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PART 1 FIELD PREPARATIONS

1: INTRODUCTION

BACKGROUND OF STUDY

Young Lives: An International Study of Childhood Poverty is a collaborative project investigating the changing nature of childhood poverty in selected developing countries. The UK's Department for International Development (DFID) is funding the first three-year phase of the project.

Young Lives involves collaboration between Non Governmental Organisations (NGOs) and the academic sector. In the UK, the project is being run by Save the Children-UK together with an academic consortium that comprises the University of Reading, London School of Hygiene and Tropical Medicine, South Bank University, the Institute of Development Studies at Sussex University and the South African Medical Research Council.

The Young Lives study is being conducted in Vietnam, Peru, Ethiopia and the Indian State of Andhra Pradesh.

OBJECTIVES OF THE STUDY

The Young Lives study has three broad objectives:

- *producing good quality panel data* about the changing nature of the lives of children in poverty.
- *trace linkages between key policy changes and child poverty*
- *informing and responding to the needs of policy makers, planners and other stakeholders*

There will also be a *strong education and media element*, both in the countries where the project takes place, and in the UK.

The study takes a broad approach to child poverty, exploring not only household economic indicators such as assets and wealth, but also child centred poverty measures such as the child's physical and mental health, growth, development and education. These child centred measures are age specific so the information collected by the study will change as the children get older.

METHODOLOGY OF THE SURVEY

The Young Lives study is a panel study that will follow 2,000 children in each country from age 6-17.9 month until they are 15 years old. The caregiver and, when the child is old enough, both the caregiver and the child will be interviewed every three to four years with a quantitative survey. The height and weight of each child will also be measured and community level questionnaires will be completed for each sentinel site at every data collection round.

In addition to the 6-17.9 month old, anthropometric and community questionnaires one thousand 7.5-8.5 year-old children and their caregivers will be interviewed in the first round of data collection to give an immediate comparative picture of older children. A number of "mini-projects", which will investigate issues that cannot easily be explored through large-scale quantitative surveys, will also be conducted.

Every questionnaire used in the YLS consists of a 'core' element and a country-specific element, which focuses on issues important for that country. This manual focuses on the questionnaire for the 6-17.9 month old child, and the sections of the 7.5-8.5 year old questionnaire which differ

from the 6-17.9 month old questionnaire. The core elements of the questionnaires are shown in Box 1 and 2.

Box 1: Core 6-17.9 month old household questionnaire

- Section 1: Locating information
- Section 2: Household composition
- Section 3: Pregnancy, delivery and breastfeeding
- Section 4: Child care
- Section 5: Child health
- Section 6: Caregiver background
- Section 7: Livelihoods and time allocation
- Section 8: Economic changes
- Section 9: Socio-economic status
- Section 10: Caregiver psychosocial well-being
- Section 11: Social capital
- Section 12: Tracking details
- Section 13: Anthropometry

Box 2: Core 7.5-8.5 year old household questionnaire

- Section 1: Locating information
- Section 2: Household composition
- Section 3: Births and deaths
- Section 4: Child school
- Section 5: Child health
- Section 6: Caregiver background
- Section 7: Livelihoods and time allocation
- Section 8: Economic changes
- Section 9: Socio-economic status
- Section 10: Child mental health
- Section 11: Social capital
- Section 12: Tracking details
- Section 13: Anthropometry

The household questionnaires have three parts/activities, the first two activities; enrolment and administering the core questionnaire, will occur consecutively but the third activity, anthropometric measurements, will be done by a separate team and will overlap with the administration of the core questionnaire:

On days 1-4 the households and children will be enrolled into the study using the enrolment form.

On day 5-11- the core questionnaires (outlined in Box 1 and 2) will be administered.

On day 6-12 the anthropometry measurements will be taken by a specially trained team.

The children and their households will be enrolled through a two-stage process. In each country, 20 sentinel sites will be chosen, within each sentinel site, approximately 100 children aged 6-17.9 months and 50 children aged 7.5-8.5 years and their households will be randomly selected through the enrolment procedure.

Countries to adapt this section for their fieldwork schedule/procedures. Remember there must be a 24-hour gap between enrolment and questionnaire administration to allow households time to consider participating. Also remember to factor into your time plan:

1. *Introducing and reporting back the project to the community,*
2. *Completion of the community questionnaire,*
3. *Return visits to empty households/households where the caregiver was absent.*
4. *Return visits to recollect incorrect or missing data,*
5. *The completion of 50 eight year old household and child questionnaires in each sentinel site.*

You need to devise a plan as to what you will do if your selected sentinel site do not provide sufficient eligible children, as may be the case in some rural areas, and what you will do if fieldwork over runs the scheduled time .

PROJECT MANAGEMENT

In each country, a Principal Investigator (PI) has been appointed to lead the fieldwork and data management activities. The PI works closely with the UK consortium and with the National Co-ordinator (NC), based in SC UK offices in each participating country. The NC's function is to make links with and between the academic teams, government and civil society, and to ensure the involvement of different stakeholders, the local dissemination of outputs, and to devise advocacy strategies and organise media coverage.

The International Co-ordinator (IC) for the project is based at Save the Children UK in London. The IC is responsible for overall co-ordination of the project, working with country partners the academic institutions, DFID and other partners with a particular focus on ensuring linkages to policy and dissemination of outputs.

The Young Lives Survey, is being overseen by an in country management committee who have the responsibility to co-ordinate the survey according to the set schedule. The committee works with a staff of fieldwork co-ordinators who supervise the survey teams, who are based in regional offices. A microcomputer is installed in each of the regional offices for the immediate entry of data from all questionnaires that are completed by each team. The survey team that the fieldwork co-ordinators oversee consists of:

Supervisors: Responsible for overseeing, monitoring and, where necessary, correcting the work of the interviewers. In addition, she/he is responsible for managing the team's equipment, vehicle and funds and completing the community questionnaire. She/he represents the project co-ordinator at the sentinel site level.

Interviewers: Responsible for collecting and recording information from households in the household questionnaire.

Data handlers: Responsible for entering data from the questionnaires into the data entry programme, carrying out consistency checks, ensuring the security of the data and managing the completed questionnaires and diskettes containing entered data including making backup copies.

Anthropometrists: Responsible for measuring length and weight of the index child.

FIELDWORK SCHEDULE:

The length of the fieldwork will vary between countries but will generally take place between July and December 2002. During this time the 3000 selected households will be interviewed by the survey teams. In each sentinel site 100 households with 6-17.9 month old children will be interviewed and 50 households with 7.5-8.5 year old children will be interviewed. After the interviews in each sentinel site are completed you will have a few days break before moving to the next site. Your supervisor will be responsible for your transport and lodgings in each sentinel site.

Interviews should take an average of 2 hours. If you make any errors, this will create more work for you to resolve them, so please be careful in your work.

2: ETHICS AND CONSENT

Young Lives and its entire staff must ensure that they act in an ethical way towards everyone involved in the study. Essential factors to consider as you perform your work are:

RESPECT

It is important that everyone the project encounters is treated with respect, from community leaders and local officials, to parents and children. This will be important in every aspect of the study from engaging people in the study, to the way interviews are conducted, and in the importance of providing feedback to the participants and communities involved. It also entails crediting people for providing ideas or information - with identities masked if necessary.

BENEFIT TO RESPONDENTS

Policy influencing/ change: The primary purpose of this study is to collect data to inform policy and programmes. It is not attached to a development project and has little of direct benefit to offer to participants. It is important to be clear about this up-front. It may be possible to link with organisations working in study areas that can use the information collected to support processes of empowerment, and in the delivery of improved services or other programmes.

Feeding back to communities and respondents: Research results will be related to the communities concerned, probably in summary form. This will be in the form of a newsletter in the local language, as well as presentations and discussions of findings in the communities. It is important that you let your supervisor know about any respondents who request information about the results of the study.

Small incentives The project will offer small incentives e.g. a photo, a bag of sugar to the participating child and family to maintain their interest over a fifteen year period and in recognition of the time they have spent answering questions. It may also give donations to community facilities e.g. school or health post.

Specific practical assistance: Fieldworkers may be asked for assistance from participating households e.g. transporting a sick person to a health facility etc. In principle, Young Lives encourages fieldworkers to respond positively to such requests. However, there are limits as to what is practical; each survey team will need to decide this with reference to the local context. Do not make any promises you cannot keep.

If the caregiver tells you or you suspect that any of the children in the household are suffering from sexual or other abuse you must tell your supervisor who will follow the issue up.

AVOIDING HARM TO RESPONDENTS

You must ensure that you:

Are **sensitive to the timing and procedures for interviewing**. For example, organising data collection so that it is at convenient times for respondents, even if this is inconvenient for interviewers. Ensuring that male interviewers do not visit women alone at home if this is unacceptable locally.

Avoid asking intrusive questions that are not in the questionnaire and that may be upsetting to respondents. The intrusive questions in the questionnaire must be asked with sensitivity and when asking these questions be prepared to react appropriately if respondents become upset, this may mean leaving that section and moving on to another or stopping the interview.

Are prepared to **answer all the questions about the project honestly and openly** as far as you can and refer to the supervisor any question you cannot answer.

Do everything possible to ensure that project **findings cannot be used to justify action that would make the lives of certain individuals, groups or communities worse**. For example, if it becomes clear that children of a certain ethnic minority have notably worse nutritional status than the majority population, it will be important to avoid stereotyping, such as 'these people don't look after their children properly'.

CONFIDENTIALITY

You must treat anything the respondent tells you as confidential. You should keep your completed interviews safe and only show them to Young Lives employees. You can and should discuss interviews with your supervisor and other members of the survey team. Sometimes you may hear stories that make you so sad that you need to talk about it, you should do so only with team members and in a way that does not easily identify the respondent.

CONSENT

Informed consent means that you tell the person enough about the nature of the research so that they can make a proper (informed) decision about whether or not to take part in the research. The study seeks informed and voluntary consent from all participants through a consent procedure (see Enrolment procedure). This includes getting consent from the legal guardian of the child and, where this is different from the legal guardian, the caregiver.

If the mother/caregiver is under 18 you must also obtain consent from their legal guardian who is usually their mother, father or spouse (if they are over 18 years old).

If you also interview other members of the household you must make sure that they are individually informed of the project and know what is being asked of them. They must know that answering the questions is voluntary and give verbal consent. It is not acceptable that any respondents are instructed to answer your questions by the child's parent/legal guardian or by the head of the household.

No project staff should pressurise, coerce or deceive respondents in an effort to ensure their participation and staff should also try to ensure that respondents are not pressurised by other family or community members. Staff should not make any promises they cannot or are unlikely to keep. The mother/caregiver will have at least 24 hours to consider whether they want to take part and will be free to withdraw from the study at any time.

Whilst the study procedures are designed to ensure that consent is informed and voluntary the only person who can really ensure that is you, the fieldworker. You must make every effort to

make sure the participants understand the study and feels free not to take part or to withdraw if they wish to.

3: FIELDWORKER'S TASK

Your role as a fieldworker is crucial to the survey. The quality of the data to be collected will be determined by the quality of your work. This is a big responsibility because we hope that the data from this study will be used to help formulate national policy and help the government make important decisions. You should keep in constant touch with your supervisor and inform her/him of any problems you encounter in your work in the field. The Supervisor, on her/his part, will provide you with all the necessary materials and instructions and will also collect and check your work and help you resolve any problems that may arise.

INTERVIEW AT THE SURVEY HOUSEHOLDS

Your principal task is to conduct interviews with households at the rate of at X-X interviews a day during the survey period. You must return to households where the caregiver was absent at least twice and should attempt to trace children who have moved. You will need to plan your work so you visit households at appropriate times and make appointments with caregivers as needed. You must follow strictly all instructions contained in this manual and read all questions exactly as they appear in the questionnaire.

You will be provided with the following materials for use in carrying out the interviews:

- Briefcase/satchel
- Instruction Manual
- Writing Pad
- Red pens to correct data
- Raincoat
- Black indelible biro.
- Identification card, which identifies you as an employee of the Young Lives Study
- Letter from national or national authorities approving the study

You are the only person responsible for keeping these working materials in order.

CHECKING THE COMPLETED QUESTIONNAIRE

After finishing each interview, you must verify that all the sections have been filled out correctly and legibly and that there is no missing information. If there was something which was unclear during the interview, or after completing the survey you want to double check something, make sure you ask and have everything clear before you leave the house. You are encouraged to make notes, and if necessary jot down the information to ask the supervisor how this should be coded if you have a doubt.

Your checking must be done immediately after the interview before you hand in the questionnaires to your supervisor and, most importantly, before leaving the sentinel site. Although you may correct places you wrote in an unclear manner during the interview, you must never under any circumstance make any other changes in the completed questionnaire without consulting with your supervisor or returning to the household to ask the respondents the same questions again.

Do not copy the information you have collected onto a new questionnaire. At the end of each day's work, all filled questionnaires must be submitted to your supervisor for editing. Errors detected must be corrected by revisiting the household.

RELATIONS WITH THE SUPERVISOR

You should always follow the instructions given to you by your supervisor, who is the representative of the Young Lives Project research co-ordinator. She/he will assign you work at the beginning of each sentinel site. In order to satisfy her/himself that the data collected is up to standard, the supervisor will carry out the following checks in the field.

- She/he will examine in detail all questionnaires filled out by you to verify that each interview has been carried out properly and in full. She/he will then ask you to return to the household to recollect any missing or wrong data if this is possible.
- She/he will make random visits to some of the households that you have already interviewed to make sure that you went to the correct addresses and to re-ask a few questions in the questionnaire as a basis to assess the reliability of the data we are collecting.
- She/he will observe X or more of your interviews per sentinel site to evaluate your method of asking questions. You will not be informed of this in advance.
- Each day she/he will meet with the team to discuss the work and will make regular reports to the fieldwork co-ordinator on the results of the work.

Your supervisor is the link between you and the survey organisation and you should work closely together. Just as you will receive instructions from her/him, you must inform her/him of any difficulties or problems that you encounter. For instance, if you do not understand a procedure or the meaning of a question in the questionnaire, you should ask your supervisor for an explanation.

RECOLLECTING INFORMATION REJECTED DURING DATA ENTRY

Your work will also be reviewed by the data entry programme, which will carry out checks on the answers to various questions, parts and sections of the questionnaire.

After reviewing the data entry print-outs, your supervisor will circle in red ink all the answers in the questionnaire that were rejected by the data entry programme and return the questionnaire to you so you can return to the household to recollect the missing or wrong data if this is possible. Interviewers are forbidden to change or repair data without consulting their supervisor or re-interviewed the household. *This assumes data is entered and checked in the field. If this is not possible supervisors should carry out some consistency checks when reviewing the questionnaires.*

4: INTERVIEWING PROCEDURES

ARRIVAL IN THE COMMUNITY

The team will arrive in the community a day before the start of the survey. Accompanied by the fieldworkers the supervisor will visit the community leaders and local authorities to explain the purpose of the survey, and introduce the members of the team and discuss the plan of work in that area.

CONTACTING THE RESPONDENTS *Countries to adapt this section in line with their enrolment procedures, remember that these procedures must be replicable and must include recording how many households were visited in order to enrol the children. The procedures may need to be*

different in urban and rural areas and towards the start and finish of enrolment in each sentinel site.

Your supervisor will tell you which area in the sentinel site you are working in, you must visit every XX household in this area using the enrolment form to find eligible children. When you arrive at each house you must greet people in the traditional manner, introduce yourself, show your fieldworker's card and explain the purpose of the survey to the head of the household and other important household members. Give them several opportunities to ask you questions, if you do not know the answer to any question tell them that you will ask a supervisor. Never promise anything you cannot guarantee to do.

If there is an eligible child in the household you should follow the consent procedure and arrange a convenient time to return the next day to complete the consent procedure and conduct the interview. During this visit find out whether an interpreter will be needed when you return for the interview the next day and make the necessary arrangements. When you have completed the interview, thank all the members of the household who took part in the interview and inform them of the date for the next visit.

During your household visits you may be offered gifts or food by the household, whilst you should try not to accept gifts or food that are precious resources for the household you must also be courteous and follow local customs. Try to refuse food or gifts politely, for example, by saying that you have already made arrangements for food that day, that you have an upset stomach or by accepting a smaller offering such as a glass of water.

EXPLANATION OF THE SURVEY

Explanations play a great part in the willingness of people to reply to questions, and during the consent procedure you will give a detailed explanation of the study to the caregiver, household head and other important household members. You should give this explanation by reading the information sheet provided, checking if the respondent has understood the points and re-phrasing if they have not.

During the consent procedure and at the beginning of every visit you should frequently remind the respondent of the purpose of the survey, the fact that participation is voluntary, that the data obtained will be kept confidential and give the respondent the chance to ask questions. You must also ensure that any interpreters used understand the confidential nature of the interviews. If you are accompanied by a supervisor or a member of the management committee, you should introduce her/him at the beginning of each interview.

USE OF INTERPRETERS

When you first enter a household, you must find out whether you will need an interpreter or not. If none of the survey team speaks the language of the household and no one in the household speaks the interview language well enough to interpret you must ask the household to choose someone (for instance, a friend, a neighbour or a relative) to interpret for the fieldworker. This person should be someone who speaks the interview language well and is trusted by the household, since the questions are confidential. You should be aware that in either case certain problems can arise from the use of interpreter:

- It is difficult to know how good the translation is. It is possible that the respondent's friend who speaks the interview language does not speak it well enough to translate everything said during the interview, and she/he will not want to admit it. If you find that the replies do not correspond to the questions, try tactfully to help the interpreter or to replace her/him. You could for instance, suggest that interpreting is a very tiring job, and

that the interpreter should take a rest while someone else carries on. Or you might say that you have already taken up too much of his (interpreter's) time, and that the job should be shared among a number of people.

