.]	12.Did an operation (specify)	13. □ stayed days	12. 13. stayed days 14.
	99.Don't know	99. □ → SQ6.18	15. □ → SQ6.33 99. □ → SQ6.33
How much did you pay for these treatm health care, including the admission fee and room and food for companions? Kodi munalipila ndalama zingati pa n	e, consultation, lab tests, equipment,	S6.17 (DK = 99999) unit	S6.32 (DK = 99999) unit
Did the <first care="" health="" last="" provider=""> refer <name> to another health care provider or facility? Kodi ku chipatala choyamba kapena chomaliza anamutumiza (Name) ku chipatala china?</name></first>		S6.18 □ 2 or 9 → SQ6.19	S6.33 □ 2 or 9 → SQ6.34
Why was <name> referred? Kodi ndi chifukwa chiani (Name) anamutumiza ku chipatala china? [Multiple answers allowed.]</name>	The provider was not capable of managing the problem		S6.33.1 1. 2. 3. 9. 9.
Did <name> leave the <first health="" last="" provider=""> alive? Kodi (Name) anachoka ku chipatala ali wa moyo?</first></name>	Yes, left alive No, died at this provider	S6.19 □ 2 → VQ5.4	\$6.34 □ 2 → VQ5.4

Did the <first health<="" last="" th=""><th>1. Yes Inde</th><th></th><th></th></first>	1. Yes Inde		
PROVIDER> suggest that you do anything for <name>'s illness after</name>	No Ayi Don't know Sindikudziwa		
leaving?		S6.20 □ 2 or 9 → Inst 3	S6.35 □ 2 or 9 → SQ6.37
Kodi wa za umoyo woyamba kapena womaliza anapeleka malangizo oti		□ 2 01 9 → IIISt_5	□ 2 01 9 → 3 Q0.31
muzikasatira pa matenda a (Name) pamene mumachoka ku chipatala?			
What did the <first health="" last="" provider=""> suggest that you do?</first>	Increase breastfeeding	S6.20.1 1. □	S6.35.1 1. □
Kodi anapereka malangizo anji kuti	kuyamwitsa mwakathithi	2. □	2. □
muchita?	zakumwa zowonjezera	3. □ 4. □	3. □ 4. □
Prompt: Was there anything else?		6. □	5. □ 6. □
Pali chinanso?	5. Give antibiotic by mouth6. Give antimalarial by mouth		7. □ 8. □
[Multiple answers allowed.	Give vitamin A by mouth Return for follow-up visit	9. □ 10. □	9. □ 10. □
	kubwereranso kuchipatala 9. Return or referred if worse		11. □
	mukabwerenso ngati siziribwino	99. □ → IIISt_5	99. □ → 3Q0.3 7
	10.Complete the present referral osathawa ku chipatala		
	akakugonekani		
Were you able to follow all the advice?	99. Don't know		
Kodi munakwanitsa kutsatila	2. No Ayi 9. Don't know Sindikudziwa	S6.21	S6.36
malangizo onse?	9. Don't know Sindikudziwa	□ 9 → Inst_3	□ 9 → SQ6.37
If <u>not</u> able to follow <u>all</u> the advice, ask: Did you have any concerns or	 Yes Inde No Ayi 	S6.21.1 □ 2 or 9 → Inst 3	S6.36.1 □ 2 or 9 → SQ6.37
problems that kept you from following the advice?	Don't know Sindikudziwa		_ 10/0 × 000/0/
Kodi panali zifukwa kapena mavuto ena amene anakulepheretsani kutsatila malangizo?			
If <u>able</u> to follow <u>all</u> the advice, ask: Did you have to overcome any concerns or problems to follow the advice?			
Kodi munalimbana ndi mavuto ena kuti mukwanitse kutsatila malangizo?			

	I	_	
What concerns or problems did you		S6.21.2	S6.36.2
have?	Did not understand instructions	1. □	1. □
	sanamvetse malangizo	2. □	2. □
Kodi ndi zifukwa kapena mavuta ati	2. Too much time from regular duties.	3. □	3. □
omwe munali nawo?	3. Someone else (specify) decided	4. □	4. 🗆
	4. Cost too much	5. 🗆	5. 🗆
Prompt: Was there anything else?	5. Problem required traditional care	6. □	6. □
, , , ,	6. Thought adivised care not needed.	7. _□	7. □
Panali enanso?	7. Thought care might harm the child.	8. 🗆	7. □ 8. □
	8. Thought child will die despite care.		
[Multiple answers allowed.]		9. 🗆	9. 🗆
[Maniple answers allowed.]	9. No time before go to next provider	10. □	10. □
	analibe nthawi yopitira kwa	11. 🗆	11. 🗆
	wothandiza wina	99. □	99. □
	10. The child died too soon		
	11. Other (specify)		
	99.Don't know		
Inst_3: Check SQ6.5 -	→ If taken to another health provider	→ SQ6.23	
If not taken to another health provider.		S6.22	S6.37
ask: After leaving the (<first< td=""><td>1. Feeding normally, poorly, or</td><td>Nrml Med Abnrm DK</td><td>Nrml Med Abnrm DK</td></first<>	1. Feeding normally, poorly, or	Nrml Med Abnrm DK	Nrml Med Abnrm DK
HEALTH PROVIDER> / <last< td=""><td>not at all</td><td>1. □ 2. □ 3. □ 9. □</td><td>1. □ 2. □ 3. □ 9. □</td></last<>	not at all	1. □ 2. □ 3. □ 9. □	1. □ 2. □ 3. □ 9. □
HEALTH PROVIDER>), was		1. \(\begin{array}{cccccccccccccccccccccccccccccccccccc	1 2 3 9
NAME>	2. Alert, drowsy, or unconscious	1. 1 2. 1 3. 1 9. 1	1. 1 2. 1 3. 1 9. 1
<inaivie></inaivie>	3. Normally active, less active than	4 0 0 0	4 0 0
Mutachaka ku ahinatala ahayamba	normal, or not moving	1 2 3 9	1 2 3 9
Mutachoka ku chipatala choyamba			
kapena chomaliza kodi, (Name) anali			
•••			
[Read the choices for each condition.]			
If not taken to another health provider,	1. Yes Inde	S6.23	S6.38
ask: Did you have any concerns or	2. No Ayi	\square 2 or 9 \rightarrow Inst 4	\square 2 or 9 \rightarrow SQ6.39
problems that kept you from taking	9. Don't know Sindikudziwa		
<name> to another health provider?</name>	3		
and the direction floatest providers			
Kodi munali ndi nkhawa kapena			
mavuto omwe anakupangitsani kuti			
mupite ku chipatala china?			
mapite nu cimpatala cililla :			
If taken to another health provider sale			
If <u>taken</u> to another health provider, ask:			
Did you have to overcome any			
concerns or problems to take <name></name>			
to another health provider?			
Kodi munalimbana ndi mavuto ena			
kuti mukwanitse kumutengera			
(Name) kuchipatala china?			
(Name) Rucinpatala Cilila:			

