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**APPENDIX 4: Mothers of children 6-17.9 months**

**Formative Research in UTTAR PRADESH**

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

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| **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)\_\_\_\_\_\_\_\_\_\_\_ |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| B6 | SEC of respondent**DO NOT ASK- SEE SEC CARD AND FILL** | **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 youngest child?  | **Age in months** |  |
| B12 | What is the gender of your index child? | Male | 1 |  |
| Female | 2 |
| B13 | What is the name of your index child? |  |  |

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| **Section 1A:- CHILD’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 mother give to her child **yesterday** during morning to till night before sleep. If yesterday **was a special day**, then ask the respondent about the types of foods mother gave to her child **day befor yesterday** during morning to till night before sleep. |
| 101 | I will read out some food categories and if you had given them to your child 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 |
| 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 BEVERAGES** (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 |

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| **Section 1 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.  |
| 102 | Yesterday/day before yesterday from morning to night before your child slept, have you given your child these food items? Cross check from **SECTION 1 A**, if yes, ask how much. / --------**NOTE: 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 like¼ or ½ or ¾/ ml** |
| **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 | Breastmilk | Duration of feeding (in Min) |  |  |  |  |  |  |  |  |  |  |
| 2 | Rice | Bowl |  |  |  |  |  |  |  |  |  |  |
| 3 | Bread/Roti | Piece |  |  |  |  |  |  |  |  |  |  |
| 4 | Thick Daal  | Bowl |  |  |  |  |  |  |  |  |  |  |
| 5 | Dark Green leafy veg | Bowl |  |  |  |  |  |  |  |  |  |  |
| 6 | Yellow/orange/ Any other vegetables | Bowl |  |  |  |  |  |  |  |  |  |  |
| 7 | Yellow/ orange fruits  | Piece |  |  |  |  |  |  |  |  |  |  |
| 8 | Milk  | Cup |  |  |  |  |  |  |  |  |  |  |
| 9 | Milk product (Kheer, Matha/Chhachh, Khoya, Rabari, curd, Sevai etc) (Bowl) | Bowl |  |  |  |  |  |  |  |  |  |  |

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| **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** |
| 10 | Milk Tea/ Coffee  | Cup |  |  |  |  |  |  |  |  |  |  |
| 11 | Egg  | Piece |  |  |  |  |  |  |  |  |  |  |
| 12 | Biscuits/Cakes | Piece |  |  |  |  |  |  |  |  |  |  |
| 13 | Gur, Chura | Bowl |  |  |  |  |  |  |  |  |  |  |
| 14 | Daliya | Bowl |  |  |  |  |  |  |  |  |  |  |
| 15 | Big Fish  | Piece |  |  |  |  |  |  |  |  |  |  |
| 16 | Small fish | Bowl |  |  |  |  |  |  |  |  |  |  |
| 17 | Meat /Chicken | Piece |  |  |  |  |  |  |  |  |  |  |
| 18  | Other |  |  |  |  |  |  |  |  |  |  |  |

