**APPENDIX 2: Mothers of infants 0-5.9 month**

**Formative Research in UTTAR PRADESH**

|  |
| --- |
| **SECTION A:-IDENTIFICATION** |
| **Q.No** | **Questions and filter** | **Coding categories** | **goto** |
| A1 | Name of the District | ­­­Allahabad | 1 |  |
| Shahjahanpur | 2 |
| Siddharthnagar | 3 |
| A2 | Name of the block/tehsil | ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Record name and code** |  |
| A3 | Name of PSU(city/town/village) | ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Record name and code** |  |
| A4 | Rural/Urban Area | Rural | 1 |  |
| Urban | 2 |

|  |
| --- |
| **SECTION B:-SOCIO-ECONOMIC AND DEMOGRAPHIC INFORMATION OF THE RESPONDENT** |
| B1 | What is your age? (completed years) | **Years**  |  |
| B2 | Can you read/write a simple letter with understanding?**SINGLE CODING ONLY** | Yes | 1 |  |
| No | 2 |
| B3 | What is the highest grade of education you have completed?**SINGLE CODING ONLY** | **Highest grade completed** |  |
| Never attended formal school | 66 |
| No answer | 99 |
| B4 | How old were you when you first got married? | **Years**  |  |
| B5 | What is the employment status of the head of the household?**SINGLE CODING ONLY** | Own land cultivation/farming | 1 |  |
| Share Cropping | 2 |
| Agricultural Labour | 3 |
| Animal Husbandry | 4 |
| Wood/Timber gathering | 5 |
| Non Timber Forest Produce gathering | 6 |
| Non Agricultural Labour | 7 |
| Artisan(Handicraft)/Skilled worker  | 8 |
| Petty shop/small business | 9 |
| Medium Shop/Business | 10 |
| Clerical/Salesman | 11 |
| Supervisory level | 12 |
| Servant/domestic help | 13 |
| Student | 14 |
| Not employed/ housewife | 15 |
| No response | 99 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **code** | **goto** |
| B6 | SEC of respondentSEC**DO NOT ASK- SEE SEC CARD AND FILL/SEC** | **Rural** | **Urban** |  |
| R1 | A1 |
| R2 | A2 |
| R3 | B1 |
| R4 | B2 |
| R5 | C |
|  | D |
|  | E |
| B7 | What is the main source of drinking water for the members of your household?  | Piped water into dwelling | 1 |  |
| Piped water to yard/plot | 2 |
| Public tap/standpipe | 3 |
| Tube well/bore well | 4 |
| Protected dug well | 5 |
| Unprotected dug well | 6 |
| Protected spring | 7 |
| Unprotected spring | 8 |
| Rain water collection | 9 |
| Bottled water | 10 |
| Cart small tank/drum | 11 |
| Tanker truck | 12 |
| Surface water (river, dam, lake, pond, stream, canal, irrigation channels) | 13 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| B8 | Does your household have a toilet within the premises?  | Yes | 1 |  |
| No | 2 |
| B9 | What kind of toilet or latrine facilities do member of your household **usually use**?  | Flush/pour flush to | 1 |  |
| Ventilated improved pit latrine | 2 |
| Pit latrine with slab  | 3 |
| Pit latrine without slab/Open pit | 4 |
| Composting toilet | 5 |
| Bucket  | 6 |
| Bush or Open field | 7 |
| Community toilet | 8 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| B10 | How many sons and daughters have been ever born to you (including those who might currently be away from home)?  | **Total** | **→ if No child code 00** |
| **Total Sons** |  |
| **Total Daughters** |  |
| B11 | Can you tell me the age of your index child?  | **Age in months** |  |
| B12 | What is the gender of your index child? | Male | 1 |  |
| Female | 2 |
| B13 | What is the name of the Index child? |  |  |