1. Thought no more care needed	1. Thought no more care needed		ncerns or problems did you			S6.23.1		S6.38.1	
2. No one available to go with her	2. No one available to go with her		noonie or probleme did you	1. Thoug	ht no more care needed				
Scale Accorded A	3. Too much time from regular duties. 3.	navo.							
4. Someone else (specify) decided 5. Someone else (specify) decided Someone else (specify) decided 5. Someone else (specify) decided	A.	Kodi nd	li nkhawa kapena mavuto						
S. Too far to travel S. Too far to travel	Prompt: Was there anything else? Panali chinanso? Panali chinanso? Panali chinanso? B. Not satisfied with available care. 9. Problem required traditional care. 10. Thought child too sick to travel 11. Thought child ded despite care 12. Was late at night 12. Was late at night 13. The child died before going 14. Other (specify)								
S. Not transportation available	Prompt. Was there anything else? Panali chinanso? Panali chinanso? Rots (transport, health care, other) Rots (transport, health care) Rots (transport) Rots (t	uj. 0							
Panali chinanso? 8. Not satisfied with available care	Panali chinanso? Cost (transport, health care, other) 7, □ 8, □ 9, □ 10, □ 10, □ 10, □ 11, □ 10, □ 11, □ 10, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □ 11, □	Promnt.	Was there anything else?						
Panali chinanso? 8. Not satisfied with available care	Panall chinanso? 8. Not satisfied with available care	i ionipi.	vvas tricre arrytning cise:						
Multiple answers allowed.] 9. Problem required traditional care 10. Thought child too isok to travel	## Multiple answers allowed.] 9. Problem required traditional care		Panali chinanso?						
10. Thought child will die despite care 11.	10. Thought child too sick to travel		i unun ommunso:			- · -		-	
11. Thought child will die despite care 12. Was late at night	11. Thought child will die despite care 12. Was late at night. 12. 12. 13. 13. 14. 14. 15. 16. 15. 14. 14. 15. 15. 15. 15. 15. 15. 16. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	ΓΜultinle	answers allowed 1					-	
12. Was late at night	12. Was late at night	livianipic	answers answea.j						
13. The child died before going	13. The child died before going 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.								
14.	14. Other (specify) 99. 99. 99. 99. 99. 10. 14. 99. 99. 99. 99. 10. 14. 99. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 99. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.								
99. Don't know	99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99. □ 99.			13. THE	child died before going	13. □ → SQ6.3	9	1	
Second the dates of the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Second the two most recent weights on those dates Sec	Inst_4: Check SQ6.5 → If taken to another health provider S6.39			14. Othe	er (Specify)	14. 🗆			
S6.39 How many days after (first noticing the illness / <last action="" sq6.5=""> / leaving the first/last health provider) did <name> die? Days </name></last>	How many days after (first noticing the illness / <last action="" sq6.5=""> / leaving the first/last health provider) did <name> die? Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst 5: If SQ6.4 = 2 (No care given) or if SQ6.5 \$\pm\$ "Health Provider" (Never took and never tried to take to a health provider) \to VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4</name></last>			99.Don't	Know	99. 🗆		99. 🗆	
first/last health provider) did <name> die? Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? [If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits </name>	First/last health provider) did <name> die? Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? Iff SQ6.4 = 2 (No care given), then read: " first noticing the illness"] Inst. 5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4</name>	Inst_4:	Check SQ6.5 $ ightarrow$ If taken to an	other hea	lth provider				
first/last health provider) did <name> die? Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? [If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits </name>	First/last health provider) did <name> die? Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? Iff SQ6.4 = 2 (No care given), then read: " first noticing the illness"] Inst. 5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4</name>	S6 39	How many days after (first not	icina the il	Iness / <last action="" sq6.5<="" td=""><td>> / leaving the</td><td></td><td></td><td></td></last>	> / leaving the			
Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? Iff SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4	Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst. 5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4	00.00				, iouving the			
Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? Iff SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 # "Health Provider" (Never took and never tried to take to a health provider) \to VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4	Kodi panapita masiku angati kuti (Name) amwalire mutatuluka ku chipatala choyamba ndi chomaliza? If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4							Davs	
choyamba ndi chomaliza? [Iff SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits ————————————————————————————————	choyamba ndi chomaliza? [If SQ6.4 = 2 (No care given), then read: "first noticing the illness"] Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits		Kodi panapita masiku angat	i kuti (Naı	me) amwalire mutatuluka ku	chipatala	(
Inst_5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits T	Inst. 5: If SQ6.4 = 2 (No care given) or if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits J			•	•	•	,	, ,	
if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? 1. Yes Inde 2 or 9 → VQ5.10 Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? 1. Yes Inde 2. No Ayi V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi V5.6 Record the dates of the two most recent visits Image: Image	If SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits Record the two most recent weights on those dates Record the two most recent weights on those dates Grams (DK = 99/99) ———— Grams (DK = 9999) ———— Grams		[If $SQ6.4 = 2$ (No care given),	then read.	: "first noticing the illness"	1			
if SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? 1. Yes Inde 2 or 9 → VQ5.10 Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? 1. Yes Inde 2. No Ayi V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi V5.6 Record the dates of the two most recent visits Image: Image	If SQ6.5 ≠ "Health Provider" (Never took and never tried to take to a health provider) → VQ5.10 VA Section 5: Health records (FOR STILLBIRTHS, NEONATAL & CHILD DEATHS 0—59 MONTHS OLD) V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits Record the two most recent weights on those dates Record the two most recent weights on those dates Grams (DK = 99/99) ———— Grams (DK = 9999) ———— Grams		1			I			
V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits PD D M M Y Y Y Y Y (DK = 99/99/9999) V5.7 Record the two most recent weights on those dates PO STATE OF THE TOTAL OF THE T	V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits Z → VQ5.10 □ 2 → VQ5.10 □ 2 → VQ5.10 □ 2 → VQ5.10 □ 1 → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		if SQ6.5 ≠ "Health Pro				h provider)) → VQ5.10	
V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits PD D M M Y Y Y Y Y (DK = 99/99/9999) V5.7 Record the two most recent weights on those dates PO S T Record the two most recent weights on those dates D D M M Y Y Y Y Y Y (DK = 99/99/9999)	V5.4 Do you have any health records or health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits Z → VQ5.10 □ 2 → VQ5.10 □ 2 → VQ5.10 □ 2 → VQ5.10 □ 1 → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	VA Sec	tion 5: Health records (FOR S	STILLBIRT	THS. NEONATAL & CHILD D	EATHS 0—59 N	ONTHS O	LD)	
health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits	health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? Ndingaliwone bukhulo? Record the dates of the two most recent visits Record the dates of the two most recent visits — J_ J_ — — — D D M M Y Y Y Y (DK = 99/99/9999) — J_ J_ D D M M Y Y Y Y (DK = 99/99/9999) — J_ D D M M Y Y Y Y (DK = 99/99/9999) — Grams (DK = 9999) — Grams				•				
health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? V5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits Z. No Ayi 1. Yes Inde 2. No Ayi D D M M Y Y Y Y (DK = 99/99/9999) D D M M Y Y Y Y (DK = 99/99/9999) V5.7 Record the two most recent weights on those dates CDK = 9999)	health passport book that belonged to the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? Ndingaliwone bukhulo? Record the dates of the two most recent visits Record the dates of the two most recent visits — J_ J_ — — — D D M M Y Y Y Y (DK = 99/99/9999) — J_ J_ D D M M Y Y Y Y (DK = 99/99/9999) — J_ D D M M Y Y Y Y (DK = 99/99/9999) — Grams (DK = 9999) — Grams	\/E /	Do you have any health recor	do or	1 Vac Inda		□ 2 or 0	. VOE 10	
the deceased? 9. Don't know Sindikudziwa	the deceased? Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu? V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? N5.6 Record the dates of the two most recent visits Record the dates of the two most recent visits	V3.4						→ VQ3.10	
Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu?	Kodi muli ndi buku la zaumoyo kapena khadi la kuchipatala la malemuyu?			nigeu io					
kapena khadi la kuchipatala la malemuyu? 1. Yes Inde passport book? 2 → VQ5.10 V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi □ 2 → VQ5.10 V5.6 Record the dates of the two most recent visits □ 1 /	kapena khadi la kuchipatala la malemuyu? 1. Yes Inde V5.5 Can I see the health records or health passport book? 1. Yes Inde Ndingaliwone bukhulo? 2. No Ayi V5.6 Record the dates of the two most recent visits		life deceased:		9. Don't know Sindikudziwa				
kapena khadi la kuchipatala la malemuyu? 1. Yes Inde passport book? 2 → VQ5.10 V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi □ 2 → VQ5.10 V5.6 Record the dates of the two most recent visits □ 1 /	kapena khadi la kuchipatala la malemuyu? 1. Yes Inde V5.5 Can I see the health records or health passport book? 1. Yes Inde Ndingaliwone bukhulo? 2. No Ayi V5.6 Record the dates of the two most recent visits		Kodi muli ndi buku la zaum	ovo					
malemuyu? V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi □ 2 → VQ5.10 V5.6 Ndingaliwone bukhulo? □ 1 _ J	walemuyu? 1. Yes Inde passport book? 2 → VQ5.10 Ndingaliwone bukhulo? 1. Yes Inde 2. No Ayi 2 → VQ5.10 V5.6 Record the dates of the two most recent visits								
V5.5 Can I see the health records or health passport book? 1. Yes Inde 2. No Ayi □ 2 → VQ5.10 V5.6 Record the dates of the two most recent visits □ 1 /	V5.5 Can I see the health records or health passport book? Ndingaliwone bukhulo? N5.6 Record the dates of the two most recent visits			ı ıu					
Dassport book? 2. No Ayi	Ndingaliwone bukhulo?		maiomaya.						
Ndingaliwone bukhulo? Property of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the two most recent visits Image: Control of the dates of the date	Ndingaliwone bukhulo?	V5.5	0 1 46 6 146 1						
$V5.6 Record the dates of the two most recent visits \\ & $	V5.6 Record the dates of the two most recent visits			or health	1. Yes Inde		□ 2 → V (Q5.10	
$V5.6 Record the dates of the two most recent visits \\ & $	V5.6 Record the dates of the two most recent visits			or health			□ 2 → V (Q5.10	
V5.7 Record the two most recent weights on those dates D D M M Y Y Y Y Y	D D M M Y Y Y Y Y (DK = 99/99/9999)		passport book?	or health			□ 2 → V (Q5.10	
V5.7 Record the two most recent weights on those dates D D M M Y Y Y Y Y	D D M M Y Y Y Y Y (DK = 99/99/9999)		passport book?	or health				Q5.10	
(DK = 99/99/9999)	(DK = 99/99/9999)		passport book? Ndingaliwone bukhulo?		2. No Ayi		□ 2 → V	Q5.10	
			passport book? Ndingaliwone bukhulo?		2. No Ayi				Y
V5.7 Record the two most recent weights on those dates $ \begin{array}{c} (DK = 99/99/9999) \\$	V5.7 Record the two most recent weights on those dates Grams (DK = 9999) Grams Grams		passport book? Ndingaliwone bukhulo?		2. No Ayi		/_ D D		Υ
V5.7 Record the two most recent weights on those dates $ \begin{array}{c} (DK = 99/99/9999) \\$	V5.7 Record the two most recent weights on those dates Grams (DK = 9999) Grams Grams		passport book? Ndingaliwone bukhulo?		2. No Ayi		/_ D D		Y
V5.7 Record the two most recent weights on those dates Grams (DK = 9999)	V5.7 Record the two most recent weights on those dates ———— Grams (DK = 9999) ———— Grams		passport book? Ndingaliwone bukhulo?		2. No Ayi		/_ D D	/	Y
$\frac{\Box DK = 9999}{(DK = 99999)}$			passport book? Ndingaliwone bukhulo?		2. No Ayi		/_ D D (l		
$\frac{\Box DK = 9999}{(DK = 99999)}$			passport book? Ndingaliwone bukhulo?		2. No Ayi		/_ D D (L /_ D D		
	Grams	V5.6	passport book? Ndingaliwone bukhulo? Record the dates of the two n	nost recen	2. No Ayi t visits		/_ D D (L /_ D D		
Grams		V5.6	passport book? Ndingaliwone bukhulo? Record the dates of the two n	nost recen	2. No Ayi t visits		/_ D D (L / D D		
Grams		V5.6	passport book? Ndingaliwone bukhulo? Record the dates of the two n	nost recen	2. No Ayi t visits		/_ D D (L / D D		
(D)(0000)		V5.6	passport book? Ndingaliwone bukhulo? Record the dates of the two n	nost recen	2. No Ayi t visits		/_ D D (L / D D		
(DK = 9999)	(DK = 9999)	V5.6	passport book? Ndingaliwone bukhulo? Record the dates of the two n	nost recen	2. No Ayi t visits		/		