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| **Section 2:- complementary feedingKNOWLEDGE** |
| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 201 | At what age complementary food should be introduced in continuation of breastfeeding? | **In months** |  |
| DK/CS | 88 |
| 202 | How many times and what quantity of complementary food should be given to a child of the following ages (in 24 hrs)? **FOR QUANTITY: Katori of 250 ml and measurements can be even less than 1 unit like ¼ or ½ or ¾** | **How many times** **(in 24hrs)** | **Quantity in each time** | **Total** **(Time X Quantity)** |
| a | 7 months |  |  |  |
| b | 9 months |  |  |  |
| c | 12 months |  |  |  |
| 203 | What should be the consistency of complementary food for the child 6-12 months?**Multiple Response** | Liquid food | 1 |  |
| Semi Solid food | 2 |
| Solid food | 3 |
| Mashed Food | 4 |
| Food in small pieces | 5 |
| Others (Please Specify)/\_\_\_\_\_\_\_\_\_\_\_ |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 204 | What type of foods in a day should be given to child of 6-23 months?**Multiple Response** | Breast milk | 1 |  |
| Rice | 2 |
| Bread/Roti  | 3 |
| Thick Daal  | 4 |
| Dark Green leafy veg | 5 |
| Yellow/orange/ Any other vegetables | 6 |
| Yellow/orange fruits  | 7 |
| Milk  | 8 |
| Milk product (Kheer, Matha/Chhachh, Khoya, Rabari, curd, Sevai etc) (Bowl/) | 9 |
| Milk Tea/Coffee  | 10 |
| Egg  | 11 |
| Biscuits/Cakes | 12 |
| Gur/Chura  | 13 |
| Daliya | 14 |
| Big Fish  | 15 |
| Small fish | 16 |
| Meat/Chicken | 17 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |  |
| 205 | How can a mother increase the appetite of a child of 6-23 months? **Multiple Response** | Offer a variety of foods | 1 |  |
| Feed when the child is hungry | 2 |
| Encourage children to eat themselves by picking up foods | 3 |
| Mother and Child should sit face to face and mother to see how the child is eating | 4 |
| Use toys and games while feeding child | 5 |
| Help child to pay attention toward eating | 6 |
| Praise the child and talk to child while feeding | 7 |
| Offer nutritious foods that the child likes to eat | 8 |
| Don’t fills the stomach with water, juice, chocolate, chips etc | 9 |
| Do not force feed/ | 10 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 206 | How to feed a sick child of 6-23 months? | Increase the frequency of Breastfeeding | 1 |  |
| Small amount of food more frequently | 2 |
| More nutritious foods | 3 |
| Feedextra meals and amount nutritious food for at least one weeek after child recovers, until child gains previous weight | 4 |
| Feed the child favorite food | 5 |
| Feed the child with similar food same as before | 6 |
| Reduce breastfeeding frequency and duration | 7 |
| Give liquid suji and other liquid food | 8 |
| Give khichudi | 9 |
| Only breastfeed, no other foods | 10 |
| Feed soft food | 11 |
| Give Vitamin tonic | 12 |
| Give ORS/ORS | 13 |
| DK/CS | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 3:- Perception about community’s ability to practice** |
| **Instruction:**Interviewer should **show the pictures of the food groups one by one** and ask the mother that according to her how many mothers in her community with same age group of child as her, she thinks, will be able to includeat least one food item from each food groups in their child daily/ |
| 301 | Please see this picture……… (**SHOW THE PICTURES OF THE FOOD GROUPS ONE BY ONE)** and now tell me, according to you how many mothers in your community with same age group of child as yous will be able to include at least one food item from this food groupin their child’sdaily diet./**SINGLE CODING ONLY/ flQZ ,d gh mRRkj** |
| **Food group** | **None** | **Some** | **Half** | **Most** | **All**  |
| 1 | **BREAST MILK** | 1 | 2 | 3 | 4 | 5 |
| 2 | **LEGUIMS AND NUTS-**Beans, peas, lentils, others pulse, soyabeans | 1 | 2 | 3 | 4 | 5 |
| 3 | **DAIRY PRODUCTS -** Milk, Curd, Kheer, Paneer, Malai, Rabri, Muttha, Milk tea etc | 1 | 2 | 3 | 4 | 5 |
| 4 | **FLESH FOOD -** Goat, Lamb, Chicken, Duck, or other birds, liver, kidney heart or other organ meat big fish, small fish, dried fish, shrimp fish (pawn, crab etc.) | 1 | 2 | 3 | 4 | 5 |
| 5 | **EGGS -** Eggs of different birds- Chicken, Duck, Turkey etc | 1 | 2 | 3 | 4 | 5 |
| 6 | **VITAMIN A RICH FRUITS AND VEGETABLES -** Pumpkin/Carrot Ripe Mangoes/Ripe Papaya/ Jack fruit | 1 | 2 | 3 | 4 | 5 |
| 7 | **OTHER FRIUTS AND VEGETABLES –** Palak, Bathua, Soya Methis, Chorai, Sarson Saag, Lal Saag, Mulli Saag, Marmoi Saag, Green Papaya, Cabbage, Cauliflower | 1 | 2 | 3 | 4 | 5 |
| 8 | **Oils and fats -** Oil/Ghee/Butter | 1 | 2 | 3 | 4 | 5 |