- Another difficulty often encountered is that the interpreter is so familiar with the household that he starts to answer for the respondent without directing the question to her/him (respondent). In such a situation you must politely remind the interpreter that it is the respondent that has been chosen for the interview, and that it is only his/her answers that you can write in the questionnaire.

PRIVATE NATURE OF THE INTERVIEW

All the data collected are strictly confidential. Any breach of the confidentiality is forbidden by your oath of secrecy. In principle, all the questions should be asked in complete privacy to ensure that the answers remain confidential but this is not always possible. The presence of other people during the interview may cause the respondent embarrassment and influence some of his/her answers.

There are some sections, which are very sensitive and might require more privacy, these are:

- Economic shocks (section 8 which asks about economic difficulties in the household)
- Socio economic status (section 9 where questions on assets are asked).
- Psycho social wellbeing (section 10 of the 6-17.9 month old questionnaire where questions on emotional problems of the caregiver will be asked).
- Child mental health (section 10 of the 7.5-8.5 year old questionnaire where questions on emotional problems of the child will be asked)

When you get to these sections you should explain to the respondents that some questions are confidential and ask her/him for the best place in the house where he/she is least likely to be disturbed. If another adult (and in the case of the child mental health the index child themselves) does not understand and refuses to leave, you must use tact and imagination to try and get him/her to leave.

- Ask the respondent to persuade the other person to leave.
- Explain as politely as possible that the interview must be conducted in private.
- Try to satisfy the person's curiosity by reading the first few questions, and then say something like "you have heard some of the questions. Will you now excuse us for a little while?".

CONDUCT OF THE FIELDWORKER

The fieldworker must observe the following rules:

1. You must be courteous towards everyone (the respondent and his/her family and friends, the supervisor, the other members of the team and everyone else involved). Your behaviour can have an enormous influence on people's opinions in the localities covered by the survey.
2. You must avoid disturbing or upsetting anyone by your behaviour.
3. You must be properly dressed, so that the respondent will be inclined to trust you, as a reliable and responsible person.
4. You must arrive at the stated time, and never keep the respondents waiting.

5. You must exercise patience and tact in conducting the interview, to avoid antagonising the respondent or leading her/him to give answers that are not in conformity with the facts. Be tactful about asking questions to which you have just been given the answer, if necessary say that 'you just need to be sure' to avoid giving the impression that you were not listening to what she just said. For instance the mother tells you that her child is very well and has no illness and then you have to ask specifically about symptoms

In your contact with children the following behaviour is unacceptable, fieldworkers must not:

1. Spend excessive time alone with children.
2. Take children home, especially if they will be alone with them.
3. Physically assault children.
4. Develop exploitative or abuse relationships with children.
5. Develop physical or sexual relationships with children.
6. Act in a way that may place a child at risk of abuse.
7. Use language, make suggestions or give advice which is inappropriate, offensive or abusive.
8. Behave physically in an inappropriate or sexually provocative manner.
9. Have children stay overnight unsupervised, or sleep in the same room or bed as a child.
10. Do things for children of a personal nature that they could do for themselves.
11. Condone/participate in behaviour that is illegal, unsafe or abusive.
12. Act in ways intended to shame, humiliate, belittle or degrade children.
13. Discriminate against or favour children to the exclusion of others.
14. Attempt to sell anything to the child or family.
15. Lend or borrow money or goods from the family
16. Bribe the child or family in order to get them to cooperate

PART 2 THE INDEX CHILD/HOUSEHOLD QUESTIONNAIRE

5: HOW TO CONDUCT THE INTERVIEW

There are a number of basic principles that the fieldworker must observe throughout the interview. You must be careful to follow all the instructions set out in this manual, you must:

1. **Ask the questions exactly in the form in which they appear on the questionnaire.** Each question has been carefully designed and tested in order to collect precise information to satisfy the requirements of analysis. The interviewer should read the question as it is written in the questionnaire. After reading the question clearly and fluently the first time, the interviewer should wait for the response. If the respondent doesn't answer in a short period of time, this could be because:
 - 1) they didn't hear the question;
 - 2) they don't understand the question yet;
 - 3) they don't know how to reply.

With each case, the interviewer should repeat the question. If the respondent still doesn't answer the question, ask to find out if the respondent understood the question. If the respondent didn't understand the question the interviewer should rephrase the question in a different way, while maintaining the meaning of the question. Try to avoid accepting the answer "I don't know" by helping the respondent to estimate or find an answer close to correct. If there are whole sections the respondent cannot answer politely ask if there is anyone else in the household who can answer the questions, if the named person is not physically in the household you may have to make a return visit to complete the section with the named person.

2. **In the case that the interviewer already knows some simple information**, such as that this person is the wife of some other person, it is not necessary to ask marital status of those two people, only to write that information down. However, if you are not clear, or only suspect that this is the situation it is still necessary to ask.
3. All forms will be checked and will be sent back to you if they are not satisfactory. You must realise that the information on these questionnaires is essential and under **no circumstances should you make information up**. This is the worst thing an interviewer can do. You will be dismissed immediately if you make any information up.
4. **Maintain the pace of the interview**. Avoid discussing too much with the respondent. If you receive an inappropriate or complicated response, do not break in too suddenly, but listen to what the respondent is saying and then lead her/him back to the original question. It is important to pay attention and listen attentively to the respondent and avoid offending or suggesting answers to the respondent.
5. **Keep a neutral attitude with the interview subjects**. It is extremely important that you should remain absolutely NEUTRAL about the subject of the interview. Most people are naturally polite, particularly with visitors, and they tend to give answers and adopt attitudes that they think will please the visitor. You must not express surprise, approval or disapproval about the answers given by the respondent and you must not tell her/him what you think about these things yourself. Avoid any preconceived ideas about the respondent's ability to answer certain questions or about the kind of answer he is likely to give. Your most important task is to read the questions exactly as they are written in the questionnaire.
6. If you don't understand a question or procedure, first read this handbook, then ask the supervisor to clarify further if necessary. It is very important that you **write detailed notes** about problem questions, answers where you are unsure of the code and surprising answers. You should write any notes legibly on the back of the page clearly labelled with the correct question number. After the interview you should discuss your notes with your supervisor, good notes may save you having to return to the household to resolve the query.

6. HOW TO FILL OUT THE QUESTIONNAIRE

Fill out the questionnaire during the interview; you should not enter an answer onto the form until you are sure you have understood the answer correctly. You must not record the answers on scraps of paper with the intention of transferring them to the questionnaire later or count on your memory for filling in the answers once you have left the household.

Most answers in the questionnaire are pre-coded. You must mark the code corresponding to the answer given by the respondent by ticking the appropriate box clearly with a black indelible biro. If you make a mistake cancel it with two clear horizontal lines and enter the correct response. The example below shows you how to tick the answer.

E7.	Is 'NAME' male or female?		SEX
	- Male	[] 1	
	-Female	[<input checked="" type="checkbox"/>] 2	

INSTRUCTION IN THE QUESTIONNAIRE

The questionnaire contains instructions and reminders which will help you fill in the questionnaire correctly. Instructions are given in capitals and should not be read to the respondent. Question 3.2 shown below contains two examples of instructions for the fieldworker, these are in capitals:

- The first instruction, 'NAME', tells you to insert the index child's name as you read the question about antenatal care, apart from inserting the name you must read the question just as it is written.
- The second instruction 'EXCLUDE VISITS FOR NON-PREGNANCY RELATED ILLNESS' reminds you to tick the 'No' box for respondents who only visited a health worker for a non pregnancy related illness such as flu.

3.2	During your pregnancy with 'NAME' did you see anyone for antenatal care? EXCLUDE VISITS FOR NON-PREGNANCY RELATED ILLNESS		ANTNATA
	- Yes	[] 1	
	- No	[] 2	

Question 9.2.2, shown below, also contains two instructions.

- The first 'OBSERVE BUILDING MAIN MATERIAL' instructs you to carry out an observation, so you do not need to ask this question of the respondent.
- The second 'SPECIFY' is found wherever there is an 'Other' category in the questionnaire. You should always try and find the most appropriate code for the response of the interviewee or the observation you have made. If there is no appropriate code you can use the code 'Other', and as the 'SPECIFY' instruction tells you write down the details of the actual response. You are shown where to write the response with the ☒ symbol. In 9.2.2, for example, if you observed that the walls were mostly cardboard you would tick code 6 and write 'Cardboard' in the space provided.

	OBSERVE BUILDING MAIN MATERIAL:		
9.2.2	WALL:		WALL
	- Brick/concrete	[] 1	
	- Adobe/mud	[] 2	
	- Wood/branches	[] 3	

	- Galvanised iron	[] 4	SPECWAL
	- Matting	[] 5	
	- Other: SPECIFY ☒ _____	[] 6	

Another instruction you will find in the questionnaire is 'PROMPT' or 'DO NOT PROMPT'. Generally you **should not read out the response codes** to the respondent unless the instruction tells you to 'PROMPT' or the question is one with a stem (see section on types of questions). In some questions you will find an instruction 'DO NOT PROMPT', this instruction is a reminder and is found for questions where fieldworkers often forget that they should not read out the response codes.

To the right of each question you will see a smaller word also in capitals, in the examples above these are 'SEX', 'ANTNATA', 'WALL' and 'SPECWAL', these small capitals are not instructions but codes for data entry. You should ignore them.

To improve the flow of the questionnaire and to keep the respondents informed of what is going on the questionnaire also contains several linking phrases, these are marked by '**SAY:**' and should be read exactly as they are. An example of such a phrase is given below:

	SAY: <i>Now I am going to ask you some questions about money or goods that people send or give you and that you send or give others</i>	
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TYPES OF QUESTIONS

There are seven main types of questions in the questionnaires:

- Option questions:** All of the examples given above are option question. Each of the questions is followed by a series of options, of which only one option should be marked with a tick.
- Stem questions:** The questionnaire contains several stem question followed by a series of related questions. You must ask each of the questions in series and record a separate answer for each. For example question 5.2 shown below consists of a stem question followed by four related questions:

5.2	Since this time yesterday has 'NAME' had:	Yes	No	
5.2.1	- 3 or more loose or watery stools?	[] 1	[] 2	STTOOLS
5.2.2	- Blood in their stools?	[] 1	[] 2	BLOOD
5.2.3	- High fever?	[] 1	[] 2	FEVER
5.2.4	- Cough?	[] 1	[] 2	COUGH

- Key/code list questions:** Sometimes you will encounter a question that requires you to refer to a key or code box to identify the response code. This happens when the possible responses are too many to list in the available space or the same response options apply to different question. An example is question 5.4 on serious illnesses shown below:

5.4	What were the illnesses/injuries?		
-----	-----------------------------------	--	--

5.5	Serious illness 1: INSERT CODES FROM BOX 2 BELOW	____	ILLNESS1
	If other: SPECIFY ✎ _____		ILL1SPEC

In question 5.4 there are so many potential answers that a code box is need. The instructions tell you to **'INSERT CODES FROM BOX 2 BELOW'**, code boxes can usually be found on the same page as the question/s that refers to them and are clearly labelled. In this example Code box 2 (shown below) contains a list of illnesses and injuries and their two digit codes, the appropriate code should be entered on the two lines '____' for example if the child had a burn you would enter the code 05 like this 0 5. Do not circle the codes in the box.

CODE BOX 2: SEVERE ILLNESS AND INJURY		
01=Bad fever/malaria	05= Burns	09= XXXX traditional illness
02= Pneumonia/ severe cough	06= Traffic injuries	10= XXXX traditional illness
03= Fits/ epilepsy/convulsions	07= Nearly drowned	11=Other: SPECIFY ABOVE
04= Diarrhoea	08=Suffocation	99= NK

- 4. Write in questions:** Some questions, such as those asking for names or addresses will require you to write in the answer rather than tick a box or enter a code, you will be provided with space to write; marked by ✎ _____'. Always write clearly in capitals, if you are not sure of the spelling of a place or name see the supervisor.
- 5. Numerical questions:** Some questions require that the respondents provide you with a number or an amount such as a date of birth, the child's birth weight or the number of animals the household owns. You must write the numbers clearly and should use Arabic numbers i.e. you must write 6 instead of VI. You will always be provided with boxes or lines to write numbers in, for example question 3.11.1, shown below, provides space for two digits as some children may be breastfed for more than 9 months, if the child was breastfed for 9 months or less you must record the answer using a leading zero, that is you would record an answer of 6 months like this '0 6.'. Whenever you find the respondent's answer has fewer numbers than the space provides you must use leading zeros.

3.11.1	How many months did you breastfeed 'NAME'? 77=Still breastfeeding	____	LNGBFED
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Most of the numerical questions do not require you to write in the units used as you are instructed to use standard units (months in the case of 3.11.1). You will be clearly instructed in the few places we would like you to write down the units.

- 6. ID numbers:** You will be provided with a list of ID numbers.
- 7. Matrix questions:** Several questions are in the form of a matrix/table, this is usually the case when we are asking the same questions about several different people or things (e.g. the household roster). The questionnaire includes instructions on how to fill in the tables and

each question usually has a list of codes underneath it. A few of the codes in the livelihood matrix (section 7) will be filled out by the supervisor after you have completed the interview.

7. 6-17.9 MonTH OLD HOUSEHOLD QUESTIONNAIRE

Enrolment procedure

PURPOSE

The enrolment form (page 1 and 2 of the questionnaire) will be used to enrol 100 children aged between 6 and 17.9 months in each of the 20 sentinel sites. The enrolment visit is the first visit to the household and the form is designed to find whether there is an eligible child in the household and to identify the primary caregiver of that child, this will usually be the child's mother.

RESPONDENTS

Any adult in the household can answer the enrolment questions, but they should be somebody who knows the household members well (i.e not a visitor).

DEFINITIONS

The household comprises of individuals who:

1. live under this 'roof' or within the same compound/homestead/stand; and
2. when they are together they share food from a common source at least once a day (i.e. they cook and eat together); and
3. contribute to or share in, a common resource pool (i.e. they contribute to the household through wages and salaries, or other cash and in-kind income or they may be benefiting from this income but not contributing to it, e.g. children, and other non-economically active people in the household).

Domestic workers who eat the same food as the rest of the household should be included. People who are considered visitors (including people who eat at the house everyday but who do not contribute or share other resources) or who have migrated permanently (do not plan to return to the household within the next few year) are excluded from this definition. The definition is broad enough to include people who migrated for work but plan to return to the household within the next few years. A tenant is someone who pays for board and/or lodging. If a tenant lives in the dwelling being interviewed but does not eat with the rest of the household, then he/she is not a member of that household.

Primary caregiver of the child is the person in the household who can best answer questions about the index child. This will usually be the mother except where the child has been adopted/fostered or is being bought up by other family members. The primary caregiver should never be a non household member.

INSTRUCTIONS

Introduce yourself and the study briefly using the outline provided to you.

I am from the 'Young Lives' project. This is a study of child welfare done by XXXXXXXX, which is taking place in several countries. I was wondering if you had time to answer a few questions so we can check if there is anyone eligible for the study in this household?.....

E1: You should first establish how many households are living in the building/dwelling (see definition above), then ask for the names of ALL the children in each household who are between 6 and 17.9 months old. The children do not have to be related to each other. Please remember to ask about any children with mental or physical disabilities and children who are temporarily away from the household because they are eligible to be part of the study. However, twins or triplets etc will not be included. If you encounter twins between 6 and 17.9 months of age, please explain to the mother that they can unfortunately not be part of the study.

E2: When there is more than one child eligible for inclusion in the study in the household then use the selection table provided, an example of which is shown below, and take the following steps.

Selection table	Child ID
34512	
25341	
13425	

1. Allocate the number one to the youngest eligible child, two to the next youngest and so on.
2. Look at the first row of numbers in the selection table. If the first digit in the row is equal to one of the numbers allocated to a child circle the number and then select that child. Write down the ID number of the child selected in the selection table. In the above example the first number in the row is 3, this refers to the third youngest eligible child who should be selected.
3. If the digit is not equal to one of the numbers allocated to a child look at the digit to the right, if this digit is equal to one of the numbers allocated to the children circle the number, select that child and write down the ID number. In the above example this would happen if there were only two eligible children in the household as the next two numbers to the right (4 and 5) would not have been allocated to a child. The next number on the right, 1, would however have been allocated to the youngest child who would be selected as the index child.

If there are several households in the same dwelling and more than one of these households has a child aged 6-17.9 months of age, both of the children are eligible for the study.

CAUTION: Be very careful if the household members appear to be upset that one child was chosen over another (for example if the girl was chosen instead of the boy). This may especially be a particular problem if incentives are used on the first visit. Try and explain that the choice was random like the toss of a coin and that no preference was given to any of the children. If the family remain very upset you will need to exercise your judgement. You may need to interview all children and mark who the eligible child on the questionnaire was or offer any incentives and to weigh and measure the child of the upset caregiver. *Countries if you are enrolling 6-17.9 month olds and 7.5-8.5 year old together remember that in households which contain both an eligible 6-17.9 month old and an eligible 7.5-8.5 year old, both children can be enrolled IF THE CAREGIVERS ARE DIFFERENT. If the caregivers are the same, only enrol the 6-17.9 month old unless your supervisor instructs you to do otherwise.*

¹**E3:** After selecting the index child, you must write down the full name (include all first names and the surname) of the child and use the same spelling that the parent uses, be careful that you have the correct spelling. If the parents are illiterate, ask if there is any documentation with the spelling of the name. If there is no documentation then the parents should say the name slowly while you write it down as it sounds (phonetically).