V5.8	Record the date of the last note					
V5.9	Transcribe the note					
V5.10	Was a death certificate issued? Kodi chiphaso (certificate) cha imfa ya mwanayu chinaperekedwa?	Yes Inde No Ayi Don't know Sindikudziwa	□ 2 or 9 → SQ1.1			
V5.11	Can I see the death certificate? Ndingachiwone chiphasocho?	1. Yes Inde 2. No Ayi 3. Don't know sindikudziwa	□ 2 → SQ1.1			
V5.12	Record the immediate cause of death from the death certificate					
V5.13	Record the first underlying cause of death from the death certificate					
V5.14	Record the second underlying cause of death from the death certificate					
V5.15	Record the third underlying cause of death from the death certificate					
V5.16	Record the contributing cause of death from the death certificate					
SA Mod	lule 1: The mother and her household	(FOR STILLBIRTHS, NN & CHILD DEATHS (—59 MONTHS OLD)			
Read: N	low I would like to ask you some other qu	estions about (yourself / the child's mother).				
Read: T	sopano ndikufuna ndikufunseni mafur	nso ena okhuzana ndi inu ndi amayi ake a m	iwana.			
[Read ".	the child's mother." If the respondent is	not the mother.				
Inst_1: If GQ4.3 = 1 (Respondent is the mother) \rightarrow SQ1.4						

