



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

Annex 6

BASELINE TOOLS

JUNE 2018



**USAID**  
FROM THE AMERICAN PEOPLE



**SPRING**  
Strengthening Partnerships, Results  
and Innovations in Nutrition Globally



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# Tool 1. Baseline Semi-Structured Interview Guide: Federal Government Staff

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*This tool is intended to guide semi-structured interviews with FEDERAL GOVERNMENT STAFF.*

## Interview Information

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _  /  _ _  /  _ _ _ _
2. INTERVIEW START TIME:	
3. INTERVIEW END TIME:	
4. INTERVIEWER'S NAME:	
5. NAME OF RESPONDENT:	
6. RESPONDENT SEX (MALE=1, FEMALE=2):	_
7. PHONE NO. OF RESPONDENT :	_
8. RESULT OF INTERVIEW:	_ _

### Codes for the Result of the Interview:

Completed	1	Respondent refused	4
Partly completed	2	Other	5
Postponed	3		

## Introduction and Consent

Hello. My name is \_\_\_\_\_. I am working with the USAID-funded SPRING Project on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, and UNICEF. The objective of this study is to assess the effectiveness of a community-based nutrition program and explore factors within the enabling environment that might contribute to the success or failure of the program. The study will take place in Kaduna State. I would like to ask you some questions about your current programming and experience related to maternal, infant, and young child nutrition. The questions will take about 40 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

Please feel totally comfortable responding to the questions as honestly as you can. We will take notes of our conversations. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your responses to this interview will not be shared with your supervisor. The information you share with us will NOT be associated with your identity in our reports and presentations. The information will be shared securely to ensure your confidentiality. In other words, no one will know what you have responded. We plan to speak to key informants from the government at the federal, state, and LGA level as well health facility staff and community leaders. Only the summary findings from these interviews will be reported and disseminated to the nutrition communities in Nigeria and globally. If we would like to include a quotation of something you say today in our report, we will check with you first.

Your participation in this assessment 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 or concerns regarding our work?

Would you agree to speak to us? If yes, please write your name, signature, and the date on this page. If you could also give us your phone number so we may contact you if we have any further questions we would appreciate it.

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

\_\_\_\_\_  
NAME OF RESPONDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF RESPONDENT

\_\_\_\_\_  
DATE

### Study researchers and contact information:

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<sup>2</sup> UNICEF

<sup>3</sup> Federal Ministry of Health of Nigeria

## Module 1: Background

I would like to begin with a few simple background questions about you and the office where you work.

101. What is the highest level of school you completed? What are your qualifications?

PRIMARY.....1

SECONDARY.....2

POLYTECHNIC DEGREE.....3

UNDERGRADUATE UNIVERSITY DEGREE.....4

POST-GRADUATE DEGREE.....5

OTHER.....6

SPECIFY:\_\_\_\_\_

102. What is your designation and department? \_\_\_\_\_

103. How long have you been in that role?

A. YEARS.....|\_|\_|

B. MONTHS.....|\_|\_|

104. In the past year, about how many general staff meetings have you had? By this, I mean meetings with other federal staff or colleagues. An estimate is acceptable.