E6: Make sure that you enter at least a month and year for the child date of birth. If the family members do not know how old the child is in months then ask for documentation such as The Road to Health Card, Birth Certificate, Vaccination Card, Affidavit of Birth or Baptismal Certificate and copy out the exact date of birth. You can also use informal ways of prompting for age such as relating the time of the birth to events such as seasonal changes and local or national events or by comparing the child with other children whose ages are known. If there is no way to find the month of birth e.g the child was abandoned please write a note describing the situation and continue with the questionnaire.

E7: If there is uncertainty about the biological sex of the child, ask why and record the answer next to the block.

¹**E8:** We are trying to find out who is the primary caregiver (or guardian) for the child. This is the person who lives in the same household as the child and can best answer questions about the index child, this will usually be the mother. This question refers to all people who live in the household not only the people who are physically present when you visit. If the respondent names more than one person remind them that you are interested in the person who can BEST answer questions and ask them to choose between the people they mentioned.

The primary caregiver should not be intellectually handicapped (you should use your discretion to determine whether you feel the named caregiver is capable of answering questions) or under 13 years of age. In the rare cases that you feel the caregiver cannot provide good quality data or they are under 13 years write a note on the questionnaire and politely ask if there is anyone else in the household who can answer questions about the child, be sure you do this in a way that does not offend or upset the named caregiver.

When you write down the name of the primary caregiver make sure you write down the full name (include all first names and the surname) being careful that you have the correct spelling. If the respondent is illiterate and there is no documentation to check the spelling against the respondent should say the name slowly while you write it down as it sounds (phonetically).

IF CAREGIVER NOT AT HOME: If the identified primary caregiver is not at home you must never use proxy respondents, you must establish where the caregiver has gone to, how long the caregiver will be away, and when will he/she be back. You must try and find him/her at least 2 more times. You should try and make an appointment and work out the best time and best place to see the caregiver. Where possible, take a telephone number and ask for the best time to phone the caregiver for an appointment.

You must also remember that it is your job to work around the primary caregiver's schedule and not for her/him to fit in with yours. You should avoid encouraging the caregiver to stay home from work or losing money by not going out to work in order to wait for you to come and interview them. In this type of situation you should either come early to the household or come late after they have got home from work. You should also discourage elders in the community

¹ In the archive data all names and locating information has been removed. In line with this the corresponding questions have been removed from the archived questionnaires.

from coercing people into waiting for you at home and losing money because they could not go to work.

If the primary caregiver is not at home for the first or second visit you should record the date and the reasons for not finding the caregiver in the table on page 2 of the questionnaire. If you still cannot find her/him on the third visit she/he will be replaced with another eligible caregiver and child.

CAREGIVER AT HOME: If you find the caregiver at home, please discuss the information sheet with her/him. You should read the statement on the information sheet and follow the consent procedure. You should ask the caregiver and other household members if they want to ask any questions or need any clarification. The caregiver then has 24 hours to make a decision about whether they want to participate in the study. You should remember that the primary caregiver is not necessarily the only person who needs to give consent for participation in the study.

After 24-hours you will return to the household read the introduction on the first page of the questionnaire and complete the consent form for the primary caregiver and other household members for whom consent is needed. You should also make sure that you have the permission of any gatekeepers.

In case of illiteracy, and where a thumbprint is not desirable, please ask the respondent to make an **X** next to her/his name on the consent form.

E11: Write down the complete physical address for the household. If there is no easy to find physical address, such as a house number, record very specific directions to the physical location of the household. This should include features that are unlikely to change over time. Someone else should be able to follow your directions after three years and find the same place. You will also need this to relocate the household when you return to complete the interview.

E12: If this is different from the physical address write down the complete postal address, for the primary caregiver. The postal address does not have to be to a house address or post office box address it is merely where the household receives written communications.

CHILD ID

You should complete this section preferably before you conduct the interview. Your supervisor will have the IDs for each child. Make sure that you fill in the correct date of the interview and the correct ID, an incorrect ID will mean we cannot use the data collected in the questionnaire.

You should sign this section only after you have completed and checked the questionnaire thoroughly. Signing the questionnaire shows that you have checked for any problems and that the questionnaire has been completed. The signature is a sign that you take responsibility for the quality of the questionnaire.

SECTION 1 - Locating information

PURPOSE

The purpose of this section is to collect detailed information about the child and her/his family that will help us to find them after three years when we will return for another round of interviews.

RESPONDENT

Primary caregiver of the index child.

INSTRUCTIONS

¹**Q1.1:** Check the name of the index child against the name on the enrolment form. It is essential that the caregiver is answering questions about the correct child. When you are sure you have the correct child, transfer the details of the child's full name to Q1.1. If you are sure the child is the same but the names are different clarify which is correct and make the appropriate changes. If the child is not the same ask for the identified child start the questionnaire again.

¹**Q1.2:** You also need to check that you are interviewing the correct primary caregiver so check the name of the person you are interviewing with the name of the primary caregiver on the enrolment form. When you are sure you have the correct person transfer their full name (include all first names and the surname) from the enrolment form and check the spelling.

You are encouraged to ask maiden names of married females whose surnames have changed after marriage. This may be important to know for long term follow up.

Q1.3: Establish the relationship of the person that you are interviewing to the child. If the caregiver feels they are the child's mother or father e.g. they have legally adopted the child but biologically they are their aunt or uncle, you must record the biological relationship. If the child has been adopted by a non family member record this as 'Other' and specify the exact relationship e.g.-child formally adopted by friend of family.

Q1.4: If the person in Q1.3 is not the child's biological mother ask where the biological mother of the child lives. Use the definition of a household member in the enrolment form. If the caregiver tells you the biological mother is not living in the household you must ask where she lives just to make sure she is not dead. If the biological mother is not living in the household but the caregiver does not know if they are alive or dead record this as 1. Not in household.

Q1.5: If the biological mother is alive then ask how often the child's biological mother had contact with him/her during the last 6 months. If the primary caregiver is the biological mother rephrase the question: *'in the last six months how often have you seen him/her?'* You must ask this question even if the biological mother lives in the household. Include any contact, however brief, for example a biological mother who sees the index child every day but doesn't take care or play with the child should still be recorded as daily contact.

Q1.6-1.7: The sentinel site and community codes will be available from your supervisor.

Q1.8: Your supervisor will assign a region to your sentinel site.

SECTION 2 - Household composition

PURPOSE

The purpose of this section is to:

- (i) Identify every person who could be classified as a member of the household.
- (ii) Provide basic data on household members' age, sex, relationship to index child, permanent health problems, childcare responsibilities and support of index child, and level of education.

RESPONDENTS

The ideal respondent is the primary caregiver of the index child, specifically for questions relating to the child. However, other members of the household can help by adding information or details in the questions concerning them.

DEFINITIONS

For the definition of a household see page 18.

Head of household is self-reported.

Age refers to completed years, that is age as at last birthday.

INSTRUCTIONS

SAY: Now I am going to ask some questions about the people who live in this household. That is the people who live together, usually pool their income and eat at least one meal together when they are at home. This does not include people who have permanently migrated or are considered visitors.

Q2.1: Establish whether the caregiver has a permanent partner, this includes common law marriages, traditional marriages and permanent partners who do not live in the household but does not include casual boyfriends/girlfriends. A casual boyfriend/girlfriend is a partner who has been with the respondent or intends to be with the respondent for less than one year. If the respondent says they are single check if they are actually divorced or separated and code appropriately.

Q2.3: Ask the respondent who they consider to be the head of the household, it is up to them to define headship, but if they name somebody outside the household remind them that we are interested in the head of the household not the head of the family. If the respondent reports more than one person as head of the household ask which of the people they named controls the household resources, if they still list more than one person ask which of the people contributes the most to the household resources. If the head is not the caregiver or their partner you are asked to 'SPECIFY', you should enter the full name of the household head in the space provided.

Q2.4: You should complete this question before completing Table 2.5. If the household is large you may need to help the respondent by asking them to list the members whilst you count them. Before you enter the number of members on the questionnaire confirm the number is correct and that the respondent has not excluded children or themselves. You can use this question to double check the completeness of the household roster when that is completed. Remember the household roster will always have one person less than the answer to this question because we do not include the index child in the roster.

Q2.5: Household Roster

SAY: Starting with oldest and finishing with the youngest could you please list the names, sex, age and relationship to 'NAME OF CHILD' of all the people who live in the household? You don't have to include 'NAME' as I have already written down his/her names, but please include yourself.

The household roster must be filled out with the greatest care. The following steps must be followed:

¹Firstly ask the name of the oldest household member and record it in the first box in table 2.5, then ask for that persons sex, age and their relationship to 'name of child'. Then ask for the name of the second oldest person in the household and so on. When the respondent tells you a person is under five years they must be entered in table 2.6. You do not have to include 'name of child' in the roster.

If the respondent realises they have missed a person from the list do not erase the previous entries in order to maintain the age order, but insert the person in the next space and continue as before

¹**Q2.5.2:** Record the full names (all first middle surnames and nicknames) of each person taking care with the spelling.

Q 2.5.3: Record the age of each person in completed years. If the primary caregiver does not know the age of a household member see if there is anyone else in the household who knows, if nobody in the household knows ask to see any documentation that has their age or date of birth on it. If there is no documentation estimate their age by comparing them to other household members whose ages are known. It is important to record the ages of the caregiver, the caregiver's partner and the household head as accurately as possible. Do not estimate these ages, instead use probing methods or the calendar of events.

Q 2.5.5: The codes for relationship to the child are written in code box 1 at the bottom of the paper. These codes refer to biological relationships not the emotional relationships. Please code great grandparents and great uncles/aunts as '13 Other' and specify the exact relationship in the table. (*Country partners must put in country specific relationships and add an instruction to probe for full, half or step siblings if these are included in the codes.*)

After completing 2.5.2 to 2.5.5 work down the columns in the table asking questions 2.5.6-2.5.7 for each member.

Q 2.5.6: For each household member ask if they are currently enrolled in education; regardless of their age. Education refers to any level or type of education, for example it includes formal school and university, technical college, night school and adult literacy classes. If the primary caregiver does not know the education of a household member see if there is anyone else in the household who knows. *Countries you need to adapt these educational codes, consider using the codes in your local DHS if there has been one.*

Q2.5.7: For household members who are currently in education ask what level they are currently enrolled in; if the household member is not currently in education ask which level of school they completed. If the person attended primary school but did not complete it record this as none. If the primary caregiver does not know this see if there is anyone else in the household who knows, if there is nobody enter 9 NK.

When you have completed the education question for each household member ask 2.5.8-2.5.10. You do not have to repeat these questions for everybody listed in the roster as the questions ask the caregiver to pick relevant household members from the people they have previously listed.

Q.2.5.8: Establish if anyone in the household has a permanent health problem. A permanent health problem is a health problem that is likely to persist for a long time either because it is incurable or because it is not being treated. It can include physical disability and chronic and mental health problems. Performing normal daily activities means moving, toileting without help, talking, eating, being able to go to school or work, or being able to earn a living. If the respondent reports a long term problem that sounds like it may not affect daily life (e.g. repeated stomach or head aches) probe by asking whether the problem affects their ability to talk, eat, work etc on a daily basis.

Q.2.5.9: Ask which household members are responsible for taking care of the index child almost every week. Being responsible for taking care of the child refers to times household members are left in charge of the child and are responsible for dressing, preparing meals, ensuring their safety etc it does not include people who just play or entertain the child. This care could even include times the primary caregiver is physically in the household. You should remind the respondent that they can list more than one person in answer to this question and

that they should include children. Almost every week means at least three mornings, afternoons or evenings (on different days) a month; all of which could be in the same week.

Q.2.5.10: Ask which household members directly support the index child almost every month. This support must be money or goods that are given directly for the child and does not include money given to the household in general even if some of this is eventually used for the child. It does however include money or goods given for the household children in general. The support must be regular, do not include anything given less than almost every month (8 times a year) however large the amount of money or goods that is given.

When you have asked the questions for all household members over 5 years of age go to table 2.6.

Q.2.6.3: The age of children less than 5 years should be recorded as completed years, record children who are under one year of age as 0. If the primary caregiver does not know the age of the household member see if there is anyone else in the household who knows, if there is nobody ask to see any documentation that has their age or date of birth on it, if there is no documentation estimate their age by comparing them to other household members whose age is known.

Q2.6.5: The codes for relationship to the child are written in code box 1 at the bottom of the paper. These codes refer to biological relationships not the emotional relationships.

Q.2.6.6: As for adults and older children a permanent health problem is a health problem that is likely to persist for a long time either because it is incurable or because it is not being treated. It can include physical disability and chronic and mental health problems. For babies performing normal activities means feeding, moving, playing or seeing. For older children this performing normal activities means moving, toileting without help, talking, eating, or being able to go to school or work.

Q.2.7: You will need to locate the name of the primary caregiver in the roster, you already know their name so it should be easy to do. You then need to find their ID, which is the two digit number (2.5.1) in the far left hand column of the roster and enter it in the space provided in 2.7.

Q2.8: You will need to locate the name of the household head reported in 2.3 in the roster, if you already know their name this should be easy to do, if you do not know their name ask for the name and then locate it in the roster. You then need to find their ID, which is the two digit number (2.5.1) in the far left hand column of the roster and enter it in the space provided in 2.8. If the caregiver is also the household head you must enter their ID of the caregiver in 2.8 as well as in 2.7.

Q2.9: If the caregiver has a permanent partner who lives in the household ask the caregiver for their partner's name. It should be easy to locate them in the roster. You then need to find their ID, which is the two digit number (2.5.1) in the far left hand column of the roster and enter it in the space provided in 2.9.

Q2.10: If the biological father is listed in the roster go to 2.10.1. If the biological father of 'NAME' is not listed in the roster ask where the father lives. If the caregiver tells you the biological father is not living in the household you must ask where he lives just to make sure he is not dead. If the biological father is not living in the household but the caregiver does not know if they are alive or dead record this as 1. Not in household. *Where this is appropriate countries can change this question to ask whether the biological father is alive.*

Q2.10.1: If the biological father is alive then ask how often the child's biological father had contact with him/her during the last 6 months. You must ask this question even if the biological

father lives in the household. Include any contact, however brief, for example a biological father who sees the index child every day but doesn't take care or play with the child should still be recorded as daily contact.

SECTION 3 – pregnancy, delivery and breastfeeding

PURPOSE

The purpose of this section is to collect data from NAME'S biological mother about the pregnancy, delivery and breastfeeding of NAME. We also want to collect data on previous pregnancies, births and deaths of the biological mother.

RESPONDENTS

The ideal respondent is the biological mother of NAME. If she is not present interview the primary caregiver of the child.

INSTRUCTIONS

SAY: I want to ask you some questions around the time of 'NAME's' birth and delivery.

Q3.1: Establish how much the child weighed at birth. You must check the birth weight with documentation where possible. You will need some of these documents later in the interview and should ask the caregiver to bring all the child related documents they have to save time later. If there are no documents with birth weight but there is documentation of the child's weight in their first week of life (e.g if their first vaccination was in the first week of life) you may also record this weight. If the caregiver is unsure of the birth weight and there is no documentation record this as Not Known. Do not insert weights taken after the first week of life. Be careful how you write the weight down.

Q3.1.1: Record whether there was documentation available for you to check the birth weight in Q3.1.

Q3.1.2: This questions helps you follow the skip pattern, if the respondent is not the biological mother you should skip to 3.6 filling in the code for N/A (not applicable) for the questions in between.

Q3.2: Establish whether the mother saw anyone for antenatal care during their pregnancy with the index child. You must check the antenatal care with documentation where possible. If the mother's report and the antenatal card are not consistent politely point this out to the mother and ask her to explain, if she maintains that her answer is correct record this. Remember to exclude visits for non-pregnancy related illness; that is the mother went to a health facility/person because they had an illness not related to being pregnant such as flu. Do not include the birth itself as a visit.

Q3.2.1: If the mother saw somebody for antenatal care ask how many months pregnant they were the first time they went, check with documentation where possible. If the mother's report and the antenatal card are not consistent politely point this out to the mother and ask her to explain, if she maintains that her answer is correct record this. If the mother does not know rephrase the question by asking about the number of months that had passed since she stopped menstruating when she first went for antenatal care.

Q3.2.2: If the mother saw somebody for antenatal care ask how many times she went, check with documentation where possible. If the mother's report and the antenatal card are not

consistent politely point this out to the mother and ask her to explain, if she maintains that her answer is correct record this. Remember to exclude visits for non-pregnancy related illness.

Q3.2.3: If the mother saw somebody for antenatal care during her pregnancy with the index child ask whether she received two or more injections for tetanus whilst she was pregnant. If she had injections as part of antenatal care but is not sure what they are for it is likely that it was for tetanus, but prompt her by describing an injection where some fluid is pushed into the arm or leg. We are not asking about needles where blood is taken away (taking blood or blood letting).

Q3.3: Treat this question about whether the mother wanted to become pregnant as a sensitive question. Record an answer as 'No' if the mother reports that she did not want to become pregnant at the time but in the end was happy to with the pregnancy. Not Known should be marked if the respondent either cannot remember how they felt or remembers that they were unsure if they wanted to be pregnant or not at the time they became pregnant.

²**Q.3.4-Q.3.5:** These questions ask about the mother's own opinion of her health during pregnancy and the difficulty of the labour. If she says she doesn't know or asks you compared to who tell her we are interested in how she felt the pregnancy and labour went. Poor health does not include normal pregnancy related nausea or back aches.