S1.2	How old (is the child's mother / was the	child's mother when she died)?	
	Kodi amayi ake amwanayu anali ndi z amamwalira?	zaka zingati pamene mwanayu	Years (DK = 99)
	[Read "was the child's mother" if sh	e died.]	
S1.3	How many years of school did the mothe	·	Years (<1 = 00; DK = 99)
S1.4	(Are you / Is/Was the child's mother) Kodi inu/amayi ake a mwanayu ndi/anali [Read "Is/Was the child's mother" if the respondent is not the mother.] [Read the choices to the respondent.]	 Married wokwatiwa? Living with a man akukhala ndi mamuna? Widowed amuna anu anamwalira? Divorced, separated, or deserted ukwati unatha? Single (never married/lived w/a man) simunakwatiwepo? Don't know sindikudziwa 	□ 5 or 9 → Inst_2
S1.4.1	, ,		Years (DK = 99)
S1.4.2	How many years of school did (your / he Kodi amuna anu (amunaawo) anaphu [Read "her" if the respondent is not [Read "partner" if she is living with	nzila sukulu zaka zingati? the mother.]	Years (<1 = 00; DK = 99)
Tsopan mwa ch	ion will be kept confidential. o ndifuna ndikufunseni mafunso okhu iinsisi. NN deaths: If the respondent is not the m	questions about (your / the mother's) househol zana ndi pakhomo panu. Kumbukirani kuti other, read "the mother's;" and ask SQ1.5 Q1.5–1.11 about the respondent's household.	zomwe tikukambilana zisungidwa –1.11 about the mother's household.
S1.5	Who was the main breadwinner of (your / the mother's) family during the (last days of the pregnancy / child's fatal illness) Kodi ndi ndani amene amapeza zofunika pakhomopa pamene munali (amayi ake) kumapeto a mimba kapena nthawi imene mwanayu amadwala? [SBs/NN deaths: Read "last days"; Older deaths: Read "child's"]	 Child's father bambo ake omubereka Child's mother mayi ake omubereka Other ena Don't know sindikudziwa 	□ 9 → SQ1.7

S1.6	At that time, what kind of work did the main breadwinner mostly do? Kodi pa nthawi imeneyi amene amapeza zosowa pakhomo pano amagwila ntchito yanji?	 Farmer/agricultural worker mlimi Poultry or cattle raising mlimi wa ziweto Domestic servant wantchito wa pakhomo Home-based manufacturing mmisiri Unskilled laborer wogwira ntchito zawamba Semi-skilled laborer/service provider wogwira ntchito zaluso Factory worker, blue collar service wogwira ntchito za ku fakitale kapena zokonzakonza Business owner ali ndi bizinesi Professional/technician ophunzira bwino monga dotolo Other zina (specify)	
S1.7	Is this the house (where we are now) where (you / the mother) stayed during the (last days of the pregnancy / child's fatal illness)? Kodi nyumba ino (pamene tilipano) ndi pamene inu (amayi ake) mumakhala muli kumapeto a mimba? [SBs/NN deaths: Read "last days" Older deaths: Read "child's"] [Read "where we are now" if needed to clarify which house you are talking about.]		□ 1 → SQ1.10 9 → VQ5.17
S1.8	Where did (you / the mother) stay at that time? Kodi inu (amayi ake) mumakhala kuti nthawi imene mwana amadwala? Probe: Where did (you / the mother) stay during the illness events? Kodi inu (amayi ake) amakhala kuti pamene nthawi yonse ya matendawo? [Mark "1" only if her usual residence was not her in-laws or other relatives.]	1. Her own home at that time (other than with her in-laws) (Interviewer: Use this code just if she moved after the death.) pakhomo pawo 2. Her in-law's home ku chipongozi 3. Her parent's home kwa makolo 4. Her brother's home kwa achimwene ake 5. Other zina (specify)	□ 9 → VQ5.17

S1.9	What is the address of the place where (you / she) stayed?	Country	
	Kodi munthu angakupezeni bwanji kumene inu (amayi ake)	Country	
	mumakhala?	District	
		T. A	
		Village	
S1.10	community?	/ES>) been living continuously in (this / that) munali mutakhala nthawi yaitali bwanji	Years (<1 = 00; DK =99)
S1.11	How long does it take to reach the healt normally (go (es) / went) from (this / that	h provider or facility where (you / the mother) t) place?	Hours (DK = 99)
	Kodi zimakutengerani (amayi ake) ntl chipatala kuchokera kwanu kuno kun [Mark hours &/or minutes as needed: e.	nene mumapita nthawi ndi nthawi?	Minutes (DK = 99)
	1-	2.1.1 (if including optional Module 2) or VQ5	 17
SA Mar	_	ULE—FOR SBs, NN & CHILD DEATHS 0-59	
OA WIO			MONTHS OLD
_ , ,		4 4 1 / DELATIMENT /4 4	

Read: Now, I have some questions about (your / the mother's / your <RELATIVES'> / the mother's <RELATIVES'>) community.

