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Evaluation of the Community Infant and Young Child Feeding (C-IYCF) Counselling Package in Nigeria

# Endline Survey: Health Facility Staff

COMPLETE THE INTERVIEW INFORMATION SECTION BELOW PRIOR TO STARTING THE INTERVIEW.

**INTERVIEW INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. INTERVIEW DATE: (dd/mm/yyyy) | |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |
| 1. WARD NAME: |  | |
| 1. COMMUNITY NAME: |  | |
| 1. HEALTH FACILITY NAME: |  | |
| 1. RESPONDENT’S NAME |  | |
| 1. RESPONDENT’S NUMBER | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| | |
| 1. RESPONDENT’S PHONE NUMBER | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_||\_\_\_||\_\_\_| | |
| 1. RESPONDENT SEX (MALE=1, FEMALE=2): | |\_\_\_| | |
| 1. RESULT OF INTERVIEW: | | |\_\_\_|\_\_\_| |
| 1. SUPERVISOR’S NAME: | |  |
| 1. INTERVIEWER’S NAME: | |  |

|  |  |
| --- | --- |
| **Codes for the Result of the Interview:** | |
| Could not find respondent / didn’t show 1  Respondent met and interview initiated 2  Respondent met but interview postponed 3 | Respondent met and refused 4  Other 5 |



**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with the National Bureau of Statistics on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. The study is focused on the feeding of infants and young children in Kaduna State. In particular, we are looking at the effect of the community, infant, and young child feeding (C-IYCF) program. You have been selected for this survey because you have been involved in some way in implementing this program or promoting infant and young child feeding. If you participated in the C-IYCF training that happened in May 2015 you will recognize some of these questions.

I would like to ask you some questions about your knowledge and experiences related to maternal, infant, and young child nutrition. The questions will take about 30 to 45 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

There are no wrong answers. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. They will not be shared with your supervisor. They will have no effect on your work. Only the overall aggregated findings from the LGA will be shared with others. The findings will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

You do not have to answer the questions, but we hope you will agree to answer them as part of the C-IYCF program, because your views are important. It is important to us to help us improve the program. . If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Would you agree to speak to me?

□ RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 🡪 END INTERVIEW

In case you need more information about the study, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION.

Do you have any questions?

May I begin the interview now?

**MODULE 1: BACKGROUND**

Thank you for your willingness to answer my questions. I would like to begin with a few simple background questions about you, your position in the health facility and the nutrition-related activities you do.

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | **SKIP** |
| --- | --- | --- | --- | --- |
|  | 1. Finally, you please tell me how old you are?   IF NEEDED, PROBE: How old were you at your last birthday?  RECORD AGE IN COMPLETED YEARS IN THE SPACE PROVIDED. IF SHE DOESN’T KNOW, PROBE AS NEEDED (SEE INTERVIEWER’S MANUAL). IF YOU MUST, ESTIMATE. DO **NOT** LEAVE THIS BLANK OR ENTER “98”. | YEARS |\_\_\_|\_\_\_|\_\_\_| | |  |
|  | First, what is your current position?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. SELECT ONLY ONE ANSWER. | Doctor 1  Nurse 2  Midwife 3  CHEW 4  JCHEW 5  CHO 6  Other 7  IF OTHER, PLEASE SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
|  | How long have you been in that position?  IF THE RESPONDENT SPECIFIES A NUMBER OF DAYS, CIRCLE ‘1’ FOR DAYS AND FILL IN THE SPACE PROVIDED WITH THE NUMBER OF DAYS. IF THE RESPONDENT SPECIFIES A NUMBER OF MONTHS, CIRCLE ‘2’ FOR MONTHS AND FILL IN THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONDENT SPECIFIES A NUMBER OF YEARS, CIRCLE ‘3’ FOR YEARS AND FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998 IF THE RESPONDENT DOESN’T KNOW. | DAYS 1 |\_\_\_|\_\_\_|\_\_\_|  MONTHS 2 |\_\_\_|\_\_\_|  YEARS 3 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | |  |
|  | Do you ever conduct nutrition assessment or growth monitoring?  EXPLAIN: By this I mean, weighing, measuring height, measuring mid-upper arm circumference (MUAC), and/or charting a child’s growth.  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | |  |
|  | Do you ever counsel clients on maternal, infant, and young child nutrition practices?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | Q201 |
|  | On what occasions do you counsel clients on maternal, infant, and young child nutrition practices?  FOR EACH ITEM, ASK: Do you counsel clients on maternal, infant, and young child nutrition practices during (ACTIVITY)?  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. | YES | NO |  |
|  | 1. ANC visits | 1 | 2 |  |
|  | 1. Immunization services / days | 1 | 2 |  |
|  | 1. Child welfare visits | 1 | 2 |  |
|  | 1. Sick child visits | 1 | 2 |  |
|  | 1. Community outreach | 1 | 2 |  |
|  | 1. Some other occasion(s) | 1 | 2 |  |
|  | On average during a month, how many times do you counsel clients on maternal, infant, and young child nutrition practices?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Never 1  1-5 times 2  6-10 times 3  11-15 times 4  16-20 times 5  21 or more times 6  DON'T KNOW / REMEMBER | |  |

**MODULE 2: NUTRITION KNOWLEDGE AND ATTITUDES**

In this next set of questions, I would like to ask you a few questions specifically regarding maternal, infant and young child nutrition.

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | During pregnancy, should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1  Less than before becoming pregnant 2  More than before becoming pregnant 3  DON’T KNOW 8 | | | | | | | | |  |
| 1. a | How soon after birth should a mother start breastfeeding her baby?  CIRCLE ‘000’ IF RESPONDENT SAYS ‘IMMEDIATELY AFTER BIRTH’. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’ FOR HOURS AND FILL IN THE NUMBER OF HOURS IN THE SPACE PROVIDED. IF THE RESPONDENTS SAYS MORE THAN 99 HOURS OR A SPECIFIC NUMBER OF DAYS, CIRCLE ‘2’ FOR DAYS AND FILL IN THE NUMBER OF DAYS IN THE SPACE PROVIDED. CIRCLE ‘8888’ IF THE RESPONDENT DOESN’T KNOW AND ‘9999’ IF THE RESPONDENT SAYS THAT A MOTHER SHOULD NEVER BREASTFEED HER BABY. | IMMEDIATELY 1  HOURS 2  DAYS 3  DON’T KNOW 98  NEVER 0 | | | | | | | | |  |
| 202b. | How many hours/days after birth should a mother start breastfeeding her baby? | \_\_\_\_ | | | | | | | | |  |
|  | While breastfeeding, should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ’98’ IF THE RESPONDENT DOESN’T KNOW. | Same as before 1  Less than before 2  More than before 3  DON’T KNOW 98 | | | | | | | | |  |
|  | Until what age should a mother give only breast milk to her baby? (exclusively breastfeed)  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | |  |
|  | When do you think a breastfed baby first start to receive liquids (including water)?  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | |  |
|  | When do you think a baby should first be given soft, semi-solid foods?  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS, YEARS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | |  |
|  | Until what age should a baby continue to breastfeed?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | |  |
|  | How often should a baby breastfeed each day and night?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | ACCORDING TO A SCHEDULE 1  AS FREQUENTLY AS THE BABY WANTS,  REQUESTS, OR DEMANDS 2  WHEN THE BABY CRIES 3  OTHER 4  DON’T KNOW 98 | | | | | | | | |  |
|  | What are some of the **early signs** indicating that a baby is hungry?  PROBE: How do you **first** know when a baby wants to eat/breastfeed?  PROBE: Any other way?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** RESPONSES THAT ARE MENTIONED. IF THE RESPONDENT SAYS SOME OTHER METHOD, CIRCLE ‘X’ AND RECORD HIS/HER RESPONSE IN THE SPACE PROVIDED. IF HE/SHE DOES NOT KNOW OR IS NOT SURE, CIRCLE ‘Z’. | BABY IS ALERT A  BABY IS RESTLESS B  BABY IS CRYING C  BABY OPENS HIS/HER MOUTH D  BABY TURNS HIS/HER HEAD E  BABY PUTS TONGUE IN AND OUT F  BABY SUCKS ON HAND OR FIST G  BABY ASKS TO BREASTFEED H  WHEN BABY WAKES I  NO SIGN J  OTHER X  DON’T KNOW Z | | | | | | | | |  |
|  | Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | Do you think a breastfed infant under 6 months should also be given any of the following? | YES | | | | NO | | | DK | |  |
|  | 1. Infant formula | 1 | | | | 2 | | | 98 | |  |
|  | 1. Water | 1 | | | | 2 | | | 98 | |  |
|  | 1. Tea | 1 | | | | 2 | | | 98 | |  |
|  | 1. Coffee | 1 | | | | 2 | | | 98 | |  |
|  | 1. Animal milk | 1 | | | | 2 | | | 98 | |  |
|  | 1. Glucose water | 1 | | | | 2 | | | 98 | |  |
|  | 1. Pap | 1 | | | | 2 | | | 98 | |  |
|  | 1. Something else | 1 | | | | 2 | | | 98 | |  |
|  | Do breastfed infants under 6 months need additional water if the weather is very hot?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | Can a thin or malnourished mother produce “enough” breast milk for her infant under 6 months of age?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | Are there things a mother can do to increase milk production?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | Q217 |
|  | Which of the following can a mother do to increase her milk production?  FOR EACH ITEM, ASK: Can a mother (ACTION) to increase her milk production?  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES | | NO | | | | DK | | |  |
|  | 1. Drink milk | 1 | | 2 | | | | 98 | | |  |
|  | 1. Breastfeed more frequently | 1 | | 2 | | | | 98 | | |  |
|  | 1. Massage breasts | 1 | | 2 | | | | 98 | | |  |
|  | 1. Sleep more hours | 1 | | 2 | | | | 98 | | |  |
|  | 1. Eat special foods | 1 | | 2 | | | | 98 | | |  |
|  | 1. Avoid eating certain foods | 1 | | 2 | | | | 98 | | |  |
|  | 1. Eat more of certain foods | 1 | | 2 | | | | 98 | | |  |
|  | 1. Other | 1 | | 2 | | | | 98 | | |  |
|  | What are some foods that are rich in iron? Or that have a lot of iron?  PROBE: Any other foods?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPONDING WITH THE FOODS MENTIONED. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | ORGAN MEATS (SUCH AS LIVER, KIDNEYS,  HEART) A  RED MEAT (COW, GOAT, SHEEP, PIG) B  DARK GREEN VEGETABLES C  LEGUMES (SUCH AS BEANS, LENTILS, PEAS,  SOYA BEANS, AND PEANUTS) D  OTHER F  DON’T KNOW Z | | | | | | | | |  |
|  | What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? Or that have a lot of vitamin A?  PROBE: Any other foods?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | ORANGE-COLORED FRUITS A  ORANGE-COLORED VEGETABLES (CARROTS,  ORANGE-FLESHED SWEET POTATOES) B  GREEN LEAFY VEGETABLES C  LIVER E  COW’S MILK G  OTHER H  DON’T KNOW Z | | | | | | | | |  |
|  | Can breastfeeding delay a new pregnancy?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | How long should a woman wait after the birth of a child before becoming pregnant again?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Less than 2 years 1  2 to 3 years 2  4 to 5 years 3  More than 5 years 4  Don’t know 98 | | | | | | | | |  |
|  | Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | |  |
|  | Now I am going to ask you about a series of practices or behaviors. Please tell me how strongly you agree or disagree that the each practice is important for the health of mothers and/or children? How strongly do you agree or disagree that the following practices are for important for the health of mothers and children?  FOR EACH BEHAVIOR OR ACTIONPRACTICE, ASK: Do you agree or disagree that (BEHAVIORPRACTICE/ACTION) is important for good health of a mother or child?  FOR EACH BEHAVIOR, READ AND POINT TO THE RESPONSE OPTIONS #1. READ AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDEDFOR EACH ACTION. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree | Disagree | | Agree | | Strongly agree | | | D K |  |
|  | 1. Eating more during pregnancy | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Resting more during pregnancy | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Eating more while lactating or breastfeeding | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Resting more while lactating or breastfeeding | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Starting breastfeeding immediately after birth | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Starting breastfeeding within one hour after birth | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Giving newborn babies sugar water after birth | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Breastfeeding exclusively for 6 months. (EXPLAIN: This means giving baby only breast milk and no other liquids or solids, not even water.) | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Breastfeeding infants under 6 months on demand based on infant hunger signs | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Giving infants under 6 months additional water if the weather is very hot | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Giving infants under 6 months thin or watery pap | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Starting feeding children soft, semi-solid foods at 6 months | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Waiting until child is one year old to feed animal protein | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Feeding children over six months old a diverse or varied diet | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Breastfeeding children for at least two years | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Washing hands with soap before eating | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Washing hands with soap before preparing food or cooking | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Washing hands with soap before feeding child | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. Keeping animals outside of living area | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | Finally, I would like to get your opinion on some aspects of family life and child care. Please tell me if you agree or disagree with each statement.  FOR EACH ACTION, ASK: Do you strongly agree, agree, disagree, or strongly disagree that (ACTION)?  FOR EACH, **READ** AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree | Disagree | | Agree | | Strongly agree | | | DK |  |
|  | 1. Only the men should make the important decisions in the family | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. A mother should be able to  express her opinion regarding  child feeding | 1 | 2 | | 3 | | 4 | | | 98 |  |
|  | 1. A mother should be allowed  to participate in mother’s  groups | 1 | 2 | | 3 | | 4 | | | 98 |  |

**MODULE 3: COUNSELING AND SUPPORT KNOWLEDGE**

Next I would like to ask you about counseling and support.

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** |
| --- | --- | --- |
|  | Can you tell helpful ways of communicating without words (non-verbal communication)?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE(S) CORRESPONDING TO THE ANSWER(S) PROVIDED. CIRCLE **ALL** THAT ARE MENTIONED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘Z’. IF YOU ARE NOT SURE HOW TO CLASSIFY OR CODE THE RESPONSE, CIRCLE ‘F’ FOR OTHER AND RECORD THE RESPONSE IN THE LINE PROVIDED. | KEEP YOUR HEAD LEVEL WITH CLIENT(S) A  PAY ATTENTION B  REMOVE BARRIERS (TABLES, BOOKS, OR NOTES) C  TAKE TIME, DON’T HURRY D  USE APPROPRIATE TOUCH E  USE POSITIVE BODY LANGUAGE / HAND GESTURES F  MAKE EYE CONTACT / LOOK IN CLIENT’S EYES G  OTHER H  SPECIFY  DON’T KNOW Z |
|  | Can you tell me up to three things that can make counseling effective?  PROBE:  Anything else?  RECORD THE EXACT RESPONSE STATED IN THE SPACE PROVIDED.  IF THE RESPONDENT MENTIONS MORE THAN THREE, EXPLAIN:  Please tell me which you think are the top three things. I am only able to record three. |  |
|  | What is the main purpose of a support group?  RECORD THE EXACT RESPONSE STATED IN THE SPACE PROVIDED.  IF THE RESPONDENT MENTIONS MORE THAN ONE PURPOSE, EXPLAIN:  Please tell me the main or most important purpose. I can only record one response for this question. |  |
|  | What do you think is a good size (number of participants) in a support group?  RECORD THE NUMBER OF PEOPLE IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, ENTER “998”. | NUMBER OF PEOPLE |\_\_\_|\_\_\_|\_\_\_| |
|  | How do you think seating should be arranged for a support group? In classroom style, circle, or some other way?  RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE “98”. | CLASSROOM STYLE 1  CIRCLE 2  OTHER 3 **WASU DABAN**  DON’T KNOW 98 |

**MODULE 4: NEEDS AND PRIORITIES**

Next, I would like to ask you about the needs and priorities in this community.

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | First, how much need do you perceive for the following activities or programs in this community?  **FOR EACH QUESTION, READ AND POINT TO THE RESPONSE OPTIONS #7.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None | Very little | Little | Some | Very much | DK |
|  | 1. How much need do you perceive there is for supporting maternal, infant, and young child nutrition? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community-based activities supporting maternal, infant, and young child nutrition? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community volunteers supporting maternal, infant, and young child nutrition? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for the community infant and young child feeding program? EXPLAIN: I mean the program that used these materials (SHOW JOB AID #3). | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Next, I would like to ask about some of the priorities for this community.  **FOR EACHQUESTION, READ AND POINT TO THE RESPONSE OPTIONS #8.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very low priority | Low priority | High priority | Very high priority | | DK |
|  | 1. How much of a priority do you think improving children’s health and/or nutrition is for this community? | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving women’s health and/or nutrition in this community? | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think increasing access to food in this community? | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving water, sanitation, and/or hygiene practices in this community? | 1 | 2 | 3 | 4 | | 98 |

**MODULE 5: EXPERIENCES WITH AND PERCEPTIONS OF THE INFANT AND YOUNG CHILD FEEDING PROGRAM**

Finally, I would like to ask you about the infant and young child feeding program that used these materials (SHOW JOB AID #3).

| **NO.** | | | **QUESTIONS AND FILTERS** | | **CODING CATEGORIES** | | | | | | | | | | | | | | **SKIP** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Did you participate in the six-day infant and young child feeding training that was organized by UNICEF and the State Ministry of Health in May of 2015?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | YES 1  NO 2 | | | | | | | | | | | | | | Q505 | |
|  | | | How useful have you found the infant and young child feeding training for helping you to promote maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | | How useful have you found the infant and young child feeding training for helping you to implement the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | | Next I would like to ask you if the infant and young child feeding training has benefited you personally or professionally.  ASK EACH QUESTION BELOW. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | YES | | | | | NO | | | DK | | | | | |  | |
|  | | | 1. Has it increased your knowledge in optimal maternal, infant, and young child nutrition? | | 1 | | | | | 2 | | | 98 | | | | | |  | |
|  | | | 1. Has it improved your skills for conducting nutrition counseling? | | 1 | | | | | 2 | | | 98 | | | | | |  | |
|  | | | 1. Has it increased your knowledge of how to supervise volunteers? | | 1 | | | | | 2 | | | 98 | | | | | |  | |
|  | | | 1. Has it strengthened your curriculum vitae for future job opportunities? | | 1 | | | | | 2 | | | 98 | | | | | |  | |
|  | | | 1. Has it caused you to change any of your own maternal, infant, and young child nutrition practices? | | 1 | | | | | 2 | | | 98 | | | | | |  | |
|  | | | Did you participate in the one-day training on how to prepare complementary foods that was conducted in January 2016?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | YES 1  NO 2 | | | | | | | | | | | | | | Q507 | |
|  | | | How useful have you found that training for helping you to promote optimal maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | | Did you participate in the theater for development training that was held in January 2016?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | YES 1  NO 2 | | | | | | | | | | | | | | Q509 | |
|  | | | How useful have you found the theater for development training for helping you to promote optimal maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | | Next I would like to know more about the infant and young child feeding program materials you have and if you have used any of them over the past 18 months, since the training.  FOR EACH ITEM, ASK:   1. Do you have (ITEM)?   **POINT TO THE IMAGE OF THE ITEM ON JOB AID #3.**  IF YES, ASK:   1. Over the past 18 months, since the training, have you used this document?   DO NOT READ THE RESPONSE OPTIONS ALOUD. THEN SELECT THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | HAVE AND HAVE USED | HAVE BUT HAVE NOT USED | | | | | DON’T HAVE A COPY | | | DON’T KNOW | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Trainer’s Manual | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Participant Materials | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Facilitator’s Guide | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Counselling Cards | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Key Message Booklet | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Brochure – How to Breastfeed Your Baby | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Brochure – How to Feed Your Baby after 6 Months | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Brochure – Nutrition during Pregnancy and Breastfeeding | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Brochure – Infant Feeding in the Context of HIV | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Monitoring Forms for Community Volunteers | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
|  | | | 1. Infant and Young Child Feeding Monthly Summary Form for Health Facilities | | 1 | 2 | | | | | 3 | | | 98 | | | | |  | |
| Next I am going to ask about some of the infant and young child feeding program activities that have been conducted over the last 18 months, since June 2015. Your responses will help improve the program as it gets rolled out in other LGAs. Please do your best to provide accurate estimates of time spent on each activity and honest perceptions. This is particularly important since we know that health workers like you have multiple responsibilities. | | | | | | | | | | | | | | | | | | | | |
|  | | | First, do you understand your role in implementing the infant and young child feeding program? Do you definitely understand your role, somewhat understand your role, or not understand your role at all?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Definitely 3  Somewhat 2  Not at all 1  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | | Do you have anything in writing that explains your role or responsibilities related to the infant and young child feeding program?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | YES 1  NO 2 | | | | | | | | | | | | | |  | |
|  | | Did you help to recruit or select community volunteers for the infant and young child feeding program?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | | Q514 | |
|  | | About how much time did you spend recruiting or selecting community volunteers?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | Did you assist with training community volunteers for the infant and young child feeding program? This includes planning and conducting the trainings as well as inviting volunteers to the training.  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | | Q516 | |
|  | | About how much time did you spend assisting with trainings of infant and young child feeding community volunteers?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | Have you assissted with organizing and conducting community dialogues and sensitizations for the infant and young child feeding program?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | | Q520 | |
|  | | Over the past 18 months, since the program began, about how many hours did you spend planning or conducting community dialogues and sensitizations for the infant and young child feeding program? This is when UNICEF, the State, and the LGA brought community leaders and members together to discuss the program.  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | What do you think about the quality of those infant and young child feeding community dialogues and sensitizations?  **READ** AND POINT TO THE RESPONSE OPTIONS #4. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very good 1  Good 2  Fair 3  Poor 4  Very poor 5  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How useful did you think those community dialogues and sensitizations were for implementing the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | On average, how many C-IYCF support group meetings do you usually observe or attend each month?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-2 2  3-4 3  5-6 4  ≥ 7 5  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | | Q522 | |
|  | | What do you think about the quality of the infant and young child feeding support group meetings that you observed?  **READ** AND POINT TO THE RESPONSE OPTIONS #4. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very good 1  Good 2  Fair 3  Poor 4  Very poor 5  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How useful do you think the infant and young child feeding support group meetings have been for promoting maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How useful do you think the home visits that community volunteers conducted as part of the infant and young child feeding program have been for promoting optimal maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Have you ever supervised any of the infant and young child feeding program community volunteers? When I say “supervised” I mean have you ever visited a community volunteer to observe, monitor, or support them?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | | Q532 | |
|  | | How many infant and young child feeding community volunteers do you currently supervise?  RECORD THE NUMBER OF C-IYCF VOLUNTEERS IN THE SPACE PROVIDED. RECORD ‘00’ IF THE RESPONDENT SAYS NO COMMUNITY VOLUNTEERS. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘9998’. | | | NUMBER OF COMMUNITY VOLUNTEERS |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | | | | |  | |
|  | | About how much time do you usually spend each month supervising infant and young child feeding community volunteers? This includes time to travel to, wait for, observe, and/or discuss with infant and young child feeding community volunteers.  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | How many supervision visits do you usually conduct each month?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-2 2  3-4 3  5-6 4  ≥ 7 5  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | How confident do you feel in your ability to supportively supervise infant and young child feeding community volunteers?  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very confident 1  Somewhat confident 2  Somewhat uncertain 3  Very uncertain 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | During infant and young child feeding supervisions visits with community volunteers, what do you usually do?  **READ** EACH RESPONSE OPTION. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | YES | | | | NO | | | | | | | DK | | |  | |
|  | | 1. Do you observe a support group meeting? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you demonstrate how to facilitate a support group meeting? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you observe a home visit? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you demonstrate how to conduct a home visit? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you answer mothers/ caregivers’ questions? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you answer community volunteer’s questions? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you point out what volunteer has done wrong? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you point out what volunteer has done right? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you discuss community volunteer’s challenges? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you collect monitoring forms? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you identify malnourished mothers or children? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | 1. Do you refer mothers and children to the health facility? | | | 1 | | | | 2 | | | | | | | 98 | | |  | |
|  | | Do you have guidelines for supervising infant and young child feeding community volunteers?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | |  | |
|  | | How useful do you think the supervision visits have been for improving community volunteers’ efforts?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Have you helped prepare infant and young child feeding monthly reports? These are the forms on which you report the number of supervision visits conducted and people who reached by community volunteers through support group meetings and home visits.  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | |  | |
|  | | How confident do you feel in your ability to prepare infant and young child feeding monthly reports?  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very confident 1  Somewhat confident 2  Somewhat uncertain 3  Very uncertain 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Have you reviewed infant and young child feeding monthly reports?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | | Q436 | |
|  | | How have you used the infant and young child feeding monthly reports?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE(S) CORRESPONDING TO ALL OF THE RESPONSE(S) PROVIDED. | | | FOR GENERAL PLANNING A  FOR PLANNING ACTIVITIES B  FOR PLANNING WHO TO SUPERVISE C  FOR PLANNING HOME VISITS D  FOR REPORTING E  OTHER F  SPECIFY  DID NOT USE G  DON’T KNOW Z | | | | | | | | | | | | | |  | |
|  | | How useful have you found the infant and young child feeding monthly reports?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How many infant and young child feeding monthly review meetings have you attended at the **ward level** with community volunteers since the program began in July 2015?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT SAYS ‘ALL OF THEM’ CIRCE ‘4’ FOR ’13-18 MEETINGS. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-6 meetings 2  7-12 meetings 3  13-18 meetings 4  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | | Q451 | |
|  | | About how many hours do you usually spend each month organizing, travelling to, and/or attending infant and young child feeding monthly review meetings with community volunteers at the **ward level**?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | How confident do you feel in your ability to organize infant and young child feeding monthly review meetings with community volunteers at the **ward level**?  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very confident 1  Somewhat confident 2  Somewhat uncertain 3  Very uncertain 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How useful did you find these **ward level** monthly review meetings with community volunteers for improving the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How many infant and young child feeding monthly review meetings have you attended at the **LGA level** since the program began in July 2015?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT SAYS ‘ALL OF THEM’ CIRCE ‘4’ FOR ’13-18 MEETINGS. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-6 2  7-12 3  13-18 4  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | | Q444 | |
|  | | About how many hours do you usually spend each month travelling to and/or attending infant and young child feeding monthly review meetings at the **LGA level**?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | None 1  1-4 hours 2  5-8 hours 3  9-12 hours 4  13-16 hours 5  More than 16 hours 6  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | How useful do you think the monthly review meetings at the **LGA level** have been for improving the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Have you ever discussed the infant and young child feeding program during facility staff meetings or with other health facility staff?  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | | | | | | | | |  | |
|  | | Over the past 18 months, about how many times have you encouraged clients to attend an infant and young child feeding support group or seek out a community volunteer?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Never 1  1-5 times 2  6-10 times 3  11-15 times 4  16-20 times 5  21 or more times 5  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | Over the past 18 months, about how many times have clients come to you because a community volunteer referred them to you?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Never 1  1-5 times 2  6-10 times 3  11-15 times 4  16-20 times 5  21 or more times 5  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | Over the past 18 months, about **how** many times were you visited by anyone from the UNICEF, SPRING, the State, LGA or a health facility to discuss the infant and young child feeding program?  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Never 1  1-5 times 2  6-10 times 3  11-15 times 4  16-20 times 5  21 or more times 5  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | | | Q451 | |
|  | | Who conducted this/these visit(s)?  READ EACH RESPONSE OPTION. THEN CIRCLE THE CODE(S) FOR ALL PEOPLE MENTIONED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘Z’. | | | Health worker A  LGA representative B  State representative C  SPRING D  UNICEF E  Other F  NOT VISITED G  DON’T KNOW Z | | | | | | | | | | | | | |  | |
|  | | Have you ever received feedback from any of these visits?  IF ‘YES’, PROBE: How was feedback provided to you? Was it written or verbal?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW/REMEMBER, CIRCLE ‘98’. | | | YES, WRITTEN 1  YES, VERBAL 2  YES, WRITTEN AND VERBAL 3  NO 4  DON’T KNOW / REMEMBER 98 | | | | | | | | | | | | | |  | |
|  | | How useful do you think these visits have been for improving the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Do you feel that you were adequately **prepared** to implement the infant and young child feeding program?  **READ** THE RESPONSE OPTIONS. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very prepared 1  Somewhat prepared 2  Somewhat unprepared 3  Very unprepared 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | Do you feel that you were adequately supported by the State, LGA, and/or health facilities to implement the infant and young child feeding program?  **READ** AND POINT TO RESPONSE OPTIONS #6. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very supported 1  Somewhat supported 2  Somewhat unsupported 3  Very unsupported 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | | How satisfied or unsatisfied are you with the support you have received for implementing the infant and young child feeding program?  **READ** AND POINT TO THE RESPONSE OPTIONS #5. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘8’‘98’. | | | Very satisfied 4  Satisfied 3  Dissatisfied 2  Very dissatisfied 1  DON’T KNOW 988 | | | | | | | | | | | | | |  | |
|  | | Who has been you main primary or main source of support for implementing the infant and young child feeding program?  READ EACH RESPONSE OPTION ALOUD. THEN CIRCLE THE CODES CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘Z’. | | | Health worker A  LGA representative B  State representative C  SPRING D  UNICEF E  Other F  NOT SUPPORTED G  DON’T KNOW Z | | | | | | | | | | | | | |  | |
|  | | Did you experience any of the following challenges when implementing the infant and young child feeding program?  **READ** EACH RESPONSE OPTION. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. IF THE RESPONDENT ANSWERS ‘YES’ TO PART ‘M’, INDICATING SOME OTHER CHALLENGE, RECORD THE ANSWER IN THE SPACE PROVIDED. | | | YES | | | NO | | | | | | | | | ~~DK~~ | |  | |
|  | | 1. Lack of funding | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of time | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of trained health facility  staff | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Inconvenient day and/or time | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Far distance | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Insecurity or danger | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Poor access to houses or communities | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Poor attendance / engagement / motivation of community volunteers | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Community volunteers were uncertain about their role or how to do the work | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Unclear role and responsibilities ? | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of tools, forms, or job aids | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Community members expecting or wanting incentives | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of participation by community members | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of support for the program | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Lack of support for maternal, infant, and young child nutrition | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | 1. Any other challenges   SPECIFY | | | 1 | | | 2 | | | | | | | | | ~~98~~ | |  | |
|  | | How useful have you found the infant and young child feeding program in improving maternal, infant, and young child nutrition practices?  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very useful 1  Somewhat useful 2  Somewhat useless 3  Very useless 4  DON’T KNOW 98 | | | | | | | | | | | | | |  | |
|  | How do you feel about being able to promote or change these behaviors - very confident, somewhat confident, somewhat uncertain, or very uncertain?  FOR EACH BEHAVIOR OR ACTION, ASK: How confidentdo you feel about being able to promote or change (BEHAVIOR/ACTION) – very confident, somewhat confident, somewhat uncertain, or very uncertain?  FOR EACH BEHAVIOR, READ AND POINT TO THE RESPONSE OPTIONS #  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED FOR EACH BEHAVIOR/ACTION. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | | Very  confident | | | Somewhat confident | | | | | Somewhat uncertain | | | Very uncertain | | | DK | |  |
|  | 1. Women eating more during  pregnancy | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women resting more during  pregnancy | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding immediately after birth | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding within one hour after birth | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding exclusively for 6 months | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women eating more while breastfeeding | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women resting more while breastfeeding | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Families introducing nutritious and safe soft semi-solid foods to children at 6 months | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Feeding children over six months old a diverse or varied diet | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding children for at least 2 years | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | 1. Families spending time talking and having a good and relaxing time with their children while feeding them | | | 1 | | | 2 | | | | | 3 | | | 4 | | | 98 | |  |
|  | What things do you think would have improved the infant and young child feeding program?  PROBE: Anything else?  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODES CORRESPONDING TO THE RESPONSES PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘Z’. IF THE RESPONDENT MENTIONS SOMETHING ELSE, CIRCLE ‘H’ AND RECORD THE ANSWER IN THE SPACE PROVIDED. | | | | MORE FUNDING A  MORE SUPPORT B  MORE STAFF C  MORE TRAINING D  MORE TOOLS E  MORE SUPERVISION F  NOTHING G  OTHER H  SPECIFY:  DON’T KNOW Z | | | | | | | | | | | | | |  | |
|  | Do you have anything else you would like to mention or ask me?  IF YES, RECORD IN THE SPACE PROVIDED. | | | | NO 1  YES 2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | |

Thank you for your time!

Evaluation of the *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* in Nigeria

# Endline Survey: Community Leaders

COMPLETE THE INTERVIEW INFORMATION SECTION BELOW PRIOR TO STARTING THE INTERVIEW.

**INTERVIEW INFORMATION**

|  |  |
| --- | --- |
| 1. INTERVIEW DATE: (dd/mm/yyyy) | |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. WARD NAME: |  |
| 1. COMMUNITY NAME: |  |
| 1. RESPONDENT’S NAME: |  |
| 1. RESPONDENT’S NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. RESPONDENT’S PHONE NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_||\_\_\_||\_\_\_| |
| 1. RESPONDENT’S SEX (MALE=1, FEMALE=2): | |\_\_\_| |

|  |  |
| --- | --- |
| 1. RESULT OF INTERVIEW: | |\_\_\_|\_\_\_| |
| 1. SUPERVISOR’S NAME: |  |
| 1. INTERVIEWER’S NAME: |  |

|  |  |
| --- | --- |
| **Codes for the Result of the Interview:** | |
| Could not find respondent / didn’t show 1  Respondent met and interview initiated 2  Respondent met but interview postponed 3 | Respondent met and refused 4  Other 5 |

# INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with the National Bureau of Statistics on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. The study is focused on the feeding of infants and young children in Kaduna State. In particular, we are looking at the effect of the community, infant, and young child feeding (C-IYCF) program. You have been selected for this survey because you have been involved in some way in implementing this program or promoting infant and young child feeding. If you participated in the last survey happened in [INSERT MONTH/YEAR] you will recognize some of these questions. I would like to ask you some questions about maternal, infant, and young child nutrition. The questions will take about 30 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

There are no wrong answers. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Only the overall aggregated findings from the LGA will be shared with others. We will also share our findings in our reports that we plan to disseminate to the nutrition communities in Nigeria and globally. The information you share with us will NOT be associated with your identity in our reports and presentations. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

Your participation in this interview is voluntary, but we hope you will agree to answer these questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Would you agree to speak to me?

□ RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 🡪 END INTERVIEW

In case you need more information about the study, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION.

Do you have any questions?

May I begin the interview now?

**MODULE 1: RESPONDENT CHARACTERISTICS**

Thank you for your willingness to answer my questions. I would like to begin with a few simple background questions about you – your age, education, and role in the community – and your (WDC/ GROUP/VILLAGE).