Q3.6: Ask where the index child was delivered. If the baby was born in someone else's home, in a taxi, in a car or in any place where there was no medical or paramedical assistance mark 'Home'. If the baby was born in an ambulance or maternity home mark 'Other health facility'.

Q3.6.1: If the baby was born in a hospital or health facility ask about caesarean sections. Please note that you must say the full words 'caesarean section'. The word 'Operation' is not sufficient because some people think it includes forceps and other instrumentation. If the respondent does not know what 'caesarean section' is you can explain it as a cut across the stomach to get the baby out of the womb.

Q3.6.2: If the child was born by a caesarean we want to know if it was an emergency (the mother did not know she would have a caesarean before labour) or a planned caesarean (the mother knew she would have a caesarean before labour).

Q.3.7: This question helps you follow the skip pattern, if the respondent is not the biological mother you should skip to 3.12.

Q3.8: This question refers to everyone who assisted with the labour regardless of when in the labour, the place of delivery or the duration of their assistance.

If the mother reports that they were assisted by a relative, who delivers other babies as well as those of the extended family, then that person is defined as a traditional birth attendant. If the relative only delivers the babies of the extended family they are defined as a relative.

A trained birth attendant is someone who has received training from a medical related person/institution.

If the respondent reports that a medical person assisted but they don't know if it was a doctor, nurse or midwife record 9. Not Known for 3.8.1, 3.8.2 and 3.8.3. If the respondent reports that

² The question numbers in this manual refer to the original core questionnaire - country teams added questions to many of the sections so question numbering may differ between the questionnaires.

there was a traditional birth attendant at the birth but does not know whether they was trained or untrained record 9. NK for both 3.8.4 and 3.8.5.

Q.3.9: Ask if the child was born before expected, we are not interested if the baby was born after it was expected.

Q.3.9.1: If the baby was born before it was expected ask the mother how many weeks early the birth was. If the mother reports that the child was only born a few days early record the answer as 0.

Q.3.10: Ask about the mother's perception of the size of the baby at birth. There are several options, which you may have to repeat so the mother is sure of the choices. If she says she doesn't know or asks you compared to what tell her we are interested in what she felt about the size of the child.

Q.3.11: We want to know if the index child was ever breastfed. It does not matter when the breastfeeding started or how long it went on for, you should record 'Yes' even if the child was fed from the breast once or was only fed the first yellow milk.

Q.3.11.1: If the child was ever breastfed ask how many months they were breastfed for. If the child is still breastfeeding enter the code 77, If the child has stopped breastfeeding enter the number of completed months they were breastfed, enter 00 if they breastfed for less than a month. If the child is in the process of being weaned or the mother is unsure what you mean by stopped you should classify a child who has not breastfed at all in the last two weeks as having stopped, if they have breastfed in the last 2 weeks enter 77. 'Still breastfeeding'.

SAY: Now I want to ask you about all the children you/'NAME's' biological mother have given birth to.

PLEASE NOTE: Q3.12 to Q3.15 must include the index child and refers to children that the biological mother gave birth to. If you are not interviewing the biological mother remember to change 'You' to 'Name's biological mother'. These are potentially sensitive questions for women who have lost children, be empathetic if the respondent becomes upset.

Q3.12: Ask about all the children the mother gave birth to that were born alive. Probe in a sensitive way to include children who cried or showed some signs of life but died after a few hours or days, but do not include stillbirths, miscarriages, terminations or adopted children. Also make sure that the respondent includes children from a previous marriage or any children born before she/the biological mother got married. If you are told that the index child is the mothers first child probe for any children who died and then complete 3.13-3.15 as an observation.

Q.3.12.1-3.12.2: Remember the total number of girls and boys born includes children who were born alive but have since died. If the mother has a large number of children you may have to help by counting as they list them. Check that the answers you were given are consistent with 3.12. If the number of boys born and the number of girls born alive do not add up to the total number of children born alive in Q3.12 check the answers with the respondent and correct as necessary.

Q3.13: Establish how many of the total number of children born alive are still living. Probe for those children living away from the household but do not include adopted children. If the mother has a large number of children you may have to help by counting as they list the names.

Q3.14: This simple calculation is to determine if any of the mother's children have died by comparing the total number of children she gave birth to with the number of children still alive.

Q3.15: If you calculated that any children died ask if any of the mothers children who were born alive died before their fifth birthday.

SECTION 4 - Child care

PURPOSE

We would like to find out about how the index child is taken care of and by whom.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q4.1: Establish if the index child attended a crèche or nursery (formal or informal) regularly in the last six months. This is a long question you may need to divide it to make it easier for the caregiver to understand. In this question we are trying to capture regular users of these child care groups and you should include children who attend in blocks (e.g. every day for one week and not at all for the other weeks in the month). The minimum attendance should be twice a month, this should not include unsuccessful trial of child care groups where there is no intention to return. Children who have just started attending a child care group but for whom there is the intention for regular attendance in the future should also be included.

Countries should define formal and informal childcare facilities for their own local contexts.

Q4.2: If the index child regularly attended a crèche or nursery in the last 6 months ask how long they have been attending a formal or informal childcare facility. This refers to the first time the child went to any nursery or crèche not to when they started going regularly. The caregiver may find it easier to tell you how old the child was when they first attended and you will then have to calculate the total length of time since they first attended any nursery or crèche. Note there is a separate code for since birth.

Q4.3: The emphasis in this question is whether, in the last 6 months, the child has been regularly cared for by people who are not members of their household and who are not nursery or crèche workers. This can include children and neighbours or family members that do not live in the household. The care could take place in any location inside or outside the household, and could even include times the primary caregiver is physically present. Remind the respondent that they can list more than one person in answer to this question and that they should include children.

Being responsible for taking care of the child refers to being left in charge of the child in terms of dressing, preparing meals, ensuring their safety etc not just playing with or entertaining the child.

In this question we are trying to capture children who are regularly cared for by non-household members and you should include children who are cared for by non-household members in blocks (e.g. every day for one week and not at all for the other weeks in the month). The minimum care should be twice a month, this should not include unsuccessful trials of care by non-household members where there is no intention to return. Children who have just started being cared for by a non-household member but for whom there is the intention for regular care in the future should also be included.

Q4.4: If the child is regularly cared for by non household members ask the caregiver to tell you the relationship of each non household member who cares for the index child to the child. If

more than three individuals are reported record the three people that spend the most time with the child. If there are two or more people with the same relationship e.g two different neighbours take care of the child, record them separately.

Q4.5: For each person listed in Q 4.4 ask the caregiver to tell you how long this person has helped take care of the index child. This refers to the first time the person took care of the child not to when they started taking care of them regularly. The caregiver may find it easier to tell you how old the child was when they were first cared for by each person and you will then have to calculate the total length of time. Note there is a separate code for since birth.

Q4.6: For each person listed in Q 4.4 ask the caregiver to tell you if they ever pay them or give them money and/or goods for taking care of the index child. This does not have to be every time the person takes care of the child but should not include small tokens of appreciation.

Q4.7: Establish whether the index child has been regularly left alone, or with a child or a group of children under five during the past 6 months for a whole morning, afternoon or evening. This does not include when there is an adult anywhere in the house. In this question we are trying to capture children who are regularly left alone or with children under five and you should include children who are left alone in blocks (e.g every day for one week and not at all for the other weeks in the month). The minimum should be twice a month. Children who have just started being left alone or with children under 5 years but for whom there is the intention for this to occur regularly in the future should also be included.

SECTION 5 - Child health

PURPOSE

We would like to find out more about the child's general health and well-being.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q5.1: Ask for the caregiver's perception of the child's health compared to other children his/her age. If the caregiver asks compared to who tell them to think of other children of the same age as the index child that they know well, and to make a comparison between their health and that of the index child. If the caregiver tells you the child is currently ill prompt him/her to tell you about the child's health in general.

Q5.2: You need to establish whether the index child experienced any of the conditions described in this question in the last **24 HOURS**. These questions refer to the perception of the caregiver, e.g if the caregiver reports the child had a high fever you should not probe to find out whether it was really high or not. This is a stem question and the child could have more than one symptom in the last 24 hours. If the caregiver reports that the child is still having a serious symptom refer the caregiver and child to the nearest health clinic. You are not a doctor or nurse and should not give any medicines but should try and help as much as possible with transport etc. *Countries please think about the appropriate response in each sentinel site.*

Please note vomiting everything is not just regurgitation but refers to children who really cannot keep any food or water down. Do not include vomiting linked to another symptom such as coughing. Convulsions are not just shivering because of cold. Loss of consciousness is when the child does not respond to things going on around them.

Q5.3: The focus of this question is on severe illnesses or injuries where the caregiver really thought the child would die, this includes illnesses where they thought the child might die if they did not receive treatment. You should stress that this question refers to times when the caregiver **really** felt the child could die.

Q5.4 - Q5.6: If the caregiver reports that the child had an illness or injury when they thought that they really may die ask what were the illnesses/injuries. There are spaces provided for three different episodes of illness or accidents. Use the codes for severe illnesses and injuries from code box 2. If the illnesses or injuries the index child had, do not appear in code box 2, use code 11 and describe the illness or injury in detail.

Do not prompt for specific illnesses or accidents and do not interpret what the caregiver reports, if they describe symptoms rather than a specific illness record the symptoms under 'Other'. If the caregiver reports a specific illness and then describe the symptoms only record the specific illness e.g if they report a traditional illness that had diarrhoea as a symptom only record the traditional illness. For each episode reported then ask whether the child was taken to a health facility for treatment, include visits that occurred at any point in the episode. A health facility includes health posts, hospitals, mobile services and all other health facilities whether they are public or private. *Country partners are encouraged to explore local illness classification categories for infants because we anticipate there will be culture specific illnesses. Always refer to culture specific illnesses by their local names and keep an explanatory glossary that should be collated at the end of the study.*

Note: Traffic accident includes an accident in or caused by any mode of transport including bicycles, horses and cars.

Q5.7 - Q5.8: Ask whether the child has ever had a burn that left a scar or broken bones. Do not include scars that are no longer visible.

Q5.9: We would like to establish whether the index child ever had a **serious fall/blow**. Serious is defined by the caregiver but you can stress that the fall should have been serious or severe.

Q5.9.1: Record 'Yes' if the child vomited OR lost consciousness or had both.

Q5.10: We would like to know if the index child has any long-term health problems including disability and or seasonal illnesses. Observe any disabilities and where possible ask the caregiver to show you what is wrong with the child. These questions refer to the perception of the caregiver, do not prompt for specific health problems do not interpret what the caregiver reports. A long term health problem is a health problem that is likely to persist for a long time either because it is incurable or because it is not being treated, it can include physical disability, chronic and mental health problems as well as reoccurring/seasonal problems.

Q5.11: If the caregiver reports that the child has a long term health problem/s ask what they are. There are spaces provided for three different problems, if the caregiver reports two linked problems such as HIV/AIDS and TB record both. Use the codes for long term health problems from code box 3. If the health problems, do not appear in code box 3, use code 11 and describe the problem in detail.

Do not prompt for specific problems and do not interpret what the caregiver reports, if they describe symptoms rather than a specific problem record the symptoms under 'Other'. If the caregiver reports a specific problem and then describe the symptoms only record the specific problem.

Q5.12 - Q5.13: We would like to know if the child has received any vaccination against tuberculosis and/or measles. Include any measles or tuberculosis injections whether they were

received in a public or private health facility or through national immunisation days . Cross check the caregivers answer against available documentation (e.g. Road to Health Card). If the mother's report and the vaccination card are not consistent politely point this out the mother and ask her to explain, if she maintains that her answer is correct record this.

SECTION 6 - Caregiver background information

PURPOSE

We would like to find out more about the background of the caregiver and the index child.

RESPONDENT

Primary caregiver of the index child.

INSTRUCTIONS

Q6.1: Ask about the amount of time the caregiver has lived in the community. If he/she tells you they were born in the community, the number of years he/she have lived in the community is the same as their age. If he/she has lived for more than a year elsewhere, remember to subtract this period to get the correct number of years he/she has been living in the community. The answer should be recorded to the nearest year.

Use code 00 for caregivers who have been living for less than a year in the community.

Q6.2: We would like to know the highest grade/standard the caregiver completed in formal school. It doesn't matter how this grade was completed e.g whether by formal school and university, technical college, religious and night school. *Countries will need to adapt this to fit their education system.*

Countries you need to decide which is the important language in each community. Language is a complex issue. Countries must think about it carefully. Think about the language/s that is so important that a person who does not speak it in country x will have problems accessing resources, important services and may have difficulty finding a job in a particular area.

Q6.3: This question refers to the written word. We would like to know the caregiver's ability to read and understand letter, a poster or a newspaper in **any language**. This is a measure of functional literacy. Do not test the caregiver.

Q6.4: This question refers to the caregiver's ability to read and understand letter, a poster or a newspaper in **the important language**. *Countries should delete this question if there is only one written language.*

Q6.5-Q6.5.1: This question refers to the spoken word. We would like to find out if the caregiver speaks 'NAME OF IMPORTANT LANGUAGE'. If the answer is very obvious e.g the entire interview is being conducted fluently in the language, record the answer by observation. If the answer is yes, we would like to know how the person speaks the language. Does he/she speak it *fluently* as if it is their mother tongue; *good* meaning he/she is able to make themselves easily understood; or *basic* meaning he/she struggles to make themselves understood.

Q6.6-Q6.6.2: Ask about the ethnicity of both the caregiver and if it is different of the index child. Ethnicity is defined by the caregiver. Fieldworkers should not be tempted to classify the person into an ethnic group. Do not assume that the mother and child are of the same ethnicity. *Countries the details should be country specific. For example in Peru ethnicity can be replaced by race. In India caste must be added.*

Q6.7-Q6.7.2: We would like to find out about the religion of both the caregiver and the index child. The answer to this question must be defined by the caregiver. You should not be tempted to classify the person into a religious group or assume that the mother and child are of the same religion. You should be sensitive and non-judgmental. *Countries the details should be country specific. Countries should decide whether they want to subdivide religions e.g. Christianity into orthodox, catholic, protestant, Muslim into Sunni and Shiite etc.*

SECTION 7 - Livelihoods and Time Allocation

PURPOSE

We would like to collect information on the formal and informal ways the household survives. We would also like to know how much time household members spend doing these activities. Making a living is more complicated than it seems. Caregivers need careful prompting to allow us to understand how they actually survive from day to day. It is therefore important to include information on sporadic and infrequent activities that he or she may engage in.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q7.1 Read out the household members listed in the roster, including children. For each of the household members ask the respondent to tell you what the three most important activities are that they have done in the last 12 months (including those they are no longer doing) in terms of earning money or goods for themselves or for the household and to survive from day to day and record them in **Q7.1.3**. Exclude any government benefits.

Record the ID number of each member under **Q7.1.2** (these are the ID codes on the far left of the household roster matrix 2.5.1). If the household member has more than one activity record their ID more than once (maximum of three activities).

Please describe the activity in Q7.1.3 in as much detail as possible e.g. do not just put down seller or trader but trading in second hand clothes or selling tomatoes on the sidewalk. If the caregiver does not know the details of the households activities ask who in the household can answer the questions and complete the section with that person. If nobody in the household can answer the question complete as much of the section as possible and try to make an appointment to return to the household and talk to the most appropriate person.

Do not insert activity or sector codes. These two columns (next to your activity descriptions) will be completed by your supervisor. *Countries decide how you will complete the section in this case e.g. write the section in pencil.*

NOTE:

1. If several members are involved in the same activity record each member's activity separately, even if some of the household members do not directly receive payment.
2. If it appears that a person is not working or does not work for much of the year probe to make sure this is correct.
3. If a person performs the same type of activity (e.g. selling) but changed products in the last 12 months record this as two activities.

4. If the person's activity consists of two parts e.g. making and then selling a product count this as one activity unless each part is done by a separate household member.
5. Include farming as an activity even if the household members keep the crops for their own consumption.
6. Do not include household chores that children perform for pocket money.
7. Renting out a room in the house or backyard should be included as an activity
8. If there is a person who has been in the household for less than a year ask about the time they have been in the household.

When you have recorded the activity of each member Then for each household member and their activity/ies, complete q7.1.5 -q7.1.7, before moving to the next person.

Q7.1.5: Being employed means working for somebody. If a household members works as part of a family owned business and receives payment or goods from another family member record that person as being employed by somebody. If the person works with somebody in a family business (e.g. joint responsibility and profit sharing) record this person as not being employed by anybody.

Q7.1.6: Here do not add up days to make completed months. We are interested knowing OVER how many months in the last year the person carried out the activity. That is a person who worked one day a month for 12 months would be recorded as having worked over 12 months, a person who worked 28 days a month for three months should be recorded as working for 3 months.

Q7.1.7: Then ask how many days per week the person carried out this activity on the months they performed the activity. If this varied ask the respondent to think of the number of days worked in an average month. If somebody works only a few hours per day you should still record this as one day. If the person is not able to tell you the number of days per week but can tell you the number of days per month accept the answer and very carefully divide the given number by 4.

Q7.2: We need to establish which activities listed in 7.1 contributed most, second most and third most to the household resources in the last 12 months, this includes bonuses, gifts, tips, bribes etc. Once you have established the most important activities enter the line code (found in the far left column of table 7.1, Q7.1.1) in the space provided.