A. NEVER.....00 → GO TO Q105

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW / CAN'T REMEMBER.....98

B. IF THEY CAN'T REMEMBER, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

1-2 TIMES.....1

3-5 TIMES.....2

6-8 TIMES.....3

9-11 TIMES.....4

≥ 12 TIMES.....5

DON'T KNOW.....8

105. What were the main topics of the last general staff meeting that you conducted/attended?

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DON'T KNOW.....8

106. In the past year, about how many times did you meet with State representatives? An estimate is acceptable.

A. NEVER.....00 → GO TO Q107

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW / CAN'T REMEMBER.....98

B. IF THEY CAN'T REMEMBER, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

1-2 TIMES.....1

3-5 TIMES.....2

6-8 TIMES.....3

9-11 TIMES.....4

≥ 12 TIMES.....5

DON'T KNOW.....8

107. What were the main topics of the last meeting with State representatives that you attended?

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---

DON'T KNOW.....8

<p>108. Now I am going to read a list of documents. I am going to ask you if you or any staff/colleagues in your office have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents.</p> <p>Do you or any staff/colleagues in your office have (DOCUMENT)?</p> <p>USING YOUR JOB AID, SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED.</p>	YES	NO	DK
A. 2011 National Policy on IYCF in Nigeria	1	2	8
B. 2011 Guidelines on Nutritional Care and Support for People Living with HIV in Nigeria	1	2	8
C. 2011 Guidelines on IYCF in Nigeria	1	2	8
D. WHO Guiding Principles for Complementary Feeding of the Breastfed Child	1	2	8
E. WHO Operational Guidance on Infant Feeding in Emergencies	1	2	8
F. WHO Baby-Friendly Hospital Initiative: Revised, update and expanded for integrated care	1	2	8
G. 2014 SMART survey results for Kaduna state	1	2	8
H. 2013 DHS survey results on child nutrition in Kaduna state	1	2	8
<p>I. Any other quantitative and qualitative data reports on IYCF practices in Nigeria and Kaduna</p> <p>Specify title(s):</p>	1	2	8
J. Integrated IYCF Counseling: Training Course	1	2	8
K. C-IYCF Counselling Package: Planning Guide	1	2	8
L. C-IYCF Counselling Package: Facilitator Guide	1	2	8
M. C-IYCF Counselling Package: Participant Materials	1	2	8
N. C-IYCF Counselling Package: Supportive Supervision / Mentoring and Monitoring for Community IYCF	1	2	8
O. C-IYCF Counseling Cards	1	2	8
P. C-IYCF Key message booklet	1	2	8
Q. C-IYCF M&E tools	1	2	8
R. C-IYCF supportive supervision tools	1	2	8



<p>108. Now I am going to read a list of documents. I am going to ask you if you or any staff/colleagues in your office have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents.</p> <p>Do you or any staff/colleagues in your office have (DOCUMENT)?</p> <p>USING YOUR JOB AID, SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED.</p>	YES	NO	DK
S. Brochure: How to Breastfeed your Baby (English)	1	2	8
T. Brochure: How to Breastfeed your Baby (Hausa)	1	2	8
U. Brochure: How to Feed a Baby from 6 Months (English)	1	2	8
V. Brochure: How to Feed a Baby from 6 Months (Hausa)	1	2	8
W. Brochure: Infant Feeding in the Context of HIV/AIDS	1	2	8
X. Brochure: Nutrition during Pregnancy and Breastfeeding	1	2	8
Y. Brochure: Nutrition during Pregnancy and Breastfeeding (Hausa)	1	2	8
Z. Any other documents on breastfeeding, infant, and/or young child nutrition? Specify title(s):	1	2	8
RECORD COMMENTS HERE. IF COMMENT PERTAINS TO A PARTICULAR DOCUMENT, NOTE THE CORRESPONDING LETTER OF THE DOCUMENT.			

## Module 2: ACTIVITIES

Next I would like to understand the program environment in Nigeria. I would like to better understand the activities or actions that your office performs.

201. In the past year, about how many times did you review health-related data?

A. NEVER 00 → GO TO Q202

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW / CAN'T REMEMBER.....98

B. IF THEY CAN'T REMEMBER, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

1-2 TIMES.....1

3-5 TIMES.....2

6-8 TIMES.....3

9-11 TIMES.....4

≥ 12 TIMES.....5

DON'T KNOW.....8

202. Could you tell me the three main activities your office conducted in the past year or are still conducting?	203. Who is or was the target group of activity? By this, I mean is/was this activity for women, children, farmers, community leaders, etc.?	204. Why did you do or are you doing that activity?	205. For how long did/have you conduct that activity?	206. Who funded or is funding this activity?	207. Is/was it successful? YES→ 1 NO→ 2 ONGOING→ 3 DON'T KNOW→ 8	208. Comment
A.						
B.						
C.						

Now I am going to ask you a few questions about specific activities.

209. How much of a priority is it for **your office** to improve children’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority ..... 3
- Very high priority ..... 4
- Don’t know ..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve children’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW..... 8

210. How much of a priority is it for **your office** to improve women’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority..... 4
- Don’t know..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW..... 8

211. How much of a priority is it for your office to increase access to food, especially among the poor? By this I mean anything that would increase availability and/or affordability of foods. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority..... 4
- Don't know..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to increase access to food, especially among the poor? PROBE: What types/kinds of food? IF NOTHING, ASK: Why?

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DON'T KNOW..... 8

212. How much of a priority is it for **your office** to improve water and sanitation services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority ..... 3
- Very high priority ..... 4
- Don't know ..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve water and sanitation services/systems? IF NOTHING, ASK: Why?

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DON'T KNOW..... 8

213. How much of a priority is it for **your office** to improve employment or economic development? By this I mean anything to improve household income. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve employment or economic development? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

214. How much of a priority is it for **your office** to improve women's status? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women's status or for women's empowerment? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

215. How much of a priority is it for **your office** to improve education services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority .....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority .....4
- Don't know .....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve education services/systems?  
IF NOTHING, ASK: Why?