**Na gode da ki/ka na son amsa tambayoyi na. Tambayoyi na farko su ne asali tambayoyi game da kai - shekarun ki/ ka, da ilimi, da kuma matsayin a cikin al'umma – da kuma (KWAMITI CIGABA AL’UMMA/ KUGIYAR/ ALUMMAR) ka/ki.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| --- | --- | --- | --- |
|  | a. Could you please tell me how old you are?  **Za ka/ki iya ka/ki gaya mini Shekarun ki/ka nawa ne ?**  IF NEEDED, PROBE:  How old were you at your last birthday? **Menene shekarun ki/ka a karshe ranar haihuwar ki/ka?**  RECORD AGE IN COMPLETED YEARS IN THE SPACE PROVIDED. IF SHE DOESN’T KNOW, PROBE AS NEEDED (SEE INTERVIEWER’S MANUAL). IF YOU MUST, ESTIMATE. DO **NOT** LEAVE THIS BLANK OR ENTER “98”. | AGE IN COMPLETED YEARS |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 9998 |  |
| b. In what month were you born? **A wane wata aka haife ki?**  RECORD THE MONTH IN THE SPACES PROVIDED. IF MONTH IS NOT KNOWN, ENTER “98”. | MONTH |\_\_\_|\_\_\_| |  |
| c. In what year were you born? **A wane shekara aka haife ki?**  RECORD THE MONTH AND YEAR IN THE SPACES PROVIDED. IF YEAR IS NOT KNOWN, ENTER “9998”. | YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
|  | Have you ever attended school?  **Kin/Ka taba zuwa makarantar boko?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | Q105 |
|  | What is the highest level of school you attended: primary, secondary, or higher? **Menene matakin karshe na makaranta da kin/ka halartar: firamare, sakandare, ko gaba da sekandare?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF ‘HIGHER’, CIRCLE ‘3’. | PRIMARY 1  SECONDARY 2  HIGHER 3 |  |
|  | What is the highest (CLASS/ FORM/ YEAR) completed at that level? **Wane (AJI/SHEKARA) ka/kin kamala a wancan matakin?**  RECORD THE CLASS/FORM/YEAR IN THE SPACE PROVIDED. IF NO CLASS, FORM, OR YEAR WAS COMPLETED, RECORD ‘0’. IF THE RESPONDENT DOESN’T KNOW, RECORD ‘98’. | CLASS/FORM/YEAR |\_\_\_|\_\_\_|  NONE 0  DON’T KNOW 98 |  |
|  | What is your role in the community? **Menene matsayin ka/ki a Al’umma?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. SELECT ONLY **ONE** ANSWER. IF THE RESPONDENT MENTIONS SOME OTHER ROLE, CIRCLE ‘5’ AND RECORD THE ANSWER IN THE SPACE PROVIDED. | Village head/leader 1 **Mai Angwa**  District head/leader 3 **Dagachi**  Community member 4 **Mutanen Al’umma**  Other 5  **Wasu daban**  SPECIFY |  |
|  | How long have you been in that role in the community?  Tun yaushe kake/kike akan wanan matsayin?  PROBE:  About how long?  **Kamar tsawon wane lokacin?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. SELECT ONLY **ONE** ANSWER. | <1 year 1 **Kasa da shekara daya**  1-2 years 2 **Shekara day zuwa biyu**  3-4 years 3 **Shekara uku zuwa hudu**  5-9 years 4 **Shekara biyar zuwa Tara**  >10 years 5 **Shekara goma ko fiye**  Don’t remember 9  **Ban tuna ba** |  |
|  | Which group or organization are you most involved in?  **Wane rukuni ko kungiyar ne kike/ kake yawan shiga a cikin ko kike/kake yawan zuwa?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. SELECT ONLY **ONE** ANSWER. | Ward development committee 1 **Kwamiti Ci gaba al’umma**  Religious group 2 **Kungiyar addini**  Women’s association 3 **Kungiyar mata**  Youth group 4 **Kungiyar matasa**  Some other group 5 **Wasu Kungiyar daban**  None 6  **Babu** | Q112 |
|  | What is your role in [GROUP MENTIONED IN PREVIOUS QUESTION]?  **Mene ne Matsayin ki/ ka a [KUNGIYAR DA AMBATA A TAMBAYA NA BAYA]?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. SELECT ONLY **ONE** ANSWER. | Chair/Leader 1 **Shugaban**  Secretary 2 **Sakatare**  Member 3 **Mamba**  Some other role 8 **Wasu daban matsayin** |  |
|  | How long have you been in that role in [GROUP MENTIONED IN PREVIOUS QUESTION]?  **Tun yaushe kake/kike akan wanan matsayin a [KUNGIYAR DA AMBATA A TAMBAYA NA BAYA]?**  PROBE:  About how long?  **Kamar tsawon wane lokacin?**  RECORD THE NUMBER OF YEARS AND MONTHS IN THE SPACES PROVIDED. RECORD BOTH YEARS AND MONTHS. DO NOT CONVERT TO MONTHS OR YEARS. | 1. YEARS |\_\_\_|\_\_\_| 2. MONTHS |\_\_\_|\_\_\_| |  |
|  | In the past year, how many times have you met with [GROUP MENTIONED IN PREVIOUS QUESTION]?  A cikin shekara da ta wuce, kamar sau nawa ne ku ka taru a cikin **[KUNGIYAR DA AMBATA A TAMBAYA NA BAYA]?**  PROBE:  About how many?  **Kamar sau nawa?**  RECORD NUMBER OF TIMES IN THE SPACE PROVIDED. AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD ‘00’ IN THE SPACE PROVIDED. ENTER ‘998’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER OF TIMES |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 998 |  |
|  | What were the main topics of the last meeting of [GROUP MENTIONED IN PREVIOUS QUESTION] that you attended or conducted?  **Menene muhimmin batutuwa da ake mayar da hankali akai a wajen taron [KUNGIYAR DA AMBATA A TAMBAYA NA BAYA] na karshe wanda ku ka halarta koku ka gudarna?**  **READ** THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** RESPONSES THAT ARE MENTIONED. | INFRASTRUCTURE A  PEACE AND SECURITY B  MATERNAL AND CHILD HEALTH C  MATERNAL AND CHILD NUTRITION D  THE COMMUNITY INFANT AND YOUNG  CHILD FEEDING (C-IYCF) PROGRAM E  COMMUNITY DEVELOPMENT F  ECONOMIC DEVELOPMENT G  AGRICULTURE H  WATER, SANITATION AND HYGIENE (WASH) I  EDUCATION J  OTHER K  DON’T KNOW/REMEMBER L |  |
|  | In the past year, how many times have you met with other members of your ward or community?  **A cikin shekara da ta wuce, kamar sau nawa Ka/ Kin hadu da sauran mutanen al'umman ku?**  RECORD NUMBER OF TIMES IN THE SPACE PROVIDED. AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD ‘00’ IN THE SPACE PROVIDED. ENTER ‘998’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER OF TIMES |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 998 |  |

**MODULE 2: NUTRITION KNOWLEDGE AND ATTITUDES**

Next, I would like to ask you a few questions specifically regarding maternal, infant and young child nutrition.  
**Ta gaba, Ina so in tambaye ka/ ki wasu 'yan tambayoyi musamman game da abinci gina jiki masu juna biyu, jarirai da kuma kananan yara.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | During pregnancy, should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin ya kamata cin abincin mata masu juna bayu ya kasance? Daidai, fiye da da, ko kasa da da?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1 **Daidai kafin samun juna bayu**  Less than before becoming pregnant 2  **Kasa da kafin samun juna bayu**  More than before becoming pregnant 3  **Fiye da kafin samun juna bayu** Don’t know 8 | | | | | | | | | | |  |
|  | How soon after birth should a mother start breastfeeding her baby? **Bayan haihuwa yaushe ko wane lokaci ya kamata uwa ta fara ba jaririnta nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE ‘000’ IF RESPONDENT SAYS ‘IMMEDIATELY AFTER BIRTH’. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’ FOR HOURS AND FILL IN THE NUMBER OF HOURS IN THE SPACE PROVIDED. IF THE RESPONDENTS SAYS MORE THAN 99 HOURS OR A SPECIFIC NUMBER OF DAYS, CIRCLE ‘2’ FOR DAYS AND FILL IN THE NUMBER OF DAYS IN THE SPACE PROVIDED. CIRCLE ‘998’ IF THE RESPONDENT DOESN’T KNOW AND ‘999’ IF THE RESPONDENT SAYS THAT A MOTHER SHOULD NEVER BREASTFEED HER BABY. | IMMEDIATELY 000  HOURS 1 |\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|  DON’T KNOW 998  NEVER 999 | | | | | | | | | | |  |
|  | While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin yayin shayarwa ya kamata a ci abinci? Kaman yadda ake ci kafin ta dauki juna bayu, kasa da kafin ta dauki juna bayu, ko fiye da kafin ta dauki juna bayu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Same as before becoming pregnant 1 **Daidai kafin samun juna bayu**  Less than before becoming pregnant 2  **Kasa da kafin samun juna bayu**  More than before becoming pregnant 3  **Fiye da kafin samun juna bayu** Don’t know 8 | | | | | | | | | | |  |
|  | Until what age should a mother give only breast milk to her baby? (exclusively breastfeed) **Tsawon wane lokaci ya kamata uwa ta shayar da jaririnta nono zalla?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a breastfed baby first start to receive liquids (including water)? **A tunanin ki a wane lokaci ya kamata a fara ba jariri abu mai ruwa (harda ruwa)?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a baby should first be given soft, semi-solid foods? **A tunanin ki yaushe ya kamata a fara ba yaro abinci mai laushi da mai tauri?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS, YEARS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | Until what age should a baby continue to breastfeed?  **Zuwa wane shekaru ya kamata uwa ta ci gaba da shayar da nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | How often should a baby breastfeed each day and night?  **Sau nawa ya kamata a shayar da jariri a rana ko dare?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED.  IF THE RESPONDENT DOES NOT KNOW OR HAS TROUBLE ANSWERING, PROBE BY READING RESPONSE OPTIONS.  IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | ACCORDING TO A SCHEDULE 1 **BISA WANI JADAWALIN**  AS FREQUENTLY AS THE BABY WANTS,  REQUESTS, OR DEMANDS 2 **AKAI-AKAI KAMAR YADDA JARIRI YANA SO  (BUKATA KO NEMA)**  WHEN THE BABY CRIES 3 **KOWACE LOKACI JARIRI YA YI KUKAN**  OTHER 4 **WASU LOKUTA DABAN**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | What are some of the **early signs** indicating that a baby is hungry?  **Mene ne wasu daga cikin farkon alamun cewa jariri ya/ta na jin yunwa?**  PROBE:  How do you **first** know when a baby wants to eat/breastfeed?  **Yaya zaki sani a farko lokaci cewa jariri yana bukatan abinci ko nono?**  PROBE:  Any other way?  **Akwai wata alama?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** RESPONSES THAT ARE MENTIONED. | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | | | | | | | | | |  |
|  | Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill? **Ya kamata uwar jariri dan/yar kasa da watanni 6 da haihuwa ta dena shayar da ɗanta/yarta, idan uwar ba ta da lafiya?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill? **Ya kamata uwa ta dena ba wa jariri dan/yar kasa da watanni shida nono idan yaro bai da lafiya ba?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Do you think a breastfed infant under 6 months should also be given any of the following? **Ya kamata jariri dan kasa da wata shidda a bashi wadannan abubuwa?** | YES | | | | NO | | | | DK | | |  |
|  | 1. Infant formula  **Madarar jariri** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Water  **Ruwa** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Tea  **Shayi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Coffee  **Kofi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Animal milk b **Madarar dabbobi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Glucose water  **Bulkodi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Pap  **Kunu/koko** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Something else  **Wasu daban** | 1 | | | | 2 | | | | 98 | | |  |
|  | Do breastfed infants under 6 months need additional water if the weather is very hot? **Shin jariri dan kasa da watanni shida na bukatar karin ruwa a yanayin zafi sosai?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Can a thin or malnourished mother produce “enough” breast milk for her infant under 6 months of age? **Shin uwa mai dauke da tamowa za ta iya samar da “isasshen” nono ga jariri dan kasa da watanni shida?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Are there things a mother can do to increase milk production?  **Akwai wasu abubuwa da uwa za ta iya yi domin kara samar da nonon?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | | Q217 |
|  | Which of the following can a mother do to increase her milk production? **Wanne daga cikin wadannan uwa za ta iya don ta kara yawan nono?**  FOR EACH ITEM, ASK:  Can a mother (ACTION) to increase her milk production? **Shin uwa, za ta iya (AYYUKA) don ta kara yawan nono?**  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES | | NO | | | | DK | | | | |  |
|  | 1. Drink milk   **Shan madara** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Breastfeed more frequently   **Shayar da nono akai-akai** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Massage breasts   **Matsa nonuwa** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Sleep more hours   **Kara yawan awannin bacci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat special foods   **Cin abinci na musamman** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Avoid eating certain foods   **Ta guje wa cin wasu nau'in abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat more of certain foods   **Karin cin wasu abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  |  |  | |  | | | |  | | | | |  |
|  | What are some foods that are rich in iron? Or that have a lot of iron? **Wadanne abinci ne masu dauke da sinadarin karin jini?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED | ORGAN MEATS (SUCH AS LIVER, KIDNEYS,  HEART) A **KAYAN CIKI (KAMAR HANTA, KODA, ZUCIYA)**  RED MEAT (COW, GOAT, SHEEP, PIG) B **NAMA SHANU, AKUYOYI, TUMAKI, ALADE)**  DARK GREEN VEGETABLES C  **GANYAYEN MARMARI KO GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LEGUMES (SUCH AS BEANS, LENTILS, PEAS,  SOYA BEANS, AND PEANUTS) E **YA’AYAN GANYE (WAKE, WAKEN SOYA, GYADA FA DANGINSU)**  OTHER F **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? Or that have a lot of vitamin A? **Wadanne abinci ne masu dauke da sinadarin bitamin A – sinadarin da ya ke kare jiki daga rashin lafiya?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | ORANGE-COLORED FRUITS A **LEMON ZAKI (MANGWARO, GWANDA, LEMO)**  ORANGE-COLORED VEGETABLES (CARROTS,  ORANGE-FLESHED SWEET POTATOES) B **LEMON ZAKI (KARAS, JAN DANKALIN)**  GREEN LEAFY VEGETABLES C **GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LIVER E **HANTA**  COW’S MILK G **NONON SHANU**  OTHER H **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | Can breastfeeding delay a new pregnancy? **Shayar da nono zai iya jinkirta daukan sabon juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | How long should a woman wait after the birth of a child before becoming pregnant again? **Tsawon wane lokacin ya kamata uwa ta jira bayan haihuwar yaro kafin ki sake yi kokarin daukan juna biyu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Less than 2 years 1 **Kasa da shekara biyu**  2 to 3 years 2 **Shekara biyu zuwa shekara uku**  4 to 5 years 3 **Shekara hudu zuwa shekara biyar**  More than 5 years 4 **Fiye da shekara biyar**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant? **Shin uwa mai shayar da jariri dan kasa da watanni shida ya kamata ta dena shayarwa idan ta dauki juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Now I am going to ask you about a series of practices or behaviors. Please tell me how strongly you agree or disagree that the each practice is important for the health of mothers and/or children. **Yanzu zan tambaye ki/ ka game da wasu ayyuka ko halaye. Don allah fada min idan kin yarda ko ba ki yarda ba cewa wadannan ayyuka suna da muhimmanci wajen lafiyar uwa ko yaro.**  FOR EACH BEHAVIOR OR ACTION, ASK:  Do you agree or disagree that (BEHAVIOR/ ACTION) is important for good health of a mother or child?  **Kin yarda ko ba ki yarda ba cewa (AYYUKA) yana da muhimmanci wajen lafiyar uwa ko yaro?**  READ AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | Strongly agree  **Na yarda sosai** | | | | DK | |  |
|  | 1. Eating more during pregnancy   **Cin abinci ga mai juna biyu fiye da kafin daukar juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more during pregnancy   **Yawan hutu ga mai juna biyu fiye da kafin daukan juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Eating more while lactating or breastfeeding   **Karin cin abinci a lokacin shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more while lactating or breastfeeding   **Yawan hutu ga mai shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding immediately after birth   **Fara shayarwa nan-da-nan bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding within one hour after birth   **Fara shayarwa Tsakanin awa daya bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving newborn babies sugar water after birth   **Ba wa jarirai sababbin haihuwa ruwan sikari bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding exclusively for 6 months. (EXPLAIN: This means giving baby only breast milk and no other liquids or solids, not even water.)  **Shãyar da jarirai nonon uwa zalla har tsawon wata shida. (EXPLAIN: Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ko dama ruwa ne.)** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding infants under 6 months on demand based on infant hunger signs   **Shayar da jarirai 'yan kasa da watanin 6 a kan bukatar bisa ga alamun yunwan jaririn** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months additional water if the weather is very hot   **Ba jarirai 'yan kasa da watanni 6 Karin ruwa idan yanayin zafi sosai** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months thin or watery pap   **Ciyar da kananan yara 'yan kasa da watanni 6 abinci kunu/koko mai ruwa ruwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting feeding children soft, semi-solid foods at 6 months   **A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Waiting until child is one year old to feed animal protein   **A jinkirta ciyar da kananan yara nama da kwai har sai sunkai shekara daya** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Feeding children over six months old a diverse or varied diet   **Ciyar da kananan yara masu fiye da watanni shida abinici iri-irin** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding children for at least two years   **Shayar da nonon uwa har shekara biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before eating   **Wanke hannaye da sabulu kafin cin abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before preparing food or cooking   **Wanke hannaye da sabulu kafin a dafa abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before feeding child   **Wanke hannaye da sabulu kafin a ba yaro abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Keeping animals outside of living area   **Kawar da dabbobi daga wajen da ake zama** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | Finally, I would like to get your opinion on some aspects of family life and child care. Please tell me if you agree or disagree with each statement. **A karshe, Ina so in sani ra'ayin ka/ ki a kan wasu al'amurran game da rayuwar iyali da kuma kula da yara. Don Allah gaya mani idan kin yarda ko ba ki yarda ba da wadannan bayanai**  FOR EACH ACTION, ASK:  Do you strongly agree, agree, disagree, or strongly disagree that (ACTION)? **Kin yarda ko ba ki yarda ba cewa (BAYANAI)?**  FOR EACH, **READ** AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | | | Strongly agree  **Na yarda sosai** | | | DK |  |
|  | 1. Only the men should make the important decisions in the family   **Maza ne yakamata su yanke muhimman shawarwari** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be able to  express her opinion regarding  child feeding   **Ya kamata uwaye su iya bayyana ra'ayin su akan ciyar da yara** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be allowed  to participate in mother’s groups   **Ya kamata a yarda su uwaye su shiga cikin kungiyoyin uwaye** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |

**MODULE 3: NEEDS AND PRIORITIES**

Next, I would like to ask you about the needs and priorities of your community.  
**Na gaba, ina son in tambaye ki/ ka game da bukatun da manyan al'amurra na al'umma.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | First, how much need do you perceive for the following activities or programs in this community? **Na farko, yaya ka/ki ke ganin yawan bukatar wajen wadannan ayyuka ko shirin a cikin wannan al’umma?**  **FOR EACH QUESTION, READ AND POINT TO THE RESPONSE OPTIONS #7.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None  **Babu** | Very little  **Dan kadan** | Little  **Kadan** | Some  **Ba yawa** | Very much  **Mai yawa sosai** | DK |
|  | 1. How much need do you perceive there is for supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar wajen goyon bayan abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community-based activities supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar wajen tallafawa ayyukan abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community volunteers supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar ga 'yan sa kai na al'umma a wajen tallafawa abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for the community infant and young child feeding program? EXPLAIN: I mean the program that used these materials [SHOW JOB AID #3].   **Yaya ka/ki ke ganin yawan bukatar wajen wanan shirin na ciyar da jariri da kananan yara? EXPLAIN: Ina nufin shi wannan shirin kamar haka [SHOW JOB AID #3].** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Next, I would like to ask about some of the priorities for this community. **Ta gaba, ina son tambaye ki/ ka game da wasu manyan al'amurra naku a cikin wannan al'umma.**  **FOR EACHQUESTION, READ AND POINT TO THE RESPONSE OPTIONS #8.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very low priority  **Mahimmanci mafi kaskanci** | Low priority  **Mahimmanci nakkasar** | High priority  **Mahimmanci mai yawa** | Very high priority  **Mahimmanci sosai** | | DK  **BAN SANI BA** |
|  | 1. How much of a priority do you think improving children’s health and/or nutrition is for this community?   **Wane mahimmanci kun ba wa inganta lafiya da / ko abinci mai gina jiki na yara na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving women’s health and/or nutrition in this community?   **Wane mahimmanci kun ba wa inganta lafiya da / ko abinci mai gina jiki na mata na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think increasing access to food in this community?.   **Wane mahimmanci kun ba wa inganta ƙara samar da abinci na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving water, sanitation, and/or hygiene practices in this community?   **Wane mahimmanci kun ba wa inganta ayyuka ko tsarin ruwa da tsabta na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |

**MODULE 4: EXPERIENCES WITH AND PERCEPTIONS OF THE INFANT AND YOUNG CHILD FEEDING PROGRAM**

Finally, I would like to ask you about the infant and young child feeding program that used these materials [SHOW JOB AID #3].  
**Daja karshe, ina son tambayar ki daidai game da wasu daga cikin ayyukan ciyar da jarirai da kananan yara da ke cikin wannan shirin** [SHOW JOB AID #3].

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | | | | | **SKIP** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Did you participate in the three-day infant and young child feeding training that was organized by UNICEF and the State Ministry of Health in Kaduna in June of 2015? **Kin/ ka halartar horaswa na kwana uku akan ciyar da Jarirai da kananan yara wanda UNICEF da kuma ma'aikatar lafiya ta jihar Kaduna suka shirya a watan Yuni a cikin shekara dubu biyu da goma sha biyar (2015)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q404 | |
|  | How useful have you found the C-IYCF training for helping you to promote maternal, infant, and young child nutrition practices? **Yaya kika/ ka ga amfani horo akan ciyar da jarirai da kananan yara don taimakawa ka/ki inganta mafi kyau abinci mai gina jikin masu juna biyu, jarirai, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Next I would like to ask you if the infant and young child feeding training has benefited you personally or professionally. **Ta gaba, Ina so in tambaye ki, idan horaswa akan ciyar da jarirai da kananan yara na da amfani gareki ko fasahar / aikin ki/ ka.**  ASK EACH QUESTION BELOW. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES | | | | NO | | | DK | | | | | |  | |
|  | 1. Has it increased your knowledge of optimal maternal, infant, and young child nutrition?  **Ya kara ilimin ki/ka akan mafi kyawun abinci mai gina jiki na masu juna biyu, jarirai da kananan yara?** | 1 | | | | 2 | | | 98 | | | | | |  | |
|  | 1. Have more people in the community respected you because of your role as a trained volunteer?  **Yawan mutane a cikin al'umma suna ba ki/ka girma yanzu saboda matsayin ka/ki a aikin 'yan sa kai fiye da da?** | 1 | | | | 2 | | | 98 | | | | | |  | |
|  | 1. Has it strengthened your curriculum vitae for future job opportunities?  **Shin, horarwa ya ƙara karfin ka/ki wajen tsari don samun aiki da dama nan gaba?** | 1 | | | | 2 | | | 98 | | | | | |  | |
|  | 1. Has it caused you to change any of your own maternal, infant, and young child nutrition practices?  **Shin, horarwa ya sa ka/ki canza wani daga naki/ka ayyuka abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?** | 1 | | | | 2 | | | 98 | | | | | |  | |
|  | Did you participate in the one-day training on how to prepare complementary foods that was conducted in January 2016? **Kin/ ka halarci horaswa na kwana daya akan yadda ake hada da kuma dafa abinci na kananan yara daga wata shida wanda suka gudanar a watan Janairu/watan daya a cikin shekara dubu biyu da goma sha shida (2016)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q406 | |
|  | How useful have you found that training for helping you to promote optimal maternal, infant, and young child nutrition practices? **Yaya kin/ ka ga amfanin horon a wajen taimakon ka/ki mafi inganci don kyautata ayyukan abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Did you participate in the theater for development training that was held in January 2016? **Shin, ka/kin halarci horon da aka gudanar akan yadda aka yi wasa akan ciyar da jarirai da kananan yara ta hanya da ya dace a watan Janairu/ watan daya a cikin shekara ta dubu biyu da sha shida (2016)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q408 | |
|  | How useful have you found the theater for development training for helping you to promote optimal maternal, infant, and young child nutrition practices?  **Yaya kike/kake ganin amfanin wanan horon akan wasan ciyar da jarirai da kananan yara a hanya da ya dace a wajen taimake ka/ki inganta mafi kyau abinci mai gina jiki duka masu juna biyu, jariri, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Next I would like to know more about the infant and young child feeding program materials you have and if you have used any of them over the past 18 months, since the training.  **Ta gaba Ina so in sani game da kayan ciyar da jarirai da kananan yara da kana/kina da kuma ko kin/ ka yin amfani da wani a cikin watannin sha takwas da ya wuce.**  FOR EACH ITEM, ASK:   1. Do you have (ITEM)? **Kina/kana da (KAYAN)**   **POINT TO THE IMAGE OF THE ITEM ON JOB AID #3.**  IF YES, ASK:   1. Over the past 18 months, since the training, have you used this document?  **A cikin watannin sha takwas da ta wuce kin/ka yi amfani da kayan aiki?**   DO NOT READ THE RESPONSE OPTIONS ALOUD. THEN SELECT THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | HAVE AND HAVE USED | HAVE BUT HAVE NOT USED | | | | DON’T HAVE A COPY | | | | DON’T KNOW | | | |  | |
|  | 1. Infant and Young Child Feeding Program Participant Materials  **Litafin aiki na wanda aka koyar da su akan ciyar da jarirai da kananan yara** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Facilitator’s Guide **Litafin Jagoran na masu koyarwa akan ciyar da jarirai da kananan yara** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Counselling Cards **Shafin bada shawarwari wanda kasa ta yarda da shi** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Key Message Booklet **Littafin Mabudin muhimman sakoni** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Brochure – How to Breastfeed Your Baby **Littattafai akan yanda zaku shayar da jariranku** |  |  | | | |  | | | |  | | | |  | |
|  | 1. Infant and Young Child Feeding Program Brochure – How to Feed Your Baby after 6 Months **Littattafai akan yanda za’a ciyar da jariri dan wata shida** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Brochure – Nutrition During Pregnancy and Breastfeeding **Littattafai akan abinci mai gina jiki lokacin goyon ciki da lokacin shayarwa** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
|  | 1. Infant and Young Child Feeding Program Brochure – Infant Feeding in the Context of HIV **Littattafai akan ciyar da jarirai da kananan yara a cikin mahallin cutar HIV** | 1 | 2 | | | | 3 | | | | 98 | | | |  | |
| Next I am going to ask about some of the infant and young child feeding program activities that you have conducted or helped plan or conduct over the last 18 months, since June 2015. The research team is interested in this so that they can better estimate the time and effort it will take to replicate this program in other LGAs and States in Nigeria. Please do your best to provide accurate estimates of time spent on each activity and honest perceptions. **Ta gaba zan tambaye game da wasu daga cikin ayyukan ciyar da jarirai da kananan yara da aka gudanar a watanni sha takwas (18) na karshe, tun yuni a cikin shekara dubu biyu da sha biyar (2015). Masu binciken su na sha'awar wannan sabõda su na son su iya kimanta daidai lokaci da kokarin da zai dauki a rubanya wannan shirin a wasu karaman hukumomi da jiha a Nijeriya. Don allah ka yi da mafi kyau ga samar da daidai kimanin lokaci da kin/ka dauki a kan kowane aiki da tunanin ki/ka na gaskiya.** | | | | | | | | | | | | | | | | |
|  | First, do you understand your role in implementing the infant and young child feeding program? Do you definitely understand your role, somewhat understand your role, or not understand your role at all? **Na farko, kin/ ka gane matsayin ka/ki a cikin aikin ciyar da jarirai da kananan yara? Kin/ ka tabattar cewa kin/ka ganesosai, ko ba ki/ka gane da kyau ba, ko ba ki/ka ganeba sam?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Definitely 1  **Shakka babu**  Somewhat 2 **Da ɗan**  Not at all 3 **Ban gane sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Do you have anything in writing that explains your role or responsibilities related to the infant and young child feeding program?  **Shin, ki/ ka na da wani abun da aka rubuta wanda ya bayyanan matsayi ko aikin ki/ka yanda ya shafi wannan shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | |  | |
|  | Did you help to recruit or select community volunteers for the infant and young child feeding program?  **Shin, ka/kin taimaka wajen daukan ko zaɓi masu sa kai na al'umma domin shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q413 | |
|  | About how much time did you spend recruiting or selecting community volunteers?  **Kamar awa nawa ka/ kin dauki wajen daukan ko zaben wadannan masu sa kai al'umma?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None 1  **Babu**  1-4 hours 2  **Awa daya zuwa hudu**  5-8 hours 3  **Awa biyar zuwa takwas**  9-12 hours 4  **Awa tara zuwa sha biyu**  13-16 hours 5  **Awa sha uku zuwa awa sha shida**  More than 16 hours 6  **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  | |
|  | Have you assissted with organizing and conducting community dialogues and sensitizations for the infant and young child feeding program? **Shin, ka/kin taba taimako da shiryawa da kuma gudanar da taron al'umma domin tattaunawar ga shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q417 | |
|  | Over the past 18 months, since the program began, about how much time did you spend planning or conducting community dialogues and sensitizations for the infant and young child feeding program? This is when UNICEF, the State, and the LGA brought community leaders and members together to discuss the program. **A cikin watanni sha takwas (18) da ta wuce, kamar yaya lokacin da kika saba dauka a kowane wata wajan shirya ko gudanar da taron al'umma domin tattaunawa akan ciyar da jarirai da kananan yara? Da hukumar UNICEF, da gwamnatin jaha, da karamar hukuma suka hada shugabannin a’lumma da membobi gaba daya domin tattaunawa na wannan shirin.**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  1-4 hours 2 **Awa daya zuwa awa hudu**  5-8 hours 3 **Awa biyar zuwa awa takwas**  9-12 hours 4 **Awa tara zuwa sha biyu**  13-16 hours 5 **Awa sha uku zuwa awa sha shida**  More than 16 hours 6 **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  | |
|  | What do you think about the quality of those infant and young child feeding community dialogues and sensitizations?  **Yaya kin/ka ga ingancin ko kyawan wadannan taron al'umma domin tattaunawar?**  **READ** AND POINT TO THE RESPONSE OPTIONS #4. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very good 1  **Da kyau sosai**  Good 2  **Da kyau**  Fair 3 **Da kadan kyau**  Poor 4 **Bai da kyau**  Very poor 5 **Bai da kyau sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | How useful did you think those community dialogues and sensitizations were for implementing the infant and young child feeding program?  **A tunanin ki/ka ta yaya amfani wadannan taron al'umma domin tattaunawar a wajen gudanar da ayyuka ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | How many infant and young child feeding support group meetings have you attended over the last 18 months, since the program began in July 2015? **A takaice tarurrukar kungiyar goyon bayan nawa kike/ kake halarci a cikin watanni sha takwas da ta wuce tun wanan aikin ya fara a wata Yuli na shekara dubu biyu da sha biyar (2015)?**  **READ** THE RESPONSE OPTIONS ALOUD AND CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None 1  **Babu**  1-3 2  **Sau Daya zuwa uku**  4-6 3  **Sau hudu zuwa shida**  7-9 4  **Sau bokwai zuwa tara**  10-12 5  **Sau goma zuwa sha biyu**  13-15 6  **Sau sha uku zuwa sha biyar**  16-18 7  **Sau sha shida zuwa sha takwas**  19 times or more 8  **Sau sha tara ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | | Q419 | |
|  | How **useful** do you think the infant and young child feeding support group meetings have been for promoting maternal, infant, and young child nutrition practices?  **A tunanin ki/ka ta yaya amfani wadannan kungiyar goyon bayan a wajen inganta mafi kyau ayyuka abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | How useful do you think the home visits that community volunteers conducted as part of the infant and young child feeding program have been for promoting optimal maternal, infant, and young child nutrition practices?  **A tunanin ki/ ka yaya amfanin ziyara gidaje akan ciyar da jarirai da kanan yara wanda masu sa kai suna yi a wajen inganta mafi kyau ayyuka ciyar da jarirai da kananan yara?**  READ AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Over the past 18 months, about how many times have you encouraged community members to participate in C-IYCF activities such as support groups, community dialogues, or home visits? **A cikin watanni sha takwas (18) da ta wuce, kamar sau nawa kin/ka gayar ma mutanen al'umma su shiga cikin ayyukan ciyar da jarirai da kanan yara kamar kungiyar goyon bayan, taron al’umma don tataunawar, ko ziyarar gidaje?**  **READ** THE RESPONSE OPTIONS ALOUD AND CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Never 1 **Ban taba yi**  1-5 times 2 **Sau daya zuwa sau biyar**  6-10 times 3 **Sau shida zuwa sau goma**  11-15 times 4 **sau sha daya zuwa sau sha biyar**  16-20 times 5 **Sau sha shida zuwa sau ashirin**  21 or more times 6 **Sau ashirin da daya ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | |  | |
|  | Over the past 18 months, about how many times have you encouraged community members to seek care at a health facility? **A cikin watanni sha takwas (18) da ta wuce, kamar sau nawa kin/ka gayar ma mutanen al'umma su je asibiti don neman da kulawa?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Never 1 **Ban taba yi**  1-5 times 2 **Sau daya zuwa sau biyar**  6-10 times 3 **Sau shida zuwa sau goma**  11-15 times 4 **sau sha daya zuwa sau sha biyar**  16-20 times 5 **Sau sha shida zuwa sau ashirin**  21 or more times 6 **Sau ashirin da daya ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | |  | |
|  | Do you feel that you were adequately **prepared** to implement the infant and young child feeding program?  **Shin, ki/ka na jin cewa kin/ka shirya/tattalin don gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  **READ** THE RESPONSE OPTIONS. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very prepared 1  Somewhat prepared 2  Somewhat unprepared 3  Very unprepared 4  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Do you feel that you were adequately supported by the State, LGA, and/or health facilities to implement the infant and young child feeding program?  **A tunanin ki/ ka kin/ ka samu isasshe goyon bayan daga mutanen jihar Kaduna, Karamar Hukumar, da / ko daga wuraren kiwon lafiya ga aiwatar da shirin ciyar da jarirai da kananan yara?**  **READ** AND POINT TO RESPONSE OPTIONS #6. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very supported 1  Somewhat supported 2  Somewhat unsupported 3  Very unsupported 4  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | How **satisfied or unsatisfied** are you with the support you have received for implementing the infant and young child feeding program? **Yaya gamsuwan ko rashin gamsuwan ki/ka tare da goyon bayan da ka/kin samun a wajen gudanar da wanan shirin ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #5. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very satisfied 4 **Na gamsu sosai**  Satisfied 3 **Na gamsu**  Dissatisfied 2 **Ban gamsu ba**  Very dissatisfied 1 **Ban gamsu sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | Who has been your primary or main source of support for implementing the infant and young child feeding program?  **Waye yake saba ba ki/ka goyon bayan wajen gudanar da aikin ciyar da jarirai da kananan yara?**  READ EACH RESPONSE OPTION ALOUD. THEN CIRCLE THE CODES CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘Z’. | Health worker A **Ma’aikacin kiwon lafia**  LGA representative B **Jami’i daga kaman hukumar**  State representative C **Jami’i daga gominati jihar**  SPRING D  UNICEF E  Other F **Wasu daban**  NOT SUPPORTED G  DON’T KNOW Z | | | | | | | | | | | | |  | |
|  | Have you experienced any challenges implementing the infant and young child feeding program?  **Kin/ka fuskanci wasu masaloli a lokacin gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q428 | |
|  | Did you experience any of the following challenges when implementing the infant and young child feeding program?  **Wane ne irin masaloli da kuka fuskanci lokacin gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. IF THE RESPONDENT ANSWERS ‘YES’ TO PART ‘M’, INDICATING SOME OTHER CHALLENGE, RECORD THE ANSWER IN THE SPACE PROVIDED. | YES | | | NO | | | | | ~~DK~~ | | | | |  | |
|  | 1. Lack of funding  **Rashin kudade** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of time  **Rashin lokaci** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Far distances?  **Wuraren da nisa?** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of transportation  **Rashin harkokin sufuri/tafiya** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Insecurity or danger  **Rashin tsaro ko hatsari** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Poor access to houses or communities  **Rashin wurin tafiya/ wucewa/shigowa zuwa al’ummomi** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Inadequate training  **Rashin cikakken horo** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Unclear role and responsibilities  **Babu ganewa matsayin ka/ki da aikin ki/ka** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of tools, forms, or job aids  **Rashin kayan aikin, siffofin, ko kayan aiki** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Community members expecting or wanting incentives  **Mutanen al'umma su na neman wasu abubuwa kamar kudi ko ihisani** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of participation by community members  **Rashin hallara daga mutanen al'umma** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of support for the infant and young child feeding program  **Rashin goyon bayan ma shirin na ciyar da jarirai da kananan yara** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Lack of support for maternal, infant, and young child nutrition  **Rashin goyon bayan a wajen abincin mai gina jikin masu juna biyu, jariri da kananan yara** | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | 1. Some other challenge  **Akwai wasu matsaloli**   SPECIFY | 1 | | | 2 | | | | | ~~98~~ | | | | |  | |
|  | How useful have you found the infant and young child feeding program in improving maternal, infant, and young child nutrition practices?  **Yaya kin/ka gan amfanin wanan shirin na ciyar da jarirai da kananan yara a wajen inganta abinci mai gina jiki masu juna biyu, jariri, da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  | |
|  | How do you feel about being able to promote or change these behaviors - very confident, somewhat confident, somewhat uncertain, or very uncertain? **Yanzu zan tambaye ki/ka game da irin halayyar na sama, amma ina so in san yadda ka/kin ji game da kasancewa iya Magana akan waɗannan halayyar - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  FOR EACH BEHAVIOR OR ACTION, ASK:  How confidentdo you feel about being able to promote or change (BEHAVIOR/ACTION) – very confident, somewhat confident, somewhat uncertain, or very uncertain? **Yaya tabbacin ki/ka yake game da kasancewa iya magana akan (HALI/AYYUKA) - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  FOR EACH BEHAVIOR, READ AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very  confident  **Tabbaci sosai** | | Somewhat confident  **Tabbaci** | | | | Somewhat uncertain  **Ba tabbaci** | | | | Very uncertain  **Ba tabbaci sam** | DK | | |  |
|  | 1. Eating more during pregnancy  **Cin abinci ga mai juna biyu fiye da kafin daukar juna biyu** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Resting more during pregnancy  **Yawan hutu ga mai juna biyu fiye da kafin daukan juna biyu** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women breastfeeding immediately after birth  **Uwar su fara shayarwa tsakanin awa daya bayan haihuwa** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women breastfeeding within one hour after birth   **Uwar su fara shayarwa tsakanin awa daya bayan haihuwa** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women breastfeeding exclusively for  6 months   **Shãyar da jarirai nonon uwa zalla har tsawon wata shida** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women eating more while breastfeeding   **Karin cin abinci ga uwa a lokacin shayarwa** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women resting more while breastfeeding  **Yawan hutu ga mai shayarwa** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Families introducing nutritious and safe soft semi-solid foods to children at 6 months  **A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Feeding children over six months old a diverse or varied diet   **Ciyar da kananan yara masu fiye da watanni shida abinici iri-irin** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Women breastfeeding children for at least 2 years  **Shayar da nonon uwa har shekara biyu** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | 1. Families spending time talking and having a good and relaxing time with their children while feeding them  **Iyali su Bada lokaci hutawa da kina ma yaron magana lokacin ciyar da shi/ita** | 1 | | 2 | | | | 3 | | | | 4 | 98 | | |  |
|  | What things do you think would have improved the infant and young child feeding program?  **A tunanin ki/ ka me da me yakamata a yi da zai inganta wanan shirin na ciyar da jarirai da kananan yara?**  PROBE:  Anything else? **Akwai wani abun?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **THE** CODES CORRESPONDING TO THE RESPONSES PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘Z’. IF THE RESPONDENT MENTIONS SOMETHING ELSE, CIRCLE ‘H’ AND RECORD THE ANSWER IN THE SPACE PROVIDED. | NOTHING G **BA WANI ABU**  MORE FUNDING A **KARIN KUDADE**  MORE SUPPORT B **KARIN GOYON BAYA**  MORE STAFF C **KARIN MAAIKATA**  MORE TRAINING D **KARIN CIKAKKEN HORO**  MORE TOOLS, FORMS, OR JOB AIDS E **KARIN KAYAN AIKIN, SIFFOFIN, KO KAYAN AIKI**  MORE SUPERVISION F **KARIN SA IDO**  OTHER H **AKWAI WANI ABU**  SPECIFY:  DON’T KNOW Z | | | | | | | | | | | | |  | |
|  | Do you have anything else you would like to mention or ask me? **Ki/Ka na da wani abu daban ka/ki na so ka/ki hada/ gaya mani ko tambaya?**  IF YES, RECORD IN THE SPACE PROVIDED. | NO 1  YES 2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | | |

Thank you for your time!

Nagode!!

Evaluation of the Community Infant and Young Child Feeding (C-IYCF) Counselling Package in Nigeria

# Endline Survey: Community Volunteers

COMPLETE THE INTERVIEW INFORMATION SECTION BELOW PRIOR TO STARTING THE INTERVIEW.

**INTERVIEW INFORMATION**

|  |  |
| --- | --- |
| 1. INTERVIEW DATE: (dd/mm/yyyy) | |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. WARD NAME: |  |
| 1. COMMUNITY NAME: |  |
| 1. HEALTH FACILITY NAME: |  |
| 1. RESPONDENT’S NAME |  |
| 1. RESPONDENT’S NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. RESPONDENT’S PHONE NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_||\_\_\_||\_\_\_| |
| 1. RESPONDENT’S SEX (MALE=1, FEMALE=2): | |\_\_\_| |

|  |  |
| --- | --- |
| 1. RESULT OF INTERVIEW: | |\_\_\_|\_\_\_| |
| 1. SUPERVISOR’S NAME: |  |
| 1. INTERVIEWER’S NAME: |  |

|  |  |
| --- | --- |
| **Codes for the Result of the Interview:** | |
| Could not find respondent / didn’t show 1  Respondent met and interview initiated 2  Respondent met but interview postponed 3 | Respondent met and refused 4  Other 5 |

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with the National Bureau of Statistics on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. The study is focused on the feeding of infants and young children in Kaduna State. In particular, we are looking at the effect of the community, infant, and young child feeding (C-IYCF) program. You have been selected for this survey because you have been involved in some way in implementing this program or promoting infant and young child feeding. If you participated in the C-IYCF training that happened in May 2015 you will recognize some of these questions.

I would like to ask you some questions about your knowledge and experiences related to maternal, infant, and young child nutrition. The questions will take about 30 to 45 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

There are no wrong answers. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Only the overall aggregated findings from the LGA will be shared with others. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

You do not have to answer the questions, but we hope you will agree to answer them as part of the C-IYCF program, because your views are important. It is important to us to help us improve the program. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Would you agree to speak to me?

□ RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 🡪 END INTERVIEW

In case you need more information about the study, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION.

Do you have any questions?

May I begin the interview now?

**MODULE 1: RESPONDENT CHARACTERISTICS**

Thank you for your willingness to answer my questions. I would like to begin with a few simple background questions about you – your age, education, family, and children.