The same activity done by several people should be counted as two different contributions. For example the segment of table 7.1 below shows a household that consists of two people (you can see their ID's, taken from the household roster, and their name in column 7.1.2). To complete question 7.2 (also shown below) you need to find out which person and which activity contributed most to the household in the last 12 months. Both Galab and Getachew sell oranges but Galab does not contribute as much to the household through his orange selling as Getachew. Galab also sells cigarettes and he contributes more to the household through his cigarette selling than either he or Getachew do through his orange selling. In Q7.2 you would thus record the line code (far left hand column of table 7.1) of Galab's cigarette selling (02) as the most important activity, the line code of Getachew orange selling (01) as the second most important activity and the line code of Galab's orange selling (03) as the third most important activity.

7.1.1	7.1.2	7.1.3
Line Code	ENTER ID NUMBER FROM HOUSEHOLD	Activity description

	ROSTER	EXCLUDE GOVERNMENT BENEFITS
(LINE CDE)	(ID)	(ACTDES)
01	01 (Getachew)	<input checked="" type="checkbox"/> Sells oranges that they get from a tree in the <u>garden at a road junction.</u>
02	02 (Galab)	<input checked="" type="checkbox"/> Sells cigarettes door to door which he purchases in <u>bulk from a factory.</u>
03	02 (Galab)	<input checked="" type="checkbox"/> Sells oranges that they get from a tree in the <u>garden at a road junction.</u>

7.2	Of all the activities you listed which contributed most to the household resources in the last 12 months and which were the second and third most important contributors?	
7.2.1	Most important contributor ENTER LINE CODE FROM 7.1 (Galab' s cigarette)	<u> 0 </u> <u> 2 </u>
7.2.2	Second most important contributor ENTER LINE CODE FROM 7.1 (Gatachew' s oranges)	<u> 0 </u> <u> 1 </u>
7.2.3	Third most important contributor ENTER LINE CODE FROM 7.1 (Galab' s oranges)	<u> 0 </u> <u> 3 </u>

TRANSFERS

NOTE:

1. Any pensions received by the primary caregiver or other household members should be captured here and not in the activity table (Q7.1). Transfers from Individuals such as friends, patrons and any family members living outside the household, divorce payments and child support should also be classed as a transfer.
2. Any money, goods or gifts received from a household member who has temporarily migrated (see definition page 20) should NOT be considered a transfer as their activities are included in table 7.1 as they are part of the household.
3. Gifts, bonuses or goods obtained as part of payment from employers should not be included as a transfer as they are included in table 7.1.
4. Regular transfers means receiving or giving at least once a year with the expectation that this will occur for the next few years.

Q7.3: We would like to know whether the caregiver or any other household member received any money or goods on a regular basis during the past 12 months from an organisation (government, religious, charity or NGO) or individuals outside the household. Transfers do not include any loans of goods or money that you are expected to give back. Indicate in **Q7.3.2** whether the caregiver received the money or goods personally (for his/her own use) or whether it was received by another household member/for the household as a whole .

Q7.4.1-7.4.3: If anybody in the household has received gifts or goods on a regular basis from individuals outside the household in the last 12 months we would like to know what relationship these individual/s have to the index child, record the answers in **Q7.4.1**. If there are two or

more people with the same relationship sending money e.g two different siblings record them separately. Please prompt for anything received no matter how small and get a complete list of all outside individuals contributing to the household. For each person ask how many times they sent gifts or goods and record the answer in **Q7.4.2**, and then ask whether they send goods, money or both and record the response in **Q7.4.3**.

Q7.5: In this question we focus on money, gifts or goods regularly being sent by people in the household to individuals living outside the household. Record the relationship between the individuals to whom the money/good is regularly sent and the index child in **Q7.5.1**. If there are two or more people with the same relationship receiving money e.g two different siblings record them separately. Please prompt for anything given no matter how small and get a complete list of all outside individuals receiving from the household. Do not include payment to individuals for activities done. For each person ask how many times they were sent money or goods and record the answer in **Q7.5.2**, and then ask whether they were sent goods, money or both and record the response in **Q7.5.3**. Money, goods or gifts sent to a household member who has temporarily migrated (see definition page 20) should NOT be considered a transfer.

Q7.6: Ask if the caregiver has any serious debts, you should include shared household debts. Debt can include goods (e.g. 50 bags of flour), as well as money and can be owed to formal institutions/organisations, shops or individuals. Also include long-term loans, for example, a long-term loan to pay-off a house or a car and bank overdrafts.

Q7.7: If the caregiver has any serious debts (including shared household debts) ask who the debts are owed to. Do not prompt but you should remind the caregiver that he/she can give more than one answer.

Q7.7.6: Paying debts on time includes paying back the interest.

Q7.8: Establish what plans/preparation the caregiver and other household members have made or thought about in case of hard times, and/or misfortune caused by, for example, a natural disaster, crop failure or someone losing their job. Enter the codes from code box 4 (plans for hard times) for plan 1 and plan 2. If there are no plans enter 01 Nothing, if the caregiver doesn't know about the plans see if there is somebody else in the house who knows, if there is nobody in the household that knows enter 99. Not Known.

SECTION 8 - Economic Changes

PURPOSE

We would like to find out about the events and changes that affected the household since the biological mother was pregnant with the index child.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q8.1: Ask if there have been any big changes or events that have affected the economic welfare of the household since the biological mother was pregnant with the index child. If the child is fostered or adopted this question should refer to the time the index child entered the house. Record the answer in Q8.1. If there has been a big event or change encourage the caregiver to tell the story of the event/change. While the respondent is telling the story you must record any of the events they mention in the box below Q8.1. If while doing this section

you pick up that the caregiver has become distressed, handle this with great sensitivity and empathy. Tell the caregiver there will be time to talk about the issues at the end of the questioning and continue the questioning.

Events that are linked should be entered as more than one event, e.g if the household had to move because of a volcano, record this as both a change in the physical environment and that the family moved/migrated. Include events which have been resolved, i.e that were temporary situations, for example, if the household head lost their job and then got another one. After the caregiver has finished the story ask if there were any other events and also record these in the table.

Q8.2: Calculate the number of events that occurred and record whether there was none, one or more than one. Remember to consider linked events separately.

Q8.3: If there was more than one event ask the respondent which of the events or changes affected the household's economic welfare most. Enter the event code from the column on the left hand side from table 8.1 (EVID) into the space provided.

Q8.4: For the event/the most important event find out what the household did/what happened as a result of the event. You can enter up to 3 responses/results using the codes from code Box 5: Response to economic shocks). If the response is not listed in code box 5, please describe the response in detail. If there was no response/result enter 01- Nothing. For Code 02- Selling things, this refers to selling assets.

SECTION 9 - Socio-economic status

PURPOSE

In this section we would like to find out more about the socio-economic environment of the caregiver. It will include questions about the place where he/she lives, household possessions, land ownership and animals.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q9.1: Ask if anybody in the household owns the land that the house is situated on. Note this does not just mean having bought the materials to construct the house but it actually means legally owning the land that the house is on.

Q9.2: Establish how many rooms there are in the house. A room must have a door and four walls (include walls made entirely of windows), which reach from the floor to the ceiling. Do not include kitchens, bathrooms, passages, garages or store-rooms or room partitions such as curtains.

Q9.2.1: This question includes both legal and illegal connections to electricity. The connection must however be functioning most days. Include electrical generators, wind and solar generators but not car batteries.

Q9.2.2-Q9.2.4: You must observe the building material used for the wall of the house (9.2.2), the roof of the house, (9.2.3) and the floor of the house, (9.2.4). If it is not immediately clear what one of these are made of, ask a household member. If the roof/floor/wall is made of several different materials record the main type of material e.g. covers at least 50%. If there is more than one building in the household (e.g. a separate kitchen or bathroom) record the

material used in the main section of the house. *Countries you may need to add country specific materials.*

Q9.3: Ask about the main source of drinking water for members of the household. If different members have different sources of drinking water ask about the source for the majority of members. An unprotected well is any type of well that is not a tubewell. *Countries you may need to add country specific water sources such as personal tubewells, tanks, remember we are using this as a socio-economic measure not to look at hygiene in depth.*

Q9.4: Ask about the main toilet facility used by members of the household. A septic tank is a toilet that flushes with the effluence going via a pipe into a covered sediment tank. Buckets, fields, hanging latrines or canals do not count as toilets- classify them as none.

Q9.5: This question asks about the main fuel the household usually uses for cooking

Q9.6: You will be pre-informed if households in the sentinel site do not use fuel for heating their houses and in this case you will not ask this question.

Q9.7: The questions only refer to items owned by members of the household. Owning the item means that it could be sold by the household member if they wanted to. The item must be functioning, include items that are not in the household because they are on short term loan.

Q9.8: Ask if anybody in the household owns land or rented/borrowed land during the last 12 months. This is not just confined to agricultural land and should include land that is owned by household members and rented to non-household members. Do not include the land the house is on or small gardens/vegetable plots around the house, but do include fields attached to the house.

Q9.9: If anybody in the household owned, borrowed or rented land in the last 12 months ask the caregiver how many different plots of land the household owned, rented or borrowed. Include plots that were owned rented or borrowed in the last 12 months but have subsequently been sold or are no longer rented or borrowed.

If the caregiver cannot answer this question politely ask if there is anybody else in the household who knows about the land owned or rented and ask the questions of that person.

Starting with the largest ask the respondent to tell you how big the plot is and record the answer in **Q9.9.1**. If the respondent knows the size in standard units (e.g. hectares, acres etc) ask him/her to use those units, if they don't know the size in standard units ask them to estimate the size compared to a well known measurement of area such as a football pitch. They may need to use different measurement units for the different size plots. Enter the measurement unit used in **Q9.9.2**. Then, for each of the plots, ask whether the plot was rented, borrowed, sharecropped or owned and what the plot is/was used for. Enter the answers in the appropriate rows of **Q9.9.3** and **Q9.9.4**. If the plot has two uses record the main use (in terms of area), if the land use changed in the last 12 months record what the land was used for the majority of the year.

Q9.10-Q9.10.1: If any of the listed plots were used for agriculture (farm, pasture or forestry) ask if any of the land was ever irrigated in the last 12 months. If any land was irrigated, establish the total area that was ever irrigated in the last 12 months and record the answer in **Q9.10.1**. You may need to help the respondent by referring back to the different agricultural plots in **Q9.9.1**. Irrigation includes any systematic watering of the plot excluding rainfall. Use the units from **Q9.9.2**, if more than one unit was used in **Q9.9.2** ask for the area in the most frequently used.

Q9.11-Q9.11.2: If any of the listed plots were used for agriculture (farm, pasture or forestry) ask if any of the land received chemical fertiliser in the last 12 months and record the answer in **Q9.11**. Manure and homemade compost should not be included as chemical fertiliser. If any of the land received chemical fertiliser in the last 12 months ask about the quantity of fertiliser used and record the answer in **Q9.11.1**. If the respondent knows the quantity in standard units (e.g. kilograms, pounds etc) ask him/her to use those units, if they don't know the quantity in standard units ask them to estimate the quantity in well known measurement of quantity such as sacks.

Q9.12: We would like to know if the household shared a tractor or farm vehicles with other people in the community in the last 12 months. Include a tractor that the household owns and lent to other community members, a tractor that the household borrowed from other community members and tractors that the household rented together with other community members from an external source. Exclude tractors that were rented from or to other community members i.e. for money rather than through sharing. This does not have to have occurred regularly, record the answer as 'Yes' even if the sharing occurred only once in the last year.

Q9.13: We would like to know if the household shared labour with other people in the community in the last 12 months. This means members of the household helping other households and the other way round. This does not have to occurred regularly, record the answer as 'Yes' even if the sharing occurred only once in the last year. Exclude any labour for which they were paid or for which they paid.

Q9.14: Establish if anyone in the household owned any livestock in the last 12 months, include animals that have subsequently been sold. This does not include pets but does include small animals such as chickens and rabbits. Owned means that the household member could sell the animal if they wanted to.

Q9.16: If the household owned any animals in the last 12 months list the animals in table 9.15 and record which were owned in the space provided in Q9.16.

Q9.17-Q9.19: For each of the types of livestock owned in the last 12 months ask how many are currently owned by household members, how many were purchased in the last 12 months and how many were sold in the last 12 months. Exclude animals exchanged for other animals.

SECTION 10 - CAREGIVER PSYCHOSOCIAL WELL BEING

PURPOSE

The following 20 questions are related to the caregiver's psychosocial well-being.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Read the introduction to the section. These questions should be asked in a 'matter-of-fact' manner. If while answering the question the caregiver becomes distressed, handle this with great sensitivity and empathy. Tell the person there will be time to talk about the issues at the end of the questioning and continue the questioning. If you feel the caregiver is severely depressed tell your supervisor who has a list of community resources. *Countries supervisors must identify resources in the area where people who are clearly in distress can be referred to. In*

areas where they cannot find good quality referral services, you must decide what is the best course of action.

Most of the questions in this section are easily interpreted by respondents or involve self-definitions. Things that have an obvious physical cause should not be counted as 'Yes'. For example, if the caregiver reports their hands shake after they have spent a long time washing or because they have not eaten or reports that they have an uncomfortable feeling in their stomach because they are suffering from dysentery. You would also not record a positive result if the respondent told you he/she had so many decisions they had problems concentrating on them, the decision question refers to large decisions. **Q10.12** refers to really reaching the end of the line (*countries local terminology should be used to indicate that it was so serious the person was actually thinking of ending their life*).

SECTION 11 - Social capital

PURPOSE

The purpose of section 11 is to understand the primary caregiver's social connectedness and support system in the community.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Q11.1: Ask if the caregiver has been an active member of any of the groups in table 11.1 in the last 12 months, even if they are not currently a member, and enter the response in **Q11.1.1**. Please note the following definitions:

1. Religious group: this does not include just going to church, to be a member the respondent must be actively participating in a prayer or religious woman's group etc.
2. A community association includes groups such as the water or health group, and agricultural group, or a people against violence group (*countries might adapt these examples*).
3. Sports group includes both being a member of a sports team or of a supporters group.
4. A woman's group is a group that is recognised as such, for example a national group with local branches. Groups with a specific purpose that are women only should be recorded under their specific purpose e.g an all women religious group would be recorded as a religious group. *Countries should add an example*
5. The credit or funeral group includes credit associations (that may or may not be rotating) and funeral schemes run by the community themselves)

Beware of double counting in the section (e.g. entering a credit group run by a co-operative twice).

Q11.1.2: For each group the caregiver has been an active member of in the last 12 months: Establish if they received any emotional or economic help or assistance in knowing or doing things (advice/tips).

Q11.2: Ask if the caregiver has received any emotional or economic help or assistance in knowing or doing things (advice) from the people on the list in the last 12 months and record the answer in **Q11.2.1**. If a person has two roles e.g they are a friend and a community leader

please record them in the capacity in which they gave the help. Family includes family members inside the household.

Q11.3: Ask if the caregiver has joined together with other community members to address a problem or common issue in the last 12 months. This could include issues such as rubbish, noise, crime, lack of services in the community etc. It does not matter whether the action was successful or not. Joining with other community members means joining up with two or more community members (not just you and your friend).

Q11.4: Ask if the caregiver has talked to a local authority or governmental organisation about problems in the community in the last 12 months. The size of the problem is not important here. Make sure the respondent knows that this question refers to him/her personally.

Q11.5: This question is about the caregiver's own perception of the households socio- economic status.

Q11.6-11.9: All these questions are about the caregiver's subjective experience and perceptions.

Q11.10- Q11.11: Establish if the household members suffered from theft/robbery (of individuals or things in the household), threats to land rights in the last 3 years. If anyone in the household suffered from one or more of these things ask whether they/somebody in the household went to the police, the traditional authorities or the courts for any of the problems and record the answer in Q11.11.

³SECTION 12 – Tracking

PURPOSE

The tracking details will be used to find people in the future for a continuation of the project.

SECTION 13- ANTHROPOMETRY

Q13.7-13.2: Ask for the caregiver's perception of the child's weight and height health compared to other children his/her age. If the caregiver asks compared to who tell them to think of other children of the same age as the index child that they know well, and to make a comparison between their weight and height and that of the index child.

Q3.4-3.19: Do the procedure which is least traumatic for the children first, this will depend on age, equipment and circumstances. Since you want to weigh and measure the child with no clothing on or with as little as possible, if it is cold you need to find a place inside where parents will not be worried that their children will catch cold.

Procedures for measuring length (children under 2 years of age)

Length measurements should be made on a stable and preferably flat surface on which you can place the length board for example the ground or a low table. You need to have enough room so that the person holding the head can be behind the child's head and is not to one side of the child. It is preferable to have two people doing anthropometry measurements. If the mother or member of the family is to be the helper you need to explain very carefully what they have to do

³ The tracking data has been omitted from the archive dataset.

but this is not recommended as without adequate training it is difficult to be sure that mothers will hold the child's head correctly and this will change the length measurement.

1. Appropriate clothing: remove hair accessories, cap/bonnet, nappy/diaper, shoes, socks. If hair is plaited you may have to unplait it so that the board can be in contact with the child's scalp.
2. Lay the child down on the board very gently, making sure they don't feel insecure.
3. The helper should kneel (if on the ground) behind the child's head. She should flex her fingers (into a spoon shape) and put them over the child's ears, to secure the head well. The child should be looking upwards, perpendicular to the measuring board. Tell the mother that the child's head must remain in contact with the board and if it does not then to tell you.
4. Tell the mother, and observe, that the child doesn't move its head, doesn't tuck it in or stretch it nor move it to either side.
5. The child's body should lie flat and straight on the board and not be arched.
6. Always measure the child with both its legs straight. If the child points its toes, flex the feet so the soles are at right angles to their legs and slide the feet against the foot-base of the measuring board. Tips - be as quick as possible, stroke the top of the foot to relax it.
7. Read the length to within one millimeter, making sure your vision is aligned with the position of the marker, never to one side. If the measurement is in between 2 millimeter markers, take the lowest value.
8. Say out loud clearly what the measurement is and note it down immediately.