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| **SECTION 4:- Level of support** |
| **Instruction:**Interviewer should**again show the pictures of the food groups one by one** and ask the mother how much support and encouragement or appreciation she thinks she will receive from her family members to feed at least one food item from each foodgroups to her child daily |
| 401 | Please see this picture……… (**SHOW THE PICTURES OF THE FOOD GROUPS ONE BY ONE)** and now tell me, how much support and encouragement or appreciation you think you will receive from your family members to feed at least one food item from this food group to your child daily./**SINGLE CODING ONLY** |
| **Food group** | **Never** | **Sometimes** | **Often** | **Always** |
| 1 | **BREAST MILK** | 1 | 2 | 3 | 4 |
| 2 | **LEGUIMS AND NUTS-**Beans, peas, lentils, others pulse, soyabeans | 1 | 2 | 3 | 4 |
| 3 | **DAIRY PRODUCTS -** Milk, Curd, Kheer, Paneer, Malai, Rabri, Muttha, Milk tea etc  | 1 | 2 | 3 | 4 |
| 4 | **FLESH FOOD -** Goat, Lamb, Chicken, Duck, or other birds, liver, kidney heart or other organ meat big fish, small fish, dried fish, shrimp fish (pawn, crab etc.)  | 1 | 2 | 3 | 4 |
| 5 | **EGGS -** Eggs of different birds- Chicken, Duck, Turkey etc | 1 | 2 | 3 | 4 |
| 6 | **VITAMIN A RICH FRUITS AND VEGETABLES -** Pumpkin/Carrot Ripe Mangoes/Ripe Papaya/ Jack fruit  | 1 | 2 | 3 | 4 |
| 7 | **OTHER FRIUTS AND VEGETABLES –** Palak, Bathua, Soya Methis, Chorai, Sarson Saag, Lal Saag, Mulli Saag, Marmoi Saag, Green Papaya, Cabbage, Cauliflower  | 1 | 2 | 3 | 4 |
| 8 | **Oils and fats -** Oil/Ghee/Butter | 1 | 2 | 3 | 4 |

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| **SECTION 5:- Confidence to follow recommendation**  |
| 501 | Please see this picture……… (**SHOW THE PICTURES OF THE FOOD GROUPS ONE BY ONE)** and now tell me, how much sure or confident are you to give at least one food item from this food group to your child daily. **SINGLE CODING ONLY** |
| **Food group** | **Not at all confident** | **Not confident** | **Neither Confident or not Confident** | **Confident** | **Very Confident** |
| 1 | **BREAST MILK** | 1 | 2 | 3 | 4 | 5 |
| 2 | **LEGUIMS AND NUTS-**Beans, peas, lentils, others pulse, soyabeans | 1 | 2 | 3 | 4 | 5 |
| 3 | **DAIRY PRODUCTS -** Milk, Curd, Kheer, Paneer, Malai, Rabri, Muttha, Milk tea etc  | 1 | 2 | 3 | 4 | 5 |
| 4 | **FLESH FOOD -** Goat, Lamb, Chicken, Duck, or other birds, liver, kidney heart or other organ meat big fish, small fish, dried fish, shrimp fish (pawn, crab etc.)  | 1 | 2 | 3 | 4 | 5 |
| 5 | **EGGS -** Eggs of different birds- Chicken, Duck, Turkey etc | 1 | 2 | 3 | 4 | 5 |
| 6 | **VITAMIN A RICH FRUITS AND VEGETABLES -** Pumpkin/Carrot Ripe Mangoes/Ripe Papaya/ Jack fruit  | 1 | 2 | 3 | 4 | 5 |
| 7 | **OTHER FRUITS AND VEGETABLES –** Palak, Bathua, Soya Methis, Chorai, Sarson Saag, Lal Saag, Mulli Saag, Marmoi Saag, Green Papaya, Cabbage, Cauliflower  | 1 | 2 | 3 | 4 | 5 |
| 8 | **Oils and fats -** Oil/Ghee/Butter | 1 | 2 | 3 | 4 | 5 |