Read: Tsopano ndifuna ndikufunseni mafunso okhuzana ndi abale anu (a mayi ake) ndi mmudzi muno.

[SBs and NN deaths: If the respondent is not the mother, read "...the mother's..." or "...the mothers' <RELATIVES'>...;" and ask SQ2.1.1—SQ2.3.1 about the mother and her community or her relatives' community.

<u>Older deaths</u>: Always read "...your..." or "...your <RELATIVES'>...;" and ask SQ2.1.1–SQ2.3.1 about the respondent and her/his community or her/his relatives' community.

All deaths: Ask about the relatives' community if s/he stayed with her/his relatives during the illness events.]

S2.1.1	In the last 3 years, did the people in the (village / neighborhood) work together on any of the following issues that affect the entire community or part of the community? Mkati mwa zaka zitatu zapitazi anthu mdela lino agwilira ntchito limodzi zachitukuko zokhuza dela lonse kapena mbali ya dela lanuli? Read all the issues and mark ("X") Yes, No or DK for each one; then enter the code.]	1. Education/schools zokhuza amaphunziro	Yes 1.	No 2.	<u>DK</u> 9. □ 9. □ 9. □ 9. □ 9. □ 9. □ 9. □ 9. □	
		1. One or more issues identified2. No issue identified				
S2.2	(Were you / Was the mother) able to turn to any persons, groups or organizations in the community for help during (the pregnancy / (or) the child's fatal illness)? Kodi inu (amayi ake) zinali zotheka kupempha thandizo kwa munthu, gulu la anthu, kapena bungwe pamene munali (anali) ndi mimba kapena nthawi imene mwana amadwala? [Read "the pregnancy?" for SBs; or "the pregnancy or the child's fatal illness?" for NN deaths; or "the child's fatal illness for older deaths.]	1. Yes Inde 2. No Ayi 9. Don't know Sindikudziwa	□ 2 0	r9 →	SQ2.3.1	

S2.2.1	Did (you / she) turn to any of the following for help? Kodi inu (amayi ake) munafuna thandizo liri lonse? [Read all the options and mark ("X") Yes, No or DK for each; then enter the code.]	1. Family banja	Yes 1.	2. □ 2. □ 2. □ 2. □ 2. □ 2. □ 2. □ 2. □	9.	
		Code: 1. One person/group identified 2. Two or more persons/groups identified 3. No person/group identified	□3 →	SQ2.3	3.1	
\$2.2.2	(Is this / Are these) the same person(s) or group(s) (you / she) would usually go for help with a serious problem? Kodi amenewa ndi anthu, magulu, mabungwe amene mungapiteko kukafuna thandizo mukakhala mmabvuto?	Yes Inde No Ayi Don't know Sindikudziwa				

S2.3.1	(Have you or your / Has the mother or her) family ever been denied any of the following community services? Kodi inu (amayi ake) mayi kapena abanja lanu munakanizidwapo mdela lanu lino zinthu izi? Read all the options and mark ("X") Yes, No or DK for each; then enter the code.]	1. Education/schools 2. Health services/clinics 3. Paid job opportunities 4. Credit/finance 5. Transportation 6. Water distribution 7. Sanitation services 8. Agricultural extension 9. Justice/conflict resolution 10.Security/police services 11.Other (specify) Code:	Yes No DK 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □ 1. □ 2. □ 9. □
V5.17	Read: Now I have three last questions	One service denied Two or more services denied No denied service identified Yes Inde	□ 2-9 → VQ5.19
V5.17	about the child's mother. Tsopano ndiri ndi mafunso atatu omaliza okhuzana ndi mayi a mwanayu? Has the deceased's (biological) mother ever been tested for "HIV"? Kodi mayi a malemu anayezesapo magazi kuti aone ngati ali ndi kachilombo koyabitsa HIV ndi EDZI?	2. No Ayi 8. Refused to answer wakana kuyankha 9. Don't know sindikudziwa	□ 2-9 → VQ5.19
V5.18	Was the "HIV" test ever positive? Kodi maiwa anawapeza nako kachilombo HIV?	Yes Inde No Ayi Refused to answer Akana kuyankha Don't know Sakudziwa	
V5.19	Has the deceased's (biological) mother ever been told she had "AIDS" by a health worker? Kodi mayi ake omubereka mwanayu anauzidwapo kuti ali ndi EDZI ndi a za umoyo?	1. Yes Inde 2. No Ayi 8. Refused to answer Anakana kuyankha 9. Don't know Sakudziwa	

VA Section 6 & SA Module 7: Open ended response & interviewer comments/observations (FOR ALL DEATHS)
Read: I would like to thank you for accepting and sparing your time to participate in this survey. I do not take your participation in this survey for granted. If you would like to talk about <name>'s illness in your own words and if there is anything else about her/his illness that we have not discussed and you would like to share, please feel free to do.</name>
Read: Zikomo poyankha mafunso ambiri amene ndakufunsani. Kodi mungakhale ndi mawu ena amene mungathe kundifotokozera pa za kudwala kwa (Name). Nanga pali china chimene sindinakufunseni chimene munakakonda mutandifotokozera? After the respondent(s) finishes, ask: Is there anything else? Write the respondent's exact words. After s/he has finished, read this back and ask her to correct any errors in what you wrote.
write the respondent's exact words. After s/ne has linished, read this back and ask her to correct any errors in what you wrote.

END OF INTERVIEW
THANK RESPONDENT FOR HER/HIS PARTICIPATION
Interviewer: Use this space to write down your comments and observations about the interview.

ANNEX B2: ORAL CONSENT SCRIPT

PURPOSE

We invite you to take part in a research study. The purpose is to increase our knowledge of the causes of deaths of newborns and children. The study also examines how people know when their children need health care and any problems they have getting this care. You are being invited to participate because you had a (newborn / young child) that died (recently / some time ago).

PROCEDURES

For newborns read:

If you agree to participate, I will ask you some questions about (your / your relative's) pregnancy and delivery and the care sought for these. I will also ask about the illness of (your / your relative's) child and any care sought for the illness. You may refuse to answer any questions that you do not wish to answer.