|  |
| --- |
| **SECTION 1:- Breastfeeding Practice** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 100 | Where was your(index) child born? | In the hospital/PHC/CHC | 1 |  |
| At home with assistance of Trained Birth Attendant | 2 |
| At home without assistance  | 3 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 101 | How was your (index) child born?  | Normal  | 1 |  |
| C section | 2 |
| 102 | What was given to the (index) child immediately after birth? **Multiple Response** | Colustrum | 1 |  |
| Honey | 2 |
| Janm gutthi | 3 |
| Water | 4 |
| Cows milk  | 5 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 103 | How long after the birth, did you first put the (index) child to the breast?  | Immediately (within an hour)  | 1 |  |
| **Record in number of completed hours** |
| 104 | Was the (index) child able to suck immediately after birth?  | Yes | 1 |  |
| No | 2 |
| 105 | Immediately after delivery, what support did you receive related to breast feeding? **Multiple Response** | No support | 1 |  |
| Helped in position | 2 |
| Helped in Attachment | 3 |
| Checking the ability of the baby to suck properly  | 4 |
| Advise about colustrum feeding | 5 |
| Advise about not feeding any thing else (not even water) | 6 |
| Advise on frequency of feeding  | 7 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 106 | In the first 2-3 days after birth – besides breast milk, what was given to the (index) child?**Multiple Response** | Honey  | 1 |  |
| Sugar water | 2 |
| Water  | 3 |
| Gutthi | 4 |
| Formula milk | 5 |
| Cow’s milk  | 6 |
| Goat’s milk  | 7 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 107 | In the first 6-7 days after birth – besides breast milk, what was given to the (index) child?**Multiple Response** | Honey  | 1 |  |
| Sugar water | 2 |
| Water  | 3 |
| Gutthi | 4 |
| Formula milk | 5 |
| Cow’s milk  | 6 |
| Goat’s milk | 7 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 108 | After the first week of life and till now, what is given to the (index) child? **Multiple Response** | Only breastmilk | 1 |  |
| Water | 2 |
| Cow’s milk | 3 |
| Cow’s milk with water | 4 |
| Formula milk (Lactogen1, Amulspray, Nan 1, Similac 1) | 5 |
| Rice water | 6 |
| Dal water | 7 |
| Fruit juice | 8 |
| Roti mixed in milk | 9 |
| Sattu  | 10 |
| Khichddi  | 11 |
| Suji  | 12 |
| Halwa | 13 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 109 | **For each item mentioned above EXCEPT BREAST MILK ASK at what age given, why given, how given, and who advises?**  |
| **ITEMS** | **Age** | **Why** | **How? (spoon/bowl, bottle, bowl, hand)** | **On whose advise** |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |
| E |  |  |  |  |  |
| F |  |  |  |  |  |
| G |  |  |  |  |  |
| H |  |  |  |  |  |

|  |
| --- |
| **SECTION 2:- Breastfeeding KNOWLEDGE** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 201 | How soon after birth, should a child be given breast milk?**SINGLE CODING ONLY** | Within half an hour | 1 |  |
| Within one hour | 2 |
| Within 24 hours | 3 |
| Within\_\_\_days/\_\_\_\_\_\_\_ | 4 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 202 | How can a mother increase the supply of milk for her child? | Frequenctly breast feeding increases milk production | 1 |  |
| Increase in mothers diet | 2 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 203 | How should a sick child of 0-5.9 months be fed? | Continue feeding as usual | 1 |  |
| Increase the frequency of feeding | 2 |
| Decrease the frequency of feeding  | 3 |
| Stop feeding | 4 |
| Express breast milk and feed by a spoon or katori | 5 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 204 | How should a child of 0-5.9 months be fed when the mother is sick? | Continue feeding as usual | 1 |  |
| Increase the frequency of feeding | 2 |
| Decrease the frequency of feeding  | 3 |
| Stop feeding | 4 |
| Express breast milk and feed by a spoon or katori | 5 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 205 | How can a mother understand that her child is getting sufficient milk?**Multiple Response** | Child urinate at least 6 times a day | 1 |  |
| Child sleeps well | 2 |
| Child plays well  | 3 |
| Child is gaining weight | 4 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 206 | What are the benefits of exclusive breastfeeding for six months (By exclusive we mean only breastmilk and no other food or water)?  | Breast milk helps protect babies and young children against dangerous illnesses | 1 |  |
| Exclusive breastfeeding can protect a woman against pregnancy | 2 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 207 | What are the risks of **not practicing exclusive** breastfeeding for six months (By exclusive we mean only breastmilk and no other food or water)? |  |  |  |
| DK/CS | 88 |

|  |
| --- |
| **SECTION 3:- Perception about community’s ability to practice** |
| **Instruction:** Interviewer should ask the mother that according to her how many mothers in her community with children of the same age as her child, she think, will be able to practice the recommended breast feeding behavior. |
| 301 | In your opinion, how many new mothers in your community will be able to initiate breast feeding immediately after birth (within 1 hour of birth)? Would you say all, many, half, some, or none?**SINGLE CODING ONLY** | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 302 | In your opinion, how many new mothers in your community will be able to avoid giving prelacteals such as honey, water, sugar water, oil, cow milk, and goat milk to the baby immediately after birth till the first three days? Would you say all, many, half, some, or none? **SINGLE CODING ONLY** | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 303 | In your opinion, how many mothers of children below 6 months in your community will be able to exclusively breastfed their children in the first six months period? By exclusive, we mean only breastmilk and no other food or water. Would you say all, many, half, some, or none? **SINGLE CODING ONLY** | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 304 | In your opinion, how many mothers of children below 6 months in your community will be able to express breast milk and feed the child when they are away from the child for more than 4 hours in a day? Would you say all, many, half, some, or none? **SINGLE CODING ONLY** | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |