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| **SECTION 6:- Barriers and facilitators for child feeding** |
| **Instruction:** Interviewer should**show the pictures of the recommended foods groups one by one** and ask the barriers and fecilitators for the mother to give at least one of these food items from each food group in the child’s daily diet. |
| 601 | Please see this picture……… (**SHOW THE PICTURES OF THE FOOD GROUPS ONE BY ONE)** and now tell me what are the barriers to give at least one of these food items from this food group in the child’s daily diet. |
| **Food group** | **Barriers** | **Facilitators** |
| 1 | **BREAST MILK** |  |  |
| 2 | **LEGUIMS AND NUTS-**Beans, peas, lentils, others pulse, soyabeans  |  |  |
| 3 | **DAIRY PRODUCTS -** Milk, Curd, Kheer, Paneer, Malai, Rabri, Muttha, Milk tea etc  |  |  |
| 4 | **FLESH FOOD -** Goat, Lamb, Chicken, Duck, or other birds, liver, kidney heart or other organ meat big fish, small fish, dried fish, shrimp fish (pawn, crab etc.)  |  |  |
| 5 | **EGGS -** Eggs of different birds- Chicken, Duck, Turkey etc  |  |  |
| 6 | **VITAMIN A RICH FRUITS AND VEGETABLES-**Pumpkin/Carrot Rip Mangoes/Rip Papaya/ Jack fruit  |  |  |
| 7 | **OTHER FRIUTS AND VEGETABLES –** Palak, Bathua, Soya Methis, Chorai, Sarson Saag, Lal Saag, Mulli Saag, Marmoi Saag, Green Papaya, Cabbage, Cauliflower  |  |  |
| 8 | **Oils and fats -** Oil/Ghee/Butter |  |  |

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| **SECTION 7:- Household Sanitation and Hygiene** |
| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **GO TO** |
| 701 | Where do you go for defecation?  | Own toilet | 1 |  |
| Community toilet  | 2 |
| Open Defecation  | 3 |
| 702 | How do you **MOSTLY** dispose the excreta/ faeces of your child? | Child use the toilet | 1 |  |
| Thrown in Toilet | 2 |
| Flushed in toilet | 3 |
| Buried in the 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 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 703 | 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)\_\_\_\_\_\_\_\_\_\_\_ |
| 704 | Yesterday for morning till night what were the occasions when you washed your hand? **MULTIPLE RESPONSE POSSIBLE** | 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)\_\_\_\_\_\_\_\_\_\_\_ |
| 705 | 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*** |
| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **GO TO** |
| 706 | Yesterday where did you left the (index child) when you put the (index child) down from your lap?  | On the open floor  | 1 |  |
| On the floor with mat | 2 |
| On the bed  | 3 |
| Field | 4 |
| Courtyard | 5 |
| DK/CS | 99 |
| None | 88 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 707 | What are the reasons for a child of 6-12 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 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 708 | What are the reasons for a child of 6-12 months age for getting cold, cough or pneumonia? **(No Prompting)** | 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)\_\_\_\_\_\_\_\_\_\_\_ |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **GO TO** |
| 709 | What are the reasons for a child 6-12 months age for getting fever? **(No Prompting)** | 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)\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 8:- Perception about community’s ability to practice** |
| 801 | **Instructions:** 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 following recommended sanitation and hygiene behavior. |
| 1 | In your opinion, how many women 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 women 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 wash hands with soap every time before feeding child?** | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |
| 4 | In your opinion, how many women in your community **will be able to keep thier child separated from soil**? | All (100%) | 1 |  |
| Most (75%) | 2 |
| Half (50%) | 3 |
| Some (25%) | 4 |
| None (0%) | 5 |