For young children read:

If you agree to participate, I will ask you some questions about the illness of (your / your relative's) child and any care sought for the illness. You may refuse to answer any questions that you do not wish to answer.

RISKS/DISCOMFORTS

There are some risks to your participating in the study. Some questions could make you feel uncomfortable by reminding you of the child's illness and death. If you feel too upset at any time, I will stop the interview until you feel alright to continue. If the interview is too

stressful, you are fee to quit the study. The interview will take about one and a half hours to complete.

CONFIDENTIALITY

All research carries some risk that information about you may become known to people outside of the study. However, we will do all we can to protect the information you

provide. Your responses to the interview will be entered in a computer, but your name will be hidden. The information will be used only for the research. Your responses will never be reported alone and your name will not be used in any way.

BENEFITS

There is no direct benefit to you from being in this study. Health care provided to women and children in your community may improve as a result of the information gathered in the study.

VOLUNTARY PARTICIPATION

You do not have to agree to be in this study, and you may change your mind at any

time. There will be no penalty if you decide to quit the study.

- If you have questions or complaints about this study, you may contact the local investigator, Benjamin Banda at the National Statistics Office, Phone: +251-999-360-542.
- If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may contact the Malawi IRB at:

National Health and Science Research Committee Executive Committee P.O. Box 30377, Lilongwe 3, Malawi

Telephone: +265 1 789 400/414 Email: doccentre@malawi.net

PERM	ISSIO	N TO	PRO	CFFD

Is it okay to proceed with the interview? Yes	No 🗌
Participant's Agreement: I have (read / understand) the information provided above. I have as I have at this time. I voluntarily agree to participate in this researchs	-
Village/Cluster HH Child	
Study ID # of Research Participant	
Signature of Research Team Member Obtaining Consent	Date
Printed Name of Research Team Member Obtaining Consent	

ANNEX B3: RECRUITMENT SCRIPTS

Address to Household head or other first adult contact at the household

"My name is <YOUR NAME>. I am coming from the National Statistics Office. For the purpose of improving health care, we are collecting information on child health in this area. I would like to talk to <MOTHER's NAME>. Is she around?"

Interviewer: If the mother is available,

continue: Address to Mother

"My name is <YOUR NAME>. I am coming from the National Statistics Office. You informed us during our last visit that you had suffered a child death. I am very sorry to hear this. Please accept my sympathies. For the purpose of improving health care, we are collecting information on recent child deaths in this area. I want to ask you some questions about the events and any symptoms that <CHILD's NAME> had during her/his illness before death.

For neonatal deaths, also read: I also want to ask about the events and any symptoms that you had during your pregnancy with <CHILD's NAME>."

Interviewer: If the mother is not available try to make an appointment to return when she will be there. If the mother will not be available, then continue:

Address to Household head or other first adult contact at the household

"Your household was selected because <MOTHER'S NAME> reported during our last visit that she had suffered a child death. I am very sorry to hear this. Please accept my sympathies. Because <MOTHER'S NAME> will not be available, is there someone else I can talk to who helped care for <CHILD'S NAME> during her/his illness before death?"

Interviewer: If another caregiver is available,

continue: Address to Other Caregiver

"My name is <YOUR NAME>. I am coming from the National Statistics Office. <MOTHER'S NAME> informed us during our last visit that she had suffered a child death. I am very sorry to hear this. Please accept my sympathies. For the purpose of improving health care, we are collecting information on recent child deaths in this area. I want to ask you some questions about the events and any symptoms that <CHILD'S NAME> had during her/his illness before death.

For neonatal deaths, also read: I also want to ask about the events and any symptoms that <MOTHER's NAME> had during her pregnancy with <CHILD's NAME>."

Interviewer: If another caregiver is not available, try to make an appointment to return when the person who cared most closely for <CHILD's NAME> during the illness will be there.

ANNEX B4: PHYSICIAN CODING

A National Study to Improve Estimates of the Causes of and Contributors to Neonatal and Child Mortality in Niger (Verbal/Social Autopsy Study)

Guidelines for Physician Cause of Death Coding of Verbal Autopsy Interviews

The following discussion is based, in part, on Section 3 of the WHO publication "Verbal autopsy standards: Ascertaining and attributing cause of death", World Health Organization 2007. Section 3 of this manual can be downloaded in English) at:

http://www.who.int/healthinfo/statistics/verbal_autopsy_standards3.pdf and the full publication is available at: http://www.who.int/healthinfo/statistics/verbalautopsystandards/en/index.html. The printed manual, in English and French, can be ordered from the WHO website:

http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=2&codcol=15&codcch=702. You will be provided a copy of the French version to use together with these guidelines.

Filling the international death certificate to determine the underlying cause of death

The objective of the verbal autopsy coding exercise is to determine the <u>one</u> underlying cause of death for each child. In order to do this you must complete an international death certificate for each child:

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF DEATH

	Cause of death		
I Disease or condition directly leading to death*	a)due to (or as a consequence of)		
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	b) due to (or as a consequence of)		
condition last.	c) due to (or as a consequence of)		
	d)		
II			

Other significant conditions contributing to the death, but not related to the disease or conditions causing it	
*This does not mean the mode of dying, e.g., heart failure, respiratory failure, it means the disease, injury, or complication that caused death.	

You will determine the diagnosis (or diagnoses) to enter in the death certificate from evidence available in the verbal/social autopsy (VASA) interview. How to make the diagnoses from this information will be discussed below. First we will discuss how to complete the death certificate.

The death certificate consists of three parts: Part I, Part II, and 'Approximate interval between onset and death'.

Part I of the death certificate

Part I is where you enter the disease(s) or condition(s) that caused the death. The disease or condition that *led directly to death* goes on line 'a' at the top of the certificate. By 'led directly to death', we mean either: 1) the single cause of death or 2) the final cause in a chain of diseases and conditions that led to death. As stated at the bottom of the death certificate, this does not mean the mode of dying, such as heart or respiratory failure. Rather, it means the disease, injury or complication that caused death.

Many neonatal and young child deaths have only a single, direct cause of death. In such cases, the direct cause is classified as the underlying cause.