|  |
| --- |
| **SECTION 4:- Level of support** |
| **Instruction:** Interviewer should ask the mother that how much support she thinks she will receive from her family members to practice the following breastfeeding recommendations. |
| 401 | According to you how often will you receive support from your family members to practice the recommendation of ……………………..(Read out the following 4 statements one after another) **SINGLE CODING ONLY** |
| **Recommendation** | **Never** | **Sometimes** | **Often** | **Always** |
| 1 | Putting the baby to you breast immediately after delivery within one hour to initiate breastfeeding | 1 | 2 | 3 | 4 |
| 2 | Not giving or allowing others to give any pre lacteals such as honey, water, sugar water, oil, cow milk, and goat milk etc. to the child immediately after birth till the first three days | 1 | 2 | 3 | 4 |
| 3 | Practicing exlcusive breast feeding until the child has completed 6 months. By exclusive, we mean only breastmilk and no other food or water | 1 | 2 | 3 | 4 |
| 4 | Giving expressed breast milk to the child when you are separated for more than 4 hours in a day | 1 | 2 | 3 | 4 |

|  |
| --- |
| **SECTION 5:- Confidence to follow recommendation** |
| **Instruction:** Interviewer should now ask the mother that how much confident she is to follow the following recommended breast feeding practices. |
| 501 | How confident are you to practice the breast feeding recommendation of …….....(Read out the following 4 statements one after another) / **SINGLE CODING ONLY** |
| **Recommendation** | **Not at all confident** | **Not confident** | **Neither Confident or not Confident** | **Confident** | **Very Confident** |
| 1 | Putting the baby to your breast immediately after delivery within one hour to initiate breastfeeding | 1 | 2 | 3 | 4 | 5 |
| 2 | Not giving or allowing others to give any pre lacteals such as honey, water, sugar water, oil, cow milk, and goat milk etc. to the child immediately after birth till the first three days | 1 | 2 | 3 | 4 | 5 |
| 3 | Not giving or allowing others to give anything even water to the child except breast milk until the child is completed 6 months  | 1 | 2 | 3 | 4 | 5 |
| 4 | Giving expressed breast milk to the child when you are separated for more than 4 hours in a day. | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **SECTION 6:- Barriers and facilitators** |
| **Instruction:** Read out the ideal practices regarding breastfeeding one after another and note the barriers and fecilitators for each of these ideal practices. |
| 601 | The ideal practice is ………… **(READ OUT IDEAL PRACTICES ONE AFTER ANOTHER)** and now tell me, what are the barriers to practice it? And what are the facilitators to practice it? |
| **Recommended practices** |  **Barriers** | **Facilitators** |