Measure a second time, rechecking the child's alignment and head position. If the two measures are the same accept this measure. If they are not the same, repeat the measure and accept the measure which is repeatable. If the child becomes distressed do not continue, accept the measure taken when the child was in the best position. You cannot get an accurate measure of length if the child is upset and struggling.

9. Always thank the mother for her help.

Procedures for measuring height (8 yr olds)

For height you need a wall or door frame to support the height measure if it is not free standing.

1. Appropriate clothing: remove shoes and any bulky clothing like a coat or bulky skirt which would prevent the child's buttocks being in contact with the board.
2. Position the child so that they stand by the height stick with their feet parallel, and with their heels, buttocks, shoulders and back of the head touching the upright stick. The head should be held comfortably with the child looking straight ahead, not with their head tipping up or down. The arms should hang loosely at the child's side. Ask the mother to help if necessary.
3. Gently lower the headpiece of the measuring stick to make contact with the top of the head. Press the hair down if necessary to make this contact but only enough to make contact.
4. Read the length to within 0.1cm, making sure your vision is aligned with the position of the marker, not lower or higher. If the measurement is in between 2 millimeter markers, take the lowest value.
5. Say clearly what the measurement is and note it down immediately.

Lift the head board, check the alignment and measure the child again. If the two measurements are the same accept this measurement. If the measures are different, measure again until you get two similar measures and write this measure in the agreed child height space.

6. Always thank the mother and the child.

Procedures for measuring weight

1. If using a clock (spring) balance, hang the scales so the dial is in the direct line of sight of the person doing the weighing (that is, not too high or too low).

Make sure that when the child is suspended they cannot touch anything such as a wall. Make sure that whatever the balance is hung from is strong enough; you do not want the child to fall or to break the roof of the house. You must hang the balance from something, don't attempt to weigh with someone holding up the balance. In general children do not like being weighed on clock balances if they do not feel secure or comfortable, for instance if dangling in an insubstantial weighing trouser. So think about this before you start and check that your children of the age you are measuring are comfortable in your equipment. It may be better to have a larger sack or make your own bucket type swing.

If using a balance that you stand on then find a level and secure surface. Balances do not measure accurately if they are on a slope. Ordinary bathroom balances are not sufficiently robust, precise and accurate but there are now more precise standing balances which could be used. For children who are very upset by weighing or if you have a sufficiently precise balance, you can weigh the child with the mother and then the mother alone. In such cases, make sure that your forms are designed to allow you to write down the measurements as you read them off the balance and do the calculations later step by step.

2. Calibrate the scales with the weighing sack trousers before measuring each child. If you are going to weigh with a blanket, calibrate the sack with the blanket to zero.

3. Appropriate clothing: nude or with the blanket used in calibration. If it is impossible to weigh children nude, as in cold weather, then weigh the child with the minimum of clothing possible. In this case you will need to construct a list of the weights of typical articles of clothing. Note down the clothing the child was wearing and later deduct from the weight. Do not make general estimates to allow for clothing and don't try and do the calculations at the same time as the weighing. Write down the weight as you actually read it off the balance and do the adjustment later. If you are going to have to do this make sure your form is designed to facilitate the procedure.

4. Ask the mother for her help and explain to her about the importance of measuring weight precisely and that is why it is best to weigh her child without clothes.

5. Weigh the child and call out the measurement clearly. If the weight falls between two markers on the dial, take the lower measure. Register the weight immediately.

Take a second reading, either steadying the child and balance again or getting the child to step onto the balance again. If the two measures are the same note this measure as the agreed weight, if not weigh again and take the measure for which you have two the same. If you can't get two measures the same and you are sure that you have done the procedure correctly each time, take the average of the measures.

6. Always thank the mother for her help.

Quality control for weighing and measuring

1. Reading the measurements

- a. if the indicator falls exactly on a marker (mm or g) then take this as the measurement
- b. if it falls between two markers, then take the lower value

2. Writing the measurements

- a. it is very important to write the numbers very clearly like:
- b. if the wrong number is written down, do not erase it or change it - cross it out and write the correct one at the side.

3. Reading and registering the weights and heights

- a. the person measuring calls out the measurement
- b. the assistant repeats what is called out
- c. the person measuring says "yes" or "fine"
- d. the assistant says "yes" or "fine" and writes down the measurement
- e. the assistant shows the person measuring what they have written down

4. Common errors in measuring length

- a. position of the person taking the measurement
 - they are too far from the child's feet
 - they are not kneeling down
 - they are too far from the board
- b. the child's feet
 - the toes are pointed
 - the soles of the feet are not perpendicular to the board
 - measuring only one foot
- c. the child's head
 - the neck is stretched too much
 - the neck is tucked in too much
 - the palm of the mother's hand totally covers the ear (the fingers are not flexed)
- d. the child's position on the board
 - the child is not in the centre of the board
 - The child is wearing a nappy or other bulky item, plaits or hair accessories so that the head board is not in contact with the child's head.

1. Common errors in measuring weight

- The balance was not zeroed with the weighing sack
- The balance is not at eye level
- The child can touch a wall or grabs at nearby people
- The child is wearing clothes

Check the equipment every two weeks or when you get back to base.

Length:

- use a stick of known length and check the measurement
- the gap between the foot-base and the board should be less than 2mm

Weight

- use standard weights of 5kg and 10kg to check the scales

check each time that the scales are set to zero

Supervisor checklist when observing anthropometric measurements

	Yes	No	No observation
1. Did the anthropometrist introduce themselves and explain what they intended to do?			
2. Length board			
a) Did the anthropometrist put the board on a flat surface with sufficient space in which to work?			
b) Did the anthropometrist put the sliding bar in an appropriate place before measuring the child?			
c) Did the anthropometrist ensure the child was wearing appropriate clothing?			
d) Who was the assistant?			
e) Did the assistant hold the child's head?			
f) Did the anthropometrist push down to make the child's knee a straight line lying in the middle of the board?			
g) Were the feet of the child in the right place(both feet lying straight and both heels placed against the sliding bar)?			
h) Did the anthropometrist stand in the correct place to read the length?			
i) Did the anthropometrist and the assistant follow the procedure for reading and registering the length?			
3. Height stick			
a) Did the anthropometrist put the stick on a flat surface with sufficient space in which to work?			
b) Did the anthropometrist put the sliding bar in an appropriate place before measuring the child?			
c) Did the anthropometrist ensure the child's shoes were removed and that hair accessories, hats etc were removed?			
d) Who was the assistant?			
e) Did the anthropometrist ensure the child was standing in the correct position?			
f) Did the anthropometrist bring the sliding bar to the top of the head and push the hair down?			

	Yes	No	No observation
g) Did the anthropometrist stand in the correct position to read the height?			
h) Did the anthropometrist and the assistant follow the procedure for reading and registering the height?			
4. Weight			
a) Did the anthropometrist ensure the weighing scales were hanging correctly and in a place with sufficient space to work?			
b) Did the anthropometrist calibrate the scales before weighing the child?			
c) Did the anthropometrist ensure the child was wearing appropriate clothing?			
d) Who was the assistant?			
e) Did the anthropometrist stand in the correct position to read the weight?			
e) Did the anthropometrist and the assistant follow the procedure for reading and registering the height?			
5. At the end of the session			
a) Did the anthropometrist put away the equipment in an appropriate manner?			
b) Did the anthropometrist thank the household members for their cooperation?			

INTERVIEWER COMMENTS

Fieldworkers should be encouraged to write down their personal observations about the primary caregiver, the index child and the interview itself (was the caregiver distracted, happy, and engaged). Qualitative information about the socio-economic and physical context of the household will be valuable to researchers when they try to interpret results.

8: 7.5-8.5 YEAR OLD HOUSEHOLD QUESTIONNAIRE**Enrolment procedure**

The enrolment section in the 7.5-8.5 year old household questionnaire is almost identical to that in the 6-17.9 month old questionnaire. The only difference is that question **EQ9**, which tell us about the role the primary caregiver has in the index child's life, contains different categories in the two questionnaires. Follow the instructions in Section 7 of this manual

CHILD ID, SECTION 1 - Locating information, SECTION 2 - Household composition

These sections are identical to that in the 6-17.9 month old questionnaire and you should follow the instructions given for that questionnaire in section 7 of this manual.

SECTION 3 – BIRTHS AND DEATHS

PURPOSE:

We would like to collect data number births and the number of children still alive born to the biological mother of the 8 year old index child.

RESPONDENT:

The ideal respondent is the biological mother. If the respondent is not the biological mother make sure the respondent is familiar with the biological mother and that you are getting information about the biological mother.

DEFINITIONS:

Live births include children who died but cried or showed some signs of life but it does not include children who were still born.

INSTRUCTIONS:

Q3.1: Ask about all the children the mother gave birth to that were born alive, including the index child. Probe in a sensitive way to include children who cried or showed some signs of life but died after a few hours or days, but do not include stillbirths, miscarriages, terminations or adopted children. Also make sure that the respondent includes children from a previous marriage or any children born before she/the biological mother got married. If you are told that the index child is the mother's first child probe for any children who died and then complete 3.2-3.5 as an observation.

Q3.2-3.3: We need to know how many of the children born alive were boys and how many were girls. Remember the total number of girls and boys born includes children who were born alive but have since died. If the mother has a large number of children you may have to help by counting as they list them. Check that the answers you are given are consistent with 3.1. If the number of boys born and the number of girls born alive do not add up to the total number of children born alive in Q3.1 check the answers with the respondent and correct as necessary.

Q3.4: Ask how many children were born before the index child. Include children who cried or showed some sign of life but died after a few hours or days as well as children who have moved away from the household. Do not include step or adopted siblings.

Q3.5: Establish how many of the total number of children born alive are still living. Probe for those children living away from the household but do not include adopted children. If the mother has a large number of children you may have to help by counting as they list the names.

SECTION 4 - Child SCHOOL

PURPOSE:

The purpose of this section is to ask a number of questions about the index child's previous and current schooling.

RESPONDENT:

Primary caregiver of the index child.

DEFINITIONS:

School is a formal general education establishment usually recognised by the government.

A public school relies primarily on government/state funding.

A private school relies primarily on funds from non-governmental funds including parents, NGOs, religious organisations or donors.

INSTRUCTIONS:

Q4.1: Ask whether the index child has ever attended a 'formal' school. Include children who went or go to school very irregularly but do not include children who are/were enrolled but have NEVER attended school. Do not include children who only attended a nursery school or crèche.

Q4.1.1: If the child has ever attended formal school we would like to know how old the child turned the year they first attended, it does not matter how regularly they attended. For example if the child first went to school in October of last year record the age they turned last year, regardless of the month of their birthday. Exclude nursery schools and crèches.

Q4.1.2: We would like to know the total number of completed years the child has attended school (excluding the current school year). If the child stopped attending for several months or years remember to subtract this period to get the correct number of years he/she has attended. Do not include periods the child was enrolled but did not attend and exclude attendance at nursery schools or crèches. If the child has been attending for less than a year record 00.

Q4.1.3: Record how many grades of school were successfully completed (passed) by the child. This figure could be lower than the total years in school (Q4.1.2). If the child is in grade 1 record 00. *Countries remember you may need to adapt the grade categories.*

Q4.2: Ask if the child is currently attending a 'formal' school. Include children who attend irregularly but do not include children who are enrolled but NEVER attend. NOTE This question is not asking if the child is physically attending school at the time of the interview.

Q4.3: If the child is not attending school, ask for the main reason they are not in school. If there is more than one reason ask the caregiver to select the main reason

Q4.4: If the child is attending school ask if the school is public or private. A public school relies primarily on government/state funding. A private school relies primarily on funds from non-governmental funds including parents, NGOs, religious organisations or donors. *Countries should change these definitions according to local conditions, if necessary.*

Q4.5: We would like to find out the main thing that the child has done for fun in the last 6 months. If there is more than one activity ask the caregiver to select the main activity.

SECTION 5 - Child health

PURPOSE:

The purpose of this section is to find out more about the index child's health and well-being.

RESPONDENT:

Primary caregiver of the index child.

INSTRUCTIONS:

Q5.1: Ask for the caregiver's perception of the child's health compared to other children his/her age. If the caregiver asks 'compared to who?' tell them to think of other children of the same age as the index child that they know well, and to make a comparison between their health and that of the index child. If the caregiver tells you the child is currently ill prompt him/her to tell you about the child's health in general.

Q5.2-5.3: In these questions we need to find out whether the child was ill during the last **two weeks** and, if yes, what were the illnesses. There are spaces provided for two different episodes of illness, use code box 2: illness in the last 2 weeks to find the appropriate code for the caregiver's answers. If the illness does not appear in code box 2, use code '10 Other' and describe the illness or injury in detail.

Do not prompt for specific illnesses and do not interpret what the caregiver reports, if they describe symptoms rather than a specific illness record the symptoms under 'Other'. If the caregiver reports a specific illness and then describes the symptoms, only record the specific illness e.g. if they report a traditional illness that had diarrhoea as a symptom only record the traditional illness. *Country partners are encouraged to explore local illness classification categories for infants because we anticipate there will be culture specific illnesses. Always refer to culture specific illnesses by their local names and keep an explanatory glossary that should be collated at the end of the study.*

Q5.4-5.9: We would like to know if the index child has any long-term health problems including disability and or seasonal illnesses that affects how the child makes friend or plays (**Q5.4**), or how they attend school or work (**Q5.6**) and about any other long term health problems (**Q5.8**). These questions refer to the perception of the caregiver, do not prompt for specific health problems do not interpret what the caregiver reports. A long term health problem is a health problem that is likely to persist for a long time either because it is incurable or because it is not being treated, it can include physical disability, chronic and mental health problems as well as reoccurring/seasonal problems. If the caregiver reports that the child has a long term health problem/s ask what they are and record the answer in the boxes provided. Use the codes for long term health problems in code box 3. If the health problems, do not appear in code box 3, use code '10 Other' and describe the problem in detail. Observe any disabilities and where possible ask the caregiver to show you what is wrong with the child.

Q5.10-5.11: The focus of this question is on severe illnesses or injuries in the last three years where the caregiver really thought the child would die this includes illnesses in which they thought the child might die if they did not receive treatment. You should stress that this question refers to times when the caregiver **really** felt the child could die.

There are spaces provided for two different episodes of illness or accidents. Use the codes for severe illnesses and injuries from code box 4. If the illnesses or injuries the index child had, do not appear in code box 4, use code '10 Other' and describe the illness or injury in detail.

Do not prompt for specific illnesses or accidents and do not interpret what the caregiver reports, if they describe symptoms rather than a specific illness record the symptoms under 'Other'. If the caregiver reports a specific illness and then describe the symptoms only record the specific illness e.g. if they report a traditional illness that had diarrhoea as a symptom only record the traditional illness. For each episode reported then ask whether the child was taken to a health facility for treatment, include visits that occurred at any point in the episode. A

health facility includes health posts, hospitals, mobile services and all other health facilities whether they are public or private.

Note: Traffic accident includes an accident in or caused by any mode of transport including bicycles, horses and cars.

Q5.12: Ask if the child has had a tooth problem in the last year that were severe enough to prevent them eating.

SECTION 6 - Caregiver background information

This section is identical to that in the 6-17.9 month old questionnaire and you should follow the instructions given for that questionnaire in section 7 of this manual.

SECTION 7 - Livelihoods

Read out the household members listed in the roster, including children. For each of the household members ask the respondent to tell you what the three most important activities are that they have done in the last 12 months (including those they are no longer doing) in terms of earning money or goods for themselves or for the household and to survive from day to day and record them in **Q7.1.3**. Exclude any government benefits. Record the ID number of each member under **Q7.1.2** (these are the ID codes on the far left of the household roster matrix 2.5.1).

When you have completed **Q7.1.2** and **Q7.1.3** ask about ALL of the index child's activities and enter them in table 7.2. Remember the activities of other children should be entered in table 7.1. When you have completed **Q7.2.2** ask **Q7.3** before returning and completing table 7.1 and 7.2.

Q7.1: Follow the instructions in section 7 of this manual as to how to fill out the activity matrix. Table 7.2 contains identical questions to table 7.1 with the addition of **Q7.2.5**.

Q7.2.5: For each activity ask where they take place, if the activity takes place in more than one location record the main place the activity takes place.

Q7.3: Follow the instructions in section 7 of this manual as to how to fill out the resource contribution question.

Q7.4: If there were no activities listed in the index child work table (7.2) ask whether the index child has **ever** engaged in any formal or informal activities for money or goods do not include doing chores for pocket money.

Q7.5: It is important to establish the child's age (in completed years) when he/she started working for the first time. If the caregiver does not know how old the child was when they first started working see if anyone else in the household knows. If nobody knows estimate by comparing them to other children in the household, by using probing methods or by referring to local or national events. Remember we are interested in the first time the child started working, not when they started their current job or when they started working regularly.

Q7.6: If the child has ever worked ask if this was/is during term time, in the school holidays or both. If the child does not attend school circle '4. Not currently enrolled in school'.

Q7.7: Ask if the child kept/keeps or saves (for their own use) all, some or none of their earnings. If it varies e.g. they sometimes keep all of their earnings and sometimes keep some or none record this as some.

Q7.8: Although there could be more than one reason for the child worked/works, we are interested in the MAIN reason. If that reason does not appear in Q7.8 describe it in detail in the allocated space.

Q7.9: We would like to find out if the child is doing any household chores and, if so, for how many hours per day. Household chores includes housekeeping activities that occur both inside and outside the household (e.g. cooking, washing, water collecting).