Some examples of neonatal causes of death that might be the single, direct cause are:

- Preterm delivery
- Birth asphyxia
- Pneumonia

Some examples of childhood causes of death that might be the single, direct cause are:

- Pneumonia
- Diarrhea
- Malaria

If a chain of morbid conditions (antecedent causes) led to the direct cause of death, list these on lines b, c and d below the direct cause. If there was only one condition that led to the direct cause, list this on line b; if there were two conditions, list these on lines b and c; and if there were three conditions, list these on lines b, c and d. List any disease(s) or condition(s) on lines b, c and d in the same order in which

they led to the direct cause. The most antecedent condition should always be listed last. This will be classified as the single, underlying cause of death that we are seeking. You can see that the underlying cause is always the disease or condition on the lowest line in Part 1 of the death certificate, whether this is on line a, b, c or d.

Here are some examples of causal chains that illustrate when a neonatal death might have both direct and antecedent causes:

1. Direct cause (a): Aspiration pneumonia (as a consequence of)

Antecedent cause (b): Cleft palate

Cleft palate is classified as the underlying cause of death.

Direct cause (a): Birth asphyxia
 Antecedent cause (b): Obstructed labor

Newborn affected by complication of labor and delivery (obstructed labor) is classified as the underlying cause of death

3. Direct cause (a): Preterm delivery

Antecedent cause (b): Premature rupture of membranes

Newborn affected by premature rupture of membranes is classified as the underlying cause of death.

Here are some examples of causal chains that illustrate when a childhood death might have both direct and antecedent causes:

1. Direct cause (a): Sepsis (as a consequence of)

Antecedent cause (b): Osteomyelitis (as a consequence of)

Antecedent cause (c): Severe injury (crushed leg)

Severe injury is classified as the underlying cause of death.

2. Direct cause (a): Pneumonia (as a consequence of)

Antecedent cause (b): Malnutrition

Malnutrition is classified as the underlying cause of death since it is on the lowest line in part I of the death certificate.

In order to be considered an underlying cause of death, malnutrition must be known to have been present prior to the onset of the pneumonia. Otherwise, pneumonia could not have occurred as a result of the malnutrition. The malnutrition must also been severe. If the malnutrition does not meet these conditions, it might still be classified as a contributing condition, as discussed below (Part II of the death certificate).

Part II of the death certificate

Part II of the death certificate is where you enter other significant conditions that *contributed* to the death, but were *not related* to the disease(s) or condition(s) that caused the death. For example, a contributing condition might have worsened the ill effects of the main cause. There are two lines in Part II; if there were two contributing conditions, it does not matter in what order they are listed because these conditions were not in the causal chain of the death. Contributing conditions are never coded as the single, underlying cause of death. Nevertheless, they are of interest and all identified contributing conditions should be entered on the death certificate.

Here are some examples of conditions that contributed to neonatal deaths:

1. Direct cause (a): Birth asphyxia

Contributing condition: Congenital heart disease

Birth asphyxia is classified as the underlying cause of death since it is on the lowest line in part I of the death certificate.

Congenital heart disease worsened the ill effects of the birth asphyxia, but did not cause it.

2. Direct cause (a): Sepsis

Antecedent cause (b): Premature rupture of the membranes

Contributing condition: Preterm delivery

Newborn affected by premature rupture of the membranes is classified as the underlying cause of death since it is on the lowest line in part 1 of the death certificate.

Preterm delivery contributed to the death but did not cause it.

Here is an example of a condition that contributed to childhood deaths:

1. Direct cause (a): Pneumonia

Contributing condition: Malnutrition (not known to have existed prior to the pneumonia

and/or the malnutrition was not severe)

Pneumonia is classified as the underlying cause of death.

Malnutrition worsened the ill effects of pneumonia by decreasing the child's immune response. It is not known whether the malnutrition led to the onset of pneumonia since it is not known whether the child had malnutrition before the pneumonia started. Also, the malnutrition was not severe, which is required for it to be considered an underlying cause.

Approximate interval between onset and death

The third part of the death certificate is the column running along its right hand side. Use this space to record the timing of all the causes of death and contributing conditions. The interval recorded should be the time from the *onset* of the disease or condition, NOT from its diagnosis, until the time of death. Enter both the number and the unit of time, for example, 1 week or 2 months. The interval should be

estimated if it is not known, sometimes resulting in only the time unit being recorded. For example, write 'months' if the exact timing is not known but it is known that a cause or condition started more than 1 month ago.

The duration written on each line must never exceed the duration on the line immediately beneath. This is because each cause on a lower line gave rise to the cause immediately above it, and so its onset must have been earlier on. The underlying cause of death, on the lowest line, must have had the earliest onset. This information provides a check of the accuracy of the reported sequence of the morbid conditions.

The WHO Verbal Autopsy Standards manual includes an example on page 60 of a death with direct cause pneumonia and underlying cause malnutrition. It shows an interval between onset and death of 2 weeks for pneumonia and 'months' for malnutrition. Therefore, malnutrition meets the requirement for an underlying cause of death to have started before the direct cause. Its onset must have been at least 1.5 months (2 months – 2 weeks) before pneumonia began. If the interval column had been left blank, we would be less certain that malnutrition was the underlying cause of death.

Determining the verbal autopsy diagnoses to enter in the death certificate

Verbal autopsy is the most accurate method available for determining the cause of death in settings where many or most deaths occur outside of medical care and that lack a working death certification and vital registration system. However, verbal autopsy diagnoses are usually made without the physical exam, laboratory and imaging evidence often available to working physicians. Therefore, verbal autopsy diagnoses are generally less detailed than medical diagnoses; and one verbal autopsy diagnosis often corresponds to several, more detailed, medical diagnoses. This can be seen in the table of verbal autopsy diagnoses and their matching ICD-10 diagnoses in Section 3 of the WHO Verbal Autopsy Standards manual. For example, the verbal autopsy diagnosis "Meningitis" corresponds to three ICD-10 diagnoses: "Bacterial meningitis, unspecified," "Meningitis due to other and unspecified causes" and "Encephalitis, myelitis and encephalomyelitis, unspecified."

To determine the verbal autopsy cause of death, consider the information available in the sections of the VASA interview specified below for neonatal (0-27 days old) and young child (1-59 months old) deaths. The responses to the VASA questions will be provided to you for each death that is to be assessed.

Use all this information as you normally would as a clinician, considering the background in verbal autopsy section V1 as the context in which the child's illness occurred. For neonatal deaths, the mother's pregnancy and delivery history from verbal autopsy sections V2 and V3 are additional vital background elements. Verbal autopsy sections V3 for neonates and V4 for young children provide core data on the signs and symptoms of the illness leading to the death. If the family had any health records related to the child's fatal illness, including the death certificate, this information will be found in verbal autopsy section V5. For both age groups, the open history might provide further useful information, especially to determine the order in which the child's illness signs appeared and the illness events unfolded. Social autopsy section S6 might supplement this by identifying the day that each illness sign

and symptom started. This information can be particularly helpful in filling part III of the death certificate (approximate interval between onset and death).