| 1 | Putting the baby to your breast immediately after delivery within one hour to initiate breastfeeding  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 2 | Not giving or allowing others to give any pre lacteals such as honey, water, sugar water, oil, cow milk, and goat milk etc. to the child immediately after birth till the first three days  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 3 | Not giving or allowing others to give anything even water to the child except breast milk until the child is completed 6 months  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 4 | Giving expressed breast milk to the child when you are separated for more than 4 hours in a day/ |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **SECTION 7:- Recall of Feeding practices** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 701 | Are you currently breastfeeding your child? | Yes | 1 | **🡪702** |
| No | 2 | **🡪704** |
| 702 | Yesterday did you breast feed your child during day or night?  | Yes | 1 | **🡪704** |
| No | 2 | **🡪703** |
| 703 | If no why?  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 704 | Now I would like to ask you about some liquids or food the (index) child may have had yesterday during the day or at night?**PLEASE READ THE ITEMS AND CIRCLE THE ONES THAT THE CHILD HAD YESTERDAY** | Water | 1 |  |
| Cow’s milk | 2 |
| Cow’s milk with water | 3 |
| Formula milk (Lactogen1,Amulspray, Nan 1, Similac1) | 4 |
| Rice water | 5 |
| Dal water | 6 |
| Fruit juice | 7 |
| Roti mixed in milk | 8 |
| Sattu  | 9 |
| Khichddi  | 10 |
| Suji  | 11 |
| Halwa | 12 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 8 A:- Mother’s DIET DIVERSITY** |
| **Instructions to interviewer:** First ask if yesterday was a special day, like a celebration or feast day or a fast day where anyone in the HH ate special foods or where they ate more or less than usual or did not eat because they were fasting?If yesterday **was not a special day**, then ask the respondent about the types of foods she had consumed **yesterday** during morning to till night before sleep. If yesterday **was a special day**, then ask the respondent about the types of foods she had consumed **day before yesterday** during morning to till night before sleep. |
| 801 | I will read out some food categories and if you have consumed them yesterday/day before yesterday please tell me so.  | **Code** |
| A | **CEREALS -** Rice, bread made of wheat, puffed rice, pressed rice, dalia, suji noodles, or any other foods rice, wheat, maize/corn, or other locally available grains | Yes | 1 |
| No | 2 |
| B | **VITAMIN A RICH VEGETABLES** such as Pumpkin/Carrot | Yes | 1 |
| No | 2 |
| C | **WHITE TUBERS AND ROOTS OR OTHER STARCHY FOOD** such as potatoes, white sweet potato (not orange inside) Potato crisps or other foods made from roots (note orange or yellow roots) | Yes | 1 |
| No | 2 |
| D | **DARK GREEN LEAFY VEGETABLES** such as spinach, red amaranth leaves, green amaranth, mustard leaves Saag, pea leaves Saag, methi Saag (amaranth leaves) Chaurai Saag, Naari Saag, etc. | Yes | 1 |
| No | 2 |
| E | **OTHER VEGETABLES** such as eggplants, green papaya, cauliflower, cabbage, onion, radish, beans, tinda, parwal etc.  | Yes | 1 |
| No | 2 |
| F | **VITAMIN-A RICH FRUITS** such as ripe mangoes, ripe papaya, jack fruit | Yes | 1 |
| No | 2 |
| G | **OTHER FRUITS** such as banana, apples, guava, oranges other citrus fruits pine apple, watermelon, olives grasps, grapefruit, berries, kamranga, tamarind, plum.  | Yes | 1 |
| No | 2 |
| H | **ANY FOODS MADE FROM BEANS, PEAS, OR LENTILS** (Beans, Peas, Lentils, Soyabeans, other Pulses etc.)  | Yes | 1 |
| No | 2 |