Q7.10-7.11: These questions specifically refer to **serious** injuries or illnesses sustained **while busy with work or house-keeping** activities. There are spaces for two illness or accident events, use the injury codes from Code Box 5: serious injuries. Do not prompt for specific illnesses or accidents and do not interpret what the caregiver reports, if they describe symptoms rather than a specific illness record the symptoms under 'Other'.

Q7.12-7.17: please follow the instructions in section 7 as to how to complete the transfer and debt section.

SECTION 8 - Economic Changes, SECTION 9 - Socio-economic status

These sections are almost identical to that in the 6-17.9 month old questionnaire and you should follow the instructions given for that questionnaire in section 7 of this manual.

SECTION 10 – CHILD MENTAL HEALTH

PURPOSE

The following 25 questions are related to the child's mental health.

RESPONDENTS

Primary caregiver of the index child.

INSTRUCTIONS

Read the introduction to the section. These questions should be asked in a 'matter-of-fact' manner. It is important that the index child does not hear you ask these questions as some of them may be upsetting for them to hear. You should ask the caregiver if there is a safe place the child can go that is out of ear shot, see the privacy section of this manual for ideas on how privacy can be achieved. If while answering the question the caregiver becomes distressed about the child, handle this with great sensitivity and empathy. Tell the person there will be time to talk about the issues at the end of the questioning and continue the questioning. If you feel the child has a severe mental health problem tell your supervisor who has a list of community resources. *Countries: supervisors must identify resources in the area where children with severe mental health problems can be referred to. In areas where they cannot find good quality referral services, you must decide what is the best course of action.*

Most of the questions in this section are easily interpreted by respondents or involve self-definitions. *Countries remember that these questions are a set which together form an assessment of mental health. The original test is in English and copyright is held by the author Dr R Goodman. To use these questions, they must be translated and independently back translated and sent to Dr Goodman for agreement to use the test. You will need to use the comments sent by Dr Goodman about your translation to write a paragraph about potential wording problems in this section.*

SECTION 11 - Social capital, SECTION 12 – Tracking, SECTION 13 – Anthropometry

These sections are identical to those in the 6-17.9 month old questionnaire and you should follow the instructions given for that questionnaire in section 7 of this manual.

Fieldworker Instruction Handbook Child Questionnaire



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1. BACKGROUND OF STUDY

Young Lives: An International Study of Childhood Poverty is a collaborative project investigating the changing nature of childhood poverty in selected developing countries. The UK's Department for International Development (DFID) is funding the first three-year phase of the project.

Young Lives involves collaboration between Non Governmental Organisations (NGOs) and the academic sector. In the UK, the project is being run by Save the Children-UK together with an academic consortium that comprises the University of Reading, London School of Hygiene and Tropical Medicine, South Bank University, the Institute of Development Studies at Sussex University and the South African Medical Research Council.

The Young Lives study is being conducted in Viet Nam, Peru, Ethiopia and the Indian State of Andhra Pradesh.

2. OBJECTIVES OF THE STUDY

The Young Lives study has three broad objectives:

- *producing good quality panel data* about the changing nature of the lives of children in poverty.
- *trace linkages between key policy changes and child poverty*
- *informing and responding to the needs of policy makers, planners and other stakeholders*

There will also be a *strong education and media element*, both in the countries where the project takes place, and in the UK.

3. METHODOLOGY OF THE SURVEY

The Young Lives study is a panel study that will follow 2,000 children in each country from age 6-17.9 month until they are 15 years old. The caregiver and, when the child is old enough, both the caregiver and the child will be interviewed every three to four years with a quantitative survey. The height and weight of each child will also be measured and community level questionnaires will be completed for each sentinel site at every data collection round.

In addition to the 6-17.9 month old, anthropometric and community questionnaires one thousand 7.5-8.5 year-old children and their caregivers will be interviewed in the first round of data collection to give an immediate comparative picture of older children. These children will not be followed up. A number of "mini-projects", which will investigate issues that cannot easily be explored through large-scale quantitative surveys, will also be conducted.

This set of instructions focuses on the 7.5-8.5-year-old child questionnaire. The children and their households will be enrolled through a two-stage process. In each country, 20 sentinel sites will be chosen, within each sentinel site, approximately 50 children aged 7.5-8.5 years and their households will be randomly selected through the enrolment procedure. The 7.5-8.5 year old surveys will be collected on 3 consecutive days. *(Note to countries: These arrangements could differ from country to country, please adapt to suit local conditions.)*

On *day 1* the households and children will be enrolled into the study using an enrolment form and following the strategy for the particular country.

On *day 2* the core questionnaires will be administered.

On *day 3* the anthropometry measurements will be taken and the child questionnaire administered by a specially trained team.

The child questionnaire that will be administered on day 3 will include information in the following categories:

A. *Perceptions of well-being:*

- aspirations,
- what makes the child happy or unhappy,
- like and dislikes about the community,
- quality of the environment,
- the degree to which children are looked down on or treated badly,
- perceived safety, and
- whether or not the child has sufficient food to eat.

B. *Social capital:*

- frequency of play, and
- availability of someone to help the child with problems.

C. *School and work:*

- attendance at school,
- what the child likes or dislikes about school,
- any activities the child does for money or goods,
- whether they like the activity,
- what the child may dislike about the activity, and
- whether the activity causes them to miss school.

D. *Health:*

- any health problems which may affect the child's activities, such as school attendance and socialisation.

E. *Numeracy and literacy*, the child's ability to:

- read letters, a simple word and a simple sentence,
- write a simple sentence, and
- perform a simple calculation.

F. *Child development*, measured through the use of the Ravens Coloured Progressive Matrices.

4. INSTRUCTIONS

4.1 Talking to parents, caregivers and teachers:

- ❑ Before you interview any child, make sure that you have the informed consent of parents or caregivers and 'gatekeepers' (such as teachers). For more information about what informed consent means, see section 5 on *Ethics* below.
- ❑ It is important to get parents, caregivers and teachers to understand that you would prefer to interview the child alone. The information sheet used during the consent procedure explains the type of questions you will be asking the child, that the process will not be harmful for the child and that the child may feel more relaxed and able to answer the questions more easily if you are left alone with the child. In certain circumstances it may not be possible to see the child alone. If other children or adults are present, make sure that they are at a distance and cannot overhear the interview. It is important that the presence of others does not interfere with the interview.
- ❑ Finally, ask the parents, caregivers or teachers if they have any questions they would like to ask before they decide on whether or not to give consent.

4.2 Starting the process with the child

- ❑ Remember that as an adult you are more powerful than the child. This means that you need to be sensitive to acting and speaking in ways that are respectful to the child and do not cause them unnecessary distress.
- ❑ Always introduce yourself at the beginning of the interview, and explain clearly what you are doing and why. Do not assume that the child already knows what you are going to do.
- ❑ Find somewhere comfortable to sit with the child. It will also be helpful if this place is as private as possible, so that the child feels able to talk freely.
- ❑ It sometimes helps to ask the child to teach you a game they know before the interview. This helps them to relax and tells them that you are interested in them and their world.
- ❑ During the interview, sit on the same level as the child. This position will communicate respect for the child, and encourage the child to feel more relaxed.
- ❑ Also try to make the child as physically comfortable as possible.
- ❑ Remember to use language which is simple, appropriate to the age of the child and non-threatening, but that is not patronising.
- ❑ Check that the child you are going to interview has the time to talk to you. This is important, as children may be involved in income-earning activities outside the home or work in the family, and it is important that the interview does not interfere with these tasks. The timing of the interview should be convenient for the child, rather than just being convenient for you, the fieldworker.
- ❑ Also make sure that the child understands that they may at any time withdraw from the interview, or decide to withhold information (such as by not answering a question). This will not be held against the child. If the child knows this, they can be empowered to feel they have a measure of control over the interview process.

- ❑ If a child withdraws from the process, it is important to take reasonable steps to try and find out whether the child has come to any harm because of taking part in the research project.
- ❑ Make sure that the child understands the level of confidentiality in the process. Confidentiality means the degree to which the information collected will be kept private. You can tell the child that any personal details will be changed so that the identity of the child will not be revealed when the findings are published. You must also tell them what will happen if they tell you something that makes you think they are at risk of significant harm (see section 6 on ethics for more detail).
- ❑ It is important to be clear about the benefits of the study. The study is not attached to a development project, and so there will be little immediate benefit to the children from taking part. However, the project may be able to offer small incentives to the children to encourage their participation. You will be informed during your training whether this is the case, and if so, what form the incentive may take. It may be a photo, a bag of sugar, or a donation to local facilities, depending on what is appropriate to local conditions.
- ❑ Before you ask any questions as part of the interview, enquire if the child has any questions for you. Answer these to the best of your ability before the interview begins. It always helps to share a little about yourself with children, as this will help to build trust and encourage them to talk to you.

4.3 General comments

- ❑ If possible, the child should be interviewed in a space which is private. (*Note to countries: adapt to local conditions.*)
- ❑ Keep distractions (such as noise) to a minimum so that the child is able to concentrate.
- ❑ All interviews should be conducted in such a way that they recognise local customs and values. For example, it may be considered inappropriate for a male fieldworker to interview a female child on her own. It is important that the fieldwork is carried out in such a way that it recognises and respects such customs. (See the household questionnaire manual for the fieldworker code of conduct rules).
- ❑ Do not change the words in the questions in any way. This will ensure that standard procedures apply, and that the results are reliable and valid.
- ❑ Avoid asking any additional questions not given in the questionnaire. Especially avoid asking questions which may be upsetting. Be prepared to offer a careful and sympathetic response if a child becomes upset at any stage of the interview.
- ❑ If a child indicates that they have to leave the interview, do not attempt to discourage or delay them from doing so.
- ❑ Be sensitive about any issues that may cause shame or embarrassment, e.g. testing the child's ability to read. Do not talk or act in any way which may be seen as a judgement or criticism of the child's behaviour or performance.
- ❑ Do not challenge answers given by the child or probe unless clearly instructed to do so.
- ❑ Some children or adults may ask you as a fieldworker for practical assistance, e.g. with transporting a sick child to a health facility. You are encouraged to respond positively to such requests. However, there are clear practical limits as to what help you can offer, and each team will discuss and decide what help is possible in the local context. (*Note to countries: expand on the real practical options available in your context.*)

4.4 Questionnaire

The questionnaire is almost entirely pre-coded. This means that as a fieldworker you will only have to cross or circle the applicable answer in a box. Wherever the answer is in the category called 'Other', you will need to write an answer in words in the box provided. Every 20th questionnaire will include five questions where the child is asked to explain their answers. In these open-ended sections you should encourage the child to talk freely, gently probe for details but without leading and write down the answers in the child's words.

In the first section (data handlers), you should only fill in the date of the interview and your signature (you should only sign the form after you have completed and checked it). The rest of the form is laid out clearly, and you should merely follow the instructions in each section.

4.5 Concluding the process

- ❑ Conclude the interview in the same way that you began it: ask the child if they want to ask you any questions.
- ❑ It is very important that you do your best to leave the child in the same emotional state that you found them. This means keeping to the set routine of the questionnaire and not asking any extra probing questions which may upset the child. It also involves doing what you can to calm the child if they become upset at any stage of the interview.

5. ETHICS OF WORKING WITH CHILDREN

This section describes the basic moral code or principles that should underlie every aspect of the research. As a fieldworker, you should do your best to keep to these principles.

5.1 Respect

The most important principle is that everyone the project comes across is treated with respect, from community leaders and local officials to parents, caregivers and children. Respect is the main principle which should inspire all aspects of the research process.

The two other key ethical principles in working with children need to be:

- ❑ Providing benefit to the participants and minimising harm
- ❑ Ensuring confidentiality about disclosures made in interviews.

Remember that:

It is not ethical to expose a child [or an adult] already vulnerable to any additional risk through an investigation that carries no benefit for the child. Interviews about painful subjects should be performed with the principle of 'least harm' (Boyden & Ennew, 1997, p.43).

5.2 Providing benefit

The research project itself will not offer any direct benefit to the children who take part. Providing benefit may mean that the project offers small incentives to the children to encourage their participation. As mentioned earlier, this will depend on local conditions.

You must make sure that you explain to the child that giving you information about some of their problems does not mean that you can solve these problems for them.

Children can understand the principle of benefit to others, however, and you should explain that the results of the research will be used to make decisions to help children in their country and in other parts of the world. Explain that their participation will help other children, even though it will not change in any direct way their own circumstances.

5.3 Minimising harm

Minimising harm means that the project tries to make sure that the children are not - directly or indirectly - exposed to any physical or emotional harm. This principle is expressed in various aspects of the *Instructions* above, including allowing the child to withdraw at any stage, being sensitive about issues which may cause shame or embarrassment, not challenging the child about answers given, and not asking questions which may be upsetting.

5.4 Allowing the child to tell their story

It is important to create an environment in which children can tell just as much of their story as they feel safe to tell. You should not probe about the details of a painful event, nor ask about a child's feelings. What the child offers should be accepted, even if not all the details are present. The child should be allowed to use their own words. Children are aware of their own boundaries and will usually only tell as much as they have the capacity to handle at the time.

5.5 Informed consent

You need to get informed consent needs in all cases from:

- the parent or care-giver of the child;
- 'gatekeepers' (these are the people who have the power to prevent you obtaining access to the child, or to give you access to the child) such as teachers or respected leaders in the community; and
- most importantly, the child.

Informed consent means that you tell the person enough about the nature and extent of the research so that they can make a proper (informed) decision about whether or not to take part in the research. Each person should be given full freedom to decide whether or not to take part.

In each case, whether a child or an adult is involved, the person giving informed consent should be allowed 24 hours in which to think about whether or not they wish to take part.

The consent should be obtained in writing and should be witnessed by another adult.

5.6 Liability in case of injury, accident or ill health

Tell the participants who take part in the research of the project's liability in the event of accident, injury or ill health because of a child taking part in the research. (*Note to countries: adapt to local conditions.*)

5.7 Information about sexual or other abuse

It is important to know what to do if a child starts to talk about any form of sexual or other abuse, which may be against the law. If you allow the child to disclose details of the abuse to you, you may be obliged in terms of the law to pass on the information to the authorities, and you may also be legally obliged to testify in court. (Note that this is *not* part of your responsibility as a fieldworker.)

If a child should begin to tell you about such forms of sexual or other abuse, it is therefore important to end the interview as soon as possible. You should do this in a calm, caring and supportive manner, which does not alarm or upset the child. You also need to reassure the child that you believe them, that they have done nothing wrong and that it was right to talk about it. Explain to the child what is likely to happen and that you are not the right person to tell and you will make sure that an adult who can help them will come to listen to them soon. Sometimes passing on information is against the child's wish, make it clear before hand that you may not be able to keep such information totally confidential. You should then report the child's name, details and the fact that abuse is suspected to a local welfare organisation which is equipped to follow up and take action on such abuse, give the information only to those who need it. During the training procedure before the fieldwork, you will be given details of such organisations in the areas where you will be conducting fieldwork. You will also be told how you can contact such organisations.

5.8 Children with particular problems

Some children who take part in the research may have particular problems. These may include sexual or physical abuse, exposure to hazardous environments, exposure to violence, behavioural problems, physical illness or mental health problems. *(Note to countries: identify which local resources can assist children, and how children can be referred to such resources.)* During the training process, you will be given further details of how you can refer children with such problems for help. It is important that you keep records of the names of children referred for help, and what problems you identified them as having.

6. General instructions for administering the questionnaire

Child ID section

The child ID will be provided by your fieldwork supervisor.

Data handlers section

Sign the questionnaire only when the questionnaire has been completed and you have checked all the information which has been filled in.

Section 1: Locating information

Purpose: to make sure that you are interviewing the correct child.

The information collected in this section allows the children to be linked to future rounds and to the household, anthropometry and community surveys. The identification information is also useful for quality checks and for locating individual questionnaires if there are data queries.

Ask the child:

You told me you are called, 'NAME OF CHILD'. I just want to check with you that that is correct.

¹It is very important that you interview the correct child. Make sure that you get all the names of the child, including nicknames, and that you compare these with the name on your list. When you are sure you have the correct child, write their name in Q1.1. If you are sure the child is the

¹ Names have been removed from the archive datasets.

same but the names given are different clarify which is correct and make the appropriate changes. If the child is not the same ask for the identified child start the questionnaire again.

Section 2: Perceptions of wellbeing

Purpose: to find out about some indicators of wellbeing which have been identified as important for children.

This section covers the child's aspirations; what makes the child happy and unhappy; the child likes or dislikes about their community; environmental quality (water, air, rubbish); the degree to which people look down on children or treat them badly; safety of their community; and the sufficiency of food.

Say to the child:

First I am going to ask you some questions about what you like and don't like and things you would like to do.

Ask the child this question without giving examples, and without showing the child the categories or in any way indicating to the child what responses you would like to hear.

Q2.1 Ask the child:

What do you want to be when you grow up?

(Note to countries: substitute another category for 'president' if your country has another head of state. Also, if necessary, change these categories to appropriate jobs for your country, e.g. farmworker, taxi driver, foodseller.)

Q2.1.1 N.B. After every 20th questionnaire, after 2.1 has been answered, ask the child:

Why?

This is to find out why the child wants to have this particular type of job. Give the child some time to answer this question. Do not indicate in any way that an answer is correct or incorrect. If the child is unable to answer the question, move on to the next question.

Q2.2 Ask the child:

What makes you happy?

Ask the question without giving any cues as to the answer you want, and do not allow the child to see the categories.

Note that happy means joyful, pleased, content, lucky and glad.