**Na gode da ki/ka na son amsa tambayoyi na. Ina so fara da wasu asali tambayoyi mai sauki game da kai - shekarun ki/ ka, da ilimi, iyali da kuma yaran ki/ka.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
|  | 1. a. Could you please tell me how old you are? **Za ka/ki iya ka/ki gaya mini Shekarun ki/ka nawa ne ?**   IF NEEDED, PROBE: How old were you at your last birthday?  **Menene shekarun ki/ka a karshe ranar haihuwar ki/ka?**  RECORD AGE IN COMPLETED YEARS IN THE SPACE PROVIDED. IF SHE DOESN’T KNOW, PROBE AS NEEDED (SEE INTERVIEWER’S MANUAL). IF YOU MUST, ESTIMATE. DO **NOT** LEAVE THIS BLANK OR ENTER “98”. | YEARS |\_\_\_|\_\_\_|\_\_\_| |  |
| b. In what month were you born? **A wane wata aka haife ki?**  RECORD THE MONTH IN THE SPACES PROVIDED. IF MONTH IS NOT KNOWN, ENTER “98”. | MONTH |\_\_\_|\_\_\_| |  |
| c. In what year were you born? **A wane shekara aka haife ki?**  RECORD THE MONTH AND YEAR IN THE SPACES PROVIDED. IF YEAR IS NOT KNOWN, ENTER “9998”. | YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
|  | Have you ever attended school?  **Kin taba zuwa makarantar boko?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | Q105 |
|  | What is the highest level of school you attended: primary, secondary, or higher? **Menene matakin karshe na makaranta da kin/ka halartar: firamare, sakandare, ko gaba da sekandare?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | PRIMARY 1  SECONDARY 2  HIGHER 3 |  |
|  | What is the highest (CLASS/FORM/YEAR) completed at that level? **Wane (AJI/SHEKARA) ka/kin kamala a wancan matakin?**  RECORD THE CLASS/FORM/YEAR IN THE SPACE PROVIDED. IF NO CLASS, FORM, OR YEAR WAS COMPLETED, RECORD ‘0’. IF THE RESPONDENT DOESN’T KNOW, RECORD ‘98’. | CLASS/FORM/YEAR |\_\_\_|\_\_\_|  NONE 0  DON’T KNOW 98 |  |
|  | Are you currently married or living together with a partner as if married? **Ki/ ka na da aure a halin yanzu ko kina zama tare da wani mijin?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES, CURRENTLY MARRIED 1  YES, LIVING WITH A PARTNER 2  NO, NOT IN UNION 3 | Q108  Q108 |
|  | Have you ever been married or lived together with a partner as if married? **Kin taba aure ko zama tare da wani mijin kamar aure?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES, FORMERLY MARRIED 1  YES, LIVED WITH A PARTNER 2  NO 3 | Q110 |
|  | What is your marital status now: are you widowed, divorced, or separated? **Menene matsayin ki/ka a harkar aure yanzu: gwauruwa, rabuwa aure, ko kowa yana wurinsa?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | WIDOWED 1  DIVORCED 2  SEPARATED 3 | Q110  Q110  Q109 |
|  | Is your spouse/partner living with you now or is he/she staying elsewhere? **Ke da mijin/abokin zama kuna zama tare yanzu ne, ko ya na zama a wani wuri?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | LIVING WITH HER/HIM 1  STAYING ELSEWHERE 2 |  |
|  | Do you have any sons or daughters who are now living with you? **Shin, kina da wasu yara (mata ko maza) wadanda kika haifa kuma suke zama tare da ke?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q112 |
|  | How many sons live with you? **Yara maza nawa suke zama tare da ke**  How many daughters live with you? **Yara mata nawa suke zama tare da ke**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD '00'. | SONS AT HOME |\_\_\_|\_\_\_|  DAUGHTERS AT HOME |\_\_\_|\_\_\_| |  |
|  | How many of your children who live with you are under the age of five years? **Yaran ki guda nawa ne ‘yan kasa da shekara biyar wandada kuke zama tare?**  RECORD THE NUMBER OF CHILDREN UNDER FIVE IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER |\_\_\_|\_\_\_|  DON’T KNOW 98 |  |
|  | Do you have any sons or daughters who are alive but do not live with you? **Ki na da wasu yara (mata ko maza) wadanda ki ka haifa kuma su na raye, amma ba su zama tare kei?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q114 |
|  | How many sons are alive but do not live with you? **Yara maza nawa ne suke da rai, amma basu zama tare da ke?**  How many daughters are alive but do not live with you? **Yara mata nawa ne suke da rai, amma basu zama tare da ke?**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD ‘00’. | SONS ELSEWHERE |\_\_\_|\_\_\_|  DAUGHTERS ELSEWHERE |\_\_\_|\_\_\_| |  |
|  | Have you had a child (boy or girl) who was born alive but later died? **Kin taba haihuwa wasu yaro mata ko maza wanda aka haifa da rai amma daga baya ya rasu?**  IF NO, PROBE:  Did you have any baby who cried or showed signs of life but did not survive? **Kina da wani jariri wanda ya yi kuka ko kuma ya nuna alamun rai, koda ya mutu 'yan mintoci bayan haihuwarsa?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q116 |
|  | How many sons have died? **Yara maza nawa ne suka rasu?**  How many daughters have died? **Yara mata nawa ne suka rasu?**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD '00'. | SONS DEAD |\_\_\_|\_\_\_|  DAUGHTERS DEAD |\_\_\_|\_\_\_| |  |
|  | SUM ANSWERS TO Q110, Q113, AND Q115, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL CHILDREN |\_\_\_|\_\_\_| |  |
|  | To confirm, you have had a total of (NUMBER in Q116) children born during your life, including those who no longer live with you or are no longer alive. Is this correct? **Don duba ko yayi daidai, kina da (NUMBER in Q127) duka yara da kika haihuwa a rayuwarki, wannan ya hada wadanda basu zama tare da ke, ko kuma suka rasu. Wannan yayi daidai?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | PROBE AND CORRECT Q109-116 AS NECESSARY. |

**MODULE 2: WORK, EMPOWERMENT & DECISION-MAKING**

The next set of questions has to do with your role in the community, your work experience, and how decisions are made in your family and community.

**Wadannan tambayoyi ta gaba su na game da matsayin ki/ ka a cikin al'umma, da kwarewa aikin, da kuma yadda aka yanke hukunci a cikin iyali da kuma al'umma.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | | | **CODING CATEGORIES** | | | | | | **SKIP** |
|  | Are you a member of any type of association, group or club which holds regular meetings? **Ke mamba ce ta wata kungiya, wacce ta ke taruwa akai-akai?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q203 |
|  | What kinds of associations, groups, or clubs are you involved in?  **Wace irin kungiya ce kike ciki?**  **READ** EACH RESPONSE OPTION. THEN CIRCLE **ALL** THAT APPLY. | | | Religious A **Kungiyar addini**  Social B **Kungiyar zaman jama’a**  Youth group C **Kungiyar matasa**  Women’s organization D **Kungiyar mata**  Labor union E **Kungiyarmasu yi aiki**  Political F **Kungiyar siyasa**  Other G **Wasu kungiya daban** | | | | | |  |
|  | Aside from your own housework, have you done any work in the last seven days? **A cikin kwanaki bakwai da su ka wuce, kin yi wani aiki daban da wanda kike yi a gida?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? **Kamar yadda kika sani, wasu mata suna aikin da ake biyan su kudi ko abin kudi. Wasu suna sayar da abubuwa, da kananan kasuwanci ko aiki a cikin gonar iyali ko a cikin kasuwancin iyali. A cikin kwanaki bakwai da suka wuce, kin yi wani daga waɗannan abubuwa ko wani aiki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason? **Koda yake ba ki je aiki ba satin da ya wuce, kina da wani aiki ko kasuwanci da ya kamata ki yi, amma ba ki yi ba saboda wasu dalilai kamar rashin lafia, ko haihuwa, ko hutu ko wani dalili dabam?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | Have you done any work in the last 12 months? **Kin taba yin wani aiki a cikin watanni 12 da su ka wuce?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q215 |
|  | What is your primary occupation? **Menene ainihin sana'ar ki? (Wato, wane irin aiki kike yi?)**  RECORD THE RESPONDENT’S PRIMARY OCCUPATION IN ENGLISH IN THE SPACE PROVIDED. IF SHE/HE MENTIONS MORE THAN ONE, ENCOURAGE HIM/HER TO TELL YOU THE PRIMARY OCCUPATION. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  | Apart from housework, in the last 12 months how many hours have you usually worked per week? **A cikin watanin sha biyu (12) da suke wuce, awa nawa kika saba aiki a sati, daban da wanda kike yi a gida?**  RECORD THE NUMBER OF HOURS IN THE SPACE PROVIDED. CIRCLE ‘‘998’ IF THE RESPONDENT DOESN’T KNOW. | | | HOURS |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 998 | | | | | |  |
|  | a. Do you usually work throughout the year, or do you work seasonally, or only once in a while? **Shin kikan yi aiki ko wane lokaci a shekara, ko kikan yi aiki ne wani lokaci zuwa wani lokaci, ko kuma sau daya a shekara?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | THROUGHOUT THE YEAR 1  SEASONALLY/PART OF THE YEAR 2  ONCE IN A WHILE 3 | | | | | |  |
|  | b. Do you do this work for a member of your family, for someone else, or are you self-employed? **Wa kike yi ma wannan aikin? Na iyalin ki ne ko na wani daban ne, ko ma kanki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | FOR FAMILY MEMBER 1  FOR SOMEONE ELSE 2  SELF-EMPLOYED 3 | | | | | |  |
|  | Are you paid in cash or kind for this work or are you not paid at all? **Ana biya ki tsabar kudi, ko abin kudi, ko ba a biyan ki kome domin aikin?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | | | CASH ONLY 1  CASH AND KIND 2  IN KIND ONLY 3  NOT PAID 4 | | | | | |  |
|  | CHECK Q106. | | | | | | | | |  |
| IF THE RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A SPOUSE/ PARTNER 🞏 | IF THE RESPONDENT IS NOT CURRENTLY MARRIED/LIVING WITH A SPOUSE/ PARTNER 🞏 | | | | | | | | Q219 |
|  | CHECK Q210. | | | | | | | | |  |
| IF CODE ‘1’ OR ‘2’ CIRCLED 🞏 | | | IF CODE ‘3’ OR ‘4’ CIRCLED 🞏 | | | | | | Q215 |
|  | Who usually decides how the money you earn will be used: you, your spouse/partner, or you and your spouse/partner jointly? **Wa ya ke yanke hukunci akan yadda za a yi amfani da kudi da kika samu: ke, mijin ki, ko kuma ke tare da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  OTHER 6 | | | | | |  |
|  | Would you say that the money that you earn is more than what your spouse/partner earns, less than what he/she earns, or about the same? **Shin kudin da kike samu yafi na mijin ki, ko kasa da na shi, ko kamar nashi?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | MORE THAN SPOUSE/PARTNER 1  LESS THAN SPOUSE/PARTNER 2  ABOUT THE SAME 3  SPOUSE/PARTNER HAS  NO EARNINGS 4  DON’T KNOW 98 | | | | | | Q217 |
|  | Who usually decides how your spouse’s/partner's earnings will be used: you, your spouse/partner, or you and your spouse/partner jointly?  **Wa ya ke yanke hukunci akan yadda za a yi amfani da kudi da mijin ki ya samu: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about health care for yourself: you, your spouse/partner, you and your spouse/partner jointly, or someone else?  **Waye ya ke yanke hukuncin harkokin kiwon lafiyar ki: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about making major household purchases (such as furniture, radio, television, bicycle, motorcycle or car): you, your spouse/partner, you and your spouse/partner jointly, or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da yin manyan sayayya na iyali (kujeru, radiyo, talabijin, keke, babur, da mota): ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about visits to your family or relatives: you, your spouse/partner, you and your spouse/partner jointly, or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da ziyara zuwa iyalinki ko dangi ki: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  OTHER 6 | | | | | |  |
|  | Do you own this or any other house either alone or jointly with someone else? **Kin mallaki wannan ko wani gidan kanki ko tare da wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | ALONE ONLY 1  JOINTLY ONLY 2  BOTH ALONE AND JOINTLY 3  DOES NOT OWN 4 | | | | | |  |
|  | Do you own any land either alone or jointly with someone else?  **Kin mallaki wani filli na kanki ko tare da wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | ALONE ONLY 1  JOINTLY ONLY 2  BOTH ALONE AND JOINTLY 3  DOES NOT OWN 4 | | | | | |  |
|  | Now I would like to ask if you yourself control the money or resources needed to buy or pay for certain things. In other words, if you want to buy or pay for these things, do you have to ask someone for the money or permission to use the money?  **Yanzu ina son tambaye ki ko ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma wasu abubuwa. A wasu kalmomin, idan kina so ki saya ko biya waɗannan abubuwa, kina tambayar wani saboda kudi ko kuma izinin amfani da shi?**  FOR EACH OF ITEM, ASK:  Do you control the money or resources needed to buy or pay for (ITEM)?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma (ITEM)?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. | | | YES | | NO | | DOESN’T  BUY | |  |
|  | 1. Fruits/vegetables?  **Kayan marmari/ganyaye** | | | 1 | | 2 | | 3 | |  |
|  | 1. Meat/animal foods?  **Nama/abincin dabbobi?** | | | 1 | | 2 | | 3 | |  |
|  | 1. Transport to health center if you are ill?  **Kudin mota zuwa cibiyar lafiya idan ba ki da lafiya?** | | | 1 | | 2 | | 3 | |  |
|  | 1. Medicine for yourself?  **Maganin ki?** | | | 1 | | 2 | | 3 | |  |
|  | CHECK Q109. | | | | | | | | |  |
| IF RESPONDENT HAS AT LEAST ONE  LIVE CHILD LIVING WITH HIM/HER 🞏 | | IF RESPONDENT HAS NO LIVE CHILDREN LIVING WITH HIM/HER 🞏 | | | | | | | Q228 |
|  | Who usually makes decisions about when you or your spouse/partner should stop breastfeeding: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci na karshe a kan lokacin da ya kamata ki dakatar da shayarwa: ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about what to feed a child: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci na karshe game da abin da za’a ciyar da yara da shi: ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about when to feed a child: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da lokacin da za’a ciyar da yara: ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about what to do if a child falls sick: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da abin da za a yi idan yaro bai da lafiya: ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Now I would like to ask if you yourself control the money or resources needed to buy or pay for certain things. In other words, if you want to buy or pay for these things, do you have to ask someone for the money or permission to use the money?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma abubuwa. A wasu kalmomin, idan kina so ki saya ko biya waɗannan abubuwa, kina tambayar wani saboda kudi ko kuma izinin amfani da shi?**  FOR EACH OF ITEM, ASK:  Do you control the money or resources needed to buy or pay for (ITEM)?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya (ITEM)?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. | | YES | | NO | | DK/ REMEMBER | | N/A |  |
|  | 1. Transport to health center if  child is ill  **Kudin mota zuwa cibiyar lafiya idan yaro ba shi da lafiya** | | 1 | | 2 | | 98 | | 97 |  |
|  | 1. Medicine for your child(ren)  **Maganin yara** | | 1 | | 2 | | 98 | | 97 |  |
|  | Now I am going to ask you if you are usually permitted to go to several places on your own, only if someone accompanies you, or not at all. **Yanzu zan tambaye ki idan ana barin ki zuwa wadannan wurare da kan ki, ko da dan rakiya, ko ba’a barín ki.**  FOR EACH LOCATION, ASK:  Are you usually permitted to go to (LOCATION) on your own, only if someone accompanies you, or not at all?  **Ana barin ki zuwa (WURARE) da kan ki, ko da dan rakiya, ko ba’a barín ki?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH LOCATION. | | ALONE | | NOT ALONE | | | NOT AT ALL | |  |
|  | 1. The local market to buy things  **Zuwa kasuwa don sayayya** | | 1 | | 2 | | | 98 | |  |
|  | 1. A local health center or doctor  **Zuwa cibiyar kiwon lafiya ko ganin likita** | | 1 | | 2 | | | 98 | |  |
|  | 1. Homes of friends in the neighborhood  **Zuwa gidan kawaye a makwabta** | | 1 | | 2 | | | 98 | |  |
|  | 1. A nearby mosque/church  **Zuwa masallaci ko coci na unguwa** | | 1 | | 2 | | | 98 | |  |

**MODULE 3: NUTRITION KNOWLEDGE AND ATTITUDES**

Next, I would like to ask you a few questions specifically regarding maternal, infant and young child nutrition.

**Ta gaba, ina son tabaye ki/ka yan tambayoyi daidai game da abinci mai gina jiki masu juna biyu da jarirai da kuma kanannan yara.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | During pregnancy, should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin ya kamata cin abincin mata masu juna biyu ya kasance? Daidai, fiye da da, ko kasa da da?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2 **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3 **Fiye da kafin samun juna biyu**  Don’t know 8 | | | | | | | | | | |  |
|  | How soon after birth should a mother start breastfeeding her baby? **Bayan haihuwa yaushe ko wane lokaci ya kamata uwa ta fara ba jaririnta nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE ‘000’ IF RESPONDENT SAYS ‘IMMEDIATELY AFTER BIRTH’. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’ FOR HOURS AND FILL IN THE NUMBER OF HOURS IN THE SPACE PROVIDED. IF THE RESPONDENTS SAYS MORE THAN 99 HOURS OR A SPECIFIC NUMBER OF DAYS, CIRCLE ‘2’ FOR DAYS AND FILL IN THE NUMBER OF DAYS IN THE SPACE PROVIDED. CIRCLE ‘998’ IF THE RESPONDENT DOESN’T KNOW AND ‘999’ IF THE RESPONDENT SAYS THAT A MOTHER SHOULD NEVER BREASTFEED HER BABY. | IMMEDIATELY 000  HOURS 1 |\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|  DON’T KNOW 998  NEVER 999 | | | | | | | | | | |  |
|  | While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin yayin shayarwa ya kamata a ci abinci? Kaman yadda ake ci kafin ta dauki juna biyu, kasa da kafin ta dauki juna biyu, ko fiye da kafin ta dauki juna biyu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2  **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3  **Fiye da kafin samun juna biyu** Don’t know 8 | | | | | | | | | | |  |
|  | Until what age should a mother give only breast milk to her baby? (exclusively breastfeed) **Tsawon wane lokaci ya kamata uwa ta shayar da jaririnta nono zalla?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a breastfed baby first start to receive liquids (including water)? **A tunanin ki a wane lokaci ya kamata a fara ba jariri abu mai ruwa (harda ruwa)?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a baby should first be given soft, semi-solid foods? **A tunanin ki yaushe ya kamata a fara ba yaro abinci mai laushi da mai tauri?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS, YEARS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | Until what age should a baby continue to breastfeed?  **Zuwa wane shekaru ya kamata uwa ta ci gaba da shayar da nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | How often should a baby breastfeed?  **Sau nawa ya kamata a shayar da jariri?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED.  IF THE RESPONDENT DOES NOT KNOW OR HAS TROUBLE ANSWERING, PROBE BY READING RESPONSE OPTIONS.  IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | ACCORDING TO A SCHEDULE 1 **BISA WANI JADAWALIN**  AS FREQUENTLY AS THE BABY WANTS,  REQUESTS, OR DEMANDS 2 **AKAI-AKAI KAMAR YADDA JARIRI YANA SO  (BUKATA KO NEMA)**  WHEN THE BABY CRIES 3 **KOWACE LOKACI JARIRI YA YI KUKAN**  OTHER 4 **WASU LOKUTA DABAN**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | What are some of the **early signs** indicating that a baby is hungry?  **Mene ne wasu daga cikin farkon alamun cewa jariri ya/ta na jin yunwa?**  PROBE:  How do you **first** know when a baby wants to eat/breastfeed?  **Yaya zaki sani a farko lokaci cewa jariri yana bukatan abinci ko nono?**  PROBE:  Any other way?  **Akwai wata alama?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** RESPONSES THAT ARE MENTIONED. | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | | | | | | | | | |  |
|  | Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill? **Ya kamata uwar jariri dan/yar kasa da watanni 6 da haihuwa ta dena shayar da ɗanta/yarta, idan uwar ba ta da lafiya?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill? **Ya kamata uwa ta dena ba wa jariri dan/yar kasa da watanni shida nono idan yaro bai da lafiya ba?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Do you think a breastfed infant under 6 months should also be given any of the following? **Ya kamata jariri dan kasa da wata shidda a bashi wadannan abubuwa?** | YES | | | | NO | | | | DK | | |  |
|  | 1. Infant formula  **Madarar jariri** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Water  **Ruwa** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Tea  **Shayi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Coffee  **Kofi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Animal milk b **Madarar dabbobi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Glucose water  **Bulkodi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Pap  **Kunu/koko** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Something else  **Wasu daban** | 1 | | | | 2 | | | | 98 | | |  |
|  | Do breastfed infants under 6 months need additional water if the weather is very hot? **Shin jariri dan kasa da watanni shida na bukatar karin ruwa a yanayin zafi sosai?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Can a thin or malnourished mother produce “enough” breast milk for her infant under 6 months of age? **Shin uwa mai dauke da tamowa za ta iya samar da “isasshen” nono ga jariri dan kasa da watanni shida?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Are there things a mother can do to increase milk production?  **Akwai wasu abubuwa da uwa za ta iya yi domin kara samar da nonon?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | | Q317 |
|  | Which of the following can a mother do to increase her milk production? **Wanne daga cikin wadannan uwa za ta iya don ta kara yawan nono?**  FOR EACH ITEM, ASK:  Can a mother (ACTION) to increase her milk production? **Shin uwa, za ta iya (AYYUKA) don ta kara yawan nono?**  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES | | NO | | | | DK | | | | |  |
|  | 1. Drink milk   **Shan madara** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Breastfeed more frequently   **Shayar da nono akai-akai** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Massage breasts   **Matsa nonuwa** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Sleep more hours   **Kara yawan awannin bacci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat special foods   **Cin abinci na musamman** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Avoid eating certain foods   **Ta guje wa cin wasu nau'in abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat more of certain foods   **Karin cin wasu abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  |  |  | |  | | | |  | | | | |  |
|  | What are some foods that are rich in iron? Or that have a lot of iron? **Wadanne abinci ne masu dauke da sinadarin karin jini?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED | ORGAN MEATS (SUCH AS LIVER, KIDNEYS,  HEART) A **KAYAN CIKI (KAMAR HANTA, KODA, ZUCIYA)**  RED MEAT (COW, GOAT, SHEEP, PIG) B **NAMA SHANU, AKUYOYI, TUMAKI, ALADE)**  DARK GREEN VEGETABLES C  **GANYAYEN MARMARI KO GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LEGUMES (SUCH AS BEANS, LENTILS, PEAS,  SOYA BEANS, AND PEANUTS) E **YA’AYAN GANYE (WAKE, WAKEN SOYA, GYADA FA DANGINSU)**  OTHER F **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? Or that have a lot of vitamin A? **Wadanne abinci ne masu dauke da sinadarin bitamin A – sinadarin da ya ke kare jiki daga rashin lafiya?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | ORANGE-COLORED FRUITS/VEGETABLES A **LEMON ZAKI (MANGWARO, GWANDA, LEMO, KARAS, JAN DANKALIN)**  GREEN LEAVES C **GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LIVER E **HANTA**  COW’S MILK G **NONON SHANU**  OTHER H **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | Can breastfeeding delay a new pregnancy? **Shayar da nono zai iya jinkirta daukan sabon juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | How long should a woman wait after the birth of a child before becoming pregnant again? **Tsawon wane lokacin ya kamata uwa ta jira bayan haihuwar yaro kafin ki sake yi kokarin daukan juna biyu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Less than 2 years 1 **Kasa da shekara biyu**  2 to 3 years 2 **Shekara biyu zuwa shekara uku**  4 to 5 years 3 **Shekara hudu zuwa shekara biyar**  More than 5 years 4 **Fiye da shekara biyar**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant? **Shin uwa mai shayar da jariri dan kasa da watanni shida ya kamata ta dena shayarwa idan ta dauki juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Now I am going to ask you about a series of practices or behaviors. Please tell me how strongly you agree or disagree that the each practice is important for the health of mothers and/or children. **Yanzu zan tambaye ki/ ka game da wasu ayyuka ko halaye. Don allah fada min idan kin yarda ko ba ki yarda ba cewa wadannan ayyuka suna da muhimmanci wajen lafiyar uwa ko yaro.**  FOR EACH BEHAVIOR OR ACTION, ASK:  Do you agree or disagree that (BEHAVIOR/ ACTION) is important for good health of a mother or child?  **Kin yarda ko ba ki yarda ba cewa (AYYUKA) yana da muhimmanci wajen lafiyar uwa ko yaro?**  READ AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | Strongly agree  **Na yarda sosai** | | | | DK | |  |
|  | 1. Eating more during pregnancy   **Cin abinci ga mai juna biyu fiye da kafin daukar juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more during pregnancy   **Yawan hutu ga mai juna biyu fiye da kafin daukan juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Eating more while lactating or breastfeeding   **Karin cin abinci a lokacin shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more while lactating or breastfeeding   **Yawan hutu ga mai shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding immediately after birth   **Fara shayarwa nan-da-nan bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding within one hour after birth   **Fara shayarwa Tsakanin awa daya bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving newborn babies sugar water after birth   **Ba wa jarirai sababbin haihuwa ruwan sikari bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding exclusively for 6 months. (EXPLAIN: This means giving baby only breast milk and no other liquids or solids, not even water.)  **Shãyar da jarirai nonon uwa zalla har tsawon wata shida. (EXPLAIN: Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ko dama ruwa ne.)** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding infants under 6 months on demand based on infant hunger signs   **Shayar da jarirai 'yan kasa da watanin 6 a kan bukatar bisa ga alamun yunwan jaririn** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months additional water if the weather is very hot   **Ba jarirai 'yan kasa da watanni 6 Karin ruwa idan yanayin zafi sosai** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months thin or watery pap   **Ciyar da kananan yara 'yan kasa da watanni 6 abinci kunu/koko mai ruwa ruwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting feeding children soft, semi-solid foods at 6 months   **A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Waiting until child is one year old to feed animal protein   **A jinkirta ciyar da kananan yara nama da kwai har sai sunkai shekara daya** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Feeding children over six months old a diverse or varied diet   **Ciyar da kananan yara masu fiye da watanni shida abinici iri-irin** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding children for at least two years   **Shayar da nonon uwa har shekara biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before eating   **Wanke hannaye da sabulu kafin cin abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before preparing food or cooking   **Wanke hannaye da sabulu kafin a dafa abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before feeding child   **Wanke hannaye da sabulu kafin a ba yaro abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Keeping animals outside of living area   **Kawar da dabbobi daga wajen da ake zama** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | Finally, I would like to get your opinion on some aspects of family life and child care. Please tell me if you agree or disagree with each statement. **A karshe, Ina so in sani ra'ayin ka/ ki a kan wasu al'amurran game da rayuwar iyali da kuma kula da yara. Don Allah gaya mani idan kin yarda ko ba ki yarda ba da wadannan bayanai**  FOR EACH ACTION, ASK:  Do you strongly agree, agree, disagree, or strongly disagree that (ACTION)? **Kin yarda ko ba ki yarda ba cewa (BAYANAI)?**  FOR EACH, **READ** AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | | | Strongly agree  **Na yarda sosai** | | | DK |  |
|  | 1. Only the men should make the important decisions in the family   **Maza ne yakamata su yanke muhimman shawarwari** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be able to  express her opinion regarding  child feeding   **Ya kamata uwaye su iya bayyana ra'ayin su akan ciyar da yara** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be allowed  to participate in mother’s  groups   **Ya kamata a yarda su uwaye su shiga cikin kungiyoyin uwaye** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |

**MODULE 4: COUNSELING AND SUPPORT KNOWLEDGE**

Next I would like to ask you about counseling and support.

**Ta gaba ina son tambaya ki/ ka game da shawarwari da kuma goyon baya.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** |
| --- | --- | --- |
|  | Can you tell helpful ways of communicating without words (non-verbal communication)?  **Za ki/ka iya gaya mini hanyoyin sadarwa mai taimako ba tare da magana ba?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE(S) CORRESPONDING TO THE ANSWER(S) PROVIDED. CIRCLE **ALL** THAT ARE MENTIONED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘Z’. IF YOU ARE NOT SURE HOW TO CLASSIFY OR CODE THE RESPONSE, CIRCLE ‘F’ FOR OTHER AND RECORD THE RESPONSE IN THE LINE PROVIDED. | KEEP YOUR HEAD LEVEL WITH CLIENT(S) A **DAIDAITO TSAKANINKU DA MAI BADA AMSA**  PAY ATTENTION B **MAIDA HANKALI**  REMOVE BARRIERS (TABLES, BOOKS, OR NOTES) C **A CIRE DUK WANI ABU DA ZAI RABA TSAKANI**  TAKE TIME, DON’T HURRY D **A BI A HANKALI**  USE APPROPRIATE TOUCH E **AYI AMFANI DA ABINDE YA DACE**  USE POSITIVE BODY LANGUAGE / HAND GESTURES F **HANNUNKA MAI SANDA**  MAKE EYE CONTACT / LOOK IN CLIENT’S EYES G **A LURA DA ME IDON KE NUFI**  OTHER H **WASU DABAN**  SPECIFY  DON’T KNOW Z |
|  | Can you tell me up to three things that can make counseling effective? **Za ka/ki iya gaya mini har zuwa abubuwa uku da za su iya yi domin a inganta da shawarwari?**  PROBE:  Anything else? **Akwain wani abu?**  RECORD THE EXACT RESPONSE STATED IN THE SPACE PROVIDED.  IF THE RESPONDENT MENTIONS MORE THAN THREE, EXPLAIN:  Please tell me which you think are the top three things. I am only able to record three. **Ina so ki gaya mani wadannan mahimman abubuwa ukku. Domin su kadai no rubuta.** |  |
|  | What is the main purpose of a support group?  **Mene ne babban manufar kungiyar goyon baya?**  RECORD THE EXACT RESPONSE STATED IN THE SPACE PROVIDED.  IF THE RESPONDENT MENTIONS MORE THAN ONE PURPOSE, EXPLAIN:  Please tell me the main or most important purpose. I can only record one response for this question.  **Ina so ki gaya mani mahimman abu daya. Domin zan iya rubuta guda ne kawai.** |  |
|  | What do you think is a good size (number of participants) in a support group?  **Me kuke tunani yawan mambobi mai kyau (yawan mahalarta) a wannan kungiyar goyon baya?**  RECORD THE NUMBER OF PEOPLE IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, ENTER “998”. | NUMBER OF PEOPLE |\_\_\_|\_\_\_|\_\_\_| |
|  | How do you think seating should be arranged for a support group? In classroom style, circle, or some other way? **A tunanin ki/ka ya kamata a shirya wurin zaman kungiyar goyon baya? Kamar na aji, a da'ira, ko wasu hanyoyi?**  RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE “98”. | CLASSROOM STYLE 1  **KAMAR NA AJI**  CIRCLE 2  **DA'IRA**  OTHER 3 **WASU DABAN**  DON’T KNOW 98 |

**MODULE 5: NEEDS AND PRIORITIES**

Next, I would like to ask you about the needs and priorities of your community.  
**Na gaba, ina son in tambaye ki/ ka game da bukatun da manyan al'amurra na al'umma.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | First, how much need do you perceive for the following activities or programs in this community? **Na farko, yaya ka/ki ke ganin yawan bukatar wajen wadannan ayyuka ko shirin a cikin wannan al’umma?**  **FOR EACH QUESTION, READ AND POINT TO THE RESPONSE OPTIONS #7.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None  **Babu** | Very little  **Dan kadan** | Little  **Kadan** | Some  **Ba yawa** | Very much  **Mai yawa sosai** | DK |
|  | 1. How much need do you perceive there is for supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar wajen goyon bayan abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community-based activities supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar wajen tallafawa ayyukan abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for community volunteers supporting maternal, infant, and young child nutrition?   **Yaya ka/ki ke ganin yawan bukatar ga 'yan sa kai na al'umma a wajen tallafawa abinci mai gina jiki na uwa, jarirai da kananan yara?** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | 1. How much need do you perceive there is for the community infant and young child feeding program? EXPLAIN: I mean the program that used these materials [SHOW JOB AID #3].   **Yaya ka/ki ke ganin yawan bukatar wajen wanan shirin na ciyar da jariri da kananan yara? EXPLAIN: Ina nufin shi wannan shirin kamar haka [SHOW JOB AID #3].** | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Next, I would like to ask about some of the priorities for this community. **Ta gaba, ina son tambaye ki/ ka game da wasu manyan al'amurra naku a cikin wannan al'umma.**  **FOR EACHQUESTION, READ AND POINT TO THE RESPONSE OPTIONS #8.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very low priority  **Mahimmanci mafi kaskanci** | Low priority  **Mahimmanci nakkasar** | High priority  **Mahimmanci mai yawa** | Very high priority  **Mahimmanci sosai** | | DK  **BAN SANI BA** |
|  | 1. How much of a priority do you think improving children’s health and/or nutrition is for this community?   **Wane mahimmanci kun ba wa inganta lafiya da / ko abinci mai gina jiki na yara na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving women’s health and/or nutrition in this community?   **Wane mahimmanci kun ba wa inganta lafiya da / ko abinci mai gina jiki na mata na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think increasing access to food in this community?.   **Wane mahimmanci kun ba wa inganta ƙara samar da abinci na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |
|  | 1. How much of a priority do you think improving water, sanitation, and/or hygiene practices in this community?   **Wane mahimmanci kun ba wa inganta ayyuka ko tsarin ruwa da tsabta na wannan al’umma?** | 1 | 2 | 3 | 4 | | 98 |

**MODULE 6: EXPERIENCES WITH AND PERCEPTIONS OF THE INFANT AND YOUNG CHILD FEEDING PROGRAM**

Finally, I would like to ask you about the infant and young child feeding program that used these materials [SHOW JOB AID #3].  
**Daja karshe, ina son tambayar ki daidai game da wasu daga cikin ayyukan ciyar da jarirai da kananan yara da ke cikin wannan shirin** [SHOW JOB AID #3].