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| **SECTION 9:- 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 |
| 901 | According to you how often will you receive support or encouragment 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 | 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 the stool and clean child’s bottom | 1 | 2 | 3 | 4 |
| 3 | Washing hands with soap every time before feeding your child | 1 | 2 | 3 | 4 |
| 4 | Keeping your child separated from soil | 1 | 2 | 3 | 4 |

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| **SECTION 10:- Confidence to follow recommendation** |
| 1001 | How confident are you to practice the sanitation and hygiene recommendation of..**Read out the following 4 statements one after another)**... **SINGLE CODING ONLY** | **Not at all confident** | **Not confident** | **Neither Confident or not Confident** | **Confident** | **Very Confident** |
| 1 | Disposing child’s feaces in the toilet and flash properly every time the child passes stool  | 1 | 2 | 3 | 4 | 5 |
| 2 | Washing hands with soap every time after you dispose the stool and clean child’s bottom  | 1 | 2 | 3 | 4 | 5 |
| 3 | Washing hands with soap every time before feeding your child  | 1 | 2 | 3 | 4 | 5 |
| 4 | Keeping your child separated from soil  | 1 | 2 | 3 | 4 | 5 |

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| **SECTION 11:- 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. |
| 1101 | 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****(availability, accessibility, taboos)** | **Facilitators(How can you make it happen)** |
| 1 | Every time the child passes stool, it has to be disposed safely  |  |  |
| 2 | Hand washing with soap every time after handling child feaces (cleaning the child and disposing child feaces) |  |  |
| 3 | Hand washing with soap every time before feeding your child  |  |  |
| 4 | Keeping your child separated from soil |  |  |

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| **SECTION 12:- OBSERVATION at HOUSE** |
| 1201 | **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/Liquid; 3=Shampoo;*** ***4=Ash; 5=Mud/Soil; 77=Nothing*** |
| 1202 | Observe the finger pads, nails of the index child– clean or dirty? | Clean | 1 |  |
| Dirty | 2 |