Q2.3 Ask the child:

What makes you unhappy?

Once again, ask the question without giving any cues as to the desired answer, and do not allow the child to see the categories.

Note unhappy does not just mean sad but also includes angry, guilty or irritated.

Then say:

Now I am going to ask you about the place where you live.

Again, for questions 2.4 and 2.5, do not give cues as to the desired answer.

'Place' here denotes the neighbourhood in which the child lives, or the area directly around the child's home.

Q2.4 Ask the child:

What do you like about the area you live in?

Q2.5 Ask the child:

What don't you like about the area you live in?

(Note to countries: add to categories in 2.4 and 2.5 to suit local conditions.)

Q2.6 Ask the child:

Is the water people drink around here good, bad or average?

Bad water could include that the water has a bad taste, colour or smell, that is polluted or that it is unhealthy to drink.

Q2.6.1 Only if the child answers that the water is bad, ask:

What's bad about it?

Q2.7 Ask the child:

Is the air people breathe around here good, bad or average?

Q2.7.1 After every 20th questionnaire if the child answers that the air is bad, ask:

What's bad about it?

Q2.8 Ask the child:

Is the amount of rubbish on the streets around here good, bad or average?

Q2.8.1 After every 20th questionnaire if the child answers that the rubbish is bad, ask:

What is bad about it?

Q2.9 Ask the child:

Do you think people in this area treat you well or badly?

Note if the child responds that some people treat them well and others badly ask the child to answer about most people in the area.

Q2.10 Ask the child:

Is the area you live in safe for children?

Q2.10.1 After every 20th questionnaire if the child answers that the area is unsafe, ask:

Why is it unsafe?

Q2.11 Ask the child:

Do you get enough food to eat?

Section 3: Social capital

Purpose: to find out about the social capital of the child. Social capital means the child's connectedness to people around the child, such as peers, friends, family members and neighbours.

In this section the child is asked about frequency of play and support. Support is measured by asking about the availability of someone to help the child.

Q3.1 Ask the child:

How often do you play with your friends?

Q3.2 Ask the child:

If you had a problem, is there someone who would help you?

Q3.2.1 If the child answers yes to question 3.2, ask the child:

Who is this person?

Question 3.2.1 asks about the relationship of the person to the child. This is not necessarily a family or kin relationship. The person could also be a friend, teacher, religious worker, neighbour, etc.

Section 4: School and work

Purpose: to explore the child's definition of work and the impact of such work and of school, from the child's perspective.

In this section the child is asked about school attendance, what they like or dislike about school, to list any activities they do for money or goods, to say whether or not they like the activities, and what they like or dislike about the activities. The child is also asked whether the activities cause them to miss school.

Q4.1 Ask the child:

Did you attend school last year?

If the child answers yes to question 4.1, ask the child questions 4.2 and 4.3. Otherwise, skip to question 4.4.

Q4.2 Ask the child:

What is the main thing you don't like about school?

(Note to countries: change categories for questions 4.2 and 4.3 to match local conditions.)

Q4.3 Ask the child:

What is the main thing you like about school?

The child may not find it easy to talk about school to an adult, and may be concerned about your disapproval in response to frank comments. You can help the child talk more openly by asking questions 4.2 and 4.3 in a neutral manner, and not indicating in any way your approval or disapproval of the answers the child gives to these questions. Also, do not press the child if they have no answer to either of these questions.

Q4.4 Ask the child:

Have you done work or anything else in the last year to get money or things for yourself or your family?

If the child answers no to question 4.4, go to section 5. Otherwise, continue with the rest of the questions below in section 4.

Q4.5 Ask the child:

What were these activities?

Q4.5-Q4.5.3: You should allow the child to feel free to give any answers here - these could even include begging, stealing and sexwork. Avoid making the child feel judged for any of these activities, either through your comments, reactions or facial expressions. If the child gives only one answer, you are permitted to ask if there are any more activities. If the child gives more than 3 activities, ask:

Which three activities earn you the most in money or goods?

(Note to countries: Make changes to possible answer categories to suit local conditions.)

Q4.5.4 Ask the child:

Do you like [NAME OF FIRST ACTIVITY]?

If the child says no in reply to question 4.5.4, go to question 4.5.5. If the child answers yes, go to question 4.5.6.

Q4.5.5 Ask the child:

What is the main thing you don't like about doing [NAME OF FIRST ACTIVITY]?

Q4.5.6 Ask the child:

Do you like doing [NAME OF SECOND ACTIVITY]?

If the child answers no in reply to question 4.5.6, go to question 4.5.7. If the child answers yes, go to question 4.5.8.

Q4.5.7 Ask the child:

What is the main thing you don't like about [NAME OF SECOND ACTIVITY]?

Q4.5.8 Ask the child:

Do you like doing [NAME OF THIRD ACTIVITY]?

If the child answers no in reply to question 4.5.8, go to question 4.5.9. If the child answers yes, go to question 4.6.

Q4.5.9 Ask the child:

What is the main thing you don't like about [NAME OF THIRD ACTIVITY]?

Q4.6 Ask the child:

Have you ever missed school because you were working?

Note here that missing here means missing whole days of school at a time.

Section 5: Health

Purpose: to explore health problems from the child's perspective, and to be able to compare these with the caregiver's perspective.

In this section questions asked of the caregiver are repeated. These questions are about health problems which affect the child's activities such as school attendance and socialisation.

Say to the child:

Now I am going to ask you some questions about your health.

Q5.1 Ask the child:

Do you have any problems that affect how you make friends or play?

If the child answers yes to question 5.1, go to question 5.2. If the child answers no, go to question 5.3.

Q5.2 Ask the child:

What is the problem?

Carefully list what the child tells you in answer to 5.2, and try to fit these answers into the categories provided. Be patient in this question and further questions in this section if the child has difficulty in describing a health problem.

Q5.3 Ask the child:

Do you have any health problems that stop you studying, attending school or working like other children?

If the child answers yes to question 5.3, go to question 5.4. If the child answers no, go to question 5.5.

Q5.4 Ask the child:

What is the problem?

Q5.5 Ask the child:

Do you have any other health problems?

If the child answers yes to question 5.5, go to question 5.6. If the child answers no, go to Section 6.

Q5.6 Ask the child:

What is the problem?

Section 6: Literacy and numeracy

Purpose: to test the child's ability to read letters, a simple word and a simple sentence; to write a simple sentence; and to perform a simple calculation.

Say to the child:

Now I want to ask you about reading and writing.

Instructions for question 6.1

Purpose: to test the child's ability to read letters, a simple word and a simple sentence.

1. As an introduction, say to the child:

Now I am going to show you a card with some letters on it.

2. Put down the card in front of the child so that the letters are in the correct position for the child to read them.

3. Using a blank piece of paper, cover up the bottom two lines, exposing the top line only. Make sure you do not obscure the top line from the child. Say to the child:

Can you please read this to me?

4. Now, using two sheets of paper, cover up the top line and the bottom line, exposing the middle line only. Make sure you do not obscure the middle line. Say to the child:

Can you read this to me?

5. Finally, cover up the top two lines, exposing the last line. Say to the child:

Can you read this to me?

6. Do not indicate to the child whether or not their reading is correct. Keep the scoring sheet out of child's view.

7. It is also important that you do not criticise or embarrass the child in any way through your response to their reading.

8. Some children are impulsive and read too hurriedly, so making mistakes. If the child appears to be doing this, give the child another opportunity to read each of the three lines. Say to the child:

Would you like to try this again?

and follow steps 3-5 again.

9. However, if the child appears to be unable to read at all, move on quickly to section 6.2.

Instructions for question 6.2

Purpose: to test the child's ability to write a simple sentence.

1. As an introduction, say to the child:
Now I am going to ask you to write a sentence for me.
2. Make sure that the child has a flat, regular and solid surface to write on. This may take the form of a table or desk, or may be a flat piece of wood, or even a regular, flat floor. (*Note to countries: adapt to local conditions.*)
3. Put the answer sheet provided and a pen or pencil in front of the child. Make sure the child is comfortably positioned for writing.
4. Read the sentence out to the child, slowly and loud. Read it twice:
I like dogs.
5. Say to the child:
Write this sentence down for me.
6. If necessary, you may repeat the sentence again for the child.
7. If the child makes a mistake, and wants to write the sentence down again, allow the child to do so. Tell the child:
Cross out what you have written, and start again on a new line.
8. If it becomes apparent that the child cannot write, move on quickly to the next activity. It is important that you do not criticise or embarrass the child in any way through your response to their writing.

Instructions for question 6.3

Purpose: to test the child's ability to perform a simple calculation.

1. As an introduction, say to the child:
Now I am going to ask you to work out a calculation.
2. Then say to the child:
What is two times four?
3. If necessary, repeat step two again.
4. Allow the child a short period of time (about a minute) to work this out. If it becomes apparent that the child is unable to do this, move on quickly to Section 7.
5. Do not give the child any indication as to whether or not their answer is correct. Also, keep the score sheet out of the child's view.

Section 7: Child development

Purpose: The book form of the **Ravens Coloured Progressive Matrices (CPM)** will assess the chief cognitive processes of which children under 11 years of age are usually capable. It measures the child's ability to evolve or develop new insights from information that is already perceived or known.

The CPM consists of 36 items arranged in three sets of 12: A, Ab and B. You will be given thorough and detailed training in the use of this developmental test before fieldwork begins. Your training will ensure that you administer the test in a reliable manner and that you feel confident in its use.

To ensure the collection of reliable information from the Raven's CPM you should think about the following key issues:

1. You should make sure that the child taking the test understands what he/she needs to do and the thought process they need to use to solve the problems.
2. You must always be consistent and deliver the test in the same way to each child:
 - Use the language and phrasing detailed in the instructions.
 - Avoid using verbal and non-verbal cues or prompts that give the child an unfair advantage and lead them to giving the correct answer.
 - You must give each child the same number of opportunities to answer each problem correctly by following the instructions below.
 - You must not tell the child whether they have completed the pattern correctly or incorrectly. You should accept and record the child's final answer and move on to the next part of the task. Therefore when the instructions state that you accept the child's choice with approval you should do this by smiling and saying "thank you" but do not for example say "well done, that's right" or "very good", "excellent" etc.
3. When using the Book Form of the Test, the consequence of placing the chosen piece in the pattern cannot be seen and careless answers may be given. You should encourage the child to look carefully at the different patterns and to be satisfied that the piece chosen is appropriate, and the only one that is required to complete the pattern correctly.

The instructions below outline the pattern of guidance which is acceptable. It is important that while showing the child the problem and pattern options that you do not give more emphasis to the correct piece either by your gestures or by your words. Do not linger on the correct piece by giving it extra attention or highlight the nature of the overall pattern into which the correct piece fits.

If the child is unable to solve the first five problems of Set A, they have not grasped the nature of the problems and the test should be finished.

To administer the test you need to open the booklet at the first problem, A1.

Say to the child: *Look at this.*

Do: Point to the upper figure.

Say to the child: *You see, it is a pattern with a piece cut out of it. Each of these pieces below...*

Do: Point to each pattern in turn.

Say to the child: *...is the right shape to fill the space, but only one of them is the correct pattern. Number 1 is the right shape, but it is not the right pattern. Number 2 has no pattern at all. Number 3 is quite wrong. Number 6 is nearly right, but is wrong here.*

Do: Point to the white piece in Number 6.

Say to the child: *Only one is right. You point to the piece which is correct to complete the pattern.*

Do: If the child taking the test does not point to the right piece, repeat your explanation until it is apparent that the nature of the problem has been clearly grasped.

Turn to problem A2.

Say to the child: *Now point to the piece which goes in here.*

Do: If the child taking the test fails to do so correctly, re-demonstrate problem A1 and again request an answer to problem A2.

If the problem is solved correctly, turn to problem A3 and proceed as before.

At problem A4, before the child taking the test has time to point to one of the pieces....

Say to the child: *Look carefully at these pieces.*

Do: Move your fingers across them.

Say to the child: *Only one of these pieces is right to complete the pattern. Be careful. Look at each of the six pieces first.*

Do: Point to each of the six pieces.

Say to the child: *Now you point to the right one to go in here.*

Do: Point to the space.

When the child taking the test has pointed to one of the pieces, whether it is right or not...

Say to the child: *Is that the right one to go in here?*

Do: If the child taking the test says "yes", accept the choice with approval whether it is right or wrong. If he or she says no or wishes to change their choice...

Say to the child: *All right. Well, point to the one that is right.*

Do: Whether the answer is right or wrong again...

Say to the child: *Is that the right one?*

Do: If the child taking the test is satisfied, whether the choice is right or wrong, accept that choice, but if there still seems to be doubt...

Say to the child: *Well, which do you really think is the right one?*

Do: Make a note of the number of the final choice on the answer sheet.

Demonstrate problem A5 in the same way as problem A4.

At any stage between A1 and A5, problem A1 can be used to illustrate what has to be done, with the request that the child should try again.

If the child taking the test is unable solve problems A1 to A5 correctly, the test should be finished.

If these five problems have been solved, turn to A6.

Say to the child: *Look at the pattern carefully. Now which of these pieces...*

Do: Point to each in turn.

Say to the child: *... goes in there?*

Do: Point to the space to be filled.

Say to the child: *Be careful, only one is right. Which one is it? Be sure you find the right one before you point to it.*

Do: Record the answer given.

If necessary you can present each problem giving the same instructions.

If the child is concerned about defects in the drawings assure them they do not need to worry.

If the child taking the test seems to get stuck on a particular item, suggest that they move on and see if they can do the later problems and then come back to the problem that is causing difficulties.

If, in order to make progress, it seems necessary to do so, ask the child taking the test to guess **"as guesses are sometimes correct"**.

At the end of Set A, demonstrate the first problem in Set Ab, again pointing in turn to each of the three figures on the pattern and the space to be filled.

Say to the child: ***You see how it goes. That. That. That. What will this one be? Point to the right one of these to go here. Be careful. Look at each one in turn. Only one is right. Which one is it?***

Do: In problems Ab1 to Ab5, after the child taking the test has pointed to one of the pieces, whether it is right or wrong...

Say to the child: ***Is that the right one to complete the pattern?***

Do: Point to the pattern and the space to be filled. As before, if the answer is **"yes"**, accept and record the choice with approval. If the child taking the test wishes to change the choice, proceed as in Set A, and accept the one finally chosen as right.

For the sixth problem the child taking the test should not be asked if the answer chosen is right. Simply...

Say to the child: ***Look carefully at the pattern.***

Do: Point to each of the figures in turn and the space to be filled.

Say to the child: ***Be careful. Only one of these pieces completes the pattern properly.***

Do: Point to each in turn.

Say to the child: ***Which one is it?***

Do: Record the final choice on the answer sheet.

If a mistake has been made, or the child taking the test wants to change his or her answer, put a cross through the incorrect answer, and then write the number of the final choice. Do not rub out the original answer.

The same guidance can be given to the child with each remaining problem of Set Ab and Set B as long as you feel it would be helpful.

In order to make sure you use the Raven's CPM effectively, you should reflect on the following issues that will be discussed in training. As an interviewer you should be aware of specific situations which may arise and how these may be handled in a sensitive and professional manner.

- It is advisable to find a quiet place within the house to carry out the Raven's test. This will provide privacy and ensure that the child can complete the task with a minimal amount of assistance or interference from other adults or children in the household. It will also enable the child to focus their attention and concentrate effectively upon the task.

(Note to countries: adapt to local conditions.)

- It is important that the interviewer and child be seated at the same level during the CPM. This makes the child feel equal to the interviewer and allows you to observe the child's actions during task completion. The procedure may be carried out with you and the child seated at a table with the book between you or with you both seated on the floor. The specific circumstances of the household must be taken into consideration when deciding where to conduct the CPM. You should be aware of lighting and visibility, since both parties need to be able to see and differentiate the patterned task pieces. It is also important that the child is seated comfortably during the task.
- Some children may respond more quickly than others and therefore it is important to allow each child sufficient time to process the information and reach a decision.
- The interviewer should be sensitive and responsive to the mood of the child. If the child seems distracted the interviewer should try to actively re-engage their attention. This may involve different strategies:
 - Explain how to answer the problems again.
 - If still not interested leave the CPM and return to it later in the interview.
- Children should not be censured with regard to their willingness to co-operate or embarrassed about their ability to complete the test correctly. Some children will be more nervous than others and you should try to make them feel safe and relaxed. At any time during the test, the child has the freedom to stop and not complete the test.

8. Qualitative information

In addition to filling in the standard form for each child, it is *very* important that you also provide additional qualitative information about the child. This information will help the researchers to make sense of and interpret the results. Qualitative information includes any extra information you can provide about the child, such as:

- Was the child anxious, withdrawn or depressed?
- Did the child have difficulty concentrating?
- Did the child ever provide an answer before you had finished asking the question?
- Were there any questions which the child tried to avoid answering?
- Did the asking of any questions cause a change to the child's mood?
- Were there any distractions or interruptions while you interviewed the child?
- Did the interviewing situation present any particular problems?
- Did the child need to have any instructions repeated?
- How did the child appear to you? (such as happy, sad, excited, upset)

You should also write down personal observations about the primary caregiver and the index child. Qualitative information about the socio-economic and physical context of the household will be valuable to researchers when they try to interpret results.

9. Training fieldworkers

The following book is a useful resource for training fieldworkers. It is a comprehensive manual on participatory research, and covers the following topics:

- Why let children participate in research

- Methodology
- Activities for training.

The book is entitled:

Boyden, J. & Ennew, J. (Eds.) 1997. *Children in Focus: A Manual for Participatory Research with Children*. Radda Barnen: Stockholm.