In addition to using your clinical judgment, minimum guidelines are provided below for illness signs and symptoms that should be present before considering each verbal autopsy diagnosis. The purpose of these guidelines is to ensure that objective criteria are consistently applied in forming the verbal autopsy diagnoses. A lack of consistency and objectivity are serious criticisms that have been made of the verbal autopsy method. Using the minimum diagnostic guidelines will help overcome this criticism and ensure wider acceptance of our study findings. Using the guidelines together with your clinical judgment will combine the advantages of uniformity, objectivity and clinical knowledge and experience in reaching the verbal autopsy diagnoses.

Neonatal deaths (0-27 days old)

The most common causes of neonatal deaths in developing countries that can be diagnosed using the information available in the VASA questionnaire include:

- Birth asphyxia
- Congenital malformation
- Diarrhea
- Meningitis (part of "Serious Infection")
- Neonatal tetanus
- Pneumonia (part of "Serious Infection")
- Preterm delivery (with or without Respiratory Distress Syndrome)
- Sepsis (part of "Serious Infection")
- Unspecified (Unknown)

The VASA interview sections and questions to consider for a neonatal death are as follows. The responses to these questions will be provided to you for each death that is to be assessed:

- V1 (Background information): V1.1–V1.15, V1.20–V1.26
- V2 and S3 (Pregnancy and delivery): V2.1, V2.3–2.10, V2.17–V2.18, S3.4–S3.5.1, S3.8, S3.11
- S4 (Maternal symptoms): S4.1
- V3 (Neonatal deaths): V3.1–V3.49
- S6 (Day of the illness that each sign/symptom started): S6.2B
- V5 (Health records): V5.4–V5.16
- V6 (Open history)

The minimum illness sign/symptom guidelines to follow for each verbal autopsy diagnosis are:

- Birth asphyxia
 - o Did not breath immediately after birth (V3.4=2)

OR

Did not cry immediately after birth (V3.7=2)

- Birth trauma
 - o Bruises or signs of injury at birth (V3.1=1)
- Congenital malformation
 - Physical abnormality at the time of delivery (V3.2=1)
- Diarrhea
 - More frequent loose or liquid stools than usual (V3.44=1)
- Meningitis (part of "Serious Infection")
 - o Bulging fontanelle (V3.34=1)

OR

Spasms or convulsions (V3.25=1)

- Neonatal tetanus
 - Stopped suckling normally more than 2 days after birth (V3.13=1 and V3.14 >2)

Spasms or convulsions (V3.25=1)

- Pneumonia (part of "Serious Infection")
 - o Difficult breathing (V3.17=1) or Fast breathing (V3.20=1)
- Preterm delivery
 - Pregnancy duration less than 8 months (V2.2 <8)

OR

Pregnancy ended early (V2.3 = 1)

- Preterm delivery with respiratory distress syndrome
 - o Pregnancy duration less than 9 months (V2.2 < 9) or Pregnancy ended early (V2.3 = 1)

AND

Fast breathing (V3.20=1)

AND

No fever and no Cold to touch (V3.27=2 and V3.29=2)

- Sepsis (part of "Serious Infection")
 - o Fever or Cold to touch (V3.27=1 or V3.29=1)

AND

No diagnosis of pneumonia or meningitis

- Unspecified (Unknown)
 - Does not meet any of the above criteria

AND

No other specified diagnosis

Young child deaths (1-59 months old)

The most common causes of young child deaths in developing countries that can be diagnosed using the information available in the VASA questionnaire include:

- AIDS
- AIDS with tuberculosis
- Diarrhea
- Dysentery
- Hemorrhagic fever
- Malaria
- Malnutrition (severe)
- Measles
- Meningitis
- Pertussis
- Pneumonia
- Sepsis
- Tuberculosis
- Injury (Venomous, Drowning, Fall, Fire, Poisoning, Road traffic, Violent, Unspecified)
- Other childhood infectious disease (not specified above)
- Malignant neoplasm
- Unspecified (Unknown)

The VASA interview sections and questions to consider for a young child death are as follows. The responses to these questions will be provided to you for each death that is to be assessed:

- V1 (Background information): V1.1–V1.15, V1.20–V1.26
- V4 (Infant and child deaths): V4.1–V4.49
- S6 (Day of the illness that each sign/symptom started): S6.2B
- V5 (Health records): V5.4–V5.16
- V6 (Open history)

The minimum illness sign/symptom guidelines to follow for each verbal autopsy diagnosis are:

- AIDS
 - o Place Holder

<u>AND</u>

Place Holder

- AIDS with tuberculosis
 - o Place Holder

AND

Cough for more than 2 weeks (V4.12=1 and V4.13 >14)

- Diarrhea
 - o More frequent loose or liquid stools than usual (V4.6=1)
- Dysentery
 - Visible blood in the loose or liquid stools (V4.11=1)
- Hemorrhagic fever
 - Bleeding from anywhere (V4.44=1)
 OR
 Skin turned black (V4.46=1)
- Malaria
 - o Fever (V4.1=1)
- Malnutrition (severe)
 - o Limbs became very thin (V4.35=1)

OF

Swollen legs or feet (V4.36=1)

OF

Protruding belly (V4.40=1)

- Measles
 - o Fever (V4.1=1) AND

Rash (V4.30=1)

- Meningitis
 - o Stiff neck (V428=1)

OR

Bulging fontanelle (V4.29=1)

OR

Generalized convulsions or fits (V4.25=1)

- Pertussis
 - o Severe cough (V4.14=1)
- Pneumonia
 - o Difficult breathing (V4.16=1) or Fast breathing (V4.18=1)
- Sepsis
 - Fever (V4.1=1)AND

No diagnosis of pneumonia or meningitis

- Tuberculosis
 - o Cough for more than 2 weeks (V4.12=1 <u>and</u> V4.13 >14)
- Injury (Venomous, Drowning, Fall, Fire, Poisoning, Road traffic, Violent, Unspecified)
 - o Suffered an injury or accident (V4.47.1-8=1)
- Other childhood infectious disease (not specified above)
 - o Fever (V4.1=1)

AND

Infectious diagnosis not specified above

- Malignant neoplasm
 - o Medical records information or death certificate diagnosis (V5)
- Unspecified (Unknown)
 - o Does not meet any of the above criteria

AND

No other specified diagnosis