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| **SECTION 13:- INTERPERSONAL COMMUNICATION (rOLE OF FLWs)** |
| **ROLE OF AWW** |
| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1301 | Did AWW Didi ever visit your home since the birth of the child?  | Yes | 1 |  |
| No  | 2 | **🡪1305** |
| 1302 | When did she last visit your home? | **…………….Days****…………….Months** |  |
| 1303 | 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)\_\_\_\_\_\_\_\_\_\_\_ |
| 1304 | What services did she give during her last visit? | Immunization | 1 |  |
| THR | 2 |
| Weighing of child | 3 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1305 | Did you visit AWC during since this child was born?  | Yes | 1 |  |
| No  | 2 | **🡪1308** |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1306 | 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 mil | 4 |
| How can mother assess child is getting sufficient milk  | 5 |
| Correct position & attachment to the breas  | 6 |
| Expression of Breast mil | 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)\_\_\_\_\_\_\_\_\_\_\_ |
| 1307 | 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** |
| 1308 | Did ASHA Didi (Ask with name of ASHA) ever visit your home since the birth of the child? | Yes | 1 |  |
| No  | 2 | **🡪1312** |
| 1309 | When did she last visit at your home? | **…………….Days****…………….Months** |  |
| 1310 | 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** | **GO TO** |
| 1311 | What services she give during her last visit? | Immunization | 1 |  |
| THR | 2 |
| Weighing of child | 3 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1312 | Did you visit any health facility since the birth of your child? | Yes | 1 |  |
| No  | 2 | **🡪1315** |
| 1313 | What type of services did you received from the health facility during your visit? | Weighing of child  | 1 |  |
| Weight of lactating mother  | 2 |
| IronFolic Acid tablet for lactating mother | 3 |
| Immunization  | 4 |
| [Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1314 | 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** |
| 1315 | Do you have Mahila Samooh (SHG) in your village? | Yes | 1 |  |
| No  | 2 | **🡪1317** |
| DK/CS | 88 |
| 1316 | Are you member of Mahila Samooh (SHG)?  | Yes | 1 |  |
| No  | 2 |
| 1317 | Have you ever met SHG member or attended group meeting? | Yes | 1 |  |
| No  | 2 | **🡪Sec 14** |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **GO TO** |
| 1318 | 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 pregnancy  | 9 |
| Iron Folic Acid 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)\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 14:- MEDIA HABITS** |
| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1401 | 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 |
| 1402 | 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 q1401 and q1402 than go to Q1418)** | Yes | 1 |  |
| No | 2 | **🡪1418** |
| 1403 | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4 | 4 | 4 |
| 1404 | How many days in a week do you spend on the following? |  |
|  |  | **Radio** | **TV** | **NP** | **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 |
| 1405 | 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\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1406 | 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)\_\_\_\_\_\_\_ |
| 1407 | Have you ever received any information about infant feeding in the mobile phone? | Yes | 1 |  |
| No | 2 | **🡪1409** |
| 1408 | 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 |
| Weighing of children  | 12 |
| Sick child feeding | 13 |
| Wash hand with soap before feeding child | 14 |
| Immunization | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_ |
| 1409 | Which newspapers do you read?**(Top 3)** |  |  |  |
|  |  |
|  |  |
| DOES NOT READ NEWSPAPER | 0 |
| 1410 | Which Television channels did you watch in the last 30 days? **(Top 3)**  |  |  |  |
|  |  |
|  |  |
| DOES NOT WATCH TV | 0 | **🡪1414** |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1411 | Which programs did you watch **in the last 30 days?**  |  |  |  |
| 1412 | Have you ever received any information about infant and young child feeding through TV in last 30 days? | Yes | 1 |  |
| No | 2 | **🡪1414** |
| 1413 | 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 |
| Weighing of children  | 12 |
| Sick child feeding | 13 |
| Wash hand with soap before feeding child | 14 |
| Immunization | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1414 | Which Radio stations did you listen to in the last 30 days?**(Top 3)** |  |  |  |
|  |  |
|  |  |
| DOES NOT LISTEN TO RADIO | 0 | **🡪1418** |
| 1415 | Which programs did you listen to in radio in the last 30 days?  |  |  |  |
| 1416 | Have you ever received any information about infant feeding through Radio?  | Yes | 1 |  |
| No | 2 | **🡪1418** |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1417 | 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 |
| Weighing of children  | 12 |
| Sick child feeding | 13 |
| Wash hand with soap before feeding child | 14 |
| Immunization | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |
| 1418 | In the last one year, did you attend any popular village theatre, nukkad natak, folk song, folk dance etc.? | Yes | 1 |  |
| No | 2 | **🡪1423** |
| 1419 | How many did you attended in last one year? |  |  |  |
| 1420 | When was the last time you attended? | **In months\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| Never | 99 | **🡪1423** |
| 1421 | Have you ever received any information about infant feeding through these programs? | Yes | 1 |  |
| No | 2 | **🡪1423** |
| 1422 | 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 |
| Weighing of children  | 12 |
| Sick child feeding | 13 |
| Wash hand with soap before feeding child | 14 |
| Immunization | 15 |
| Others (Please Specify)\_\_\_\_\_\_\_\_\_\_\_ |

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| **Q.No** | **Questions and filter** | **Coding categories** | **CODE** | **goto** |
| 1423 | **What** according to you is the most reliable source ofinformation on how to **feed your child**?**SINGLE RESPONSE** |  |  |  |
| 1424 | **Who** according to you is the most reliable personfor information on how to **feed your child**? **SINGLE RESPONSE** |  |  |  |
| 1425 | **What** according to you is the most reliable source of information on benefits **of handwashing with soap**?**SINGLE RESPONSE** |  |  |  |
| 1426 | **Who** according to you is the most reliable person for information on benefits **of handwashing with soap**?**SINGLE RESPONSE** |  |  |  |

**\*\*\***