|  |  |  |
| --- | --- | --- |
|  |  | **Code** |
| I | **MILK AND MILK PRODUCTS** such as milk, cheese, yogurt or other milk products like kheer, khoya | Yes | 1 |
| No | 2 |
| J | **OILS/ FATS, Vanaspati** (Oil fats or butter added to food or used for cooking including Ghee)  | Yes | 1 |
| No | 2 |
| K | **SWEETS** (Sugar, Jagari, Molasses, Honey, Misti, cold drinks, Chocolates candies biscuits) | Yes | 1 |
| No | 2 |
| L | **SPICES, CONDIMENTS** (Spices - cumin, coriander, & salt, condiments, pickles, chutney etc.)  | Yes | 1 |
| No | 2 |
| M | **Tea/Coffee** | Yes | 1 |
| No | 2 |
| N | **FLESH FOOD**: Any Goat, Lamb Chicken, Duck or other Birds (Liver, Kidney, Heart, Or Other Organ Meats)  | Yes | 1 |
| No | 2 |
| O | **EGGS** (Eggs of different bird – chicken, duck, etc., with yolk, without yolk) | Yes | 1 |
| No | 2 |
| P | **FISH** (Big/Small fresh or dried fish or shell fish e.g. prawn crab etc) | Yes | 1 |
| No | 2 |
| **Section 8 B: - Assessments of food quantity using standard bowls** |
| **Instructions:** In this section interviewer should ask questions about the consumption of specific food items in different meal times. |
| 802 | **Yesterday/daybefore yesterday** from morning to night before you slept, have you consumed these food items? Cross check from **SECTION 8A**, if yes, ask how much. / **– Section 8ANOTE: Katori and cup are of 250 ml and a piece is equivalent to the size of a match box. Measurements can be even less than 1 unit like ¼ or ½ or ¾** |
| **Food items** | **Units of measurement** | **Breakfast** | **Morning snack** | **Lunch** | **Afternoon snacks** | **Dinner** |
| **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** |
| 1 | Rice | Bowl |  |  |  |  |  |  |  |  |  |  |
| 2 | Bread/Roti | Piece |  |  |  |  |  |  |  |  |  |  |
| 3 | Thick Daal | Bowl |  |  |  |  |  |  |  |  |  |  |
| 4 | Dark Green leafy veg | Bowl |  |  |  |  |  |  |  |  |  |  |
| 5 | Yellow/orange/ Any other vegetables | Bowl |  |  |  |  |  |  |  |  |  |  |
| 6 | Yellow/ orange fruits  | Piece |  |  |  |  |  |  |  |  |  |  |
| 7 | Milk  | Cup |  |  |  |  |  |  |  |  |  |  |
| 8 | Milk product (Kheer, Matha/Chhachh, Khoya, Rabari, curd, Sevai etc) Bowl | Bowl |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Food items** | **Units of measurement** | **Breakfast** | **Morning snack** | **Lunch** | **Afternoon snacks** | **Dinner** |
| **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** | **Yes=1****No=2** | **Quantity** |
| 9 | Milk Tea Coffee | Cup |  |  |  |  |  |  |  |  |  |  |
| 10 | Egg  | Piece |  |  |  |  |  |  |  |  |  |  |
| 11 | Biscuits/Cakes | Piece |  |  |  |  |  |  |  |  |  |  |
| 12 | Gur, Chura  | Bowl |  |  |  |  |  |  |  |  |  |  |
| 13 | Daliya | Bowl |  |  |  |  |  |  |  |  |  |  |
| 14 | Big Fish | Piece |  |  |  |  |  |  |  |  |  |  |
| 15 | Small fish | Bowl |  |  |  |  |  |  |  |  |  |  |
| 16 | Meat/Chicken | Piece |  |  |  |  |  |  |  |  |  |  |
| 17 | Other |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SECTION 9:- Household Sanitation and Hygiene Practice** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 901 | Where do you go for defecation?  | Own toilet | 1 |  |
| Community toilet  | 2 |
| Open Defecation  | 3 |
| 902 | How do you **MOSTLY** dispose the excreta/faeces of your index child? | Thrown in Toilet | 1 |  |
| Flushed in Toilet | 2 |
| Buried in the ground  | 3 |
| Thrown in drain  | 4 |
| Flushed in drain  | 5 |
| Thrown in open places after wrapping | 6 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 903 | Last time when the (index child) passed stool, what was done to dispose the stool? | Child use the toilet | 1 |  |
| Thrown in toilet | 2 |
| Flushed in toilet | 3 |
| Buried in ground | 4 |
| Child defecates in Drain  | 5 |
| Thrown in drain | 6 |
| Flushed in drain  | 7 |
| Child defecates in open ground | 8 |
| Thrown in open places after wrapping | 9 |
| Thrown in open without wrapping | 10 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 904 | Yesterday from morning till night what were the occasions when you washed your hand? **Multiple Response** | After using toilet  | 1 |  |
| Before preparing food  | 2 |
| Self-feeding  | 3 |
| Before feeding child  | 4 |
| After handling animal  | 5 |
| After house hold work | 6 |
| After coming from field  | 7 |
| Before prayer  | 8 |
| Before serving food | 9 |
| None | 10 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 905 | What agent did you use to wash your hand during these occasions? |  | **Occasions of hand washing** | **Washing agent** **(CODE)** |  |
| 1 | After using toilet  |  |
| 2 | Before preparing food |  |
| 3 | Self-feeding |  |
| 4 | Before feeding child  |  |
| 5 | After handling animal |  |
| 6 | After house hold work |  |
| 7 | After coming from field  |  |
| 8 | Before prayer  |  |
| 9 | Before serving food |  |
| 10 | None |  |
|  | Others (Please Specify)\_\_\_\_\_\_\_ |  |
| ***CODE OF WASHING AGENT/ :1=Soap; 2=Detergent/Liquid; 3=Shampoo;*** ***4=Ash; 5=Mud/Soil; 77=Nothing*** |