| **NO.** | | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | | | | **SKIP** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Did you participate in the three-day infant and young child feeding training that was organized by UNICEF and the State Ministry of Health in Kaduna in June of 2015? **Kin/ ka halartar horaswa na kwana uku akan ciyar da Jarirai da kananan yara wanda UNICEF da kuma ma'aikatar lafiya ta jihar Kaduna suka shirya a watan Yuni a cikin shekara dubu biyu da goma sha biyar (2015)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | Q605 | |
|  | | How useful have you found the C-IYCF training for helping you to promote maternal, infant, and young child nutrition practices? **Yaya kika/ ka ga amfani horo akan ciyar da jarirai da kananan yara don taimakawa ka/ki inganta mafi kyau abinci mai gina jikin masu juna biyu, jarirai, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | |  | |
|  | | How useful have you found the C-IYCF training for helping you to implement the infant and young child feeding program? **Yaya kin/ka gan amfani koyarwa da ake baku akan ciyar da jarirai, da kananan yara a wajen aiwatar da aikin ciyar da jarirai da kananan yara.**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | |  | |
|  | | Next I would like to ask you if the infant and young child feeding training has benefited you personally or professionally. **Ta gaba, Ina so in tambaye ki, idan horaswa akan ciyar da jarirai da kananan yara na da amfani gareki ko fasahar / aikin ki/ ka.**  ASK EACH QUESTION BELOW. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES | | | NO | | | | DK | | | | |  | |
|  | | 1. Has it increased your knowledge of optimal maternal, infant, and young child nutrition?  **Ya kara ilimin ki/ka akan mafi kyawun abinci mai gina jiki na masu juna biyu, jarirai da kananan yara?** | 1 | | | 2 | | | | 98 | | | | |  | |
|  | | 1. Has it improved your skills for conducting nutrition counseling?  **Horaswar ya inganta basirar ki/ka a wajen gudanar shawarwari akan ciyar da jarirai da kananan yara?** | 1 | | | 2 | | | | 98 | | | | |  | |
|  | | 1. Have more people in the community respected you because of your role as a trained volunteer?  **Yawan mutane a cikin al'umma suna ba ki/ka girma yanzu saboda matsayin ka/ki a aikin 'yan sa kai fiye da da?** | 1 | | | 2 | | | | 98 | | | | |  | |
|  | | 1. Has it strengthened your curriculum vitae for future job opportunities?  **Shin, horarwa ya ƙara karfin ka/ki wajen tsari don samun aiki da dama nan gaba?** | 1 | | | 2 | | | | 98 | | | | |  | |
|  | | 1. Has it caused you to change any of your own maternal, infant, and young child nutrition practices?  **Shin, horarwa ya sa ka/ki canza wani daga naki/ka ayyuka abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?** | 1 | | | 2 | | | | 98 | | | | |  | |
|  | | Did you participate in the one-day training on how to prepare complementary foods that was conducted in January 2016? **Kin/ ka halarci horaswa na kwana daya akan yadda ake hada da kuma dafa abinci na kananan yara daga wata shida wanda suka gudanar a watan Janairu/watan daya a cikin shekara dubu biyu da goma sha shida (2016)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | Q607 | |
|  | | How useful have you found that training for helping you to promote optimal maternal, infant, and young child nutrition practices? **Yaya kin/ ka ga amfanin horon a wajen taimakon ka/ki mafi inganci don kyautata ayyukan abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | |  | |
|  | | Did you participate in the theater for development training that was held in January 2016? **Shin, ka/kin halarci horon da aka gudanar akan yadda aka yi wasa akan ciyar da jarirai da kananan yara ta hanya da ya dace a watan Janairu/ watan daya a cikin shekara ta dubu biyu da sha shida (2016)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | Q609 | |
|  | | How useful have you found the theater for development training for helping you to promote optimal maternal, infant, and young child nutrition practices? **Yaya kike/kake ganin amfanin wanan horon akan wasan ciyar da jarirai da kananan yara a hanya da ya dace a wajen taimake ka/ki inganta mafi kyau abinci mai gina jiki dauka masu juna biyu, jariri, da kuma kananan yara?**  **READ AND POINT TO THE RESPONSE OPTIONS #3.** THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | |  | |
|  | | Next I would like to know more about the infant and young child feeding program materials you have and if you have used any of them over the past 18 months, since the training.  **Ta gaba Ina so in sani game da kayan ciyar da jarirai da kananan yara da kana/kina da kuma ko kin/ ka yin amfani da wani a cikin watannin sha takwas da ya wuce.**  FOR EACH ITEM, ASK:   1. Do you have (ITEM)? **Kina/kana da (KAYAN)**   **POINT TO THE IMAGE OF THE ITEM ON JOB AID #3.**  IF YES, ASK:   1. Over the past 18 months, since the training, have you used this document?  **A cikin watannin sha takwas da ta wuce kin/ka yi amfani da kayan aiki?**   DO NOT READ THE RESPONSE OPTIONS ALOUD. THEN SELECT THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | HAVE AND HAVE USED | | HAVE BUT HAVE NOT USED | | | DON’T HAVE A COPY | | | | DON’T KNOW | | |  | |
|  | | 1. Infant and Young Child Feeding Program Participant Materials  **Litafin aiki na wanda aka koyar da su akan ciyar da jarirai da kananan yara** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Facilitator’s Guide **Litafin Jagoran na masu koyarwa akan ciyar da jarirai da kananan yara** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Counselling Cards **Shafin bada shawarwari wanda kasa ta yarda da shi** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Key Message Booklet **Littafin Mabudin muhimman sakoni** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Brochure – How to Breastfeed Your Baby **Littattafai akan yanda zaku shayar da jariranku** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Brochure – How to Feed Your Baby after 6 Months **Littattafai akan yanda za’a ciyar da jariri dan wata shida** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Brochure – Nutrition During Pregnancy and Breastfeeding **Littattafai akan abinci mai gina jiki lokacin goyon ciki da lokacin shayarwa** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Brochure – Infant Feeding in the Context of HIV **Littattafai akan ciyar da jarirai da kananan yara a cikin mahallin cutar HIV** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
|  | | 1. Infant and Young Child Feeding Program Monitoring Forms for Community Volunteers **Littafi na rahoto wanda ake rubuta yawan mambobin da suke zuwa taron kungiyar ko mutane al'umma da kike/kake ziyarce** | 1 | | 2 | | | 3 | | | | 98 | | |  | |
| Next I am going to ask about some of the infant and young child feeding program activities that you have conducted or helped plan or conduct over the last 18 months, since June 2015. The research team is interested in this so that they can better estimate the time and effort it will take to replicate this program in other LGAs and States in Nigeria. Please do your best to provide accurate estimates of time spent on each activity and honest perceptions. **Ta gaba zan tambaye game da wasu daga cikin ayyukan ciyar da jarirai da kananan yara da aka gudanar a watanni sha takwas (18) na karshe, tun yuni a cikin shekara dubu biyu da sha biyar (2015). Masu binciken su na sha'awar wannan sabõda su na son su iya kimanta daidai lokaci da kokarin da zai dauki a rubanya wannan shirin a wasu karaman hukumomi da jiha a Nijeriya. Don allah ka yi da mafi kyau ga samar da daidai kimanin lokaci da kin/ka dauki a kan kowane aiki da tunanin ki/ka na gaskiya.** | | | | | | | | | | | | | | | | |
|  | | First, do you understand your role in implementing the infant and young child feeding program? Do you definitely understand your role, somewhat understand your role, or not understand your role at all? **Na farko, kin/ ka gane matsayin ka/ki a cikin aikin ciyar da jarirai da kananan yara? Kin/ ka tabattar cewa kin/ka ganesosai, ko ba ki/ka gane da kyau ba, ko ba ki/ka ganeba sam?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Definitely 1  **Shakka babu**  Somewhat 2 **Da ɗan**  Not at all 3 **Ban gane sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Do you have anything in writing that explains your role or responsibilities related to the infant and young child feeding program?  **Shin, ki/ ka na da wani abun da aka rubuta wanda ya bayyanan matsayi ko aikin ki/ka yanda ya shafi wannan shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | |  |
|  | | Have you assissted with organizing and conducting community dialogues and sensitizations for the infant and young child feeding program? **Shin, ka/kin taba taimako da shiryawa da kuma gudanar da taron al'umma domin tattaunawar ga shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q616 |
|  | | Over the past 18 months, since the program began, about how much time did you spend planning or conducting community dialogues and sensitizations for the infant and young child feeding program? This is different from your monthly support group meetings, review meetings, or home visits. This is when UNICEF, the State, and the LGA brought community leaders and members together to discuss the program. **A cikin watanni sha takwas (18) da ta wuce, kamar yaya lokacin da kika saba dauka a kowane wata wajan shirya ko gudanar da taron al'umma domin tattaunawa akan ciyar da jarirai da kananan yara? Wannan ya babbanta daga haduwar da kuke yi ta wata wata na hadin gwaiwa , ko maimaita haduwar da ta gabata, ko ziyara gidaje, ko lokacin da hukumar UNICEF, da gwamnatin jaha, da karamar hukuma suka hada shugabannin a’lumma da membobi gaba daya domin tattaunawa na wannan shirin.**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  1-4 hours 2 **Awa daya zuwa awa hudu**  5-8 hours 3 **Awa biyar zuwa awa takwas**  9-12 hours 4 **Awa tara zuwa sha biyu**  13-16 hours 5 **Awa sha uku zuwa awa sha shida**  More than 16 hours 6 **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  |
|  | | What do you think about the quality of those infant and young child feeding community dialogues and sensitizations?  **Yaya kin/ka ga ingancin ko kyawan wadannan taron al'umma domin tattaunawar?**  **READ** AND POINT TO THE RESPONSE OPTIONS #4. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very good 1  **Da kyau sosai**  Good 2  **Da kyau**  Fair 3 **Da kadan kyau**  Poor 4 **Bai da kyau**  Very poor 5 **Bai da kyau sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How useful did you think those community dialogues and sensitizations were for implementing the infant and young child feeding program?  **A tunanin ki/ka ta yaya amfani wadannan taron al'umma domin tattaunawar a wajen gudanar da ayyuka ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How **many** infant and young child feeding support group meetings do you usually conduct each month? **A takaice tarurrukan kungiyar goyon bayan nawa kuke yawanci gudanar ko kowane wata?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | NONE 1 **Babu**  1 2 **Sau daya**  2 3 **Sau biyu**  3 4 **Sau uku**  4 OR MORE 5 **Sau hudu ko fiye**  DON’T KNOW 98 | | | | | | | | | | | | | Q620 |
|  | | About how much **time** do you usually spend each month traveling to, organizing, and conducting infant and young child feeding support group meetings? **Kamar yaya lokacin da kika saba dauka a kowane wata wajan domin tafiya zuwa, shirya, da kuma gudanar da taron kungiyar goyon bayan akan ciyar da jarirai da kananan yara?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  1-4 hours 2 **Awa daya zuwa awa hudu**  5-8 hours 3 **Awa biyar zuwa awa takwas**  9-12 hours 4 **Awa tara zuwa sha biyu**  13-16 hours 5 **Awa sha uku zuwa awa sha shida**  More than 16 hours 6 **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  |
|  | | How **confident** do you feel in your ability to conduct infant and young child feeding support group meetings? **Yaya tabbaci ka/ki yake wajen iya gudanar da taron kungiyar goyon baya kan ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very confident 1  **Tabbaci sosai**  Somewhat confident 2 **Tabbaci**  Somewhat uncertain 3 **Ba tabbaci**  Very uncertain 4 **Ba tabbaci sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How **useful** do you think the infant and young child feeding support group meetings have been for promoting maternal, infant, and young child nutrition practices?  **A tunanin ki/ka ta yaya amfani wadannan kungiyar goyon bayan a wajen inganta mafi kyau ayyuka abinci mai gina jiki masu juna biyu, jariri, da kuma kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Have you **conducted** C-IYCF home visits? **Kin/ka taba gudanar da ziyara akan ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q624 |
|  | | About how much **time** do you usually spend each month traveling to, organizing, and conducting infant and young child feeding home visits? **Kamar yaya lokacin da kika saba dauka a kowane wata wajan zuwa, shiryawa, da kuma gudanar da ziyarar gidaje akan ciyar da jarirai da kananan yara?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  1-4 hours 2 **Awa daya zuwa awa hudu**  5-8 hours 3 **Awa biyar zuwa awa takwas**  9-12 hours 4 **Awa tara zuwa sha biyu**  13-16 hours 5 **Awa sha uku zuwa awa sha shida**  More than 16 hours 6 **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  |
|  | | How **confident** do you feel in your ability to conduct C-IYCF home visits? **Yaya tabbaci ka/ki yake wajen iya gudanar da taron kungiyar goyon baya kan ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very confident 1  **Tabbaci sosai**  Somewhat confident 2 **Tabbaci**  Somewhat uncertain 3 **Ba tabbaci**  Very uncertain 4 **Ba tabbaci sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How **useful** do you think the infant and young child feeding home visits have been for promoting optimal maternal, infant, and young child nutrition practices?  **A tunanin ki/ka yaya amfanin wadannan ziyara gidaje a wajen inganta mafi kyau ayyuka ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Have you **prepared** infant and young child feeding program monitoring and reporting forms? These are the forms on which you write the number of people who attended your support group meetings and the people you visited in the community. **Ka/kin taba shirya amfani da wannan litafin rahoton na ciyar da jarirai da kananan yara? Wannan shine takardar a inda kika rubuta mutanen da suka hakarci wannan shirin na ciyarda yara da mutanen da kika ziyarta a cikin al’umma.**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q629 |
|  | | About how much **time** do you usually spend each month preparing infant and young child feeding program monitoring and reporting forms? This is time spent after a support group meeting or home visit to prepare your monthly report. **Kamar yaya lokacin da kika saba dauka a kowane wata wajen shirya littafai na amfani da wannan litafin rahoton na ciyar da jarirai da kananan yara? Wannan lokacin da kika dauka a haduwar kungiyar goyon bayan da ziyarar gidaje domin shirya rahotanni na wata wata.**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  Less than one hour 2 **Kasa da awa daya**  1 hour 3 **Awa daya**  2 hours 4 **Awa biyu**  3 hours 5 **Awa uku**  4 hours or more 6 **Awa hudu ko fiye**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  |
|  | | How **confident** do you feel in your ability to prepare infant and young child feeding program monitoring and reporting forms? **Kin/ka tabattar kin/ka iya shirya amfani da wannan litafin rahoton na ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #2. RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, PROBE. IF SHE STILL DOESN’T, RECORD ‘98’. | Very confident 1  **Tabbaci sosai**  Somewhat confident 2 **Tabbaci**  Somewhat uncertain 3 **Ba tabbaci**  Very uncertain 4 **Ba tabbaci sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How have you **used** the infant and young child feeding program monitoring and reporting forms?  **Ta yaya kike/ kake amfani da wannan litafin rahoton na ciyar da jarirai da kananan yara?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE THE CODE(S) CORRESPONDING TO ALL OF THE RESPONSE(S) PROVIDED. | DID NOT USE A **BANYI AMFANI DA SHI BA**  FOR PLANNING B **DOMIN SHIRYE SHIRYE**  FOR PLANNING MEETINGS C **DOMIN SHIRYE SHIRYE SADUWA**  FOR PLANNING HOME VISITS D **DOMIN SHIRYE SHIRYE ZIYARAR GIDAJE**  FOR REPORTING E **DOMIN BADA RAHOTONI**  OTHER F **DA SAURANSU**  SPECIFY  DON’T KNOW Z | | | | | | | | | | | | |  |
|  | | How useful do you think the C-IYCF program monitoring and reporting forms have been for **implementing** the program and **improving** maternal, infant, and young child nutrition practices?  **Yaya kika/kake ganin amfani da wannan litafin rahoton ciyar da jarirai da kananan yara wajen gudanarwa ko kuma inganta wannan shirin abinci mai gina jiki na jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How **many** infant and young child feeding program monthly review meetings have you attended at the ward level since the program began in July 2015? These are the meetings that are conducted in the health facility. **Kamar tarurruka nawa a cikin shakara dubu biyu da sha biyar (2015)? Wannan shine lokacin da kuke fara wannan aiki, kamar sau nawa ne kin/ka je taron na ciyar da jarirai da kananan yara wanda ake yi a matakin asibiti.**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT SAYS ‘ALL OF THEM’ CIRCE ‘4’ FOR ’13-18 MEETINGS. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | None 1 **Ban taba zuwa ba**  1-6 meetings 2 **Taron daya zuwa shida**  7-12 meetings 3 **Taron bokwai zuwa sha biyu**  13-18 meetings 4 **Taron sha uku zuwa sha takwas**  More than 18 meetings 5 **Fiye da taron sha takwas**  DON’T KNOW 98 | | | | | | | | | | | | | Q532 |
|  | | About how much **time** do you usually spend each month travelling and attending infant and young child feeding program monthly review meetings? **Kamar yaya lokacin da kika saba dauka a kowane wata wajan zuwa da halartar wadannan tarurruka?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | No time 1 **Babu**  1-4 hours 2 **Awa daya zuwa awa hudu**  5-8 hours 3 **Awa biyar zuwa awa takwas**  9-12 hours 4 **Awa tara zuwa sha biyu**  13-16 hours 5 **Awa sha uku zuwa awa sha shida**  More than 16 hours 6 **Fiye da awa sha shida**  DON’T KNOW/REMEMBER 98 | | | | | | | | | | | | |  |
|  | | How **useful** do you think the monthly review meetings have been for improving infant and young child feeding program activities? **A tunanin ki/ka, yaya ki/ka gan amfanin wadannan tarurruka a wajen inganta da ayyuka ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Over the past 18 months, about how many times have you encouraged community members to seek care at a health facility? **A cikin watanni sha takwas (18) da ta wuce, kamar sau nawa kin/ka gayar ma mutanen al'umma su je asibiti don neman da kulawa?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Never 1 **Ban taba yi**  1-5 times 2 **Sau daya zuwa sau biyar**  6-10 times 3 **Sau shida zuwa sau goma**  11-15 times 4 **sau sha daya zuwa sau sha biyar**  16-20 times 5 **Sau sha shida zuwa sau ashirin**  21 or more times 6 **Sau ashirin da daya ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | |  |
|  | | Over the past 18 months, about how many times have community members come to you because a health worker referred them to you? **A cikin watanni sha takwas (18) da ta wuce, kamar sau nawa kin/ka mutanen al'umma sun zo wurin ka/ki saboda wani ma'aikacin lafiyar ya/ta gayar masu su zo wurin ki/ka?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Never 1 **Ban taba yi**  1-5 times 2 **Sau daya zuwa sau biyar**  6-10 times 3 **Sau shida zuwa sau goma**  11-15 times 4 **sau sha daya zuwa sau sha biyar**  16-20 times 5 **Sau sha shida zuwa sau ashirin**  21 or more times 6 **Sau ashirin da daya ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | |  |
|  | | Over the past 18 months, about **how** many times were you visited by anyone from the UNICEF, SPRING, the State, LGA or a health facility to discuss the infant and young child feeding program? **A cikin watanni sha takwas (18) da ta wuce, kamar sau nawa kin/ka samu ziyara daga UNICEF, SPRING, jihar Kaduna, Karamar hukumar ko asibiti domin tattauna akan ciyar da jarirai da kananan yara?**  **READ** THE RESPONSE OPTIONS ALOUD. THE CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Never 1 **Ban taba yi**  1-5 times 2 **Sau daya zuwa sau biyar**  6-10 times 3 **Sau shida zuwa sau goma**  11-15 times 4 **sau sha daya zuwa sau sha biyar**  16-20 times 5 **Sau sha shida zuwa sau ashirin**  21 or more times 6 **Sau ashirin da daya ko fiye**  DON'T KNOW / REMEMBER 98 | | | | | | | | | | | | | Q538 |
|  | | Who conducted this/these visit(s)?  **Wane ne wanda ta/ya gudanar wannan / wadannan ziyara?**  READ THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODES FOR ALL PEOPLE MENTIONED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘Z’. | Health worker A **Ma’aikacin kiwon Lafia**  LGA representative B **Jami’i daga Kaman hukumar**  State representative C **Jami’i daga gominati jihar**  SPRING D  UNICEF E  Other F **Wasu Daban**  DON’T KNOW Z | | | | | | | | | | | | |  |
|  | | Have you ever received feedback from any of these visits? **Ka/ki n taba samu bayani akan abubuwa da kin/ka yi da kyau ko wasu daga wannan ziyara?**  IF ‘YES’, PROBE:  How was feedback provided to you? Was it written or verbal?  **Ta yaya aka ba ki/ka bayanin? An yi shi a rubuce ko da bakin?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW/REMEMBER, CIRCLE ‘98’. | YES, WRITTEN 1  YES, VERBAL 2  YES, WRITTEN AND VERBAL 3  NO 4  DON’T KNOW / REMEMBER 98 | | | | | | | | | | | | |  |
|  | | How **useful** do you think these visits have been for improving the infant and young child feeding program? **A tunanin ki/ka, yaya amfanin wadannan ziyara dõmin inganta shirin ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Do you feel that you were adequately **prepared** to implement the infant and young child feeding program?  **Shin, ki/ka na jin cewa kin/ka shirya/tattalin don gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  **READ** THE RESPONSE OPTIONS. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very prepared 1  Somewhat prepared 2  Somewhat unprepared 3  Very unprepared 4  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Do you feel that you were adequately supported by the State, LGA, and/or health facilities to implement the infant and young child feeding program?  **A tunanin ki/ ka kin/ ka samu isasshe goyon bayan daga mutanen jihar Kaduna, Karamar Hukumar, da / ko daga wuraren kiwon lafiya ga aiwatar da shirin ciyar da jarirai da kananan yara?**  **READ** AND POINT TO RESPONSE OPTIONS #6. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very supported 1  Somewhat supported 2  Somewhat unsupported 3  Very unsupported 4  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | How **satisfied or unsatisfied** are you with the support you have received for implementing the infant and young child feeding program? **Yaya gamsuwan ko rashin gamsuwan ki/ka tare da goyon bayan da ka/kin samun a wajen gudanar da wanan shirin ciyar da jarirai da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #5. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very satisfied 4 **Na gamsu sosai**  Satisfied 3 **Na gamsu**  Dissatisfied 2 **Ban gamsu ba**  Very dissatisfied 1 **Ban gamsu sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | | Who has been your primary or main source of support for implementing the infant and young child feeding program?  **Waye yake saba ba ki/ka goyon bayan wajen gudanar da aikin ciyar da jarirai da kananan yara?**  READ EACH RESPONSE OPTION ALOUD. THEN CIRCLE THE CODES CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘Z’. | Health worker A **Ma’aikacin kiwon lafia**  LGA representative B **Jami’i daga kaman hukumar**  State representative C **Jami’i daga gominati jihar**  SPRING D  UNICEF E  Other F **Wasu daban**  NOT SUPPORTED G  DON’T KNOW Z | | | | | | | | | | | | |  |
|  | | Have you experienced any **challenges** implementing the infant and young child feeding program? **Kin/ka fuskanci wasu masaloli a lokacin gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | | | | | | | | | | | | Q644 |
|  | | Did you experience any of the following challenges when implementing the infant and young child feeding program?  **Wane ne irin masaloli da kuka fuskanci lokacin gudanarwa da wanan shirin ciyar da jarirai da kananan yara?**  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. IF THE RESPONDENT ANSWERS ‘YES’ TO PART ‘M’, INDICATING SOME OTHER CHALLENGE, RECORD THE ANSWER IN THE SPACE PROVIDED. | YES | | | | | | NO | | | | ~~DK~~ | | |  |
|  | | 1. Lack of funding  **Rashin kudade** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of time  **Rashin lokaci** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Far distances  **Wuraren da nisa** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of transportation  **Rashin harkokin sufuri/tafiya** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Insecurity or danger  **Rashin tsaro ko hatsari** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Poor access to houses or communities  **Rashin wurin tafiya/ wucewa/shigowa zuwa al’ummomi** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Inadequate training  **Rashin cikakken horo** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Unclear role and responsibilities  **Babu ganewa matsayin ka/ki da aikin ki/ka** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of tools, forms, or job aids  **Rashin kayan aikin, siffofin, ko kayan aiki** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Community members expecting or wanting incentives  **Mutanen al'umma su na neman wasu abubuwa kamar kudi ko ihisani** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of participation by community members  **Rashin hallara daga mutanen al'umma** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of support for the program  **Rashin goyon bayan ma shirin na ciyar da jarirai da kananan yara** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Lack of support for maternal, infant, and young child nutrition  **Rashin goyon bayan a wajen abincin mai gina jikin masu juna biyu, jariri da kananan yara** | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | 1. Some other challenge  **Akwai wasu matsaloli**   SPECIFY | 1 | | | | | | 2 | | | | ~~98~~ | | |  |
|  | | How **useful** have you found the infant and young child feeding program in improving maternal, infant, and young child nutrition practices? **Yaya kin/ka gan amfanin wanan shirin na ciyar da jarirai da kananan yara a wajen inganta abinci mai gina jiki masu juna biyu, jariri, da kananan yara?**  **READ** AND POINT TO THE RESPONSE OPTIONS #3. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Very useful 1  **Yana da amfani sosai**  Somewhat useful 2  **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 98 | | | | | | | | | | | | |  |
|  | How do you feel about being able to promote or change these behaviors - very confident, somewhat confident, somewhat uncertain, or very uncertain? **Yanzu zan tambaye ki/ka game da irin halayyar na sama, amma ina so in san yadda ka/kin ji game da kasancewa iya Magana akan waɗannan halayyar - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  FOR EACH BEHAVIOR OR ACTION, ASK:  How confidentdo you feel about being able to promote or change (BEHAVIOR/ACTION) – very confident, somewhat confident, somewhat uncertain, or very uncertain? **Yaya tabbacin ki/ka yake game da kasancewa iya magana akan (HALI/AYYUKA) - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  FOR EACH BEHAVIOR, READ AND POINT TO THE RESPONSE OPTIONS #2. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | | Very  confident  **Tabbaci sosai** | Somewhat confident  **Tabbaci** | | | Somewhat uncertain  **Ba tabbaci** | | | | Very uncertain  **Ba tabbaci sam** | | | DK | |  |
|  | 1. Eating more during pregnancy  **Cin abinci ga mai juna biyu fiye da kafin daukar juna biyu** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Resting more during pregnancy  **Yawan hutu ga mai juna biyu fiye da kafin daukan juna biyu** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding immediately after birth  **Uwar su fara shayarwa tsakanin awa daya bayan haihuwa** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding within one hour after birth   **Uwar su fara shayarwa tsakanin awa daya bayan haihuwa** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding exclusively for  6 months   **Shãyar da jarirai nonon uwa zalla har tsawon wata shida** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women eating more while breastfeeding   **Karin cin abinci ga uwa a lokacin shayarwa** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women resting more while breastfeeding  **Yawan hutu ga mai shayarwa** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Families introducing nutritious and safe soft semi-solid foods to children at 6 months  **A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Feeding children over six months old a diverse or varied diet   **Ciyar da kananan yara masu fiye da watanni shida abinici iri-irin** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Women breastfeeding children for at least 2 years  **Shayar da nonon uwa har shekara biyu** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | 1. Families spending time talking and having a good and relaxing time with their children while feeding them  **Iyali su Bada lokaci hutawa da kina ma yaron magana lokacin ciyar da shi/ita** | | 1 | 2 | | | 3 | | | | 4 | | | 98 | |  |
|  | What things do you think would have improved the infant and young child feeding program?  **A tunanin ki/ ka me da me yakamata a yi da zai inganta wanan shirin na ciyar da jarirai da kananan yara?**  PROBE:  Anything else? **Akwai wani abun?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **THE** CODES CORRESPONDING TO THE RESPONSES PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘Z’. IF THE RESPONDENT MENTIONS SOMETHING ELSE, CIRCLE ‘H’ AND RECORD THE ANSWER IN THE SPACE PROVIDED. | | NOTHING G **BA WANI ABU**  MORE FUNDING A **KARIN KUDADE**  MORE SUPPORT B **KARIN GOYON BAYA**  MORE STAFF C **KARIN MAAIKATA**  MORE TRAINING D **KARIN CIKAKKEN HORO**  MORE TOOLS, FORMS, OR JOB AIDS E **KARIN KAYAN AIKIN, SIFFOFIN, KO KAYAN AIKI**  MORE SUPERVISION F **KARIN SA IDO**  OTHER H **AKWAI WANI ABU**  SPECIFY:  DON’T KNOW Z | | | | | | | | | | | |  | |
|  | Do you have anything else you would like to mention or ask me? **Ki/Ka na da wani abu daban ka/ki na so ka/ki hada/ gaya mani ko tambaya?**  IF YES, RECORD IN THE SPACE PROVIDED. | | NO 1  YES 2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | |

Thank you for your time!

Nagode

Evaluation of the *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* in Nigeria

# Endline Survey: Household Questionnaire

COMPLETE THE INTERVIEW INFORMATION SECTION BELOW PRIOR TO STARTING THE INTERVIEW.

**INTERVIEW INFORMATION**

|  |  |
| --- | --- |
| 1. INTERVIEW DATE: (dd/mm/yyyy) | |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. LGA NAME: |  |
| 1. WARD NAME: |  |
| 1. COMMUNITY NAME: |  |
| 1. ENUMERATION AREA NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. HOUSEHOLD NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. RESULT OF INTERVIEW: | |\_\_\_|\_\_\_| |
| 1. SUPERVISOR’S NAME: |  |
| 1. INTERVIEWER’S NAME: |  |

|  |  |
| --- | --- |
| **Codes for the Result of the Interview:** | |
| Respondent met and interview initiated 1  Respondent not at home (temporarily away) 2  Respondent incapacitated/unable to participate 3  Respondent away for extended period 4  Respondent met but interview postponed 5 | Respondent met and refused 6  Location vacant or non-existent 7  Location destroyed 8  Location not found 9  Other 10 |

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with the National Bureau of Statistics on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. The study is focused on the feeding of infants and young children in Kaduna State. You have been randomly selected to complete this survey. I would like to ask you some questions about your household and the people who make up your household. The questions will take about 15 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

There are no wrong answers. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Only the aggregated or combined findings will be shared with health authorities and key stakeholders. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

Your participation in this interview is voluntary, but we hope you will agree to answer these questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the study, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

□ RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 🡪 END INTERVIEW

**GABATARWA DA NEMAN IZINI**

Barka dai. Suna na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Ina aiki tare da ofishin kididdiga na kasa a kan wani binciken da ake gudanar da ma’aikatar lafiya ta tarayya, da ma’aikatar lafiya ta jihar Kaduna, da UNICEF, da USAID-SPRING ke gabatarwa. Bincike ya mayar da hankali a kan ciyar da jarirai da kananan yara ta jihar Kaduna. An zaba da ka/ki don gudana da wannan binciken. Ina son in yi maka/miki tambayoyi akan fahimtar ka/ki akan abinci mai gina jiki na uwaiye, masu juna biyu, jarirai da kananan yara. Tambayar za ta dauka kimani mituna 15 wajen amsawa. Bayanin da muka tattara zai taimaka mu fahimci yadda za a inganta da abinci mai gina jiki na kananan yara.

Kamar yadda muka yi bayani a gabanin haka, babu laifi a kan amsoshi. Duk amsoshin da za ka/ki bayar zai zama sirri, wanda ba za mu buda shi ga kowa ba sai dai abokan aikin mu na kungiya. Sai dai takaitattun bayanai da muka tattara za a raba wa hukumomi kiwon lafiya da kuma mažallin masu harka. A takaice ba wanda zai san amsoshin tambayoyin ka/ki.

Sa hannun ka/ki a kan aikin ganin dama ne, amma muna fatan za ka/ki yarda ka/ki amsa, domin ra’ayoyin ka/ki yana da muhimmanci. Idan na yi maka/ki tambayar da ba ka/ki son amsawa ka/ki sanar da ni, ni kuma zan wuce zuwa tambaya ta gaba za ka/ki iya dakatar da ganawa a kowane lokaci.

Ka/Kina da wasu tambayoyi?

Zan iya fara tambayoyin yanzu?

□ MAI BADA AMSA YA YARDA AGANA DA SHI, SA HANNUN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ MAI BA DA AMSA BAI YARDA A GANA DA SHI BA.🡪KARSHEN GANAWA

**MODULE 1: HOUSEHOLD ROSTER AND SCREENING**

AFTER GAINING CONSENT, ASK:

Please tell me the name and sex of each person who lives here, starting with the head of the household.  
**Don allah ki gaya mani jinsin ko wane da yake zaune a nan, farawa da mai gidan.**

RECORD THESE NAMES IN A NUMBERED LIST IN YOUR NOTEBOOK. START WITH THE HEAD OF THE HOUSEHOLD.

THEN PROBE:

Does anyone else live here, even if they are not at home now? These may include children who are in school or household members who are at work now.  
**Akwai wani da yake zaune a nan, koda basu zaune a gida yanzu? Wadannan suna iya hadawa da yara da suka je makarantha do kuma yan gidan wadanda suke wajen aiki.**

THEN RECORD THE NUMBERS (LINE NUMBERS) AND NAMES INTO THE TABLE BELOW (Q101 AND Q102). START WITH THE HEAD OF THE HOUSEHOLD IN LINE 1. FOR EACH PERSON YOU WILL ASK THE PERSON’S SEX (Q103) AND AGE (Q104).

FOR EACH FEMALE HOUSEHOD MEMBER AGED BETWEEEN 15 AND 49 YEARS ASK IF SHE IS PREGNANT. IF YES, CIRCLE THE LINE NUMBER OF THAT HOUSEHOLD MEMBER TO INDICATE THAT SHE IS CURRENTLY PREGNANT (Q105). CIRCLE THE LINE NUMBER OF EACH CHILD UNDER THREE YEARS OLD (Q106). THEN, ASK WHO THE MOTHER OR PRIMARY CAREGIVER OF THAT CHILD IS (Q107).

ADD A CONTINUATION SHEET IF THERE ARE MORE THAN 20 HOUSEHOLD MEMBERS. TICK HERE IF CONTINUATION SHEET WAS USED.

AT THE BOTTOM OF THE PAGE, RECORD THE TOTAL NUMBER OF PREGNANT WOMEN 15–49 YEARS (Q105), THE TOTAL NUMBER OF CHILDREN UNDER 3 YEARS OLD (Q106), AND THE TOTAL NUMBER OF UNIQUE MOTHERS/CAREGIVERS OF CHILDREN UNDER 3 YEARS (Q107).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Line # | 1. Name | 1. Is **(NAME)**   male or female? **(SUNA) namiji ne? Ko mace?**  1=MALE  2=FEMALE | | 1. Please tell me how old **(NAME)**is. How old was **(NAME)** on his/her last birthday? **Don Allah ki gaya mini Shekarun (SUNA) nawa ne. Menene shekarun (SUNA) a karshe ranar haihuwar sa/ta?**   RECORD AGE IN COMPLETED YEARS IN THE SPACE PROVIDED.  IF 95 OR OLDER, RECORD “95”. IF THE RESPONDENT DOESN’T KNOW, RECORD “98” | Eligible for | | |
| Pregnancy module | Infant and young child feeding module (under 3 year olds) | |
| 1. FOR EACH WOMAN AGED BETWEEN 15 AND 49 YEARS, ASK:   Is **(NAME)** currently pregnant? **(NAME) yanzu kina da juna biyu?**  CIRCLE LINE NUMBER IF HH MEMBER IS CURRENTLY PREGNANT | 1. CIRCLE LINE NUMBER IF HH MEMBER IS UNDER 3 YEARS | 1. FOR EACH CHILD UNDER 3, ASK:   Who is the primary caregiver of (NAME)? **Waye ne mai kula da (SUNA)?**  RECORD THE LINE NUMBER OF PRIMARY CAREGIVER IN THE SPACE PROVIDED. |
| Male | Female |
| 1 |  | 1 | 2 | |\_\_\_|\_\_\_| | 1 | 1 | |\_\_\_|\_\_\_| |
| 2 |  | 1 | 2 | |\_\_\_|\_\_\_| | 2 | 2 | |\_\_\_|\_\_\_| |
| 3 |  | 1 | 2 | |\_\_\_|\_\_\_| | 3 | 3 | |\_\_\_|\_\_\_| |
| 4 |  | 1 | 2 | |\_\_\_|\_\_\_| | 4 | 4 | |\_\_\_|\_\_\_| |
| 5 |  | 1 | 2 | |\_\_\_|\_\_\_| | 5 | 5 | |\_\_\_|\_\_\_| |
| 6 |  | 1 | 2 | |\_\_\_|\_\_\_| | 6 | 6 | |\_\_\_|\_\_\_| |
| 7 |  | 1 | 2 | |\_\_\_|\_\_\_| | 7 | 7 | |\_\_\_|\_\_\_| |
| 8 |  | 1 | 2 | |\_\_\_|\_\_\_| | 8 | 8 | |\_\_\_|\_\_\_| |
| 9 |  | 1 | 2 | |\_\_\_|\_\_\_| | 9 | 9 | |\_\_\_|\_\_\_| |
| 10 |  | 1 | 2 | |\_\_\_|\_\_\_| | 10 | 10 | |\_\_\_|\_\_\_| |
| 11 |  | 1 | 2 | |\_\_\_|\_\_\_| | 1 | 1 | |\_\_\_|\_\_\_| |
| 12 |  | 1 | 2 | |\_\_\_|\_\_\_| | 2 | 2 | |\_\_\_|\_\_\_| |
| 13 |  | 1 | 2 | |\_\_\_|\_\_\_| | 3 | 3 | |\_\_\_|\_\_\_| |
| 14 |  | 1 | 2 | |\_\_\_|\_\_\_| | 4 | 4 | |\_\_\_|\_\_\_| |
| 15 |  | 1 | 2 | |\_\_\_|\_\_\_| | 5 | 5 | |\_\_\_|\_\_\_| |
| 16 |  | 1 | 2 | |\_\_\_|\_\_\_| | 6 | 6 | |\_\_\_|\_\_\_| |
| 17 |  | 1 | 2 | |\_\_\_|\_\_\_| | 7 | 7 | |\_\_\_|\_\_\_| |
| 18 |  | 1 | 2 | |\_\_\_|\_\_\_| | 8 | 8 | |\_\_\_|\_\_\_| |
| 19 |  | 1 | 2 | |\_\_\_|\_\_\_| | 9 | 9 | |\_\_\_|\_\_\_| |
| 20 |  | 1 | 2 | |\_\_\_|\_\_\_| | 10 | 10 | |\_\_\_|\_\_\_| |
| 1. RECORD THE TOTAL NUMBER OF PREGNANT WOMEN 15–49 YEARS (FROM Q105 ABOVE). | | | | | |  | |
| 1. RECORD THE TOTAL NUMBER OF CHILDREN UNDER 3 YEARS (FROM Q106 ABOVE). | | | | | |  | |
| 1. RECORD THE TOTAL NUMBER OF MOTHERS/CAREGIVERS OF CHILDREN UNDER 3 YEARS (FROM Q107 ABOVE). | | | | | |  | |

**UPDATE YOUR NOTEBOOK, BY CIRCLING ELIGIBLE MOTHERS AND RECORDING THE ESTIMATED AGE, SEX, AND MOTHER’S LINE NUMBER FOR ELIGIBLE CHILDREN.**

# MODULE 2: HOUSEHOLD CHARACTERISTICS

Now I would like to ask you a few questions about your home and household.  
**Yanzu, ina son in tambayeki wasu yan tambayoyi game da gida da yan gidan.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | **CODING CATEGORIES** | | **SKIP** |
|  | What kind of toilet facility do members of your household usually use?  **Wane irin bayan gida kuke amfani da shi?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | FLUSH/POUR-FLUSH TOILET  TO PIPED SEWER SYSTEM 11  TO SEPTIC TANK 12  TO PIT 13  TO ELSEWHERE 14  TO DON’T KNOW WHERE 15  VENTILATED IMPROVED PIT LATRINE (VIP) 21  SIMPLE PIT LATRINE WITH SLAB 22  PIT LATRINE WITHOUT SLAB/OPEN PIT… 23  COMPOSTING/DRY TOILET 24  SERVICE OR BUCKET LATRINE (WHERE EXCRETA  ARE MANUALLY REMOVED)…….. 25  HANGING LATRINE 26  NO FACILITY, FIELD, BUSH, PLASTIC BAG 27  OTHER 28 | |  |
|  | Where is this toilet facility located? **A ina bayan gidan yake?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | INSIDE OR ATTACHED TO DWELLING……. 1  ELSEWHERE INSIDE YARD 2  OUTSIDE YARD 3 | |  |
|  | Do you share this toilet facility with other households? **Kuna amfani da bayan gidan da wasu gidaje?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | Q205 |
|  | How many people, including those in your family or household share this toilet facility?  **Mutum nawa ne su ke shigowa/ amfani da bayan gidan, hada da iyalin ku**.  ASK REGARDLESS OF LOCATION. RECORD THE NUMBER OF PEOPLE IN THE SPACE PROVIDED. | NUMBER |\_\_\_|\_\_\_| | |  |
|  | FOR EACH ITEM, ASK:  Does your household have (ITEM)? **Gidan ku ya na da (ITEM)?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES | NO |  |
|  | Electricity?  **Wutan Lantriki?** | 1 | 2 |  |
|  | A radio?  **Radio?** | 1 | 2 |  |
|  | A television?  **Talabishon?** | 1 | 2 |  |
|  | A mobile telephone?  **Wayan hannu?** | 1 | 2 |  |
|  | A land line telephone?  **Tarho wadanda ba ta hannu?** | 1 | 2 |  |
|  | A refrigerator?  **Firiji?** | 1 | 2 |  |
|  | A generator?  **Janareto?** | 1 | 2 |  |
|  | Do you have soap that can be used for washing hands in your household?  **Ku na da sabulun wanke hannu a gidannan?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | |  |
|  | What type of energy source does your household mainly use for cooking? **Da menene kuke amfani a wajan dafa abinci?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | ELECTRICITY 1  LPG/NATURAL GAS 2  KEROSENE 3  COAL/LIGNITE 4  CHARCOAL 5  WOOD 6  AGRICULTURAL CROP/STRAW/SHRUBS/GRASS 7  ANIMAL DUNG 8  NO FOOD COOKED IN HOUSEHOLD 95  OTHER 96 | |  |
|  | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.  CIRCLE THE CODE CORRESPONDING WITH THE OBSERVED FLOOR MATERIAL. | EARTH/SAND 1  DUNG .2  WOOD PLANKS 3  CERAMIC TILES 4  CEMENT 5  CARPET 6  OTHER 7 | |  |
|  | MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.  CIRCLE THE CODE CORRESPONDING WITH THE OBSERVED ROOF MATERIAL. | NO ROOF 1  THATCH/PALM LEAF 2  SOD .3  RUSTIC MAT 4  PALM/BAMBOO 5  WOOD PLANKS 6  CARDBOARD 7  METAL 8  WOOD 9  CALAMINE/CEMENT FIBER 10  CERAMIC TILES 11  CEMENT 12  ROOFING SHINGLES 13  OTHER 14 | |  |
|  | MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.  CIRCLE THE CODE CORRESPONDING WITH THE OBSERVED EXTERIOR WALL MATERIAL. | NATURAL WALLS  NO WALLS 11  CANE/PALM/TRUNKS 12  DIRT 13  RUDIMENTARY WALLS  BAMBOO WITH MUD 21  STONE WITH MUD 22  UNCOVERED ADOBE 23  PLYWOOD 24  CARDBOARD 25  REUSED WOOD 26  FINISHED WALLS  CEMENT 31  STONE WITH LIME/CEMENT 32  BRICKS 33  CEMENT BLOCKS 34  COVERED ADOBE 35  WOOD PLANKS/SHINGLES 36  OTHER 41 | |  |
|  | How many rooms in this household are used for sleeping? **Daki nawa ne a gidan kuke anfani da shi wajen kwanchiya?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER |\_\_\_|\_\_\_|  DON’T KNOW 98 | |  |
|  | FOR EACH ITEM, ASK:  Does any member of this household own (ITEM)? **Wani daga cikin mutanen gidan na da (ITEM)**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES | NO |  |
|  | A watch?  **Agogo?** | 1 | 2 |  |
|  | A bicycle?  **Keke?** | 1 | 2 |  |
|  | A motorcycle or motor scooter?  **Babur?** | 1 | 2 |  |
|  | An animal-drawn cart?  **Keken shanu?** | 1 | 2 |  |
|  | A car or truck?  **Mota ko babbar motar?** | 1 | 2 |  |
|  | A boat with a motor?  **Jirgin ruwa mai inji?** | 1 | 2 |  |
|  | A canoe?  **Kwale-kwale?** | 1 | 2 |  |
|  | Does any member of this household own any agricultural land? **Shin, wani mutum daga wannan gidan mallaka wani fillin na aikin gona?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | Q215 |
|  | How many plots or acres of agricultural land do members of this household own?  **Fuloti ko kadada nawa ne ku na da shi don aikin gon, Yaya girman filli aikin gona?**  IF THE RESPONSE IS GIVEN IN PLOTS, CIRCLE ‘1’ AND RECORD THE NUMBER OF PLOTS IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN ACRES, CIRCLE ‘2’ AND RECORD THE NUMBER OF ACRES IN THE SPACE PROVIDED. IF 100 OR MORE, PLOTS/ACRES, CIRCLE `9950'. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. IF NECESSARY, YOU MIGHT ASK ANOTHER MEMBER OF THE HOUSEHOLD. | PLOT 1 |\_\_\_|\_\_\_|\_\_\_|  ACRES 2 |\_\_\_|\_\_\_|\_\_\_|  100 OR MORE PLOTS/ACRES 9950  DON'T KNOW 9998 | |  |
|  | Does this household own any livestock, herds, other farm animals, or poultry? **Shin wannan gidan mallaka wani dabbobi, garkunan, wasu dabbobin noma, ko kaji?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | | END |
|  | FOR EACH ANIMAL, ASK:  How many (ANIMAL) does this household own? **(ANIMAL) nawa ku ke mallaka a gidan**  THEN ASK:  Are there any other kinds of animals that this household owns? **Akwai wasu irin dabbobi da kuka mallaka a gidan?**  IF YES, ASK:  How many of this animal does the household own? **Kamar nawa wannan gidan ya mallaka?**  RECORD THE NUMBER OF ANIMALS IN THE SPACES PROVIDED. IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. IF THE RESPONDENT SPECIFIES OTHER ANIMALS THE HOUSEHOLD OWNS, RECORD THE KIND OF ANIMAL IN G/H AND RECORD THE NUMBER OF ANIMALS IN THE SPACE PROVIDED. |  | |  |
|  | Milk cows or bulls?  **Shanu ko Bajimai?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Horses, donkeys, or mules?  **Dawakai, Jakai, ko Alfadari?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Goats?  **Akuyoyi?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Sheep?  **Tumaki?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Chickens/Ducks?  **Kaji/Agwagi?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Pigs?  **Aladu?** | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Any other?  **Wasu daban?**  (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Any other?  **Wasu daban?**  (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | NUMBER |\_\_\_|\_\_\_| | |  |
|  | Where are your animals kept?  **A ina ne kuke aje dabbobin ku?**  DO **NOT** READ THE ANSWERS. CIRCLE **ALL** THAT ARE MENTIONED. | INSIDE/NEAR LIVING AREA A  INSIDE/NEAR KITCHEN/COOKING PLACE B  ELSEWHERE IN YARD C  OUTSIDE YARD D  NO SPECIFIC PLACE E  OTHER F | |  |

Thank you for your time!

