

| Annex 2: demographic, population-based household assessment of livelihoods and health among communities in Rongo Sub-County, Migori County, Kenya over multiple time points (2018-2022) - questions: HSHLD_Q152 - CHH_Q14 | |
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| Questions | Responses |
| Now tell me the total number of females, including children and adults, living in your house right now, including any children you've already counted. [Make sure respondent counts herself and girls at boarding school] | |
| Are you or your partner currently pregnant? | Yes No |
| How many months pregnant are you or your partner? | |
| Who is the main breadwinner for your household? | 12 possible options |
| Think about the main source of income for the household, what is the source of income? [Read the list if necessary] | 14 possible options |
| Think about the secondary source of income for the household, what is the source of income? | 14 possible options |
| Have you or your spouse ever used any method of family planning, that is contraception, or done something to delay or avoid getting pregnant? | Yes No Don't know |
| Are you or your spouse currently doing something or using any method of family planning to delay or avoid getting pregnant? | Yes No Don't know |
| Which method(s) are you or your spouse currently using to avoid getting pregnant? [Do not prompt] [Select all that apply] | 16 possible options |
| When was this method of family planning given to you/your spouse, most recently? | 7 possible options |
| Where did you/spouse receive this method of family planning the last time you got it? | 7 possible options |
| How old were you when you gave birth to your first child? | Age in years _____ |
| When you got pregnant with your last child, the last born or your current pregnancy, did you plan to get pregnant at that time? | Yes No Did not plan to get pregnant |
| At that time, did you want to wait to have that baby until later, or did you want no more children? | Wanted to wait longer Wanted no more children |
| How much longer did you want to wait? | 8 possible options |
| Were you able to access contraception or family planning at the time that you conceived your last baby? | Yes No |
| Now I want to know about the health of your youngest child under 5 years of age who is alive. Where did you give birth to [child's name]? | 9 possible options |
| Who assisted with the delivery of [child's name]? | 7 possible options |
| During the pregnancy of [child's name] did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | Yes No Don't know |
| How many times did you receive such an injection? | One time Two times More than two times Don't know |
| During your pregnancy with [child's name], how many antenatal care (ANC) visits did you attend at a health facility before you delivered? | 8 possible options |
| Did your husband/partner attend any of the ANC visits with you? | Yes No Don't know |
| Now I would like to ask you about the types of liquids and foods that [child's name] consumed yesterday during the day or at night. | 16 possible options |

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| Since yesterday morning, did [child's name] take [read each of the following and mark each item consumed by the child] | | | |
| In the last two weeks, has [child's name] been ill with a fever at any time? | Yes | No | Don't know |
| Did you seek advice or treatment for the fever? [Including medicine from a chemist] | Yes | No | Don't know |
| Where did you seek advice or treatment? [Do not prompt] [Select all that apply] | 12 possible options | | |
| When you sought advice or treatment for the fever, was a malaria rapid diagnostic test (RDT) done to [child's name]? | Yes | No | Don't know |
| At that time, was a laboratory test (blood smear) for malaria done to [child's name]? | Yes | No | Don't know |
| Was the result (RDT/blood smear) positive for malaria? | Yes | No | Don't know |