|  |
| --- |
| **SECTION 10:- OBSERVATION at HOUSE** |
| 1001 | **Instruction for investigator**: Please observe the following spots for **water** and **washing agent** and give the suitable CODE for each, based on the availability of them. | **Water/****(Yes=1** **NO=2)** | **Washing agent**  **(CODE)** |
| A | Sanitation facility |  |  |
| B | Place of cooking |  |  |
| C | Place where child is being fed |  |  |
|  | ***CODE OF WASHING AGENT: 1=Soap/; 2=Detergent/; 3=Shampoo/; 4=Ash/; 5=Mud/Soil/; 77=Nothing/*** |
| 1002 | Observe the finger pads, nails of the index child- clean or dirty?  | Clean | 1 |  |
| Dirty | 2 |

|  |
| --- |
| **SECTION 11:- Household Sanitation and Hygiene Practice** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1101 | What are the reasons for a child of below 6 months age for getting diarrhea?***(No Prompting)*** | Child’s hands are dirty | 1 |  |
| Child’s hands are not washed with soap and water | 2 |
| Child given stale food | 3 |
| Child fed in dirty utensils | 4 |
| Child given unclean water  | 5 |
| Mother/caregiver do not wash hands with soap before feeding child | 6 |
| Mother/caregiver do not wash hands with soap before feeding child after using toilet | 7 |
| Mother/caregiver do not wash hands with soap before feeding child after handling animals  | 8 |
| Child playing in the dirt  | 9 |
| Child eating dirt | 10 |
|  Unsafe disposal of stool | 11 |
| Fly on food | 12 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1102 | What are the reasons for a child of below 6 months age for getting cold, cough or pneumonia?  | Child’s hands are dirty | 1 |  |
| Child’s hands are not washed with soap and water  | 2 |
| Child given a bath in cold water | 3 |
| Child exposed to cold wind | 4 |
| Mother/caregiver do not wash hands with soap before feeding child | 5 |
| Mother/caregiver do not wash hands with soap before feeding child after using toilet | 6 |
| Mother/caregiver do not wash hands with soap before feeding child after handling animals | 7 |
| Baby was not covered properly | 8 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1103 | What are the reasons for a child below 6 months age for getting fever?  | Child’s hands are dirty | 1 |  |
| Child’s hands are not washed with soap and water  | 2 |
| Child given a bath in cold water | 3 |
| Child exposed to cold wind | 4 |
| Mother/caregiver do not wash hands with soap before feeding child | 5 |
| Mother/caregiver do not wash hands with soap before feeding child after using toilet | 6 |
| Mother/caregiver do not wash hands with soap before feeding child after handling animals | 7 |
| Baby was not covered properly | 8 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **SECTION 12:- Perception about community’s ability to practice** |
| 1201 | **Instruction:** Interviewer should ask the mother that according to her how many mothers in her community with children of the same age as her child, she thinks, will be able to practice the following recommended sanitation and hygiene behaviors. |
| 1 | In your opinion, how many mothers of children below 6 months in your community **will be able to dispose** child’s feaces in the toilet and flush properly every time the child passes stool? Would you say all, many, half, some, or none? | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 2 | In your opinion, how many mothers of children below 6 months in your community **will be able to wash hands** with soap every time after they dispose the stool and clean child’s bottom?  | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 3 | In your opinion, how many women in your community **will be able to keep their child separated from soil**? | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| **SECTION 13:- Level of support** |
| **Instruction**: Interviewer will ask the mother that how much support she thinks she will receive from her family members to practice the following sanitation and hygiene recommendations |
| 1301 | According to you how often will you receive support or encouragment from your family members to practice the recommendation of ……………………..**(Read out the following 3 statements one after another)** ………….**SINGLE CODING ONLY/** |
| **Recommendation** | **Never** | **Sometimes** | **Often** | **Always** |
| 1 | Disposing child’s feaces in the toilet and flush properly every time the child passes stool | 1 | 2 | 3 | 4 |
| 2 | Washing hands with soap every time after you dispose child’s feaces and clean child’s bottom | 1 | 2 | 3 | 4 |
| 3 | Keeping your child separated from soil | 1 | 2 | 3 | 4 |