Nagode!!

Evaluation of the *Community Infant and Young Child Feeding (C-IYCF) Counselling Package* in Nigeria

# Endline Survey: Maternal Questionnaire

COMPLETE THE INTERVIEW INFORMATION SECTION BELOW PRIOR TO STARTING THE INTERVIEW.

**INTERVIEW INFORMATION**

|  |  |
| --- | --- |
| 1. INTERVIEW DATE: (dd/mm/yyyy) | |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. LGA NAME: |  |
| 1. WARD NAME: |  |
| 1. COMMUNITY NAME: |  |
| 1. ENUMERATION AREA NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. HOUSEHOLD NUMBER: | |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 1. RESPONDENT’S NAME: |  |
| 1. RESPONDENT’S INDIVIDUAL LINE NUMBER: | |\_\_\_|\_\_\_| |
| 1. RESULT OF INTERVIEW: | |\_\_\_|\_\_\_| |
| 1. INTERVIEWER’S NAME: |  |
| 1. SUPERVISOR’S NAME: |  |

|  |  |
| --- | --- |
| **Codes for the Result of the Interview:** | |
| Respondent met and interview initiated 1  Respondent not at home (temporarily away) 2  Respondent incapacitated/unable to participate 3  Respondent away for extended period 4  Respondent met but interview postponed 5 | Respondent met and refused 6  Location vacant or non-existent 7  Location destroyed 8  Location not found 9  Other 10 |

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working with the National Bureau of Statistics on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. The study is focused on the feeding of infants and young children in Kaduna State. You have been randomly selected to complete this survey. I would like to ask you some questions about your knowledge and experiences related to maternal, infant, and young child nutrition. The questions will take about 45 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

There are no wrong answers. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Only the aggregated or combined findings will be shared with health authorities and key stakeholders. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

Your participation in this interview is voluntary, but we hope you will agree to answer these questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?

May I begin the interview now?

□ RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 🡪 END INTERVIEW

**GABATARWA DA NEMAN IZINI**

Barka dai. Suna na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Ina aiki tare da ofishin kididdiga na kasa a kan wani binciken da ake gudanar da ma’aikatar lafiya ta tarayya, da ma’aikatar lafiya ta jihar Kaduna, da UNICEF, da USAID-SPRING ke gabatarwa. Bincike ya mayar da hankali a kan ciyar da jarirai da kananan yara ta jihar Kaduna. An zaba da ka/ki don gudana da wannan binciken. Ina son in yi maka/miki tambayoyi akan fahimtar ka/ki akan abinci mai gina jiki na uwaiye, masu juna biyu, jarirai da kananan yara. Tambayar za ta dauka kimani mituna 45 wajen amsawa. Bayanin da muka tattara zai taimaka mu fahimci yadda za a inganta da abinci mai gina jiki na kananan yara.

Kamar yadda muka yi bayani a gabanin haka, babu laifi a kan amsoshi. Duk amsoshin da za ka/ki bayar zai zama sirri, wanda ba za mu buda shi ga kowa ba sai dai abokan aikin mu na kungiya. Sai dai takaitattun bayanai da muka tattara za a raba wa hukumomi kiwon lafiya da kuma mažallin masu harka. A takaice ba wanda zai san amsoshin tambayoyin ka/ki.

Sa hannun ka/ki a kan aikin ganin dama ne, amma muna fatan za ka/ki yarda ka/ki amsa, domin ra’ayoyin ka/ki yana da muhimmanci. Idan na yi maka/ki tambayar da ba ka/ki son amsawa ka/ki sanar da ni, ni kuma zan wuce zuwa tambaya ta gaba za ka/ki iya dakatar da ganawa a kowane lokaci.

Ka/Kina da wasu tambayoyi?

Zan iya fara tambayoyin yanzu?

□ MAI BADA AMSA YA YARDA AGANA DA SHI, SA HANNUN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ MAI BA DA AMSA BAI YARDA A GANA DA SHI BA.🡪KARSHEN GANAWA

**CONFIRMATION OF ELIGIBILITY**

First, we need to confirm that you are eligible for completion of this survey, which is for pregnant women and mothers of children under the age of 2 years.

**Da farko, muna bukatar mu tabbata cewa kin cancanta amsa wannan binciken, wanda yake shi ne ga mata masu ciki da iyaye mata da yara a kesa da shekaru biyu (2).**

**REFER TO THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK TO DETERMINE IF, ACCORDING TO THE HOUSEHODL ROSTER, THE RESPONDENT IS PREGNANT OR HAS A CHILD UNDER THE AGE OF THREE YEARS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | **CODING CATEGORIES** | **SKIP** |
|  | **CHECK THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK TO SEE IF THE RESPONDENT IS PREGNANT.** | | |
|  | Are you currently pregnant? **A farko, ina so in tambaye ki ko kina da ciki yanzu?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | NOTE: THIS RESPONDENT IS CURRENTLY PREGNANT AND IS THEREFORE ELIGIBLE TO RESPOND TO MODULES 1, 2, 3, 6, 7, AND 8. CONTINUE TO Q002.  CONTINUE TO Q002. |
|  | **CHECK THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK TO SEE IF THE RESPONDENT IS MOTHER/ CAREGIVER OF A CHILD UNDER THREE YEARS OF AGE.** | | |
|  | To confirm, do you have a child or are you the primary caregiver of a child under the age of three years?  **Kina da naki yaran ko wanda kike kula da su 'yan kasa da shekara uku?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q003.  REVIEW AND REVISE THE HOUSEHOLD ROSTER AND THE INFORMATION YOU HAVE RECORDED IN YOUR NOTEBOOK, AS NECESSARY.  IF PREGNANT, PROCEED TO MODULE 1. IF NOT PREGNANT, THANK THE RESPONDENT AND END THE INTERVIEW. |
|  | RECORD THE LINE NUMBER OF RESPONDENT’S YOUNGEST CHILD UNDER THREE YEARS OF AGE (Q6 OF HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | LINE  NUMBER |\_\_\_|\_\_\_| |  |
|  | RECORD NAME OF CHILD (Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. |  |  |
|  | CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (CHILD NAME) (Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (Q7 OF THIS QUESTIONNAIRE). CONFIRM IF THE LINE NUMBER OF THE MOTHER/CAREGIVER OF THE CHILD IS THE SAME AS THE RESPONDENT’S LINE NUMBER. IF NOT, REVIEW AND REVISE THE HOUSEHOLD ROSTER. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | YES 1  NO 2 | CONTINUE TO Q006.  GO TO Q013. |
|  | Is (NAME) your child or are you the primary caregiver of (NAME)? **(NAME) yaron ki ne? Ko ke ce mai kula da (NAME)?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q007.  ASK FOR THE NAME OF THE CHILD’S MOTHER OR PRIMARY CAREGIVER. REVIEW AND REVISE THE HOUSEHOLD ROSTER. THEN GO TO Q013. |
|  | CHECK THE SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK).  ASK:  To confirm, is (NAME) boy/girl? **Don tabbaci, (NAME) yaro ne ko yarinya?**  REVISE THE HOUSEHOLD ROSTER IF NECESSARY. | MALE 1  FEMALE 2 |  |
|  | Does (NAME)have a birth certificate, growth chart, or vaccination card with the birthdate recorded? Can you please show it to me? **Ko (NAME) na da katin rigakafi wanda an rubuta ranar haihuwan sa/ta akai? Ko zaki iya nuna mani?** |  |  |
|  | a. IF RESPONDENT HAS DOCUMENTATION OF AGE, ASK:  Is this (NAME’s) date of birth? **Wannan sune shekarun haihuwar (NAME)?**  READ THE DATE OF BIRTH ALOUD TO CONFIRM. IF THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DAY, MONTH, AND YEAR OF BIRTH AS DOCUMENTED ON THE CARD.  IF RESPONDENT DOES NOT HAVE DOCUMENTATION OF AGE, ASK:  In what month and year was (NAME)born? What is his/her birthday?  **Ina son yi maka/maki wasu tambayoyi game da (NAME) domin sanin daidai shekarun sa/ta. A cikin wane wata da shekara aka haifi (NAME)?**  IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE PROBE USING YOUR JOB AID #7 (CALENDAR OF EVENTS). RECORD THE DAY, MONTH AND YEAR IN THE SPACES PROVIDED. RECORD “15” IF THE RESPONDENT DOESN’T KNOW THE DAY OF BIRTH. | DAY |\_\_\_|\_\_\_|  MONTH |\_\_\_|\_\_\_|  YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| b. WAS THE BDATE OF BIRTH ENTERED IN THE PREVIOUS QUESTION AN ESTIMATE (I.E., THE MOTHER WAS NOT SURE AND DID NOT HAVE ANY DOCUMENTATION – BIRTH CERTIFICATE, VACCINE CARD, ETC. – WITH THE DATE)? | YES 1  NO 2 | Q011 |
|  | To confirm, how old was (NAME) at his/her last birthday? **Don tabbaci, nawa ne shekarun (NAME) a nashi/nata karshen ranar haihuwar?**  RECORD THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE). | LESS THAN 1 YEAR 0  1 YEAR 1  2 OR MORE YEARS 2 |  |
|  | So, how many months old is (NAME)?  **Watannin (NAME) nawa?**  RECORD AGE IN COMPLETED MONTHS IN THE SPACE PROVIDED.  IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE).  THEN CONFIRM THIS WITH RESPONDENT. | MONTHS ...... |\_\_\_|\_\_\_| |  |
|  | CHECK QUESTIONS Q008, Q009, AND Q010 TO VERIFY CONSISTENCY. |  |  |
|  | A) IS THE YEAR RECORDED IN Q008 CONSISTENT WITH AGE IN YEARS RECORDED IN Q009? | YES 1  NO 2 | THE BIRTH DATE IN Q008 DOES NOT MATCH THE RESPONDE IN Q009. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q008 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q010? | YES 1  NO 2 | THE BIRTH DATE IN Q008 DOES NOT MATCH THE AGE IN MONTHS RECORDED IN Q010. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | FINALLY, CHECK QUESTION Q010. IS THE CHILD LESS THAN 24 MONTHS? | YES 1  NO 2  DON’T KNOW 8 | RESPONDENT HAS A CHILD UNDER TWO. YOU WILL COMPLETE MODULE 4 WITH THIS RESPONDENT. CONTINUE TO Q013.  IF THE RESPONDENT IS PREGNANT, GO TO MODULE 1. IF THE RESPONDENT IS NOT PREGNANT, THANK THE RESPONDENT FOR HER TIME AND END THE SURVEY. |
|  | **CHECK THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK TO SEE IF THE RESPONDENT IS MOTHER/ CAREGIVER OF A CHILD UNDER THREE YEARS OF AGE.** | | |
|  | Do you have any other child or are you the primary caregiver of any other child under the age of three years? **Kina da wani yaran naki ko kina kula da wani yara 'yan kasa da shekara uku?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q014.  REVIEW AND REVISE THE HOUSEHOLD ROSTER AND THE INFORMATION YOU HAVE RECORDED IN YOUR NOTEBOOK, AS NECESSARY. THEN CONTINUE TO MODULE 1. |
|  | RECORD THE LINE NUMBER OF RESPONDENT’S YOUNGEST CHILD UNDER THREE YEARS OF AGE (Q6 OF HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | LINE  NUMBER |\_\_\_|\_\_\_| |  |
|  | RECORD NAME OF CHILD (Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. |  |  |
|  | CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (CHILD NAME) (Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (Q7 OF THIS QUESTIONNAIRE). CONFIRM IF THE LINE NUMBER OF THE MOTHER/CAREGIVER OF THE CHILD IS THE SAME AS THE RESPONDENT’S LINE NUMBER. IF NOT, REVIEW AND REVISE THE HOUSEHOLD ROSTER. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | YES 1  NO 2 | CONTINUE TO Q017.  GO TO Q024. |
|  | Is (NAME) your child or are you the primary caregiver of (NAME)? **(NAME) yaron ki ne? Ko ke ce mai kula da (NAME)?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q018.  ASK FOR THE NAME OF THE CHILD’S MOTHER OR PRIMARY CAREGIVER. REVIEW AND REVISE THE HOUSEHOLD ROSTER. THEN GO TO Q014. |
|  | CHECK THE SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK).  ASK:  To confirm, is (NAME) boy/girl? **Don tabbaci, (NAME) yaro ne ko yarinya?**  REVISE THE HOUSEHOLD ROSTER IF NECESSARY. | MALE 1  FEMALE 2 |  |
|  | Does (NAME)have a birth certificate, growth chart, or vaccination card with the birthdate recorded? Can you please show it to me? **Ko (NAME) na da katin rigakafi wanda an rubuta ranar haihuwan sa/ta akai? Ko zaki iya nuna mani?** |  |  |
|  | a. IF RESPONDENT HAS DOCUMENTATION OF AGE, ASK:  Is this (NAME’s) date of birth? **Wannan sune shekarun haihuwar (NAME)?**  READ THE DATE OF BIRTH ALOUD TO CONFIRM. IF THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DAY, MONTH, AND YEAR OF BIRTH AS DOCUMENTED ON THE CARD.  IF RESPONDENT DOES NOT HAVE DOCUMENTATION OF AGE, ASK:  In what month and year was (NAME)born? What is his/her birthday?  **Ina son yi maka/maki wasu tambayoyi game da (NAME) domin sanin daidai shekarun sa/ta. A cikin wane wata da shekara aka haifi (NAME)?**  IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE PROBE USING YOUR JOB AID #7 (CALENDAR OF EVENTS). RECORD THE DAY, MONTH AND YEAR IN THE SPACES PROVIDED. RECORD “15” IF THE RESPONDENT DOESN’T KNOW THE DAY OF BIRTH. | DAY |\_\_\_|\_\_\_|  MONTH |\_\_\_|\_\_\_|  YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| b. WAS THE BDATE OF BIRTH ENTERED IN THE PREVIOUS QUESTION AN ESTIMATE (I.E., THE MOTHER WAS NOT SURE AND DID NOT HAVE ANY DOCUMENTATION – BIRTH CERTIFICATE, VACCINE CARD, ETC. – WITH THE DATE)? | YES 1  NO 2 | Q022 |
|  | To confirm, how old was (NAME) at his/her last birthday? **Don tabbaci, nawa ne shekarun (NAME) a nashi/nata karshen ranar haihuwar?**  RECORD THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE). | LESS THAN 1 YEAR 0  1 YEAR 1  2 OR MORE YEARS 2 |  |
|  | So, how many months old is (NAME)?  **Watannin (NAME) nawa?**  RECORD AGE IN COMPLETED MONTHS IN THE SPACE PROVIDED.  IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE).  THEN CONFIRM THIS WITH RESPONDENT. | MONTHS ...... |\_\_\_|\_\_\_| |  |
|  | CHECK QUESTIONS Q019, Q020, AND Q021 TO VERIFY CONSISTENCY. |  |  |
|  | A) IS THE YEAR RECORDED IN Q019 CONSISTENT WITH AGE IN YEARS RECORDED IN Q020? | YES 1  NO 2 | THE BIRTH DATE IN Q019 DOES NOT MATCH THE RESPONDE IN Q020. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q019 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q021? | YES 1  NO 2 | THE BIRTH DATE IN Q019 DOES NOT MATCH THE AGE IN MONTHS RECORDED IN Q021. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | FINALLY, CHECK QUESTION Q021. IS THE CHILD LESS THAN 24 MONTHS? | YES 1  NO 2  DON’T KNOW 8 | RESPONDENT HAS A SECOND CHILD UNDER TWO. YOU WILL COMPLETE MODULE 4 FOR THIS CHILD AS WELL. CONTINUE TO Q024.  GO TO MODULE 1. |
|  | **CHECK THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK TO SEE IF THE RESPONDENT IS MOTHER/ CAREGIVER OF A CHILD UNDER THREE YEARS OF AGE.** | | |
|  | Do you have any other child or are you the primary caregiver of any other child under the age of three years? **Kina da wani yaran naki ko kina kula da wani yara 'yan kasa da shekara uku?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q025.  REVIEW AND REVISE THE HOUSEHOLD ROSTER AND THE INFORMATION YOU HAVE RECORDED IN YOUR NOTEBOOK, AS NECESSARY. |
|  | RECORD THE LINE NUMBER OF RESPONDENT’S YOUNGEST CHILD UNDER THREE YEARS OF AGE (Q6 OF HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | LINE  NUMBER |\_\_\_|\_\_\_| |  |
|  | RECORD NAME OF CHILD (Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER) IN THE SPACE PROVIDED. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. |  |  |
|  | CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (CHILD NAME) (Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (Q7 OF THIS QUESTIONNAIRE). CONFIRM IF THE LINE NUMBER OF THE MOTHER/CAREGIVER OF THE CHILD IS THE SAME AS THE RESPONDENT’S LINE NUMBER. IF NOT, REVIEW AND REVISE THE HOUSEHOLD ROSTER. THIS SHOULD ALSO BE IN YOUR NOTEBOOK. | YES 1  NO 2 | CONTINUE TO Q028.  CONFIRM THAT THE RESPONDENT HAS NO OTHER CHILD UNDER THREE YEARS OF AGE. REVISE THE HOUSEHOLD ROSTER, AS NECESSARY. THEN GO TO MODULE 1. |
|  | Is (NAME) your child or are you the primary caregiver of (NAME)? **(NAME) yaron ki ne? Ko ke ce mai kula da (NAME)?**  MARK THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. | YES 1  NO 2 | CONTINUE TO Q29.  ASK FOR THE NAME OF THE CHILD’S MOTHER OR PRIMARY CAREGIVER. REVIEW AND REVISE THE HOUSEHOLD ROSTER. THEN GO TO MODULE 1. |
|  | CHECK THE SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER OR YOUR NOTEBOOK).  ASK:  To confirm, is (NAME) boy/girl? **Don tabbaci, (NAME) yaro ne ko yarinya?**  REVISE THE HOUSEHOLD ROSTER IF NECESSARY. | MALE 1  FEMALE 2 |  |
|  | Does (NAME)have a birth certificate, growth chart, or vaccination card with the birthdate recorded? Can you please show it to me? **Ko (NAME) na da katin rigakafi wanda an rubuta ranar haihuwan sa/ta akai? Ko zaki iya nuna mani?** |  |  |
|  | a. IF RESPONDENT HAS DOCUMENTATION OF AGE, ASK:  Is this (NAME’s) date of birth? **Wannan sune shekarun haihuwar (NAME)?**  READ THE DATE OF BIRTH ALOUD TO CONFIRM. IF THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DAY, MONTH, AND YEAR OF BIRTH AS DOCUMENTED ON THE CARD.  IF RESPONDENT DOES NOT HAVE DOCUMENTATION OF AGE, ASK:  In what month and year was (NAME)born? What is his/her birthday?  **Ina son yi maka/maki wasu tambayoyi game da (NAME) domin sanin daidai shekarun sa/ta. A cikin wane wata da shekara aka haifi (NAME)?**  IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE PROBE USING YOUR JOB AID #7 (CALENDAR OF EVENTS). RECORD THE DAY, MONTH AND YEAR IN THE SPACES PROVIDED. RECORD “15” IF THE RESPONDENT DOESN’T KNOW THE DAY OF BIRTH. | DAY |\_\_\_|\_\_\_|  MONTH |\_\_\_|\_\_\_|  YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| b. WAS THE BDATE OF BIRTH ENTERED IN THE PREVIOUS QUESTION AN ESTIMATE (I.E., THE MOTHER WAS NOT SURE AND DID NOT HAVE ANY DOCUMENTATION – BIRTH CERTIFICATE, VACCINE CARD, ETC. – WITH THE DATE)? | YES 1  NO 2 | Q033 |
|  | To confirm, how old was (NAME) at his/her last birthday? **Don tabbaci, nawa ne shekarun (NAME) a nashi/nata karshen ranar haihuwar?**  RECORD THE RESPONSE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE). | LESS THAN 1 YEAR 0  1 YEAR 1  2 OR MORE YEARS 2 |  |
|  | So, how many months old is (NAME)?  **Watannin (NAME) nawa?**  RECORD AGE IN COMPLETED MONTHS IN THE SPACE PROVIDED.  IF THE RESPONDENT IS NOT SURE, CALCULATE THE AGE BASED ON THE DAY, MONTH, AND YEAR PROVIDED AND USING YOUR JOB AID #1 (CALENDARS FOR CALCULATION OF CHILD’S AGE).  THEN CONFIRM THIS WITH RESPONDENT. | MONTHS ...... |\_\_\_|\_\_\_| |  |
|  | CHECK QUESTIONS Q030, Q031, AND Q032 TO VERIFY CONSISTENCY. |  |  |
|  | A) IS THE YEAR RECORDED IN Q030 CONSISTENT WITH AGE IN YEARS RECORDED IN Q031? | YES 1  NO 2 | THE BIRTH DATE IN Q019 DOES NOT MATCH THE RESPONDE IN Q020. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q030 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q032? | YES 1  NO 2 | THE BIRTH DATE IN Q019 DOES NOT MATCH THE AGE IN MONTHS RECORDED IN Q021. PLEASE GO BACK AND REVISE. IF NEEDED, REVISE THE HOUSEHOLD ROSTER. |
|  | FINALLY, CHECK QUESTION Q032. IS THE CHILD LESS THAN 24 MONTHS? | YES 1  NO 2  DON’T KNOW 8 | RESPONDENT HAS A THRID CHILD UNDER TWO. YOU WILL COMPLETE MODULE 4 FOR THIS CHILD AS WELL. CONTINUE TO MODULE 1.  GO TO MODULE 1. |

**THE REMAINDER OF THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO PREGNANT WOMEN AND PRIMARY CAREGIVERS OF CHILDREN UNDER TWO YEARS OF AGE. THE PRIMARY CAREGIVER IS THE PERSON WHO KNOWS THE MOST ABOUT HOW AND WHAT THE CHILD IS FED. USUALLY (BUT NOT ALWAYS) THIS WILL BE THE CHILD’S MOTHER.**

**MODULE 1: RESPONDENT CHARACTERISTICS**

The first set of questions has to do with you – your age, education, work experience, and children.

**Tamboyi na farko, su ne asali tambayoyi mai sauki game da Kai - shekarun ki/ ka, da ilimi, iyali da kuma yaran ki/ka.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | **CODING CATEGORIES** | | **SKIP** | |
|  | What is your relationship to the head of the household? **Menene dangantakar ki/ ka da wannan Mai Gida?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | HEAD (RESPONDENT) 1  SPOUSE/PARTNER 2  SON OR DAUGHTER 3  SON-IN-LAW OR DAUGHTER-IN-LAW 4  GRANDCHILD 5  PARENT 6  PARENT-IN-LAW 7  BROTHER OR SISTER 8  OTHER RELATIVE 9  ADOPTED/FOSTER/ STEPCHILD 10  NOT RELATED 11  DON'T KNOW 98 | |  | |
|  | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? **Tun yaushe kin fara zama a (SUNAN WURIN ZAMA YANZU)?**  RECORD THE NUMBER OF YEARS IN THE SPACE PROVIDED. IF THE RESPONDENT SAYS LESS THAN ONE YEAR, RECORD “00” YEARS. IF THE RESPONDENT DOESN’T KNOW, RECORD “98”. | YEARS |\_\_\_|\_\_\_| | |  | |
|  | Just before you moved here, did you live in a city, in a town, or in the countryside? **Kafin kin fara zama a nan, ina ne kike zama? A birnin, a wani gari, ko a cikin filin karkara?**  IF THE RESPONDENT HAS LIVED IN CURRENT LOCATION, THIS IS NOT APPLICALBE. RECORD “97”. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | CITY 1  TOWN 2  COUNTRYSIDE 3  NOT APPLICABLE 97 | |  | |
|  | In what month and year were you born? **A wane wata da shekara aka haife ki?**  a. In what month were you born? **A wane wata aka haife ki?**  b. In what year were you born? **A wane shekara aka haife ki?**  RECORD THE MONTH AND YEAR IN THE SPACES PROVIDED. | 1. MONTH |\_\_\_|\_\_\_|   IF MONTH IS NOT KNOWN, ENTER “98”.   1. YEAR |\_\_\_|\_\_\_|\_\_\_|\_\_\_|   IF YEAR IS NOT KNOWN, ENTER “9998”. | |  | |
|  | Please can you tell me how old you are? **Za ka/ki iya ka/ki gaya mini Shekarun ki/ka nawa ne?**  RECORD AGE IN COMPLETED YEARS IN THE SPACE PROVIDED. USE JOB AID #2 TO CALCULATE THE AGE BASED ON HER BIRTH DATE.  IF SHE DOESN’T KNOW HER AGE OR DATE OF BIRTH, PROBE:  How old were you at your last birthday? **Menene shekarun ki/ka a karshe ranar haihuwar ki/ka?**  IF SHE DOES NOT KNOW, PROBE BY ASKING HOW OLD SHE WAS WHEN SHE MARRIED AND HOW LONG SHE HAS BEEN MARRIED OR ASKING HOW OLD SHE WAS WHEN SHE HAD HER FIRST CHILD AND HOW OLD THAT CHILD IS NOW. IF YOU MUST, ESTIMATE. DO **NOT** LEAVE THIS BLANK OR ENTER “98”. | YEARS |\_\_\_|\_\_\_| | |  | |
|  | Have you ever attended school?  **Kin taba zuwa makarantar boko?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | | Q110 | |
|  | What is the highest level of school you attended: primary, secondary, or higher?  **Menene matakin karshe na makaranta kin halartar: firamare, sakandare, ko gaba sekandare?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | PRIMARY 1  SECONDARY 2  HIGHER 3 | |  | |
|  | What is the highest (CLASS/FORM/YEAR) completed at that level? **Wane (AJI / SHEKARA) ka/kin kamala a wancan matakin?**  RECORD THE CLASS/FORM/YEAR IN THE SPACE PROVIDED. RECORD “98” IF THE RESPONDENT DOESN’T KNOW. | CLASS/FORM/YEAR |\_\_\_|\_\_\_| | |  | |
|  | What is your religion? **Menene addinin ka/ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | CHRISTIAN 1  ISLAM 2  TRADITIONALIST 3  OTHER 8 | |  | |
|  | What languages do you speak?  **Wane yarurruka ki/ka ke iya magana dasu?**  DO **NOT** READ THE ANSWERS. CIRCLE **ALL** THAT ARE MENTIONED. | HAUSA A  IGBO B  YORUBA C  IBIBIO D  EDO E  FULFULDE F  KANURI G  ENGLISH H  ADARA I  CHAWAI J  SURUBU K  AMAWA L  AMO M  OTHER Y  (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |  | |
|  | In what language do you feel most comfortable communicating?  **Da wane yare ka/kika fi ji dadin magana?**  DO **NOT** READ THE ANSWERS. RECORD ONLY **ONE** LANGUAGE THAT THE RESPONDENT IDENTIFIES AS MOST COMFORTABLE. | HAUSA 1  IGBO 2  YORUBA 3  IBIBIO 4  EDO 5  FULFULDE 6  KANURI 7  ENGLISH 8  ADARA 9  CHAWAI 10  SURUBU 11  AMAWA 12  AMO 13  OTHER 99  (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |  | |
|  | Are you currently married or living together with a man as if married? **Kina da aure yanzu ko kina zama tare da wani mijin?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES, CURRENTLY MARRIED 1  YES, LIVING WITH A MAN 2  NO, NOT IN UNION 3 | Q115  Q115 | |
|  | Have you ever been married or lived together with a man as if married? **Kin taba aure ko zama tare da wani mijin kamar aure?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES, FORMERLY MARRIED 1  YES, LIVED WITH A MAN 2  NO 3 | Q116 | |
|  | What is your marital status now: are you widowed, divorced, or separated? **Meye matsayinki/ka a harkar aure yanzu: gwauruwa, rabuwa aure, ko kowa yana wurinsa?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | WIDOWED 1  DIVORCED 2  SEPARATED 3 | Q116  Q116  Q116 | |
|  | Is your (husband/partner) living with you now or is he staying elsewhere? **Ke da mijin ki kuna zama tare yanzu ne, ko ya na zama a wani wuri?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | LIVING WITH HER 1  STAYING ELSEWHERE 2 |  | |
|  | Now, have you ever been pregnant in your lifetime? **Kin taba dauki ciki a rayuwan ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q129 | |
|  | Can you tell me how many times have you been pregnant in your lifetime? **Sau nawa ne kin dauki cikin?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER OF TIMES |\_\_\_|\_\_\_|  DON’T KNOW 98 |  | |
|  | Next I would like to ask about all the births you have had during your life. Have you ever given birth? A live birth includes any baby who cried or showed signs of life, even if it died a few minutes after birth. **Har ila yau, Ina so in tambaya game da haihuwar da kika yi a rayuwarki. Shin kin taba haihuwa? Haihuwar rayayye kamar jariri wanda ya yi kuka ko kuma ya nuna alamun rai, koda ya mutu 'yan mintoci bayan haihuwarsa.**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q129 | |
|  | How many live births have you had in your lifetime? **Haihuwar masu rai nawa kika samu a rayuwar ki?**  RECORD THE NUMBERS IN THE SPACE PROVIDED. | LIVE BIRTHS |\_\_\_|\_\_\_| | Must be >=1 or asked to return to previous question and answer “no” | |
|  | Do you have any sons or daughters to whom you have given birth who are now living with you? **Shin, kina da wasu yara (mata ko maza) wadanda kika haifa kuma suke zama tare da ke?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q123 | |
|  | How many sons live with you? **Yara maza nawa suke zama tare da ke**  How many daughters live with you? **Yara mata nawa suke zama tare da ke**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD '00'. | SONS AT HOME |\_\_\_|\_\_\_|  DAUGHTERS AT HOME |\_\_\_|\_\_\_| |  | |
|  | How many of your children who live with you are under the age of five years? **Yaran ki guda nawa ne ‘yan kasa da shekara biyar wandada kuke zama tare?**  RECORD THE NUMBER OF CHILDREN UNDER FIVE IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER |\_\_\_|\_\_\_|  DON’T KNOW 98 |  | |
|  | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? **Ki na da wasu yara (maza ko mata) wadanda ki ka haifa kuma su na raye, amma ba su zama tare kei?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q125 | |
|  | How many sons are alive but do not live with you? **Yara maza nawa ne suke da rai, amma basu zama tare da ke?**  How many daughters are alive but do not live with you? **Yara mata nawa ne suke da rai, amma basu zama tare da ke?**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD ‘00’. | SONS ELSEWHERE |\_\_\_|\_\_\_|  DAUGHTERS ELSEWHERE |\_\_\_|\_\_\_| |  | |
|  | Have you ever given birth to a boy or girl who was born alive but later died? **Kin taba haihuwa wani yaro ko yarinya mace ko namiji wanda aka haifa da rai amma daga baya ya rasu?**  IF NO, PROBE:  Any baby who cried or showed signs of life but did not survive? **Wani jariri wanda ya yi kuka ko kuma ya nuna alamun rai, koda ya mutu 'yan mintoci bayan haihuwarsa?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q127 | |
|  | How many sons have died? **Yara maza nawa ne suka rasu?**  How many daughters have died? **Yara mata nawa ne suka rasu?**  RECORD THE NUMBERS IN THE SPACE PROVIDED. IF NONE, RECORD '00'. | SONS DEAD |\_\_\_|\_\_\_|  DAUGHTERS DEAD |\_\_\_|\_\_\_| |  | |
|  | SUM ANSWERS TO Q121, Q124, AND Q126, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL BIRTHS |\_\_\_|\_\_\_| |  | |
|  | To confirm, you have had a total of (NUMBER in Q127) children born during your life, including those who no longer live with you or are no longer alive. Is this correct? **Don duba ko yayi daidai, kina da (NUMBER in Q127) duka yara da kika haihuwa a rayuwarki, wannan ya hada wadanda basu zama tare da ke, ko kuma suke rasu. Wannan yayi daidai?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | PROBE AND CORRECT Q119-126 AS NECESSARY. | |
|  | Next, can you tell me how many hours do you usually sleep each night?  **Ta gaba, za ki iya gaya mini awa nawa kika saba barci da dare?**  RECORD THE HOURS IN THE SPACE PROVIDED. RECORD ‘98’ IF THE RESPONDENT DOESN’T KNOW. | HOURS |\_\_\_|\_\_\_| |  | |
|  | Have you used soap today or yesterday?  **Shin kinyi amfani da sabulu yau ko jiya?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | Q132 | |
|  | When you used soap today or yesterday, what did you use it for?  **A lokacin da kika yi amfani da sabulu yau ko jiya, domin me kika yi amfani da shi?**  DO **NOT** READ THE ANSWERS. MARK **ALL** THAT ARE MENTIONED. PROBE UNTIL NOTHING ELSE IS MENTIONED.  IF FOR WASHING MY OR MY CHILDREN’S HANDS IS MENTIONED, PROBE:  Why did you use it?  **Me yasa kike yi amfani da shi?**  PROBE: Any other reason or time?  **Akwai wani dalili ko lokaci?** | WASHING CLOTHES A  WASHING DISHES B  WASHING BODY C  WASHING CHILDREN D  WASHING CHILD’S BOTTOMS E  WASHING MY CHILDREN’S HANDS F  WASHING HANDS AFTER DEFECATING G  WASHING HANDS AFTER CLEANING  CHILD H  WASHING HANDS AFTER HANDLING  ANIMAL DUNG I  WASHING HANDS BEFORE FEEDING  CHILD J  WASHING HANDS BEFORE  PREPARING FOOD K  WASHING HANDS BEFORE EATING L  OTHER X |  | |
|  | Where do you usually wash your hands?  **A ina kuka saba wanke hannayen ku?**  CIRCLE **ONE** CODE CORRESPONDING TO THE RESPONSE PROVIDED. | INSIDE/NEAR TOILET FACILITY 1  INSIDE/NEAR KITCHEN/COOKING  PLACE 2  ELSEWHERE IN YARD 3  OUTSIDE YARD 4  NO SPECIFIC PLACE 5  OTHER 8 |  | |
|  | What do you usually use to wash hands?  **Da Me kuka sabe amfani domin wanke hannayen ku?**  DO **NOT** READ THE ANSWERS. MARK **ALL** THAT ARE MENTIONED. | SOAP A  DETERGENT B  ASH C  MUD/SAND D  NONE E  OTHER F |  | |
|  | Finally, could you please tell me, in the last seven days, did you or anyone else in your household go to sleep hungry because there was not enough food?  **Na Karshe, A kwanaki bakwai da su ka wuce, ke ko wani daga mutanen gidan nan ya yi bacci da yunwa, saboda rashin isasshen abinci?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘9’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 9 | Q201 | |
|  | In the last seven days, on how many days did you yourself go to sleep hungry?  **A kwanaki bakwai da su ka wuce, sau nawa kin kwanta/ barci da yunwa?**  RECORD THE NUMBER OF DAYS IN THE SPACE PROVIDED. IF NONE RECORD ‘0'. | DAYS |\_\_\_| |  | |
|  | In the last seven days, who (else) in your household went to sleep hungry?  **A kwanaki bakwai da su ka wuce, waye a gidan ya kwanta/barci da yunwa?**  DO **NOT** READ THE ANSWERS. CIRCLE **ALL** THAT ARE MENTIONED. | HUSBAND/PARTNER A  SON(S) B  DAUGHTER(S) C  OTHER FEMALE RELATIVE(S) D  OTHER MALE RELATIVE(S) E  NON-RELATIVE(S) F  NO ONE ELSE Y |  | |

**MODULE 2: WORK, EMPOWERMENT & DECISION-MAKING**

The next set of questions has to do with your role in the community, your work experience, and how decisions are made in your family and community.

**Wadannan tambayoyi ta gaba su na game da matsayin ki/ ka a cikin al'umma, da kwarewa aikin, da kuma yadda aka yanke hukunci a cikin iyali da kuma al'umma.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | | | **CODING CATEGORIES** | | | | | | **SKIP** |
|  | Are you a member of any type of association, group or club which holds regular meetings? **Ke mamba ce ta wata kungiya, wacce ta ke taruwa akai-akai?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q203 |
|  | What kinds of associations, groups, or clubs are you involved in?  **Wace irin kungiya ce kike ciki?**  **READ** EACH RESPONSE OPTION. THEN CIRCLE **ALL** THAT APPLY. | | | Religious A **Kungiyar addini**  Social B **Kungiyar zaman jama’a**  Youth group C **Kungiyar matasa**  Women’s organization D **Kungiyar mata**  Labor union E **Kungiyarmasu yi aiki**  Political F **Kungiyar siyasa**  Other G **Wasu kungiya daban** | | | | | |  |
|  | Aside from your own housework, have you done any work in the last seven days? **A cikin kwanaki bakwai da su ke wuce, kin yi wani aiki daban da wanda kike yi a gida?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? **Kamar yadda kika sani, wasu mata suna aikin da ake biyan su kudi ko abin kudi. Wasu suna sayar da abubuwa, da kananan kasuwanci ko aiki a cikin gonar iyali ko a cikin kasuwancin iyali. A cikin kwanaki bakwai da su ka wuce, kin yi wani daga waɗannan abubuwa ko wani aiki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?  **Koda yake ba ki je aiki ba satin da ya wuce, kina da wani aiki ko kasuwanci da ya kamata ki yi, amma ba ki yi ba saboda wasu dalilai kamar rashin lafia, ko haihuwa, ko hutu ko wani dalili dabam?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q207 |
|  | Have you done any work in the last 12 months? **Menene ainihin sana'ar ki, wato, wane irin aiki kike yi?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | YES 1  NO 2 | | | | | | Q215 |
|  | What is your primary occupation? **Menene ainihin sana'ar ki? (Wato, wane irin aiki kike yi?)**  RECORD THE RESPONDENT’S PRIMARY OCCUPATION IN ENGLISH IN THE SPACE PROVIDED. IF SHE/HE MENTIONS MORE THAN ONE, ENCOURAGE HIM/HER TO TELL YOU THE PRIMARY OCCUPATION. | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  | Apart from housework, in the last 12 months how many hours have you usually worked per week?  **A cikin watanin sha biyu (12) da suke wuce, awa nawa kika saba aiki a sati, daban da wanda kike yi a gida?**  RECORD THE NUMBER OF HOURS IN THE SPACE PROVIDED. CIRCLE ‘‘998’ IF THE RESPONDENT DOESN’T KNOW. | | | HOURS |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 998 | | | | | |  |
|  | Do you usually work throughout the year, or do you work seasonally, or only once in a while? **Shin kikan yi aiki ko wane lokaci a shekara, ko kikan yi aiki ne wani lokaci zuwa wani lokaci, ko kuma sau daya a shekara?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | THROUGHOUT THE YEAR 1  SEASONALLY/PART OF THE YEAR 2  ONCE IN A WHILE 3 | | | | | |  |
|  | Are you paid in cash or kind for this work or are you not paid at all? **Ana biya ki tsabar kudi, ko abin kudi, ko ba a biyan ki kome domin aikin?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | CASH ONLY 1  CASH AND KIND 2  IN KIND ONLY 3  NOT PAID 4 | | | | | |  |
|  | Do you do this work for a member of your family, for someone else, or are you self-employed? **Wa kike yi ma wannan aikin? Na iyalin ki ne ko na wani daban ne, ko ma kanki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | FOR FAMILY MEMBER 1  FOR SOMEONE ELSE 2  SELF-EMPLOYED 3 | | | | | |  |
|  | CHECK Q106. | | | | | | | | |  |
| IF THE RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A SPOUSE/ PARTNER 🞏 | IF THE RESPONDENT IS NOT CURRENTLY MARRIED/LIVING WITH A SPOUSE/ PARTNER 🞏 | | | | | | | | Q219 |
|  | CHECK Q210. | | | | | | | | |  |
| IF CODE ‘1’ OR ‘2’ CIRCLED 🞏 | | | IF CODE ‘3’ OR ‘4’ CIRCLED 🞏 | | | | | | Q215 |
|  | Who usually decides how the money you earn will be used: you, your spouse/partner, or you and your spouse/partner jointly? **Wa ya ke yanke hukunci akan yadda za a yi amfani da kudi da kika samu: ke, mijin ki, ko kuma ke tare da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  OTHER 6 | | | | | |  |
|  | Would you say that the money that you earn is more than what your spouse/partner earns, less than what he or she earns, or about the same? **Shin kudin da kike samu yafi na mijin ki, ko kasa da na shi, ko kamar nashi?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | MORE THAN SPOUSE/PARTNER 1  LESS THAN SPOUSE/PARTNER 2  ABOUT THE SAME 3  SPOUSE/PARTNER HAS  NO EARNINGS 4  DON’T KNOW 98 | | | | | | Q217 |
|  | Who usually decides how your spouse’s/partner's earnings will be used: you, your spouse/partner, or you and your spouse/partner jointly?  **Wa ya ke yanke hukunci akan yadda za a yi amfani da kudi da mijin ki ya samu: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about health care for yourself: you, your spouse/partner, you and your spouse/partner jointly, or someone else?  **Waye ya ke yanke hukuncin harkokin kiwon lafiyar ki: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about making major household purchases (such as furniture, radio, television, bicycle, motorcycle or car): you, your spouse/partner, you and your spouse/partner jointly, or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da yin manyan sayayya na iyali (kujeru, radiyo, talabijin, keke, babur, da mota): ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Who usually makes decisions about visits to your family or relatives: you, your spouse/partner, you and your spouse/partner jointly, or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da ziyara zuwa iyalinki ko dangi ki: ke, ko mijin ki, ko kuma ke da mijin ki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT AND SPOUSE/ PARTNER JOINTLY 3  SPOUSE/PARTNER HAS NO  EARNINGS 4  OTHER 6 | | | | | |  |
|  | Do you own this or any other house either alone or jointly with someone else? **Kin mallaki wannan ko wani gidan kanki ko tare da wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | ALONE ONLY 1  JOINTLY ONLY 2  BOTH ALONE AND JOINTLY 3  DOES NOT OWN 4 | | | | | |  |
|  | Do you own any land either alone or jointly with someone else?  **Kin mallaki wani filli na kanki ko tare da wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | | ALONE ONLY 1  JOINTLY ONLY 2  BOTH ALONE AND JOINTLY 3  DOES NOT OWN 4 | | | | | |  |
|  | Now I would like to ask if you yourself control the money or resources needed to buy or pay for certain things. In other words, if you want to buy or pay for these things, do you have to ask someone for the money or permission to use the money?  **Yanzu ina son tambaye ki ko ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma wasu abubuwa. A wasu kalmomin, idan kina so ki saya ko biya waɗannan abubuwa, kina tambayar wani saboda kudi ko kuma izinin amfani da shi?**  FOR EACH OF ITEM, ASK:  Do you control the money or resources needed to buy or pay for (ITEM)?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma (ABUBUWA)?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. | | | YES | | NO | | DOESN’T  BUY | |  |
|  | 1. Fruits/vegetables?  **Kayan marmari/ganyaye** | | | 1 | | 2 | | 3 | |  |
|  | 1. Meat/animal foods?  **Nama/abincin dabbobi?** | | | 1 | | 2 | | 3 | |  |
|  | 1. Transport to health center if you are ill?  **Kudin mota zuwa cibiyar lafiya idan ba ki da lafiya?** | | | 1 | | 2 | | 3 | |  |
|  | 1. Medicine for yourself?  **Maganin ki?** | | | 1 | | 2 | | 3 | |  |
|  | CHECK Q109. | | | | | | | | |  |
| IF RESPONDENT HAS AT LEAST ONE  LIVE CHILD LIVING WITH HIM/HER 🞏 | | IF RESPONDENT HAS NO LIVE CHILDREN LIVING WITH HIM/HER 🞏 | | | | | | | Q228 |
|  | Who usually makes decisions about when you or your spouse/partner should stop breastfeeding: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci na karshe a kan Lokacin da ya kamata ki dakatar da shayarwa: Ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about what to feed a child: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci na karshe game da abin da za ciyar da yara da shi: Ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about when to feed a child: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da lokacin za a ciyar da yara: Ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Who usually makes decisions about what to do if a child falls sick: you, your spouse, jointly or someone else? **Kamar yadda kuka saba waye ya ke yanke hukunci game da abin da za a yi idan yaro bai da lafiya: Ke, ko mijin ki, ko ke da mijin ki, ko kuma wani daban?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | | RESPONDENT 1  SPOUSE/PARTNER 2  RESPONDENT & SPOUSE/ PARTNER JOINTLY 3  SOMEONE ELSE 4  RESPONDENT & SOMEONE  ELSE JOINTLY 5  DECISION NOT MADE / NOT  APPLICABLE 97 | | | | | | |  |
|  | Now I would like to ask if you yourself control the money or resources needed to buy or pay for certain things. In other words, if you want to buy or pay for these things, do you have to ask someone for the money or permission to use the money?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma abubuwa. A wasu kalmomin, idan kina so ki saya ko biya waɗannan abubuwa, kina tambayar wani saboda kudi ko kuma izinin amfani da shi?**  FOR EACH OF ITEM, ASK:  Do you control the money or resources needed to buy or pay for (ITEM)?  **Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya (ITEM)?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. | | YES | | NO | | DK/ REMEMBER | | N/A |  |
|  | 1. Transport to health center if  child is ill  **Kudin mota zuwa cibiyar lafiya idan yaro ba shi da lafiya?** | | 1 | | 2 | | 98 | | 97 |  |
|  | 1. Medicine for your child(ren)  **Maganin yaro ko yara?** | | 1 | | 2 | | 98 | | 97 |  |
|  | Now I am going to ask you if you are usually permitted to go to several places on your own, only if someone accompanies you, or not at all. **Yanzu zan tambaye ki idan ana barin ki zuwa wadannan wurare da kan ki, ko da dan rakiya, ko ba’a barín ki?**  FOR EACH LOCATION, ASK:  Are you usually permitted to go to (LOCATION) on your own, only if someone accompanies you, or not at all?  **Ana barin ki zuwa (WURARE) da kan ki, ko da dan rakiya, ko ba’a barín ki?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH LOCATION. | | ALONE | | NOT ALONE | | | NOT AT ALL | |  |
|  | 1. The local market to buy things?  **Zuwa kasuwa don sayayya?** | | 1 | | 2 | | | 98 | |  |
|  | 1. A local health center or doctor?  **Zuwa cibiyar kiwon lafiya ko ganin likita?** | | 1 | | 2 | | | 98 | |  |
|  | 1. Homes of friends in the neighborhood?  **Zuwa gidan kawaye a makwabta?** | | 1 | | 2 | | | 98 | |  |
|  | 1. A nearby mosque/church?  **Zuwa masallaci ko coci na unguwa?** | | 1 | | 2 | | | 98 | |  |

**MODULE 3: PREGNANCY NUTRITION PRACTICES**

**THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO PREGNANT WOMEN ONLY.**

Now I would like to ask you a few questions about your current pregnancy.  
**Yanzu mu na so mu tambaye ki wasu yan tambayoyi game da juna biyun ki.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILDERS** | **CODING CATEGORIES** | | | **SKIP** |
|  | CHECK Q001. | | | |  |
| IF THE RESPONDENT IS PREGNANT 🞏 | IF THE RESPONDENT IS NOT PREGNANT 🞏 | | | Q401 |
|  | First, how many months have you been pregnant? **Na farko, juna biyun ki watanni nawa ne?**  RECORD THE NUMBER OF MONTHS IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '98'. | MONTHS |\_\_\_|\_\_\_| | | |  |
|  | Have you ever visited a health facility for information, services or supplies related to your pregnancy? **Kin taba zuwa asibiti don neman bayani, game da juna biyun ki, ko kayayyaki alaka da juna biyu?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | | | Q306 |
|  | How many times have you visited the health facility for information, services or supplies related to your pregnancy? **Sau nawa kin je asibiti, don neman bayani, ko kayayyaki alaka da juna biyu?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, RECORD '98'. | TIMES |\_\_\_|\_\_\_| | | |  |
|  | When did you have your first visit at a health facility about your pregnancy? On what week of your pregnancy (number of the week) did you have your first visit at a health facility about your pregnancy? **Yaushe kika fara zuwa asibiti domin juna biyun ki? A takaiace, juna biyun ki ya kai wane sati ko wata kika fara zuwa asibiti?**  **PROBE:**  When you first visited a health facility about your pregnancy, how many weeks or months pregnant were you? **A lokacin farko da kika ziyarci asibiti game da juna biyun ki, kamar satika nawa ne ko wotanni nowa ne juna biyun ki?**  IF THE RESPONSE IS GIVEN IN WEEKS OF PREGNANCY, CIRCLE ‘1’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN MONTHS OF PREGNANCY, CIRCLE ‘2’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘888’. | WEEK 1 |\_\_\_|\_\_\_|  MONTH 2 |\_\_\_|\_\_\_|  DON’T KNOW 888 | | |  |
|  | During this pregnancy, can you tell me if you have been given or if you bought iron tablets, folic acid tablets, multiple micronutrients or iron syrup preparations? **A yayin wannan juna biyu, an ba ki ko kin sayi kwayar ko na ruwa maganin karin jinni ko follic acid, ko sinadarin lafiyar?**  FOR EACH, SHOW COMMON TYPES OF IN JOB AID # 4. THEN ASK:  During this pregnancy, have you been given or did you buy (ITEM)? **A yayin wannan juna biyu, an ba ki ko kin saya (MAGANIN)?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | YES | NO | DK |  |
|  | 1. Iron tablets  **Maganin karin jini** | 1 | 2 | 8 |  |
|  | 1. Folic acid tablets  **Kwayar follic acid** | 1 | 2 | 8 |  |
|  | 1. Iron syrup  **Ruwan sinadarin karin jini** | 1 | 2 | 8 |  |
|  | 1. Multiple micronutrients  **Sinadarin lafiyar** | 1 | 2 | 8 |  |
|  | Are you currently eating the same amount as before you became pregnant, less than before, or more than before? **Cin abinci ki kafin juna biyu ya kara ko ya rago?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2 **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3 **Fiye da kafin samun juna biyu**  Don’t know 8 | | |  |
|  | For how long are you planning to give breast milk and nothing else to your baby? **Har yaushe kike shirin ba da jariri ruwan nono zalla kuma bã a hada da kõme ba?**  IF THE RESPONSE IS GIVEN IN DAYS, CIRCLE ‘1’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN WEEKS, CIRCLE ‘2’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN MONTHS, CIRCLE ‘3’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘888’. | DAYS 1 |\_\_\_|\_\_\_|  WEEKS 2 |\_\_\_|\_\_\_|  MONTHS 3 |\_\_\_|\_\_\_|  DON’T KNOW 888 | | |  |
|  | When are you planning to give soft semi-solid foods to your baby for the first time? **Wane lokacin kike shirin za ki fara ba wa jariri abinci mai tauri, ko mai dan tauri, ko abinci mai laushi?**  IF THE RESPONSE IS GIVEN IN DAYS, CIRCLE ‘1’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN WEEKS, CIRCLE ‘2’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN MONTHS, CIRCLE ‘3’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘888’. | DAYS 1 |\_\_\_|\_\_\_|  WEEKS 2 |\_\_\_|\_\_\_|  MONTHS 3 |\_\_\_|\_\_\_|  DON’T KNOW 888 | | |  |
|  | For how long are you planning to breastfeed your baby?  **Har zuwa wane lokaci kike shirin za ki shayar da jaririn ki?**  IF THE RESPONSE IS GIVEN IN DAYS, CIRCLE ‘1’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN WEEKS, CIRCLE ‘2’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONSE IS GIVEN IN MONTHS, CIRCLE ‘3’ AND RECORD THE NUMBER IN THE SPACE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘888’. | DAYS 1 |\_\_\_|\_\_\_|  WEEKS 2 |\_\_\_|\_\_\_|  MONTHS 3 |\_\_\_|\_\_\_|  DON’T KNOW 998 | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Now I am going to ask you how you feel about being able to do several things - very confident, confident, uncertain, or very uncertain. **Yanzu zan tambaye ki yadda kike ji game da samun damar yin da yawa abubuwa - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam.**  FOR EACH ACTION, ASK:  How confidentdo you feel about being able to (ACTION) – very confident, confident, uncertain, or very uncertain?  **Yaya tabbacin ki yake game da samun damar (ACTION) - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE FOR EACH ACTION. | Very confident  **Tabbaci sosai** | Confident  **Tabbaci** | Uncertain  **Ba Tabbaci ba** | Very  uncertain  **Ba tabbaci sam** |  |
|  | 1. Breastfeed for the first time within one hour after birth  **Shayarwa tsakanin awa daya bayan haihuwa** | 4 | 3 | 2 | 1 |  |
|  | 1. Breastfeed exclusively for 6 months  **Shayarwa da nonon uwa zalla na tsawon watanni shida** | 4 | 3 | 2 | 1 |  |
|  | 1. Introduce your baby to nutritious and safe soft semi-solid foods at 6 months  **Fara ciyar da jariri da cimaka mai cikakken sinadarai a wata shida** | 4 | 3 | 2 | 1 |  |
|  | 1. Breastfeed your baby for at least 2 years  **Shayar da jaririnki har tsawon shekara biyu** | 4 | 3 | 2 | 1 |  |
|  | 1. Spend time talking and having a good and relaxing time with your child while feeding him/her  **Bada lokaci hutawa da kina ma yaron magana lokacin ciyar da shi/ita** | 4 | 3 | 2 | 1 |  |

**MODULE 4: CHILD NUTRITION PRACTICES**

**THIS MODULE IS TO BE ADMINISTERED TO THE PRIMARY CAREGIVERS OF CHILDREN UNDER TWO YEARS OF AGE ONLY. THE PRIMARY CAREGIVER IS THE PERSON WHO KNOWS THE MOST ABOUT HOW AND WHAT THE CHILD IS FED. USUALLY (BUT NOT ALWAYS) THIS WILL BE THE CHILD’S MOTHER.**

Next I would like to ask you a few questions about your child/children under two.

**Har ila you, ina son tambaye ki ‘yan tamboyoyi game da yaro/yaran ki kasa da shekara biyu.**

FOR EACH QUESTION IN THIS SECTION, YOU WILL ASK ABOUT ALL OF THE RESPONDENT’S CHILDREN UNDER TWO YEARS BY REFERRING TO EACH CHILD’S NAME. RECORD THE NAMES IN THE TOP ROW. THEN PROCEED.

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LAST BORN/ YOUNGEST LIVE CHILD | | | | NEXT TO LAST BORN LIVE CHILD | | | | SECOND FROM LAST BORN LIVE CHILD | |
| NAME FROM Q004: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | NAME FROM Q015: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | NAME FROM Q026: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | CHECK Q012 AND Q023 AND Q034. | | | | | | | | | | |
|  | IF THE RESPONDENT IS A MOTHER OR CAREGIVER OF A CHILD UNDER TWO YEARS (CODE ‘1’ OF Q012/Q023/Q034) 🞏 🡪 CONTINUE TO Q402. | | | | | IF THE RESPONDENT IS NOT A MOTHER OR CAREGIVER OF A CHILD UNDER TWO YEARS (CODE ‘2’ OF Q012/Q023/Q034) 🞏 🡪 GO TO Q501. | | | | | |
|  | Are you the biological mother of (NAME)? In other words, did you give birth to (NAME)? **Kice uwar da ta haifeshi (NAME)? Ko kuma kin haifeshi (NAME)?** | YES 1  NO 2 🡪 Q407 | | | | YES 1  NO 2 🡪 Q407 | | | | YES 1  NO 2 🡪 Q407 | |
|  | During your pregnancy with (NAME), were you given or did you buy iron tablets, folic acid tablets, multiple micronutrients or iron syrup preparations? **Lokacin da ki ke da cikin (NAME), an ba ki ko kin sayi kwayar ko na ruwa maganin karin jini ko follic acid, ko sinadarin lafiyar?**  FOR EACH, SHOW COMMON TYPES OF IN JOB AID # 4. THEN ASK:  During your pregnancy with (NAME), were you given or did you buy (PRODUCT)?  **Lokacin da ki ke da juna biyu (NAME), an ba ki ko kin saya (MAGANIN)?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. |  | | | |  | | | |  | |
|  | 1. Iron tablets  **Maganin karin jini** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Folic acid tablets  **Kwayar follic acid** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Iron syrup  **Ruwan sinadarin karin jini** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Multiple micronutrients  **Sinadarin lafiyar** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | During the entire pregnancy with (NAME), how many days did you take **iron** – either a tablet, syrup, or supplement?  **Tun daga farko har karshen juna biyun (NAME), rana nawa ne kin sha maganin karin jini - kwayar ko na ruwa ko sinadarin?**  RECORD THE NUMBER IN THE SPACE PROVIDED.  IF RESPONDENT DOESN’T KNOW, PROBE:  For how many months did you take iron or how many months pregnant were you when you first starting taking iron?  **Za a iya gaya mani watanni nawa da kuma yadda akai-akai kike shan kwayar - sau daya a kowace rana, duk sauran rana, sau daya a sati daya?**  THEN PROBE:  Each month, how often did you take the iron - once per day, every other day, once per week?  **A kowane wata, kamar yaya kike shan kwayar – sau daya a rana, ko kuma a kowace rana, ko kuma sau daya a sati?**  THEN ESTIMATE THE TOTAL NUMBER. IF YOU ARE UNABLE TO GET ANY ESTIMATE, RECORD ‘888’ IF THE RESPONDENT DOESN’T KNOW. | NUMBER  |\_\_\_|\_\_\_|\_\_\_|  DK 888 | | | | NUMBER  |\_\_\_|\_\_\_|\_\_\_|  DK 888 | | | | NUMBER  |\_\_\_|\_\_\_|\_\_\_|  DK 888 | |
|  | During your pregnancy with (NAME), did you eat the same amount as before you became pregnant, less than before, or more than before? **Tun farkon har karshen juna biyun (NAME), cin abinci ki kafin juna biyu ya kara ko ya ragu?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2 **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3 **Fiye da kafin samun juna biyu**  Don’t know 8 | | | | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2 **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3 **Fiye da kafin samun juna biyu**  Don’t know 8 | | | | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2 **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3 **Fiye da kafin samun juna biyu**  Don’t know 8 | |
|  | Where did you give birth to (NAME)?  **A ina ki ka haihu (NAME)?**  READ EACH RESPONSE OPTION AND RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | Government  hospital 1 **Asibitin gwamnati**  Government  health center 2 **Cibiyar lafiya ta gwamnati**  Government health  post/dispensary 3 **Wajen karbar magani na gwamnati/ gidan likita**  Private hospital 4 **Asibitin mai zaman kansa**  Your home 5 **A gida**  Nursing home in  community 6 **Gidan jinya na** u**nguwa**  Other 7 **Wasu daban** | | | | Government  hospital 1 **Asibitin gwamnati**  Government  health center 2 **Cibiyar lafiya ta gwamnati**  Government health  post/dispensary 3 **Wajen karbar magani na gwamnati/ gidan likita**  Private hospital 4 **Asibitin mai zaman kansa**  Your home 5 **A gida**  Nursing home in  community 6 **Gidan jinya na** u**nguwa**  Other 7 **Wasu daban** | | | | Government  hospital 1 **Asibitin gwamnati**  Government  health center 2 **Cibiyar lafiya ta gwamnati**  Government health  post/dispensary 3 **Wajen karbar magani na gwamnati/ gidan likita**  Private hospital 4 **Asibitin mai zaman kansa**  Your home 5 **A gida**  Nursing home in  community 6 **Gidan jinya na** u**nguwa**  Other 7 **Wasu daban** | |
|  | Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? **Kin haifi (NAME) ta hanyar yanka, shine, sun yanka juna biyun ki don a dauko jariri?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | | | | YES 1  NO 2 | | | | YES 1  NO 2 | |
|  | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? **Lokacin da ki ka haifi (NAME), tana/yana da girma, girma fiye da kima, madaidaici, kasa da kima, ko karami/ma sosai?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | Very large 1 **Babba sosai**  Larger than average 2 **Babba fiye da kima**  Average 3 **Dai-dai misali**  Smaller than  average 4 **Karami fiye da kima**  Very small 5 **Karami sosai**  DON’T KNOW 8 | | | | Very large 1 **Babba sosai**  Larger than average 2 **Babba fiye da kima**  Average 3 **Dai-dai misali**  Smaller than  average 4 **Karami fiye da kima**  Very small 5 **Karami sosai**  DON’T KNOW 8 | | | | Very large 1 **Babba sosai**  Larger than average 2 **Babba fiye da kima**  Average 3 **Dai-dai misali**  Smaller than  average 4 **Karami fiye da kima**  Very small 5 **Karami sosai**  DON’T KNOW 8 | |
|  | Was (NAME) weighed at birth? **An auna (NAME) a wajen haihuwa?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2 🡪 GO TO Q410  DK 8 🡪 GO TO Q410 | | | | YES 1  NO 2 🡪 GO TO Q410  DK 8 🡪 GO TO Q410 | | | | YES 1  NO 2 🡪 GO TO Q410  DK 8 🡪 GO TO Q410 | |
| 409a | How much did (NAME) weigh? **Nawa ne nauyin (NAME)?**  RECORD WEIGHT IN KILOGRAMS AND TO THE THOUSANDTHS DECIMAL. RECORD THE HEALTH CARD, IF AVAILABLE, IN THE SPACE PROVIDED. IF THE CARD IS UNAVAILABLE, RECORD THE RESPONDENT’S ESTIMATE OF THE CHILD’S WEIGHT IN THE SPACE PROVIDED. | |\_\_\_|.|\_\_\_|\_\_\_|\_\_\_| | | | | |\_\_\_|.|\_\_\_|\_\_\_|\_\_\_| | | | | |\_\_\_|.|\_\_\_|\_\_\_|\_\_\_| | |
| 409b | IS (NAME’S) BIRTH WEIGHT FROM A HEALTH CARD OR BASED ON THE RESPONDENT’S RECALL?  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | CARD 1  RECALL 2 | | | | CARD 1  RECALL 2 | | | | CARD 1  RECALL 2 | |
|  | Did you ever breastfeed (NAME)? **Kin taba shayar da (NAME)?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 🡪 GO TO Q413 | | | | YES 1  NO 2 🡪 GO TO Q413 | | | | YES 1  NO 2 🡪 GO TO Q413 | |
|  | Did you put (NAME) to your breast during the first three days after delivery? **Kin sa (NAME) a nono a tsakanin kwana uku na farko bayan haihuwa?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 🡪 GO TO Q413 | | | | YES 1  NO 2 🡪 GO TO Q413 | | | | YES 1  NO 2 🡪 GO TO Q413 | |
|  | How long after birth did you firstbreastfeed (NAME)?  **Bayan haihuwar (NAME), tsawon wane lokaci ki ka dauka kafin ki fara ba da nono?**  RECORD THE NUMBER OF HOURS AFTER BIRTH IN THE SPACE PROVIDED. IF RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, CIRCLE ’000’ FOR ‘IMMEDIATELY’. | IMMEDIATELY 000  HOURS |\_\_\_|\_\_\_| | | | | IMMEDIATELY 000  HOURS |\_\_\_|\_\_\_| | | | | IMMEDIATELY 000  HOURS |\_\_\_|\_\_\_| | |
|  | In the first 3 days after delivery, was (NAME) given anything to drink other than breastmilk? **A kwana uku na farko bayan haihuwa, kin shayar da (NAME) wani abu mai ruwa bayan nono?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 🡪 GO TO Q415 | | | | YES 1  NO 2 🡪 GO TO Q415 | | | | YES 1  NO 2 🡪 GO TO Q415 | |
|  | In the first three days after delivery, was (NAME) given any of the following? **A farkon kwanaki uku bayan haihuwar (NAME), an ba ta/shi wani daga cikin wadannan?**  FOR EACH ITEM, ASK:  In the first three days after delivery, was (NAME) given (ITEM)?  **A farkon kwanaki uku bayan haihuwar, (NAME) ya sha wani (ABUN MAI RUWA)?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. IF THE RESPONDENT ANSWERS ‘YES’ TO ITEM ‘N’, RECORD THE ANSWER IN THE SPACE PROVIDED. | | | | | | | | | | |
|  | 1. Plain water?  **Ruwa zallar?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Honey?  **Zuma** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Gripe water?  **Ruwan gripe** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Sugar water?  **Ruwan sikari?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Salt-sugar water?  **Ruwan gishiri da sukari?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Tea?  **Shayi?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Coffee?  **Kofi?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Infant formula (SHOW JOB AID #4)?  **Hodar jarirai irin su** (SHOW JOB AID #4)**?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Milk such as tinned, powdered, or fresh animal milk (SHOW JOB AID #4)?  **Madara irin ta cikin gwangwani, ta gari, ko madarar dabbobi (SHOW JOB AID #4)?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Juice or juice drinks?  **Ruwan lemo ko lemun tsami?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Clear broth?  **Romo?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Yogurt?  **Nono (yogot)?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Thin porridge?  **Fate mara kauri?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Any other liquids?  **Wasu ruwan?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | CHECK Q204 AND/OR Q206.  IF THE RESPONDENT HAS WORKED IN THE PAST YEAR 🡪 GO TO Q416.  IF THE RESPONDENT HAS NOT WORKED IN THE PAST YEAR 🡪 GO TO Q417. | | | | | | | | | | |
|  | Is (NAME) with you when you work? **(NAME) ta/ya na wurin ki lokaci da kina aiki?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 | | | | YES 1  NO 2 | | | | YES 1  NO 2 | |
|  | CHECK Q410.  IF THE CHILD HAS EVER BREASTFED 🡪 GO O Q418.  IF THE RESPONDENT HAS NEVER BREASTFED 🡪 GO TO Q424. | | | | | | | | | | |
|  | Was (NAME) breastfed yesterday at all, either during the day or at night?  **Kin shayar da (NAME) nono jiya da rana ko da daddare?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | YES 1 🡪 GO TO Q422  NO 2  DK 8 | | | | YES 1 🡪 GO TO Q422  NO 2  DK 8 | | | | YES 1 🡪 GO TO Q422  NO 2  DK 8 | |
|  | Have you stopped breastfeeding (NAME) completely?  **Kin dena shayar da nono gaba (NAME) daya?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES 1  NO 2 🡪 GO TO Q422 | | | | YES 1  NO 2 🡪 GO TO Q422 | | | | YES 1  NO 2 🡪 GO TO Q42 | |
|  | For how long did you breastfeed (NAME)?  **Tsawon wane lokaci ki ka shayar da (NAME) nono?**  IF THE RESPONSE IS LESS THAN 30 DAYS, CIRCLE ‘1’ AND RECORD THE NUMBER OF DAYS IN THE SPACE PROVIDED.  IF THE RESPONSE IS 1 OR MORE MONTHS, CIRCLE ‘2’ AND RECORD THE NUMBER OF MONTHS IN THE SPACE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘888’. | DAYS: 1 |\_\_\_|  MONTHS 2 |\_\_\_|\_\_\_|  DK 888 | | | | DAYS: 1 |\_\_\_|  MONTHS 2 |\_\_\_|\_\_\_|  DK 888 | | | | DAYS: 1 |\_\_\_|  MONTHS 2 |\_\_\_|\_\_\_|  DK 888 | |
|  | Why did you decide to stop?  **Me ya sa ki ka dena?**  DO **NOT** READ THE RESPONSE OPTIONS. CIRCLE ALL RESPONSES THAT ARE MENTIONED. DO NOT PROMPT. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS NOTHING ELSE. | MOST WOMEN STOP AT THIS AGE A **WADANSU MATAN SUNA TSAYAWA KAMAR WANNAN SHEKARUN**  HUSBAND/PARTNER WANTED ME TO B **MATA DA MIJI SUNA SO A TSAYA**  SOMEONE ELSE WANTED ME TO C **WANI NE YAKE SO TA TSAYA**  SHE HAD TO WORK D **DOMIN INA SON INJE AIKI**  DIDN’T THINK SHE WAS PRODUCING ENOUGH MILK E **DOMIN BANA TSAMMANI INA DA RUWAN NONO ISARSHE**  BABY REJECTED MILK F **JARIRI YAKI SHAN NONO**  DIFFICULTLY BREASTFEEDING G **WAHALA WAJEN SHAYARWA**  BREAST INFECTION / PAIN G **JIWON NONO**  OTHER X  **AKWAI SAURAN WINI ABU** | | | | MOST WOMEN STOP AT THIS AGE A **WADANSU MATAN SUNA TSAYAWA KAMAR WANNAN SHEKARUN**  HUSBAND/PARTNER WANTED ME TO B **MATA DA MIJI SUNA SO A TSAYA**  SOMEONE ELSE WANTED ME TO C **WANI NE YAKE SO TA TSAYA**  SHE HAD TO WORK D **DOMIN INA SON INJE AIKI**  DIDN’T THINK SHE WAS PRODUCING ENOUGH MILK E **DOMIN BANA TSAMMANI INA DA RUWAN NONO ISARSHE**  BABY REJECTED MILK F **JARIRI YAKI SHAN NONO**  DIFFICULTLY BREASTFEEDING G **WAHALA WAJEN SHAYARWA**  BREAST INFECTION / PAIN G **JIWON NONO**  OTHER X  **AKWAI SAURAN WINI ABU** | | | | MOST WOMEN STOP AT THIS AGE A **WADANSU MATAN SUNA TSAYAWA KAMAR WANNAN SHEKARUN**  HUSBAND/PARTNER WANTED ME TO B **MATA DA MIJI SUNA SO A TSAYA**  SOMEONE ELSE WANTED ME TO C **WANI NE YAKE SO TA TSAYA**  SHE HAD TO WORK D **DOMIN INA SON INJE AIKI**  DIDN’T THINK SHE WAS PRODUCING ENOUGH MILK E **DOMIN BANA TSAMMANI INA DA RUWAN NONO ISARSHE**  BABY REJECTED MILK F **JARIRI YAKI SHAN NONO**  DIFFICULTLY BREASTFEEDING G **WAHALA WAJEN SHAYARWA**  BREAST INFECTION / PAIN G **JIWON NONO**  OTHER X  **AKWAI SAURAN WINI ABU** | |
|  | How many times did you breastfeed (NAME) during the last day and night? **Sau nawa ki ka shayar da (NAME) da rana da kuma dare a rana na karshe?**  IF THE RESPONDENT IS NOT SURE, PROBE FOR THE BEST ESTIMATE. ASK:  About how many times in the morning? About how many times in the afternoon? About how many times in the night?  **Kamar sau nawa da safe? Kamar sau nawa da ran? Kamar sau nawa da dare?**  OR ASK:  About how often? Every hour or every two hours or every three hours? **Kamar taka mai mai sau nawa a awa biyu ko kuma a awa ukku?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. | NUMBER |\_\_\_|\_\_\_| | | | | NUMBER |\_\_\_|\_\_\_| | | | | NUMBER |\_\_\_|\_\_\_| | |
|  | How did you decide when to breastfeed (NAME)?  **Yaya kika yanke shawarar lokacin da za ki shayar da jaririn ki (NAME)?**  DO **NOT** READ THE RESPONSE OPTIONS.  PROBE:  Anything else?  **Akwai wani abu?**  CONTINUE PROBING UNTIL RESPONDENT SAYS NOTHING ELSE.  CIRCLE ALL RESPONSES THAT ARE MENTIONED. DO NOT PROMPT. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  WHEN I AM  AVAILABLE G **A LOKACIN DA NAKE AVAILABLE**  AT A SPECIFIC TIME H **A WANI TAKAMAIMAN FIME**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  WHEN I AM  AVAILABLE G **A LOKACIN DA NAKE AVAILABLE**  AT A SPECIFIC TIME H **A WANI TAKAMAIMAN FIME**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | | | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  WHEN I AM  AVAILABLE G **A LOKACIN DA NAKE AVAILABLE**  AT A SPECIFIC TIME H **A WANI TAKAMAIMAN FIME**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | |
|  | Next I would like to ask you about some liquids that (NAME)may have had yesterday during the day or at night. **Ta gaba, ina son tambaye ki game da wasu abubuwa masu ruwa wanda (NAME) ya/ta sha a jiya da rana ko da daddare.**  FOR EACH ITEM, ASK:  Did (NAME) have any (ITEM) yesterday during the day or at night?  **(NAME) ya/ta sha wani daga (ABUBUWAN NAN NA JERE) a jiya da rana ko da daddare?**  CIRCLE THE CODE CORRESPONDING WITH THE ANSWER FOR EACH ITEM. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. IF THE RESPONDENT ANSWERS ‘YES’ TO ITEM ‘O’, RECORD THE ANSWER IN THE SPACE PROVIDED. | | | | | | | | | | |
|  | 1. Plain water?  **Ruwa zallar?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Infant formula (SHOW JOB AID #4)?  **Hodar jarirai irin su** (SHOW JOB AID #4)**?** | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ABUN) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ABUN) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ABUN) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | |
|  | 1. Milk such as tinned, powdered, or fresh animal milk (SHOW JOB AID #4)?  **Madara irin su ke cikin gwangwani, ta gari, ko madarar dabbobi** (SHOW JOB AID #4)**?** | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)?  **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)?  **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)?  **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | |
|  | 1. Juice or juice drinks?  **Lemo ko ruwan lemo?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Clear broth?  **Romo?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Yogurt?  **Nono (yogot)?** | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | | | YES 1  NO 2  DK 8  IF CHILD CONSUMED THE ITEM, ASK:  How many times yesterday during the day or at night did (NAME) consume any (ITEM)? **Sau nawa (NAME) ta/ya ci wani (ITEM) jiya a rana ko a dare?**  NUMBER |\_\_\_|\_\_\_|  DK 98  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | |
|  | 1. Thin porridge?  **Fate mara kauri?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Soft drinks?  **Lemo?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | 1. Any other liquids?  **Wasu ruwan?** | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | |
|  | Now I would like to ask you to describe everything that (NAME)ate yesterday during the day or night, whether at home or outside the home.  **Yanzu ina son ki gaya min duk wasu abubuwa da (NAME) ya/ta ci jiya da rana ko da daddare, ko a gida ko a waje.**   1. Think about when (NAME)first woke up yesterday. Did (NAME)eat anything at that time?   **Ki yi tunani tun da lokacin (NAME) ya/ta farka daga barci na farko jiya. (NAME) ya/ta ci wani abu a wannan lokacin?** IF YES, ASK:  Please tell me everything (NAME)ate at that time.  **Don allah gaya min duk abubuwan da (NAME) ya/ta ci.** PROBE:  Anything else?  **Ba wani abu?** PROBE UNTIL RESPONDENT SAYS NOTHING ELSE.  AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE ‘1’ IN THE COLUMN NEXT TO THE FOOD GROUP IN THE TABLE BELOW. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED ‘OTHER FOODS’. IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.  IF NO, CONTINUE TO QUESTION 426.   1. What did (NAME)do after that? Did (NAME)eat anything at that time?   **Me (NAME) ya/ ta yi bayan nan? (NAME) Ta/ya ci wani abu a lokacin?** IF YES: Please tell me everything (NAME)ate at that time. **Don allah gaya min duk abubuwan da (NAME) ya/ta ci a lokacin.** PROBE:  Anything else?  **Ba wani abu?**  PROBE UNTIL RESPONDENT SAYS NOTHING ELSE.  REPEAT QUESTION 425b ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.  IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE, OR STEW, PROBE:   1. What ingredients were in that (MIXED DISH)?  **Wadanne kayan ne a cikin wancan (MIXED DISH)?**  PROBE:  Anything else?   **Ba wani abu?** PROBE UNTIL RESPONDENT SAYS NOTHING ELSE.  AS THE RESPONDENT RECALLS FOODS OR INGREDIENTS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE ‘1’ IN THE COLUMN NEXT TO THE FOOD GROUP IN THE TABLE BELOW. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, WRITE THE FOOD IN THE BOX LABELED ‘OTHER FOODS’. IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.  ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE ‘1’ WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE ‘1’ IF RESPONDENT SAYS YES, ‘2’ IF RESPONDENT SAYS NO.  PLEASE WRITE DOWN OTHER FOODS THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW AT THE BOTTOM OF THE TABLE. | | | | | | | | | | |
|  | 1. Porridge, bread, rice, noodles, or other foods made from grains **Pate, burodi, shinkafa, taliya, wasu abiincin da a ka yi daga hatsi** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside **Kabewa, karas, jar kabewa, ko dankali mai zaki masu jiki launin yalo ko launin lemo daga ciki** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. White potatoes, white yams, manioc, cassava, or any other foods made from roots  **Farin dankali, farar doya, rogo, ko wani nau’in abinci wanda ake tonowa daga kasa** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Dark green leafy vegetables  **Korayen ganyaye masu duhu** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Ripe mangoes or ripe papayas **Nunannen mangwaro ko nunannen gwanda** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Other fruits or vegetables (e.g. watermelon or kukumba) **Akwai wasu ‘yan'yan itatuwa ko ganyaye (kamar kankana da kokwamba)** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Liver, kidney, heart, or other organ meats  **Hanta, koda, zuciya, ko wasu sassa na nama** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Meat, such as beef, pork, lamb, goat, chicken, or duck  **Wasu naman, irin su naman shani, naman alade, rago, akuya,** **kaji, ko agwagwa** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Eggs (including eggs of guinea fowl) **Kwai (har da kwai na zabi)** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Fresh or dried fish, shellfish, or seafood  **Danye ko busasshen kifi, ko abincin cikin ruwa** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Beans, peas, soya beans, soya meat, lentils, nuts, groundnuts, groundnut butter, or seeds  **Wasu abincin da aka sarrafa daga wake, waken turawa, waken soya, naman soya, lentils, nuts, gyada, ko iruruwa** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Cheese, yogurt, or other milk products  **Cukui, kindirmo, ko wasu dangin madara** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Oil such as palm oil, groundnut oil, vegetable oil, fats, shea butter, or foods made with any of these  **Kowanne mai, kamar su man ja, man gyada, man kade, ko man shanu, ko wasu abincin da akai da wadannan** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Sugary foods such as chocolates, sweets, candies, pastries, honey, cakes, or biscuits  **Wasu abinci masu dauke da sikari irin su cakulan, alawoyi, zuma, waina, ko biskit** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Condiments for flavor, such as chilies, spices, herbs, or fish powder  **Kayan yaji ko na kanshi irin su, yaji, kayan kanshi, saiwoyi ko hodar kifi** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. Grubs, snails, or insects **Tsutsa, dodon kodi ko kwari** | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | 1. NOTHING, STILL EXCLUSIVELY BREASTFEEDING | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | RECORD ALL OTHER FOODS HERE: **WASU DABAN:** | |  | | | |  | | | |  |
|  | AS A FINAL CHECK ON FOODS CONSUMED YESTERDAY DURING THE DAY OR NIGHT ASK:  Did (NAME)eats any solid, semi-solid, or soft foods yesterday during the day or at night? **(NAME) ta/ya ci wani abinci mai tauri, ko mai dan tauri, ko abinci mai laushi jiya da rana ko da daddare?** | | YES 1  NO 2  DK 8  IF YES, ASK:  What kind of solid, semi-solid, or soft foods did (NAME)eat?  **Wane irin abinci mai tauri, ko mai dan tauri, ko abinci mai laushi (NAME) ya/ta ci jiya da rana ko da daddare?**  GO BACK TO Q424 AND RECORD FOODS EATEN. | | | | YES 1  NO 2  DK 8  IF YES, ASK:  What kind of solid, semi-solid, or soft foods did (NAME)eat?  **Wane irin abinci mai tauri, ko mai dan tauri, ko abinci mai laushi (NAME) ya/ta ci jiya da rana ko da daddare?**  GO BACK TO Q424 AND RECORD FOODS EATEN. | | | | YES 1  NO 2  DK 8  IF YES, ASK:  What kind of solid, semi-solid, or soft foods did (NAME)eat?  **Wane irin abinci mai tauri, ko mai dan tauri, ko abinci mai laushi (NAME) ya/ta ci jiya da rana ko da daddare?**  GO BACK TO Q424 AND RECORD FOODS EATEN. |
|  | How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? **Sau nawa (NAME) ta/ya ci abinci mai tauri, ko mai dan tauri, ko wani abu wanda ba mai ruwa ba a jiya da rana ko da daddare?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | TIMES |\_\_\_|\_\_\_|  DK 98 | | | | TIMES |\_\_\_|\_\_\_|  DK 98 | | | | TIMES |\_\_\_|\_\_\_|  DK 98 |
|  | Did (NAME) drink anything from a feeding bottle (THIS IS ANYTHING WITH A NIPPLE) yesterday or last night?  **(NAME) ya/ta sha wani abu a bulunboti jiya da rana ko da daddare?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | How old was (NAME) in months when he/she first started to eat solid, semi-solid, or soft foods? **Watannin nawa ne (NAME) yake a lokacin da ya/ta fara cin abinci mai tauri da mai dan tauri ko abinci mai laushi?**  PROBE: How many completed months old? **Kamar cikakken watanni nawa ne?**  RECORD THE AGE IN MONTHS IN THE SPACE PROVIDED. CIRCLE ‘97’ IF NOT APPLICABLE. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | | AGE IN  MONTHS |\_\_\_|\_\_\_|  NA 97  DK 98 | | | | AGE IN  MONTHS |\_\_\_|\_\_\_|  NA 97  DK 98 | | | | AGE IN  MONTHS |\_\_\_|\_\_\_|  NA 97  DK 98 |
|  | Has (NAME) ever received a vitamin A dose like (SHOW IMAGE IN JOB AID #4)?  **(NAME) ta/ya taba shan sinadarin bitamin A (SHOW IMAGE IN JOB AID #4)?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Has (NAME) received a Vitamin A dose (SHOW IMAGE IN JOB AID #4) during the last 6 months?  **(NAME) ya/ta sha sinadarin bitamin A (SHOW IMAGE IN JOB AID #4) kamar wannan a watanni shida da su ka wuce?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Now I would like to ask you about some particular foods (NAME) may eat. I am interested in whether your child had the item even if it was combined with other foods.  **Yanzu ina son yi miki wasu tambayoyi game da wasu abincin da (NAME) ke iya ci. Ina sha'awar ko yaron ki ya ci ko da an hada da sauran abinci.**  Yesterday, during the day or night, did (NAME) consume any iron fortified solid, semi-solid, or soft foods designed specifically for infants and young children available such as this (SHOW IMAGE IN JOB AID #4)? **Jiya, da rana ko da daddare, (NAME) ya/ta ci wani abinci mai tauri mai sinadarin Ayon, ko mai dan tauri, ko abinci mai laushi wanda aka hada musamman dan jarirai da kananan yara na unguwarku (SHOW IMAGE IN JOB AID #4)?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Yesterday, during the day or night, did (NAME) consume any food to which you added a powder or sprinkles like this (SHOW IMAGE IN JOB AID #4)?  **Jiya, da rana ko da daddare, (NAME) ya/ta ci wani abinci wanda ki ka kara wani abu kamar hoda ko barbade (SHOW IMAGE IN JOB AID #4)?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Yesterday, during the day or night, did (NAME) consume any lipid based nutrient supplement (LNS) like this (SHOW IMAGE IN JOB AID #4)?  **Jiya, da rana ko da daddare, (NAME) ya/ta ci wani daga jerin sinadarai masu dauke da mai wadanda a keda su a unguwa (SHOW IMAGE IN JOB AID #4)?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Yesterday, during the day or night, did (NAME) consume any iron fortified infant/toddler formulas like these (SHOW IMAGE IN JOB AID #4)? **Jiya, da rana ko da daddare, (NAME) ta/ya ci wani daga jerin karin abinci mai dauke da sinadarin ayon karin jinni na jarirai/kanan yara na gwangwani (SHOW IMAGE IN JOB AID #4)?**  USING JOB AID #4, SHOW THE RESPONDENT AN IMAGE OF THE ITEMS. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 | | | | YES 1  NO 2  DK 8 |
|  | Now I am going to ask you how you feel about being able to do several things - very confident, confident, uncertain, or very uncertain. **Yanzu zan tambaye ki yadda kike ji game da samun damar yin da yawa abubuwa - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam.**  FOR EACH ACTION, ASK:  How confidentdo you feel about being able to (ACTION) – very confident, confident, uncertain, or very uncertain?  **Yaya tabbacin ki yake game da samun damar (ACTION) - tabbaci sosai, tabbaci, ba tabbaci, ba tabbaci sam?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE FOR EACH ACTION. | | Very confident  **Tabbaci sosai** | Confident  **Tabbaci** | | | Uncertain  **Ba Tabbaci ba** | Very  uncertain  **Ba tabbaci sam** | | |  |
|  | 1. Breastfeed exclusively for 6 months  **Shayar da nonon uwa zalla na tsawon watanni shida** | | 4 | 3 | | | 2 | 1 | | |  |
|  | 1. Introduce your baby to nutritious and safe soft semi-solid foods at 6 months  **Fara ciyar da jariri da cimaka mai cikakken sinadarai a wata shida** | | 4 | 3 | | | 2 | 1 | | |  |
|  | 1. Breastfeed your baby for at least 2 years  **Shayar da jaririnki har tsawon shekara biyu** | | 4 | 3 | | | 2 | 1 | | |  |
|  | 1. Spend time talking and having a good and relaxing time with your child while feeding (him/her)  **Bada lokaci hutawa da kina ma yaron magana lokacin ciyar da shi/ita** | | 4 | 3 | | | 2 | 1 | | |  |