|  |
| --- |
| **SECTION 14:- Confidence to follow recommendation** |
| 1401 | How confident are you to practice the recommendation of…….....**(Read out the following 3 statements one after another) SINGLE CODING ONLY** |
| **Recommendation** | **Not at all confident** | **Not confident** | **Neither Confident or not Confident** | **Confident** | **Very Confident** |
| 1 | Disposing child’s feaces in the toilet and flush properly every time the child passes stool  | 1 | 2 | 3 | 4 | 5 |
| 2 | Washing hands with soap every time after you dispose child’s feaces and clean child’s bottom  | 1 | 2 | 3 | 4 | 5 |
| 3 | Keeping your child separated from soil | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **SECTION 15:-Barriers and facilitators for sanitation and hygiene** |
| **Instruction:** Read out the ideal practices regarding sanitation and hygiene one after another and note the barriers and fecilitators for each of these ideal practices. |
| 1501 | The ideal practice is ………… **(READ OUT IDEAL PRACTICES ONE AFTER ANOTHER)** and now tell me, what are the barriers to practice it? And what are the facilitators to practice it? |
| **Recommended practices** | **Barriers**  | **Facilitators/****(How can you make it happen)** |
| 1 | Every time the child passes stool, it has to be disposed in the toilet and flushed properly  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Recommended practices** | **Barriers**  | **Facilitators/****(How can you make it happen)** |
| 2 | Hand washing with soap every time after disposing child feaces and cleaning child’s bottom |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 3 | Keeping your child separated from soil / |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **SECTION 16:- INTERPERSONAL COMMUNICATION (rOLE OF FLWs)** |
| **ROLE OF AWW** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1601 | Did AWW Didi ever visit your home since the birth of the child? | Yes | 1 |  |
| No  | 2 | **🡪1605** |
| 1602 | When did she last visit your home? | **…………….Days****……………..Months** |  |
| 1603 | What advice did she give during her last visit? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Vaccination | 14 |
| Diet of lactating mother | 15 |
| IFA tablet for lactating mother | 16 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1604 | What services did she give during her last visit? | Immunization | 1 |  |
| THR | 2 |
| Weighing of child | 3 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1605 | Did you visit AWC during since this child was born? | Yes | 1 |  |
| No  | 2 | **🡪1608** |
| 1606 | What type of advices did you received from AWC? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Vaccination | 14 |
| Diet of lactating mother | 15 |
| IFA tablet for lactating mother | 16 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1607 | What type of services did you receive from AWC? | Immunization | 1 |  |
| Take Home Ration | 2 |
| Weighing of child | 3 |
| Nutrition of mother | 4 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| **ROLE OF ASHA** |
| 1608 | Did ASHA Didi (Ask with name of ASHA) ever visit your home since the birth of the child? | Yes | 1 |  |
| No | 2 | **🡪1612** |
| 1609 | When did she last visit at your home? | **…………….Days****…………….Months** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1610 | What advice did she give during her last visit? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Vaccination | 14 |
| Diet of lactating mother | 15 |
| IFA tablet for lactating mother | 16 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1611 | What services she give during her last visit?  | Immunization | 1 |  |
| THR | 2 |
| Weighing of child | 3 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1612 | Did you visit any health facility since the birth of your child? | Yes | 1 |  |
| No  | 2 | **🡪1615** |
| 1613 | What type of services did you receive from the health facility during your visit? | Weighing of child | 1 |  |
| Weight of lactating mother  | 2 |
| IFA tablet for lactating mother | 3 |
| Immunization  | 4 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1614 | What type of advice did you receive from the health facility during your last visit? | Breastfeeding | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Vaccination | 14 |
| Diet of lactating mother | 15 |
| IFA tablet for lactating mother | 16 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| **ROLE OF SHG/** |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1615 | Do you have Mahila Samooh (SHG) in your village? | Yes | 1 |  |
| No  | 2 | **🡪1617** |
| DK/CS | 88 |
| 1616 | Are you member of Mahila Samooh (SHG)? | Yes | 1 |  |
| No  | 2 |
| 1617 | Have you ever met SHG member or attended Group Meeting? | Yes | 1 |  |
| No  | 2 | **🡪Sec 17** |
| 1618 | If yes what was discussed?  | Saving | 1 |  |
| Book keeping  | 2 |
| Live stock  | 3 |
| Agriculture | 4 |
| Health  | 5 |
| Nutrition | 6 |
| Diet in pregnancy | 7 |
| Quantity of food in pregnancy  | 8 |
| Types of food during pregnanc  | 9 |
| IFA tablet | 10 |
| Avoid hard work | 11 |
| Preparation of Delivery  | 12 |
| EBF (Exclusive Breastfeeding) | 13 |
| Hygiene and sanitation | 14 |
| Extra Rest | 15 |
| Nothing | 77 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **SECTION17:- MEDIA HABITS** |
| 1701 | Do you have the following? | **Yes** | **No** |  |
| A | Radio | 1 | 2 |
| B | Television | 1 | 2 |
| C | Television with cable/DTH connection | 1 | 2 |
| D | Mobile phone | 1 | 2 |
| E | Newspaper | 1 | 2 |
| 1702 | If you **do not have any of the above items** in your house then do you access them from any other place**?****(if all No in q1701 and q1702 than go to Q1718** | Yes | 1 |  |
| No | 2 | **🡪1718** |
| 1703 | Where do you access the stated media (ask reading out the names and mark the appropriate response )-------  | **TV** | **Radio** | **Newspaper**  |  |
| A | Neighbours/Relatives/friends  | 1 | 1 | 1 |
| B | Community centre/Panchayat Bhawan | 2 | 2 | 2 |
| C | Tea Shop/shops | 3 | 3 | 3 |
| D | Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4 | 4 | 4 |