**MODULE 6: NUTRITION KNOWLEDGE AND ATTITUDES**

**THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL PREGNANT WOMEN AND THE CAREGIVER (USUALLY THE MOTHER) OF CHILDREN RECORDED IN THE HOUSEHOLD ROSTER AS LESS THAN TWO YEARS OF AGE.**

Next, I would like to ask you a few questions specifically regarding maternal, infant and young child nutrition.  
**Ta gaba, ina son tabaye ki/ ka yan tambayoyi daidai game da abinci mai gina jiki masu juna biyu da jarirai da kuma kanannan yara.**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | During pregnancy, should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin ya kamata cin abincin mata masu juna biyu ya kasance? Daidai, fiye da da, ko kasa da da?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2  **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3  **Fiye da kafin samun juna biyu** Don’t know 8 | | | | | | | | | | |  |
|  | How soon after birth should a mother start breastfeeding her baby? **Bayan haihuwa yaushe ko wane lokaci ya kamata uwa ta fara ba jaririnta nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE ‘000’ IF RESPONDENT SAYS ‘IMMEDIATELY AFTER BIRTH’. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’ FOR HOURS AND FILL IN THE NUMBER OF HOURS IN THE SPACE PROVIDED. IF THE RESPONDENTS SAYS MORE THAN 99 HOURS OR A SPECIFIC NUMBER OF DAYS, CIRCLE ‘2’ FOR DAYS AND FILL IN THE NUMBER OF DAYS IN THE SPACE PROVIDED. CIRCLE ‘998’ IF THE RESPONDENT DOESN’T KNOW AND ‘999’ IF THE RESPONDENT SAYS THAT A MOTHER SHOULD NEVER BREASTFEED HER BABY. | IMMEDIATELY 000  HOURS 1 |\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|  DON’T KNOW 998  NEVER 999 | | | | | | | | | | |  |
|  | While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?  **Shin yayin shayarwa ya kamata a ci abinci? Kaman yadda ake ci kafin ta dauki juna biyu, kasa da kafin ta dauki juna biyu, ko fiye da kafin ta dauki juna biyu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Same as before becoming pregnant 1 **Daidai kafin samun juna biyu**  Less than before becoming pregnant 2  **Kasa da kafin samun juna biyu**  More than before becoming pregnant 3  **Fiye da kafin samun juna biyu** Don’t know 8 | | | | | | | | | | |  |
|  | Until what age should a mother give only breast milk to her baby? (exclusively breastfeed) **Tsawon wane lokaci ya kamata uwa ta shayar da jaririnta nono zalla?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a breastfed baby first start to receive liquids (including water)? **A tunanin ki a wane lokaci ya kamata a fara ba jariri abu mai ruwa (harda ruwa)?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | When do you think a baby should first be given soft, semi-solid foods? **A tunanin ki yaushe ya kamata a fara ba yaro abinci mai laushi da mai tauri?**  RECORD THE UNIT FIRST (E.G., HOURS, DAYS, WEEKS, MONTHS, YEARS) THEN THE NUMBER OF UNITS. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | Until what age should a baby continue to breastfeed?  **Zuwa wane shekaru ya kamata uwa ta ci gaba da shayar da nono?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. IF THE RESPONDENT SPECIFIES A NUMBER OF HOURS, CIRCLE ‘1’; IF DAYS, CIRCLE ‘2’; IF WEEKS, CIRCLE ‘3’; IF MONTHS, CIRCLE ‘4’; IF YEARS, CIRCLE ‘5’. THEN FILL IN THE NUMBER IN THE SPACE PROVIDED. CIRCLE ‘9998’ IF THE RESPONDENT DOESN’T KNOW. | HOURS 1 |\_\_\_|\_\_\_|\_\_\_|  DAYS 2 |\_\_\_|\_\_\_|\_\_\_|  WEEKS 3 |\_\_\_|\_\_\_|  MONTHS 4 |\_\_\_|\_\_\_|  YEARS 5 |\_\_\_|\_\_\_|  DON’T KNOW 9998 | | | | | | | | | | |  |
|  | How often should a baby breastfeed?  **Sau nawa ya kamata a shayar da jariri?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. RECORD THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED.  IF THE RESPONDENT DOES NOT KNOW OR HAS TROUBLE ANSWERING, PROBE BY READING RESPONSE OPTIONS.  IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | ACCORDING TO A SCHEDULE 1 **BISA WANI JADAWALIN**  AS FREQUENTLY AS THE BABY WANTS,  REQUESTS, OR DEMANDS 2 **AKAI-AKAI KAMAR YADDA JARIRI YANA SO  (BUKATA KO NEMA)**  WHEN THE BABY CRIES 3 **KOWACE LOKACI JARIRI YA YI KUKAN**  OTHER 4 **WASU LOKUTA DABAN**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | What are some of the **early signs** indicating that a baby is hungry?  **Mene ne wasu daga cikin farkon alamun cewa jariri ya/ta na jin yunwa?**  PROBE:  How do you **first** know when a baby wants to eat/breastfeed?  **Yaya zaki sani a farko lokaci cewa jariri yana bukatan abinci ko nono?**  PROBE:  Any other way?  **Akwai wata alama?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** RESPONSES THAT ARE MENTIONED. | BABY IS ALERT A **JARIRI NA NUNA ALAMA**  BABY IS RESTLESS B **JARIRI YA GAJI**  BABY IS CRYING C **JARIRI YANA KUKA**  BABY OPENS HIS/HER MOUTH D **JARIRI YANA BUDA BAKI**  BABY TURNS HIS/HER HEAD E **JARIRI YANA JUYA KANSHI**  BABY PUTS TONGUE IN AND OUT F **JARIRI YANA FITO DA HARSHEN SHI**  BABY SUCKS ON HAND OR FIST G **JARIRI YANA TSOTSON HANNU**  BABY ASKS TO BREASTFEED H **JARIRI YANA TAMBAYAR NONO**  WHEN BABY WAKES I **IDAN JARIRI YA TASHI DAGA BARCI**  NO SIGN J **IDAN BA ALAMA**  OTHER X **WASU ALAMA DABAN**  DON’T KNOW Z **BAN SANI BA** | | | | | | | | | | |  |
|  | Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill? **Ya kamata uwar jariri dan/yar kasa da watanni 6 da haihuwa ta dena shayar da ɗanta/yarta, idan uwar ba ta da lafiya?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill? **Ya kamata uwa ta dena ba wa jariri dan/yar kasa da watanni shida nono idan yaro bai da lafiya ba?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Do you think a breastfed infant under 6 months should also be given any of the following? **Ya kamata jariri dan kasa da wata shidda a bashi wadannan abubuwa?** | YES | | | | NO | | | | DK | | |  |
|  | 1. Infant formula  **Madarar jariri** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Water  **Ruwa** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Tea  **Shayi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Coffee  **Kofi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Animal milk b **Madarar dabbobi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Glucose water  **Bulkodi** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Pap  **Kunu/koko** | 1 | | | | 2 | | | | 98 | | |  |
|  | 1. Something else  **Wasu daban** | 1 | | | | 2 | | | | 98 | | |  |
|  | Do breastfed infants under 6 months need additional water if the weather is very hot? **Shin jariri dan kasa da watanni shida na bukatar karin ruwa a yanayin zafi sosai?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Can a thin or malnourished mother produce “enough” breast milk for her infant under 6 months of age? **Shin uwa mai dauke da tamowa za ta iya samar da “isasshen” nono ga jariri dan kasa da watanni shida?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Are there things a mother can do to increase milk production?  **Akwai wasu abubuwa da uwa za ta iya yi domin kara samar da nonon?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | | Q317 |
|  | Which of the following can a mother do to increase her milk production? **Wanne daga cikin wadannan uwa za ta iya don ta kara yawan nono?**  FOR EACH ITEM, ASK:  Can a mother (ACTION) to increase her milk production? **Shin uwa, za ta iya (AYYUKA) don ta kara yawan nono?**  THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSES PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES | | NO | | | | DK | | | | |  |
|  | 1. Drink milk   **Shan madara** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Breastfeed more frequently   **Shayar da nono akai-akai** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Massage breasts   **Matsa nonuwa** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Sleep more hours   **Kara yawan awannin bacci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat special foods   **Cin abinci na musamman** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Avoid eating certain foods   **Ta guje wa cin wasu nau'in abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  | 1. Eat more of certain foods   **Karin cin wasu abinci** | 1 | | 2 | | | | 98 | | | | |  |
|  | What are some foods that are rich in iron? Or that have a lot of iron? **Wadanne abinci ne masu dauke da sinadarin karin jini?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED | ORGAN MEATS (SUCH AS LIVER, KIDNEYS,  HEART) A **KAYAN CIKI (KAMAR HANTA, KODA, ZUCIYA)**  RED MEAT (COW, GOAT, SHEEP, PIG) B **NAMA SHANU, AKUYOYI, TUMAKI, ALADE)**  DARK GREEN VEGETABLES C  **GANYAYEN MARMARI KO GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LEGUMES (SUCH AS BEANS, LENTILS, PEAS,  SOYA BEANS, AND PEANUTS) E **YA’AYAN GANYE (WAKE, WAKEN SOYA, GYADA FA DANGINSU)**  OTHER F **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? Or that have a lot of vitamin A? **Wadanne abinci ne masu dauke da sinadarin bitamin A – sinadarin da ya ke kare jiki daga rashin lafiya?**  PROBE:  Any other foods? **Akwai wasu abinci daban?**  DO **NOT** READ THE RESPONSE OPTIONS ALOUD. CIRCLE **ALL** OF THE CODE OR CODES CORRESPDONDING WITH THE FOODS MENTIONED. CIRCLE ‘Z’ IF THE RESPONDENT DOESN’T KNOW. | ORANGE-COLORED FRUITS/VEGETABLES A **LEMON ZAKI (MANGWARO, GWANDA, LEMO, KARAS, JAN DANKALIN)**  GREEN LEAVES C **GANYAYEN MARMARI NA LAMBU (AZAREKWA)**  LIVER E **HANTA**  COW’S MILK G **NONON SHANU**  OTHER H **WASU ABINCI DABAN**  DON’T KNOW Z | | | | | | | | | | |  |
|  | Can breastfeeding delay a new pregnancy? **Shayar da nono zai iya jinkirta daukan sabon juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | How long should a woman wait after the birth of a child before becoming pregnant again? **Tsawon wane lokacin ya kamata uwa ta jira bayan haihuwar yaro kafin ki sake yi kokarin daukan juna biyu?**  **READ** THE RESPONSE OPTIONS ALOUD. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | Less than 2 years 1 **Kasa da shekara biyu**  2 to 3 years 2 **Shekara biyu zuwa shekara uku**  4 to 5 years 3 **Shekara hudu zuwa shekara biyar**  More than 5 years 4 **Fiye da shekara biyar**  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant? **Shin uwa mai shayar da jariri dan kasa da watanni shida ya kamata ta dena shayarwa idan ta dauki juna biyu?**  CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 98 | | | | | | | | | | |  |
|  | Now I am going to ask you about a series of practices or behaviors. Please tell me how strongly you agree or disagree that the each practice is important for the health of mothers and/or children. **Yanzu zan tambaye ki/ ka game da wasu ayyuka ko halaye. Don allah fada min idan kin yarda ko ba ki yarda ba cewa wadannan ayyuka suna da muhimmanci wajen lafiyar uwa ko yaro.**  FOR EACH BEHAVIOR OR ACTION, ASK:  Do you agree or disagree that (BEHAVIOR/ ACTION) is important for good health of a mother or child?  **Kin yarda ko ba ki yarda ba cewa (BEHAVIOR/ ACTION) yana da muhimmanci wajen lafiyar uwa ko yaro?**  READ AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | Strongly agree  **Na yarda sosai** | | | | DK | |  |
|  | 1. Eating more during pregnancy   **Cin abinci ga mai juna biyu fiye da kafin daukar juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more during pregnancy   **Yawan hutu ga mai juna biyu fiye da kafin daukan juna biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Eating more while lactating or breastfeeding   **Karin cin abinci a lokacin shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Resting more while lactating or breastfeeding   **Yawan hutu ga mai shayarwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding immediately after birth   **Fara shayarwa nan-da-nan bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting breastfeeding within one hour after birth   **Fara shayarwa Tsakanin awa daya bayan haihuwa.** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving newborn babies sugar water after birth   **Ba wa jarirai sababbin haihuwa ruwan sikari bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding exclusively for 6 months. (EXPLAIN: This means giving baby only breast milk and no other liquids or solids, not even water.)  **Shãyar da jarirai nonon uwa zalla har tsawon wata shida. (EXPLAIN: Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ko dama ruwa ne.)** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding infants under 6 months on demand based on infant hunger signs   **Shayar da jarirai 'yan kasa da watanin 6 a kan bukatar bisa ga alamun yunwan jaririn** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months additional water if the weather is very hot   **Ba jarirai 'yan kasa da watanni 6 Karin ruwa idan yanayin zafi sosai** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Giving infants under 6 months thin or watery pap   **Ciyar da kananan yara 'yan kasa da watanni 6 abinci kunu/koko mai ruwa ruwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Starting feeding children soft, semi-solid foods at 6 months   **A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Waiting until child is one year old to feed animal protein   **A jinkirta ciyar da kananan yara nama da kwai har sai sunkai shekara daya** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Feeding children over six months old a diverse or varied diet   **Ciyar da kananan yara masu fiye da watanni shida abinici iri-irin** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Breastfeeding children for at least two years   **Shayar da nonon uwa har shekara biyu** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before eating   **Wanke hannaye da sabulu kafin cin abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before preparing food or cooking   **Wanke hannaye da sabulu kafin a dafa abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Washing hands with soap before feeding child   **Wanke hannaye da sabulu kafin a ba yaro abinci** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | 1. Keeping animals outside of living area   **Kawar da dabbobi daga wajen da ake zama** | 1 | 2 | | 3 | | 4 | | | | 98 | |  |
|  | Finally, I would like to get your opinion on some aspects of family life and child care. Please tell me if you agree or disagree with each statement. **A karshe, Ina so in sani ra'ayin ka/ ki a kan wasu al'amurran game da rayuwar iyali da kuma kula da yara. Don Allah gaya mani idan kin yarda ko ba ki yarda ba da wadannan bayanai**  FOR EACH ACTION, ASK:  Do you strongly agree, agree, disagree, or strongly disagree that (ACTION)? **Kin yarda ko ba ki yarda ba cewa (ACTION)?**  FOR EACH, **READ** AND POINT TO THE RESPONSE OPTIONS #1. THEN CIRCLE THE CODE CORRESPONDING WITH THE RESPONSE PROVIDED. IF THE RESPONDENT DOESN’T KNOW, CIRCLE ‘98’. | Strongly disagree  **Ban yarda sam** | Disagree  **Ban yarda ba** | | Agree  **Na Yarda** | | | | Strongly agree  **Na yarda sosai** | | | DK |  |
|  | 1. Only the men should make the important decisions in the family   **Maza ne yakamata su yanke muhimman shawarwari** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be able to  express her opinion regarding  child feeding   **Ya kamata uwaye su iya bayyana ra'ayin su akan ciyar da yara** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |
|  | 1. A mother should be allowed  to participate in mother’s  groups   **Ya kamata a yarda su uwaye su shiga cikin kungiyoyin uwaye** | 1 | 2 | | 3 | | | | 4 | | | 98 |  |

**MODULE 7: NUTRITION SUPPORT**

**THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL PREGNANT WOMEN AND THE CAREGIVER (USUALLY THE MOTHER) OF CHILDREN RECORDED IN THE HOUSEHOLD ROSTER AS LESS THAN TWO YEARS OF AGE.**

Now I would like to ask you about support you have received for your or your children's health and nutrition. **Yanzu ina son tambaye ki game da goyon bayan da kin samu don lafiyarda kuma abinci gina jikin ki ko na yaran ki.**

| **NO.** | **QUESTIONS AND FILDERS** | **CODING CATEGORIES** | **SKIP** |
| --- | --- | --- | --- |
|  | Have you ever spoken anyone about breastfeeding or about how to feed children? **Kin taba magana da wani akan yadda za ki shayar ko ciyar da?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘9’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 9 | GO TO END |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | With whom did you speak about breastfeeding or how you feed your child? **Da waye ki/ka ke yin magana game da shayarwa ko yanda kike ciyar da yaran ki?**  FOR EACH ITEM, ASK:  Have you ever spoken with (PERSON) about breastfeeding or how to feed your child? **Kin taba magana da (PERSON) akan yadda za ki shayar ko ciyar da yaran ki?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | NO | DK |  |
|  | 1. NGO representative (such as UNICEF or Save the Children)  **Wakilan kungiyoyi masu zama da kan su kamar (su UNICEF ko Save the Children)** | 1 | 2 | 8 |  |
|  | 1. State government official  **Jami’i daga gwamnatin jaha** | 1 | 2 | 8 |  |
|  | 1. LGA official / representative  **Jami’i daga kaman hukumar** | 1 | 2 | 8 |  |
|  | 1. Health worker  **Mai’akatan kiwon lafia** |  |  |  |  |
|  | 1. Ward development committee member  **Mambobin kwamintin ci gaba al’umma** | 1 | 2 | 8 |  |
|  | 1. Community leader  **Shugaban al’umma** | 1 | 2 | 8 |  |
|  | 1. Religious leader  **Shugaban addini** | 1 | 2 | 8 |  |
|  | 1. Community volunteer  **Masu aikin sa kai** | 1 | 2 | 8 |  |
|  | 1. Colleague or co-worker  **Abokin aikin ki** | 1 | 2 | 8 |  |
|  | 1. Family member  **Iyalin ku** | 1 | 2 | 8 |  |
|  | 1. Friend  **Abokin ki/ka** | 1 | 2 | 8 |  |
|  | 1. Someone else  **Wani mutum daban** | 1 | 2 | 8 |  |
|  | When did you speak about breastfeeding or how to feed your child? **Wane lokaci kin yi magana da wani game da yadda za ki shayarwa ko ciyar da yaron ki?**  FOR EACH ITEM, ASK:  Did you speak about breastfeeding or how to feed your child (LOCATION/EVENT)? **Kin yi magana da wani game da yadda za ki shayarwa ko ciyar da yaron ki (LOCATION / EVENT)?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | NO | DK |  |
|  | 1. At health facility, during an ANC visit  **A asibiti, lokacin ziyara awon juna biyu** | 1 | 2 | 8 |  |
|  | 1. At health facility, after delivery  **A asibiti, bayan haihuwar** | 1 | 2 | 8 |  |
|  | 1. At health facility, during a post-partum visit  **A asibiti, yayin ziyara bayan haihuwa** | 1 | 2 | 8 |  |
|  | 1. At health facility, during child growth  monitoring or a well-child visit  **A asibiti, lokacin kula da girman yara ko kai ziyarar yara masu lafiya** |  |  |  |  |
|  | 1. At health facility, during a sick child visit  **A asibiti, lokacin da aka kai yaro don ganin likita** | 1 | 2 | 8 |  |
|  | 1. At health facility, during a family planning visit  **A asibiti, lokacin ziyara don tsarin iyali** | 1 | 2 | 8 |  |
|  | 1. At health facility, during some other visit  **A asibiti, lokacin yayin wani ziyara** | 1 | 2 | 8 |  |
|  | 1. During an immunization day or vitamin A supplementation day  **A lokacin rigakafi da ranar bada sinadarai bitamin A** | 1 | 2 | 8 |  |
|  | 1. At work  **A aiki** | 1 | 2 | 8 |  |
|  | 1. At church/ Mosque  **A coci/Masalachi** | 1 | 2 | 8 |  |
|  | 1. During a support group meeting  **A lokacin taron kungiyar goyon baya** | 1 | 2 | 8 |  |
|  | 1. During a community event  **A wani taron al'umma/tantaunawar** | 1 | 2 | 8 |  |
|  | 1. During a community meeting  **A wasu taron al'umma** | 1 | 2 | 8 |  |
|  | 1. At your home, during a home visit  **A gidan ki, lokacin da kin samu ziyara** | 1 | 2 | 8 |  |
|  | 1. At some other time or place  **Akwai wani lokuta ko wurin daban** | 1 | 2 | 8 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Over the past 18 months, about how frequently did you speak with someone about breastfeeding or how to feed your child? **A cikin watannin sha takwas da suka wuce, kamar sau nawa kika yi magana da wani game da shayarwa ko kuma ciyar da yara?**  **READ** THE RESPONSE OPTIONS AND RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | Never 1 **Ban taba**  Very Rarely 2 **Da wuya sosai**  Rarely 3 **Ba safai**  Occasionally 4 **Wasu lokuta**  Frequently 5  **Akai-akai**  Very Frequently 6  **Akai-akai sosai** |  |
| Now I would like to ask you about a specific program, the infant and young child feeding program that used these materials (SHOW IMAGES OF THE C-IYCF COUNSELING CARDS AND BROCHURES ON JOB AID #3). **Yanzu ina son tambayar ka/ki daidai game da wasu daga cikin ayyukan ciyar da jarirai da kananan yara (SHOW IMAGES OF THE C-IYCF COUNSELING CARDS AND BROCHURES ON JOB AID #3).** | | | |
|  | Have you ever seen these images (SHOW IMAGES ON JOB AID #3)?  **Kin taba ganin hotunan wadannan (SHOW IMAGES ON JOB AID #3)?**  SHOW IMAGES OF THE C-IYCF COUNSELING CARDS AND BROCHURES ON JOB AID #3. RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘9’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 9 | GO TO END |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I would like to understand more about when you saw these images.  **Ina son in kara fahimta game da lokacin da ka/kin ga wadannan hotuna.**  FOR EACH ITEM, ASK:  Did you see these images (LOCATION/ EVENT)? **Kin/ka taba ganin wadannan hotunan (LOCATION/EVENT)?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | NO | DK/ REMEMBER |  |
|  | 1. At health facility, during an ANC visit  **A asibiti, lokacin ziyara awon juna biyu** | 1 | 2 | 8 |  |
|  | 1. At health facility, after delivery  **A asibiti, bayan haihuwar** | 1 | 2 | 8 |  |
|  | 1. At health facility, during a post-partum visit  **A asibiti, yayin ziyara bayan haihuwa** | 1 | 2 | 8 |  |
|  | 1. At health facility, during child growth  monitoring or a well-child visit  **A asibiti, lokacin kula da girman yara ko kai ziyarar yara masu lafiya** |  |  |  |  |
|  | 1. At health facility, during a sick child visit  **A asibiti, lokacin da aka kai yaro don ganin likita** | 1 | 2 | 8 |  |
|  | 1. At health facility, during a family planning visit  **A asibiti, lokacin ziyara don tsarin iyali** | 1 | 2 | 8 |  |
|  | 1. At health facility, during some other visit  **A asibiti, lokacin yayin wani ziyara** | 1 | 2 | 8 |  |
|  | 1. During an immunization day or vitamin A supplementation day  **A lokacin rigakafi da ranar bada sinadarai bitamin A** | 1 | 2 | 8 |  |
|  | 1. At work  **A aiki** | 1 | 2 | 8 |  |
|  | 1. At church/ Mosque  **A coci/Masalachi** | 1 | 2 | 8 |  |
|  | 1. During a support group meeting  **A lokacin taron kungiyar goyon baya** | 1 | 2 | 8 |  |
|  | 1. During a community event  **A wani taron al'umma/tantaunawar** | 1 | 2 | 8 |  |
|  | 1. During a community meeting  **A wasu taron al'umma** | 1 | 2 | 8 |  |
|  | 1. At your home, during a home visit  **A gidan ki, lokacin da kin samu ziyara** | 1 | 2 | 8 |  |
|  | 1. At some other time or place  **Akwai wani lokuta ko wurin daban** | 1 | 2 | 8 |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | CHECK Q706K.  IF THE RESPONDENT ANSWERED ‘YES’ OR ‘1’ 🞏 | | | IF THE RESPONDENT ANSWERED ‘NO’ OR ‘2’ OR ‘DK/REMEMBER’ OR ‘8’ 🞏 | | | | | Q714 |
|  | Next, I'd like to ask you about support group meetings when these images were shown or used. How many of those support group meetings did you attend? **Ta gaba, ina son tambaye ki game da tarurruka kungiyar goyon baya wanda ake nuna ko amfani da wadannan hotuna. Sau nawa kin halarci tarurruka wadannan?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NONE 00  TIMES |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 98 | | | | | | | Q713 |
|  | Who usually led these support group meetings?  **Wane ne ya gudanar ko jagoranci wadannan taron kungiyar goyon bayan?**  FOR EACH PERSON, ASK:  Did (PERSON) usually lead the support group meeting? **Shin (PERSON) shi/ ita ne ke yawanci jagoranci da goyon bayan kungiyar taron?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | | | | NO | | DK/ REMEMBER |  |
|  | 1. Community volunteer  **Masu aikin sa kai** | 1 | | | | 2 | | 8 |  |
|  | 1. Health worker  **Ma’aikacin kiwon lafiya** | 1 | | | | 2 | | 8 |  |
|  | 1. Someone else  **Wani daban** | 1 | | | | 2 | | 8 |  |
|  | Where were the support groups usually conducted? **A ina ne aka gudanar da wadannan taron kungiyar goyon bayan?**  FOR EACH LOCATION, ASK:  Were the support meetings usually held (LOCATION)? **A ina aka saba gudanar da wadannan taron kungiyar goyon bayan (LOCATION)?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | | | | NO | | DK/ REMEMBER |  |
|  | 1. In the health facility  **A asibiti** | 1 | | | | 2 | | 8 |  |
|  | 1. In the community  **A cikin al’umma** | 1 | | | | 2 | | 8 |  |
|  | 1. In the village/WDC chief’s home  **A gidan mai anguwar/ shugaban al’umma/shugaban kwaminti ci gaba al’umma** | 1 | | | | 2 | | 8 |  |
|  | 1. In someone else’s home  **A gidan wani daban** | 1 | | | | 2 | | 8 |  |
|  | 1. In your home  **A gidan ki** | 1 | | | | 2 | | 8 |  |
|  | 1. Somewhere else  **A wani wurin** | 1 | | | | 2 | | 8 |  |
|  | How useful were these support groups for you to learn about maternal, infant, and young child nutrition? **Yaya kika gani amfanin wadannan goyon bayan domin koyo game da abinci mai gina jiki domin mata masu ciki, jariri ko kananan yara?**  READ ALL RESPONSE OPTIONS, EXCEPT “DON’T KNOW”. THEN CIRCLE **ONE** CODE CORRESPONDING TO THE RESPONSE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘8’. | Very useful 1 **Yana da amfani sosai**  Somewhat useful 2 **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 8 | | | | | | |  |
|  | What did you like most about these support groups? **Me kika fi jin dadi ko kika fi son game da wadannan kungiyar goyon bayan**?  DO **NOT** READ EACH RESPONSE OPTION AND CIRCLE THE CODES FOR ALL REASONS MENTIONED. IF THE RESPONDENT MENTIONS SOME OTHER REASON, CIRCLE ‘F’. | LEARNED NEW INFORMATION A **SANI WATA HANYAR SADARWA**  MET OTHER WOMEN B **GANIN WASU UWAYE**  RECEIVED BETTER CARE FOR YOU AND  YOUR BABY C **SAMUN KYAKYAWAR KULAWARKI DA JARIRINKI**  RECEIVED SUPPORT FOR ADOPTING  NEW PRACTICES D **SAMUN GOYON BAYAN DON SABBIN HANYOYI**  DISCUSSED CHALLENGES/PROBLEMS E **TATTAUNA MATSOLOLI**  SOMETHING ELSE F **WANI DABAN**  SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW Z | | | | | | |  |
|  | What did you dislike or like least about these support groups? **Me ya fi ba ki rashin dadi game da wadannan kungiyar goyon bayan?**  DO **NOT** READ EACH RESPONSE OPTION AND CIRCLE THE CODES FOR ALL REASONS MENTIONED. IF THE RESPONDENT MENTIONS SOME OTHER REASON, CIRCLE ‘G’. | DAY OR TIME OF SUPPORT GROUP MEETING A **WANE LOKACI KUNGIYAR GOYON BAYA KE HADUWA DA RANA KO DARE**  LENGTH OF SUPPORT GROUP MEETING, TOO  SHORT B **TSAWON LOKACI DA KUNGIYAR GOYON BAYA KE YI WAJEN HADUWA, YA YI KADAN**  LENGTH OF SUPPORT GROUP MEETING, TOO  LONG C **TSAWON LOKACI DA KUNGIYAR GOYON BAYA KE YI WAJEN HADUWA, YA YI YAWA**  LOCATION TOO FAR AWAY D **GURIN YANA DA NISA**  LOCATION DANGEROUS E **GURIN YANA DA HATSARI**  SIZE OF SUPPORT GROUP, TOO MANY PEOPLE F **YAWAN KUNGIYOYIN GOYON BAYAN SUNA  DA YAWA**  FELT CRITICIZED G **JIN ZAFI DOMIN MATSI**  SOMETHING ELSE H **WANI DABAN**  SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW Z | | | | | | |  |
|  | CHECK Q706N.  IF THE RESPONDENT ANSWERED ‘YES’ OR ‘1’ 🞏 | | IF THE RESPONDENT ANSWERED ‘NO’ OR ‘2’  OR ‘DK/REMEMBER’ OR ‘8’ 🞏 | | | | | | Q720 |
|  | Next, how many times were you visited in your home when these materials (SHOW IMAGES ON JOB AID #3) were shown or used? **Ta gaba, sau nawa ne kin samu ziyara a gidan ki, domin tattaunawa akan ciyar da mata masu ciki, jarirai da kananan yara, lokacin da aka nuna ko amfani da wadannan kayan (SHOW IMAGES ON JOB AID #3)?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NONE 00  TIMES |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 98 | | | | | | | Q718 |
|  | Who usually conducted these home visits? **Wane ne yake gudanar da wadannan ziyara?**  FOR EACH PERSON, ASK:  Did (PERSON) usually conduct these home visits? **Wane (PERSON) ne ya gudanar da wadannan ziyara?**  THEN RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. | YES | | | | NO | | DK/ REMEMBER |  |
|  | 1. Community volunteer  **Masu aikin sa kai** | 1 | | | | 2 | | 8 |  |
|  | 1. Health worker  **Ma’aikacin kiwon lafiya** | 1 | | | | 2 | | 8 |  |
|  | 1. Someone else  **Wani daban** | 1 | | | | 2 | | 8 |  |
|  | How useful were these visits for you to learn about maternal, infant, and young child nutrition?  **Yaya kika gani amfanin wadannan ziyara domin koyo game da abinci mai gina jiki domin mata masu ciki, jariri ko kananan yara?**  READ ALL RESPONSE OPTIONS, EXCEPT “DON’T KNOW”. THEN CIRCLE **ONE** CODE CORRESPONDING TO THE RESPONSE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘8’. | Very useful 1 **Yana da amfani sosai**  Somewhat useful 2 **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 8 | | | | | | |  |
|  | What did you like most about these home visits? **Me kika fi jin dadi ko kika fi son game da wadannan ziyara?**  DO **NOT** READ EACH RESPONSE OPTION AND CIRCLE THE CODES FOR ALL REASONS MENTIONED. IF THE RESPONDENT MENTIONS SOME OTHER REASON, CIRCLE ‘F’. | LEARNED NEW INFORMATION A **SANI WATA HANYAR SADARWA**  MET OTHER WOMEN B **GANIN WASU UWAYE**  RECEIVED BETTER CARE FOR YOU AND  YOUR BABY C **SAMUN KYAKYAWAR KULAWARKI DA JARIRINKI**  RECEIVED SUPPORT FOR ADOPTING  NEW PRACTICES D **SAMUN GOYON BAYAN DON SABBIN HANYOYI**  DISCUSSED CHALLENGES/PROBLEMS E **TATTAUNA MATSOLOLI**  SOMETHING ELSE F **WANI DABAN**  SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW Z | | | | | | |  |
|  | What did you dislike or like least about these home visits? **Me ya fi ba ki/ka rashin dadi game da wadannan ziyara?**  DO **NOT** READ EACH RESPONSE OPTION AND CIRCLE THE CODES FOR ALL REASONS MENTIONED. IF THE RESPONDENT MENTIONS SOME OTHER REASON, CIRCLE ‘E’. | DAY OR TIME OF HOME VISIT A **RANA KO LOKACI ZIYARAR**  LENGTH OF HOME VISIT, TOO SHORT B **LOKACI ZIYARAR GIDAJE, YA YI KADAN**  LENGTH OF HOME VISIT, TOO LONG C **LOKACI ZIYARAR GIDAJE, YA YI YAWA**  FELT CRITICIZED D **JIN ZAFI DOMIN MATSI**  SOMETHING ELSE E **WANI DABAN**  SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW Z | | | | | | |  |
|  | CHECK Q706L.  IF THE RESPONDENT ANSWERED ‘YES’ OR ‘1’ 🞏 | | IF THE RESPONDENT ANSWERED ‘NO’ OR ‘2’  OR ‘DK/REMEMBER’ OR ‘8’ 🞏 | | | | | | Q723a |
|  | Now, how many community events did you attend when these materials (SHOW IMAGES ON JOB AID #3) were shown or used? **Yanzu tarurrukar al’umma nawa ne kin halarta wadanda aka nuna ko amfani da wadannan kayan (SHOW IMAGES ON JOB AID #3)?**  RECORD THE NUMBER OF TIMES IN THE SPACE PROVIDED. CIRCLE ‘98’ IF THE RESPONDENT DOESN’T KNOW. | NONE 00  TIMES |\_\_\_|\_\_\_|\_\_\_|  DON’T KNOW 98 | | | | | | | Q720 |
|  | How useful were these events for learning about maternal, infant, and young child nutrition?  **Yaya kika gani amfanin wadannan tarurrukar domin koyo game da abinci mai gina jiki domin mata masu ciki, jariri ko kananan yara?**  READ EACH RESPONSE OPTION AND CIRCLE **ONE** CODE CORRESPONDING TO THE RESPONSE PROVIDED. IF THE RESPONDENT DOES NOT KNOW, CIRCLE ‘8’. | Very useful 1 **Yana da amfani sosai**  Somewhat useful 2 **Yana da amfani ama ba sosai ba**  Somewhat useless 3 **Bai da amfani**  Very useless 4 **Bai da amfani sam**  DON’T KNOW 8 | | | | | | |  |
|  | CHECK Q705.  IF THE RESPONDENT ANSWERED ‘YES’ OR ‘1’ 🞏 | | IF THE RESPONDENT ANSWERED ‘NO’ OR ‘2’  OR ‘DON’T KNOW’ OR ‘9’ 🞏 | | | | | | GO TO END |
|  | What topics did you learn about from all of these activities that used these materials (SHOW IMAGES ON JOB AID #3)? **Waɗanne batutuwa ko sakonni kika koya daga wadannan ayyukan wadanda ake amfani da wadannan kayan (SHOW IMAGES ON JOB AID #3)?**  FOR EACH ITEM, ASK:  Did you learn about (ITEM)?  **Kin koya game da (ITEM)?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. CIRCLE ‘8’ IF THE RESPONDENT DOESN’T KNOW. | YES | | | NO | | DK | |  |
|  | 1. Nutrition for pregnant and breastfeeding women  **Abinci mai gina jiki na mata masu ciki da mata masu shayarwa** | 1 | | | 2 | | 8 | |  |
|  | 1. Importance of early initiation of breastfeeding  **Muhimmancin shayarwa nan da nan bayan haihuwar** | 1 | | | 2 | | 8 | |  |
|  | 1. Exclusively breastfeed  **Shayar da ruwan nonon uwa zalla** | 1 | | | 2 | | 8 | |  |
|  | 1. Breastfeeding frequency  **Sau nawa ya kamata a shayarwa** | 1 | | | 2 | | 8 | |  |
|  | 1. Breastfeeding positions  **Hanyoyin shayarwa da dama** | 1 | | | 2 | | 8 | |  |
|  | 1. Breastfeeding problems  **Masalolin shayarwa** | 1 | | | 2 | | 8 | |  |
|  | 1. Expressing breastmilk  **Yadda ake matse nonon uwa a kwaf** | 1 | | | 2 | | 8 | |  |
|  | 1. Good hygiene practices  **Aiwatar da tsabta** | 1 | | | 2 | | 8 | |  |
|  | 1. Complementary feeding  **Ciyar da yara daga watanin shida** | 1 | | | 2 | | 8 | |  |
|  | 1. Food variety  **Abinci daban-daban ko irin-irin** | 1 | | | 2 | | 8 | |  |
|  | 1. Micronutrient supplements  **Hoda mai dauke da sinadarin gina jiki** | 1 | | | 2 | | 8 | |  |
|  | 1. Feeding sick children  **Ciyar da jariri ko kananan yara mara lafiya** | 1 | | | 2 | | 8 | |  |
|  | 1. Kitchen gardens and fruit trees  **Dakin dahuwar abinci, lambu da bashiyar kananan marmari** | 1 | | | 2 | | 8 | |  |
|  | 1. Small animal breeding  **Kiwon kananan dabbobi** | 1 | | | 2 | | 8 | |  |
|  | Did you share information that you learned from the infant and young child feeding program that used these materials (SHOW IMAGES ON JOB AID #3) with anyone else?  **Kin taba tattaunawa da wani a kan abin da kika koya daga wadannan ayyuka shayarwa ko ciyar da kananan yara (SHOW IMAGES ON JOB AID #3)?**  RECORD THE RESPONSE CORRESPONDING WITH THE REPLY PROVIDED. RECORD ‘9’ IF THE RESPONDENT DOESN’T KNOW. | YES 1  NO 2  DON’T KNOW 9 | | | | | | | GO TO END |
|  | With whom do you share information from these infant and young child feeding program activities? **Da waye kike tattaunawa a kan abin da kika koya daga wadannan ayyuka shayarwa ko ciyar da kananan yara?**  DO NOT READ THE RESPONSE OPTIONS ALOUD. SELECT ALL CODES CORRESPONDING WITH THE RESPONSES PROVIDED.  PROBE:  Did you share the information with anyone else? **Kin tattaunawa da wani daban?**  CONTINUE PROBING UNTIL RESPONDENT SAYS NO ONE ELSE. RECORD ‘Z’ IF THE RESPONDENT DOESN’T KNOW OR REMEMBER. | HUSBAND A  MOTHER B  MOTHER-IN-LAW C  SISTER D  SISTER-IN-LAW E  FRIEND F  OTHER G  DON’T KNOW/REMEMBER Z | | | | | | |  |

**MODULE 8: ANTHROPOMETRY MEASURES**

**THIS MODULE IS TO BE COMPLETED FOR ALL PREGNANT WOMEN, MOTHERS/ CAREGIVERS OF CHILDREN UNDER TWO YEARS OF AGE, AND THEIR CHILDREN UNDER TWO YEARS OF AGE BY THE ANTHROPOMETRY SPECIALIST IN YOUR TEAM.**

**WOMAN’S HEIGHT, WEIGHT, AND MUAC**

| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| --- | --- | --- | --- |
|  | RECORD THE LINE NUMBER AND NAME OF THE PREGNANT WOMAN, MOTHER, OR CAREGIVER IN THE SPACE PROVIDED. | LINE NO. |\_\_\_|\_\_\_|  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | IS THE WOMAN PREGNANT? | YES 1  NO 2 | GO TO Q804. |
|  | WEIGHT IN KILOGRAMS.  RECORD THE WEIGHT IN THE SPACE PROVIDED. RECORD ‘99994’ IF THE RESPONDENT WAS NOT PRESENT, ‘99995’ IF THE RESPONDENT REFUSED TO BE WEIGHED, OR ‘99996’ IF YOU WERE UNABLE TO WEIGH THE RESPONDENT FOR ANY OTHER REASON. | KG. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|  NOT PRESENT 99994  REFUSED 99995  OTHER 99996 |  |
|  | HEIGHT IN CENTIMETERS.  RECORD THE HEIGHT IN THE SPACE PROVIDED. RECORD ‘9994’ IF THE RESPONDENT WAS NOT PRESENT, ‘9995’ IF THE RESPONDENT REFUSED TO BE MEASURED, OR ‘9996’ IF YOU WERE UNABLE TO MEASURE THE RESPONDENT FOR ANY OTHER REASON. | CM. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 |  |
|  | MUAC IN CENTIMETERS.  RECORD THE MUAC IN THE SPACE PROVIDED. RECORD ‘994’ IF THE RESPONDENT WAS NOT PRESENT, ‘995’ IF THE RESPONDENT REFUSED TO BE MEASURED, OR ‘996’ IF YOU WERE UNABLE TO MEASURE THE RESPONDENT FOR ANY OTHER REASON. | CM. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 994  REFUSED 995  OTHER 996 |  |

**CHILD’S HEIGHT, WEIGHT, AND MUAC**

| **NO.** | **QUESTIONS AND FILTERS** | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| --- | --- | --- | --- | --- |
|  | RECORD THE LINE NUMBER AND NAME OF ALL OF THE RESPONDENT’S CHILDREN UNDER TWO YEARS OF AGE IN THE SPACE PROVIDED. | LINE NO. |\_\_\_|\_\_\_|  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LINE NO. |\_\_\_|\_\_\_|  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LINE NO. |\_\_\_|\_\_\_|  NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | WEIGHT IN KILOGRAMS?  RECORD THE WEIGHT IN THE SPACE PROVIDED FOR EACH CHILD. RECORD ‘99994’ IF THE CHILD WAS NOT PRESENT, ‘99995’ IF THE CHILD/CAREGIVER REFUSED FOR THE CHILD TO BE WEIGHED, OR ‘99996’ IF YOU WERE UNABLE TO WEIGH THE CHILD FOR ANY OTHER REASON. | KG. |\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 | KG. |\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 | KG. |\_\_\_|\_\_\_|.|\_\_\_|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 |
|  | HEIGHT IN CENITMETERS?  RECORD THE HEIGHT IN THE SPACE PROVIDED FOR EACH CHILD. RECORD ‘9994’ IF THE CHILD WAS NOT PRESENT, ‘9995’ CHILD/CAREGIVER REFUSED FOR THE CHILD TO BE MEASURED, OR ‘9996’ IF YOU WERE UNABLE TO MEASURE THE CHILD FOR ANY OTHER REASON. | CM. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 | CM. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 | CM. |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 9994  REFUSED 9995  OTHER 9996 |
|  | HEIGHT MEASURED LYING DOWN OR STANDING UP?  RECORD ‘1’ IF MEASURED LYING DOWN, ‘2’ IF MEASURED STANDING UP, AND ‘8’ IF NOT MEASURED. | LYING DOWN 1  STANDING UP 2  NOT MEASURED 8 | LYING DOWN 1  STANDING UP 2  NOT MEASURED 8 | LYING DOWN 1  STANDING UP 2  NOT MEASURED 8 |
|  | MUAC IN CENTIMETERS.  RECORD THE MUAC IN THE SPACE PROVIDED FOR EACH CHILD. RECORD ‘994’ IF THE CHILD WAS NOT PRESENT, ‘995’ CHILD/CAREGIVER REFUSED FOR THE CHILD TO BE MEASURED, OR ‘996’ IF YOU WERE UNABLE TO MEASURE THE CHILD FOR ANY OTHER REASON. | CM. |\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 994  REFUSED 995  OTHER 996 | CM. |\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 994  REFUSED 995  OTHER 996 | CM. |\_\_\_|\_\_\_|.|\_\_\_|  NOT PRESENT 994  REFUSED 995  OTHER 996 |

Thank you for your time!

Nagode!!

REMINDER: RECORD THE GPS COORDINATES. SAVE AND EXIT.

QUALITATIVE ASSESSMENT AND PROCESS EVALUATION OF NIGERIA’S C-IYCF (COMMUNITY AND INFANT YOUNG CHILD FEEDING) COUNSELLING PACKAGE

INTERVIEW GUIDE

January 8, 2017



Date:

Time interview starts:

Time interview ends:

Name of interviewer:

Name and position of interviewee:

Location of interview:

Thank you very much for agreeing to participate in this interview. My name is Monica Biradavolu and I’m here as a member of the SPRING team to conduct the endline assessment of the C-IYCF Counselling Package. Your experiences and involvement in the program are extremely valuable to understand the processes, successes and challenges in the implementation of this program. In other words, we want to understand what happened and how it happened. This information will be crucial for other states and countries that can learn from your experience.

In order not to misremember or misinterpret your words, I would like to record our conversation. The recording will not be shared with anyone outside the team. Your name will not be used and we will anonymize all quotes in our final report. Thanks again for taking the time to meet with me. Do you agree to be recorded?

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| **SECTION 1: POLICY, SYSTEMS AND SOCIAL CONTEXT THAT ENABLED/HAMPERED THE C-IYCF COUNSELLING PACKAGE** |

I would like to begin by asking some questions related to the policy, systems and social environment around which the C-IYCF counselling package was conceived, launched and implemented.

1. Has your ministry/department/LGA implemented any community-based programs to promote MIYCN (maternal, infant, and young child nutrition) or IYCF (infant and young child feeding) prior to this?

If yes, what did your ministry/department/LGA learn from these previous experiences? Were you able to apply that to the implementation of the ongoing program, i.e., the C-IYCF Counselling Package?

*Probes (note: only ask if not mentioned as part of open ended response):*

*Were any of the following different in previous activities/programs compared to the current C-IYCF program?*

1. *Content*
2. *Mode of delivery*
3. *Donor influence – donor’s priorities, donor funding (get details on different donors – UNICEF, USAID etc.)*
4. *Budget allocated to the program by the government – at both the national & state level*
5. *Community involvement in program implementation*
6. *Involvement of multiple ministries (Agriculture, Women’s Affairs and Social Development)*
7. *Resources available for implementation (e.g., trainings, provision of local language materials, transportation costs)*
8. *Better adapted to local context*
9. *State/LGA involvement*
10. *Influence of the SUN movement*
11. *Influence of evidence or new research*
12. I’d like to ask about how the C-IYCF counselling package fits into your ministry/ department/ LGA’s overall goals.
    1. Would you say that the goals of the C-IYCF counselling package fit with the goals of your ministry/department/LGA? If yes, can you explain how? If not, why not?
    2. Would you say there has been a change over time in the priority given to nutrition within your ministry/department/LGA? If yes, in what ways? Why did this change occur?
    3. Would you say that within nutrition, there has been a change over time on the priority given to maternal nutrition specifically? If yes, in what ways? Why did this change occur?
    4. Would you say that within maternal nutrition, there has been a change over time on the priority given to community-based promotion of MIYCN specifically? If yes, in what ways? Why did this change occur?
13. Can you please tell me which were the key factors that led to the decision to launch the C-IYCF program?

*Probes:*

1. *High level political support*
2. *Program demand from communities*
3. *Leadership or champions for the program – probe about who, what they did, their motivations, and probe also for leaders at all levels (federal, state and LGA/community level)*
4. *Civil society and/or international agencies engagement*
5. *Availability of funding*
6. *Cost effectiveness of program*
7. *Human resources – e.g., staff was already familiar/trained on IYCF issues*
8. *Existing systems for referrals*
9. *Existing systems for monitoring health information*
10. What are some of the key challenges you had to consider or overcome before implementing the C-IYCF program?

For the challenges that we talk about, I’m also going to ask if, in your view, the challenge was overcome. If not, why not? If yes, how was it overcome? If it was not overcome, I will ask what you think it would take for the challenge to be overcome.

*Probes:*

1. *Lack of demand/interest from target community members*
2. *Poor program governance/lack of transparency*
3. *Inadequacy of human resources: availability, capacity etc.*
4. *Leaders (influential people) who opposed the program*
5. *Inadequate funding to cover all costs (probe about which costs)*
6. *Inadequate systems (e.g., for referrals and monitoring)*
7. *Social taboos or norms that opposed elements of the program*

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| **SECTION 2: IMPLEMENTATION PROCESS, ACHIEVEMENT AND COSTS OF THE C-IYCF COUNSELLING PACKAG** |

Let’s move on to talking about the implementation of the program.

1. Can you tell me more about the planning that was done before the C-IYCF counselling program was launched?

*Probes (probe about national, state and LGA levels):*

1. *Who was involved?*
2. *What was their mandate?*
3. *What were the roles and responsibilities of those involved?*
4. *What was the plan that was formulated?*
5. How was the package adapted for implementation in the LGA?

Were any changes made in how the C-IYCF package was implemented over the last 18 months?

*Probes*

1. *Can you give examples?*
2. *Who suggested those changes?*
3. *Who decided on those changes?*
4. *Do you feel you were adequately involved?*
5. What was the monitoring plan for the C-IYCF program?

*Probes*

* 1. *How well did it go?*
  2. *What was your role in collecting, aggregating, reporting and using data?*
  3. *Did others understand their roles in monitoring (collecting, aggregating, reporting and using data)?*
  4. *Did you make any changes to the monitoring plan after you began implementation? If yes, can you give me examples?*
  5. *Did the changes help? Why/why not?*

1. What have been the major achievements of the program?

*Probes:*

1. *Better IYCF practices*
2. *More access to health care*
3. *Trained workforce*
4. *Access to IYCF education materials*
5. *More community cohesion*
6. *Community projects launched as a result of support groups*
7. What have been the major challenges implementing the program? For each challenge, I’m also going to ask if, in your view, the challenge was overcome and if yes, how it was overcome. If it was not overcome, I will ask why it was not, and what you think it would take for the challenge to be overcome.

*Probes:*

1. *Lack of demand/interest from target community members*
2. *Poor program governance/lack of transparency*
3. *Inadequate budget*
4. *Inadequate HR*
5. *Inadequate referrals system*
6. *Inadequate monitoring systems*
7. *Social taboos*
8. Did you make any changes to the plan after you began implementation? Can you give me examples?

*Probes:*

Can you give examples?

Who suggested those changes?

Who decided on those changes?

Do you feel you were adequately involved?

*Did the changes help? Why? Why not?*

1. Have there been any unintended or unexpected impacts of the program, either positive or negative? Can you give me examples?

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| **SECTION 3: SUSTAINABILITY AND SCALING UP** |

The next questions are about sustainability and scaling up.

1. What are the next steps in implementation of the C-IYCF program?
2. If UNICEF goes away tomorrow, would you be able to continue implementing the C-IYCF program?

Probes:

1. What changes would you need to make to the program to be able to do so?
2. What elements of the program are sustainable without UNICEF involvement?
3. Conversely, which elements are unsustainable without UNICEF involvement?
4. Have you developed or are in the process of developing a sustainability plan? If so, please explain.

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| **SECTION 4: LESSONS LEARNED** |

1. What are your suggestions on how to improve the program?

*Probes:*

* 1. *Launching factors*
  2. *Implementation factors*
  3. *M&E factors*

1. If program implementation was to start all over again, what would you do differently?
2. In your view, which are the key lessons from Kajuru that other LGAs or states that want to implement the C-IYCF Counselling Package program should be paying special attention to?

Do you have any questions for me?

THANK YOU!

**evaluation of the community infant and young child feeding   
(C-IYCF) counselling package in nigeria**

JOB AID 1: CALENDAR FOR DETERMINATION OF CHILD AGE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2012** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
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| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
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| 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 | 29 |  |  |  |  | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  | 29 | 30 |  |  |  |  |  |
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| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
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| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
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| **2013** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
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| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
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| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
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| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
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| **2014** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
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| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
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| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
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| 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |  | 29 | 30 |  |  |  |  |  |  | 27 | 28 | 29 | 30 | 31 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 31 |  |  |  |  |  |  |
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| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  |  | 1 |  |  | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 9 | 10 | 11 | 12 | 13 | 14 | 15 |  | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 16 | 17 | 18 | 19 | 20 | 21 | 22 |  | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 | 31 |  |  | 23 | 24 | 25 | 26 | 27 | 28 | 29 |  | 28 | 29 | 30 | 31 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2015** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |
| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
|  |  |  |  | 1 | 2 | 3 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |  |  |  |  |  | 29 | 30 | 31 |  |  |  |  |  |  |  |  | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
|  |  |  |  |  | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  |  | 1 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |  | 7 | 8 | 9 | 10 | 11 | 12 | 13 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |  | 14 | 15 | 16 | 17 | 18 | 19 | 20 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |  | 21 | 22 | 23 | 24 | 25 | 26 | 27 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |  | 28 | 29 | 30 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 | 31 |  |  | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 | 31 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
|  |  | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  | 1 | 2 | 3 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |  | 11 | 12 | 13 | 14 | 15 | 16 | 17 |  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |  | 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 |  |  |  |  | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  | 29 | 30 |  |  |  |  |  |  | 27 | 28 | 29 | 30 | 31 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2016** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |
| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
|  |  |  |  |  | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  |  | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |  | 7 | 8 | 9 | 10 | 11 | 12 | 13 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |  | 14 | 15 | 16 | 17 | 18 | 19 | 20 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |  | 21 | 22 | 23 | 24 | 25 | 26 | 27 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |  | 28 | 29 |  |  |  |  |  |  | 27 | 28 | 29 | 30 | 31 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 2 |
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| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  | 1 | 2 |  |  | 1 | 2 | 3 | 4 | 5 | 6 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |  | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |  | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |  | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |  | 28 | 29 | 30 | 31 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
|  |  |  |  | 1 | 2 | 3 |  |  |  |  |  |  |  | 1 |  |  |  | 1 | 2 | 3 | 4 | 5 |  |  |  |  |  | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |  | 9 | 10 | 11 | 12 | 13 | 14 | 15 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |  | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 16 | 17 | 18 | 19 | 20 | 21 | 22 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |  | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |  |  | 23 | 24 | 25 | 26 | 27 | 28 | 29 |  | 27 | 28 | 29 | 30 |  |  |  |  | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|  |  |  |  |  |  |  |  | 30 | 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2017** | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |  | **Su** | **Mo** | **Tu** | **We** | **Th** | **Fr** | **Sa** |
| **JANUARY** | | | | | | |  | **FEBRUARY** | | | | | | |  | **MARCH** | | | | | | |  | **APRIL** | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  |  | 1 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 | 31 |  |  | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 |  |  |  |  |  |  |
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| **MAY** | | | | | | |  | **JUNE** | | | | | | |  | **JULY** | | | | | | |  | **AUGUST** | | | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 6 |  |  |  |  |  | 1 | 2 | 3 |  |  |  |  |  |  |  | 1 |  |  |  | 1 | 2 | 3 | 4 | 5 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |  | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |  | 11 | 12 | 13 | 14 | 15 | 16 | 17 |  | 9 | 10 | 11 | 12 | 13 | 14 | 15 |  | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |  | 18 | 19 | 20 | 21 | 22 | 23 | 24 |  | 16 | 17 | 18 | 19 | 20 | 21 | 22 |  | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 28 | 29 | 30 | 31 |  |  |  |  | 25 | 26 | 27 | 28 | 29 | 30 |  |  | 23 | 24 | 25 | 26 | 27 | 28 | 29 |  | 27 | 28 | 29 | 30 | 31 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 | 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SEPTEMBER** | | | | | | |  | **OCTOBER** | | | | | | |  | **NOVEMBER** | | | | | | |  | **DECEMBER** | | | | | | |
|  |  |  |  |  | 1 | 2 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |  |  |  | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |  | 8 | 9 | 10 | 11 | 12 | 13 | 14 |  | 5 | 6 | 7 | 8 | 9 | 10 | 11 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |  | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  | 12 | 13 | 14 | 15 | 16 | 17 | 18 |  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |  | 22 | 23 | 24 | 25 | 26 | 27 | 28 |  | 19 | 20 | 21 | 22 | 23 | 24 | 25 |  | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |  | 29 | 30 | 31 |  |  |  |  |  | 26 | 27 | 28 | 29 | 30 |  |  |  | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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**evaluation of the community infant and young child feeding   
(C-IYCF) counselling package in Nigeria**

JOB AID 2: AGE/BIRTH-DATE CONSISTENCY CHART, BASE YEAR: 2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Current**  **Age** | **Year of birth** | |  | **Current Age** | **Year of birth** | |
| **Before birthday in 2017** | **After birthday in 2017** | **Before birthday in 2017** | **After birthday in 2017** |
| 0 | 2016 | ------ | 37 | 1979 | 1980 |
| 1 | 2015 | 2016 | 38 | 1978 | 1979 |
| 2 | 2014 | 2015 | 39 | 1977 | 1978 |
| 3 | 2013 | 2014 | 40 | 1976 | 1977 |
| 4 | 2012 | 2013 | 41 | 1975 | 1976 |
|  | | | | | | |
| 5 | 2011 | 2012 |  | 42 | 1974 | 1975 |
| 6 | 2010 | 2011 | 43 | 1973 | 1974 |
| 7 | 2009 | 2010 | 44 | 1972 | 1973 |
| 8 | 2008 | 2009 | 45 | 1971 | 1972 |
| 9 | 2007 | 2008 | 46 | 1970 | 1971 |
|  | | | | | | |  |  |  |  |
| 10 | 2006 | 2007 |  | 47 | 1969 | 1970 |
| 11 | 2005 | 2006 | 48 | 1968 | 1969 |
| 12 | 2004 | 2005 | 49 | 1967 | 1968 |
| 13 | 2003 | 2004 | 50 | 1966 | 1967 |
| 14 | 2002 | 2003 | 51 | 1965 | 1966 |
|  | | | | | | |  |  |  |  |
| 15 | 2001 | 2002 |  | 52 | 1964 | 1965 |
| 16 | 2000 | 2001 | 53 | 1963 | 1964 |
| 17 | 1999 | 2000 | 54 | 1962 | 1963 |
| 18 | 1998 | 1999 | 55 | 1961 | 1962 |
| 19 | 1997 | 1998 | 56 | 1960 | 1961 |
|  | | | | | | |  |  |  |  |
| 20 | 1996 | 1997 |  | 57 | 1959 | 1960 |
| 21 | 1995 | 1996 | 58 | 1958 | 1959 |
| 22 | 1994 | 1995 | 59 | 1957 | 1958 |
| 23 | 1993 | 1994 | 60 | 1956 | 1957 |
| 24 | 1992 | 1993 | 61 | 1955 | 1956 |
|  | | | | | | |  |  |  |  |
| 25 | 1991 | 1992 |  | 62 | 1954 | 1955 |
| 26 | 1990 | 1991 | 63 | 1953 | 1954 |
| 27 | 1989 | 1990 | 64 | 1952 | 1953 |
| 28 | 1988 | 1989 | 65 | 1951 | 1952 |
| 29 | 1987 | 1988 | 66 | 1950 | 1951 |
|  | | | | | | |  |  |  |  |
| 30 | 1986 | 1987 |  | 67 | 1949 | 1950 |
| 31 | 1985 | 1986 | 68 | 1948 | 1949 |
| 32 | 1984 | 1985 | 69 | 1947 | 1948 |
| 33 | 1983 | 1984 | 70 | 1946 | 1947 |
| 34 | 1982 | 1983 | 71 | 1945 | 1946 |
|  | | | | | | |
| 35 | 1981 | 1982 |  | 72 | 1944 | 1945 |
| 36 | 1980 | 1981 | 73 | 1943 | 1944 |

Template source: DHS interviewer’s manual, 2012

**evaluation of the community infant and young child feeding   
(C-IYCF) counselling package in Nigeria**

JOB AID 3: DOCUMENTS

|  |  |
| --- | --- |
| 1. **C-IYCF Trainer’s Manual** | 1. **C-IYCF Participant Materials** |
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|  |  |
| --- | --- |
| 1. **C-IYCF Facilitator’s Guide** | 1. **C-IYCF Counseling Cards** |
|  |  |
| 1. **C-IYCF Key Message Booklet** | 1. **Brochure: How to Breastfeed your Baby** |
|  |  |

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| --- | --- |
| 1. **Brochure: How to Feed a Baby from 6 Months** | 1. **Brochure: Nutrition during Pregnancy and Breastfeeding** |
|  |  |

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| 1. **Brochure: Infant Feeding in the Context of HIV/AIDS** | 1. **C-IYCF Monitoring Forms for Community Volunteers – Individual Counselling** |
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| 1. **C-IYCF Monitoring Forms for Community Volunteers – Support Group Register** | 1. **C-IYCF Monitoring Forms for Community Volunteers – Monthly Summary Form** |
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| 1. **C-IYCF Monthly Summary Form for Health Facilities** |
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**evaluation of the community infant and young child feeding   
(C-IYCF) counselling package in Nigeria**

JOB AID 4: PRIORITY PRODUCTS

|  |  |
| --- | --- |
| **Iron Tablets** | **IFA Tablets** |
| http://www.md-health.com/images/10422634/image-1.jpg | **2014072303220852** |

|  |  |
| --- | --- |
| **Iron Syrup** | **Multiple Micronutrients (Tablets)** |
| Haepler Blood Tonic Related image | **8983466672158**  Centrum Prenatal package design |
| **Tinned/sachet powdered milk** | **Infant Formula** |
| ANd9GcQlDfceM-x2rYCevXy_BW8JasCMjhwKDC1iTvjoNEaRjzt9ZATRKQ ANd9GcQm2Ld0rYyzrtirEG8gH-NetX2C2Ota0tk1KFRD5qZZ0rhGGAO5 Image result for cowbell milk  Image result for cowbell milkImage result for hollandia powdered milkHollandia Gold Instant Powder Milk 1product_img | https://static.jumia.com.ng/p/nuric-2467-4686365-1-zoom.jpghttp://images4.pricecheck.com.ng/images/objects/hash/product/e0a/f3c/35e/image_big_838723.jpghttp://c.mobofree.com/m/5/53c7cab85665ede54f8b456a_300x0/Pictures-of-MILUPA-APTAMIL-INFANT-FORMULA-HUNGRIER-BABIES.jpg 184_43133726 |
| **Iron-Fortified Infant Formula** | **Vitamin A Ampules/ Capsules/ Syrups** |
| **Iron-Fortified** **Enfamil EnfaCare Lipil Milk-Based Infant Formula, Iron Fortified** | http://www.littleredcapsule.ca/img/original/va_capsules_red_black.jpg201006141015490250 |
| **Fortified Complementary Food** | **Micronutrient Powders/ Sprinkles** |
| ANd9GcRIvgfDP-DjxJ1Izh6FmC1nbP4mhoycCn-LBeUbkcpGtudgQS10 cornmeal-700839 rice_based  dscn3635a Image result for nutriben | packages_sprinkles  938621640_269 mnpsachet |
| **Lipid Based Nutrient Supplement (LNS)** |  |
| Photo du produit |  |

EVALUATION OF THE COMMUNITY INFANT AND YOUNG CHILD FEEDING   
(C-IYCF) COUNSELLING PACKAGE IN NIGERIA

JOB AID 5: RESPONSE OPTIONS

|  |  |
| --- | --- |
| Options 1 | Options 2 |
| Strongly disagree | Very confident |
| Disagree | Somewhat confidence |
| Agree | Somewhat uncertain |
| Strongly agree | Very uncertain |
|  |  |
| Options 3 | Options 4 |
| Very useful | Very good |
| Somewhat useful | Good |
| Somewhat useless | Fair |
| Very useless | Poor |
|  | Very poor |
|  |  |
| Option 5 | Option 6 |
| Very satisfied | Very supported |
| Satisfied | Somewhat supported |
| Dissatisfied | Somewhat unsupported |
| Very dissatisfied | Very unsupported |
|  |  |
| Option 7 | Option 8 |
| None | Very low priority |
| Very little | Low priority |
| Little | High priority |
| Some | Very high priority |
| Very much |  |

**evaluation of the community infant and young child feeding   
(C-IYCF) counselling package in Nigeria**

JOB AID 7: Calendar of Local Events in Kaduna State, Nigeria

| **Estimation of Age in January 2017** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Seasons** | **Holidays** | **2014** | **2015** | **2016** |
| **January**  **(Janairu)** | **Harmattan,** | **New Years,**  **Armed Forces Remembrance Day, Kagoro Day (Kaduna State)** | **36** | **24** | **12** |
| Id el Maulud Celebration  (Prophet's Birthday),  Nigeria Centenary Celebration | End of Uhola festival in Zuru (Kebbi),  Id el Maulud Celebration (Prophet's Birthday) | Beginning of National ID card registration in Damaturu, Kaduna – Abuja train commences operation |
| **February**  **(Fabreru)** | **Harmattan, Land preparation** | **Valentine Day, Argungu Fishing Festival, start of Trade Fair** | **35** | **23** | **11** |
| Death of Senator Isiah Balat (Kaduna), Fulani attack in Kaura LGA | Fulani Attack in Kolu, Coronation of New Emir of Kano, Postponement of the general Election |  |
| **March**  **(Maris)** | **Beginning of Hot Season,**  **Land Preparation** | **Fishing Festival, end of Trade Fair** | **34** | **22** | **10** |
| Fulani attack of 3 villages in Kano, Fulani attack on police station in Kajuru, Immigration Job stampede | Presidential Election & National Assembly | Gogaram fishing festival in Bade Yobe, Adoption of Colonel, Easter, Ham Day in Jaba LGA |
| **April**  **(Afirilu)** | **Hot Season (Rani),  Land Preparation** |  | **33** | **21** | **9** |
| Abduction of Chibok Girls in Borno, Nyanya bomb blast, Bring Back Our Girls Protest, Azumin Tsofarfi, Death of Res-Tsam (chiefdom of Chawai) in Kauru LGA, Easter, Ham Day in Jaba LGA | Gubernatorial and state assembly elections, Easter, Ham Day in Jaba LGA, sacking of IGP | Death of Chief of Atyap |
| **May**  **(Mayu)** | **Hot Season**  **(Rani)** | **Worker's day,**  **Children's day,**  **Democracy day** | **32** | **20** | **8** |
| Yobe military base attack | Swearing in of President Buhari, Inauguration of Governor El-Rufai of Kaduna State | Beginning of return of IDPs to their homes in Yobe |
| **June**  **(Uni)** | **Beginning of rains** |  | **31** | **19** | **7** |
| Death of Emir and Swearing in of new Emir of Kano, Nupe Day Celebration, Bida Niger state, Beginning of Ramadan (June 29), Banex Plaza bomb blast in Abuja, chieftaincy dispute & two people died in Res-Tsam | Election of Senate President/Speaker House of Reps, Beginning of Ramadan | Beginning of Ramadan, Return of IDP's to Gala, Establishment of KASTALEA, recession started |
| **July**  **(Uli)** | **Rainy season, Closing of school** |  | **30** | **18** | **6** |
| Eid Al Fitr / end of Ramadan, Ebola Out Break, Kawo bomb blast,  Murtala Square bomb blast,  Attack on candidate Buhari and Sheik Dahiru Bauchi | Zaria bomb blast in Kaduna, Karami Sallah, Death of Pukgom Kumana Chiefdom in Kauru, Eid Al Fitr / end of Ramadan | Karami Sallah, Demonstration at Gbagyi villa, Eid Al Fitr / end of Ramadan, Rise in price of fuel |
| **August**  **(Aginasta)** | **Heavy rains, School holiday** |  | **29** | **17** | **5** |
| Kano horse riding (Durbar) festival | Death of Borno State Deputy Governor | Start of Hajj, Opening of Damaturu/Biu road,  Herdsmen attack in Sanga LGA |
| **September**  **(Satumba)** | **School resumes, Beginning of harvest** |  | **28** | **16** | **4** |
| Beginning of Hajj,  attack of FCE Kabuga (Kano),  Bird flu | Passing out Parade for NDA, Eid al Adha | Eid El Kabir, Eid al Adha, Earth tremor in Jaba LGA,  Discovery of Nickel in Kaduna State |
| **October**  **(Okkutoba)** | **End of rains,**  **Peak of the harvest** | **Independence Day** | **27** | **15** | **3** |
| Eid al Adha, Eid El Ghadeer  (Shi’ite celebration), Eid El Kabir,  Hijra / Islamic New Year, Muharram begins, Bomb blast in Emir of Kano Mosque, Boko Haram attacked Mubi LGA | Hijra / Islamic New Year, Muharram begins | Killings in Jama’a LGA started, Abduction of former Minister of Environment and her husband, Hijra / Islamic New Year, Muharram |
| **November**  **(Nuwamiba)** | **Peak of the  Harvest** |  | **26** | **14** | **2** |
| End of Hajj, Kano central mosque bomb blast, Muharram ends | Death of Prince Abubakar of Kogi State,  protest in Chikun LGA, Muharram ends | Killings in Jama’a LGA continued, Fulani attack in Chawai Kauru LGA, Inauguration of new chief in Atyap in Zango Kataf LGA, College of Education Gidan Waya shut down |
| **December**  **(Dusamba)** | **Harmattan, End of Harvest** | **Christmas, Boxing Day,**  **Adara Dance / Cultural Festival in Kajuru,  Ninzom Cultural Festival** | **25** | **13** | **1** |
| Introduction of new  hundred Naira notes,  APC Presidential Election  Primaries, Death of Ibro  (Comedian) in Kano State | Shi’ite military clash  in Zaria LGA,  Muharram, Prophet's Birthday, Fuel scarcity | Herdsmen attack in Goska village in Jama’a LGA,  Killings in Jama’a LGA end,  Id el Maulud Celebration (Prophet's Birthday) |

| **Estimation of Age in February 2017** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Seasons/Religious Holidays/ Other Events** | **Holidays & other events** | **2014** | **2015** | **2016** |
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