|  |  |  |
| --- | --- | --- |
| 1704 | How many days in a week do you spend on the following? |  |
|  |  | **Radio** | **TV** | **Newspaper** | **Mobile** |  |
| A | Everyday(5-7 days) | 1 | 1 | 1 | 1 |
| B | Regularly (3-4 days) | 2 | 2 | 2 | 2 |
| C | Sometimes (> 2 days) | 3 | 3 | 3 | 3 |
| D | Only Saturday/Sunday/holiday | 4 | 4 | 4 | 4 |
| E | Never | 5 | 5 | 5 | 5 |
| 1705 | In a day on an average how much time (**in Minutes**) you spend on the following? |  |
| A | Radio | Time in Minutes\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| B | Television | Time in Minutes \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| C | Newspaper | Time in Minutes \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| D | Mobile Phone | Time in Minutes \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1706 | What all do you do with the mobile phone?**MULTIPLE RESPONSE POSSIBLE****(READ OUT TO MAKE RECALL EASY)**  | Call/ receive call  | 1 |  |
| SMS | 2 |
| Play games | 3 |
| Listen to FM | 4 |
| Access internet | 5 |
| Watch YouTube | 6 |
| Watch video/films | 7 |
| Call the Doctor for treatment | 8 |
| Receive ASHA'S call for services at AWC/ VHND/ HC  | 9 |
| Others (Please Specify)/\_\_\_\_\_\_\_\_\_\_\_ |
| 1707 | Have you ever received any information about infant feeding in the mobile phone? | Yes | 1 |  |
| No | 2 | **🡪1709** |
| 1708 | What were the messages? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Vaccination | 14 |
| Diet of lactating mother | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1709 | Which newspapers do you read?**(Top 3)** |  |  |  |
|  |  |
|  |  |
| **DOES NOT READ NEWSPAPER** | **0** |
| 1710 | Which Television channels did you watch in the last 30 days? **(Top 3)**  |  |  |  |
|  |  |
|  |  |
| **DOES NOT WATCH TV** | **0** | **🡪1714** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1711 | Which programs did you watch **in the last 30 days?**  |  |  |  |
| 1712 | Have you ever received any information about infant and young child feeding through TV in last 30 days? | Yes | 1 |  |
| No | 2 | **🡪1714** |
| 1713 | What were the messages? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Breastfeeding  | 14 |
| Immunization  | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1714 | Which Radio stations did you listen to in the last 30 days? **(Top 3)**  |  |  |  |
|  |  |
|  |  |
| DOES NOT LISTEN TO RADIO  | 0 | **🡪1718** |
| 1715 | Which programs did you listen to in radio in the last 30 days?  |  |  |  |
| 1716 | Have you ever received any information about infant feeding through Radio?  | Yes | 1 |  |
| No | 2 | **🡪1718** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1717 | What were the messages? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Breastfeeding  | 14 |
| Immunization  | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1718 | In the last one year, did you attend any popular village theatre, nukkad natak, folk song, folk dance etc.?  | Yes |  |  |
| No |  | **🡪1723** |
| 1719 | How many did you attended in last one year? |

|  |  |
| --- | --- |
|  |  |

 |  |  |
| 1720 | When was the last time you attended? | **In months\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| Never | 99 | **🡪1723** |
| 1721 | Have you ever received any information about infant feeding through these programs? | Yes | 1 |  |
| No | 2 | **🡪1723** |
| 1722 | What were the messages? | Breastfeeding  | 1 |  |
| Initiation of Breast feeding with 1 hour | 2 |
| EBF up to 6 months  | 3 |
| How to increase the supply of breast milk | 4 |
| How can mother assess child is getting sufficient milk | 5 |
| Correct position & attachment to the breast  | 6 |
| Expression of Breast milk | 7 |
| Counseling on Introduction Complementary Feeding  | 8 |
| Frequency of CF | 9 |
| Diversity of CF | 10 |
| Quantity of CF | 11 |
| Sick child feeding | 12 |
| Wash hand with soap before feeding child | 13 |
| Breastfeeding  | 14 |
| Immunization  | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q.No** | **Questions and filter** | **Coding categories** | **Code** | **goto** |
| 1723 | **What** according to you is the most reliable source of information on how to **feed your child**? **SINGLE RESPONSE** |  |  |  |
| 1724 | **Who** according to you is the most reliable person for information on how to **feed your child**? **SINGLE RESPONSE** |  |  |  |
| 1725 | **What** according to you is the most reliable source of information on benefits **of handwashing with soap**?**SINGLE RESPONSE** |  |  |  |
| 1726 | **Who** according to you is the most reliable person for information on benefits **of handwashing with soap**? **SINGLE RESPONSE** |  |  |  |

**\*\*\***