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DON'T KNOW .....8

216. How much of a priority is it for **your office** to improve roads or infrastructure? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve roads or infrastructure? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

217. IF THIS HASN'T ALREADY BEEN ANSWERED ABOVE, ASK: How does your office decide which activities to conduct or not?

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DON'T KNOW ..... 8

<p>218. Now I am going to read a few statements about nutrition program support activities. Please consider how likely or unlikely it is that your office could support these activities. When you answer this please consider your time, capacity, interest, and willingness. Also consider funding that is available for these activities.</p> <p>FOR ITEM, ASK: How likely or unlikely is that your office could [ACTION]? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Contribute financially to a community-based nutrition program?	1	2	3	4	8	
B. Supervise state offices?	1	2	3	4	8	
C. Conduct trainings for health facility staff?	1	2	3	4	8	
D. Organize/conduct annual meetings for health facilities?	1	2	3	4	8	
E. Conduct trainings for Community Volunteers?	1	2	3	4	8	
F. Review data collected from a community-based nutrition program?	1	2	3	4	8	
G. Discuss maternal, infant, and young child nutrition at your staff meetings?	1	2	3	4	8	
H. Promote optimal maternal, infant, and young child feeding practices to others?	1	2	3	4	8	



## Module 3: MATERNAL AND CHILD HEALTH / NUTRITION

Now, I am interested in what you and others think about specific maternal and child health and nutrition issues, and would like to ask a few questions specific to that.

301. After giving birth, when do people think a mother should start breastfeeding her baby? READ RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hours..... 2
- 1 day later..... 3
- More than 1 day later..... 4
- Do not think baby should be breastfed..... 5
- Don't know..... 8

302. What do you think? How soon after birth should a mother start breastfeeding her baby? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hrs..... 2
- 1 day later..... 3
- More than 1 day later..... 4
- Do not think baby should be breastfed..... 5
- Don't know..... 8

303. When do people think a baby should first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS..... 1 | | |
- WEEKS..... 2 | | |
- MONTHS..... 3 | | |
- DON'T KNOW..... 998

304. What do you think? When should a baby first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS..... 1 | | |
- WEEKS..... 2 | | |
- MONTHS..... 3 | | |
- DON'T KNOW..... 998

305. How strongly do you agree or disagree that the following practices are important for the health of mothers and children? FOR EACH ITEM, ASK: How strongly to you agree or disagree that [ACTIVITY] is important for good health? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Eat more during pregnancy.	1	2	3	4	8	
B. Rest more during pregnancy.	1	2	3	4	8	
C. Eat more while lactating.	1	2	3	4	8	
D. Rest more while lactating.	1	2	3	4	8	
E. Start breastfeeding immediately after birth.	1	2	3	4	8	
F. Give newborn babies sugar water after birth.	1	2	3	4	8	
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8	
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8	
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8	
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8	
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8	
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8	
M. Feed children over six months old a diverse diet.	1	2	3	4	8	
N. Breastfeed children for at least 2 years.	1	2	3	4	8	
O. Wash hands with soap before eating.	1	2	3	4	8	

P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8	
Q. Wash hands with soap before feeding child.	1	2	3	4	8	
R. Keep animals outside of living area.	1	2	3	4	8	
FOR EACH OF THE FOLLOWING QUESTIONS, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very little	Little	Some	Very much	DON'T KNOW	RECORD COMMENTS.
306. How much need do you perceive there is for supporting maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
307. How much need do you perceive there is for community-based activities to support maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
308. How much need do you perceive there is for community volunteers supporting maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
309. How likely do you think it is that the following people will attend monthly support group sessions on maternal, infant, and young child nutrition led by the community volunteers? FOR EACH PERSON, ASK: How likely or unlikely is it that [PERSON] will attend support groups? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Newly married women without children and not yet pregnant	1	2	3	4	8	
B. Pregnant women	1	2	3	4	8	
C. Women with children under two years of age	1	2	3	4	8	
D. Husbands	1	2	3	4	8	
E. Mothers in law	1	2	3	4	8	
F. Other close relatives	1	2	3	4	8	

310. Is there anything else that you would like to add regarding maternal, infant, or young child nutrition?

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**Thank you for your time!**

If you have any questions, please feel free to contact the person listed on this card I gave you earlier.

**DON'T FORGET TO RECORD INTERVIEW END TIME.**

# Tool 2. Baseline Semi-Structured Interview Guide: Kaduna State Government Staff

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*This tool is intended to guide semi-structured interviews with STATE GOVERNMENT STAFF.*

## Interview Information

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _  /  _ _  /  _ _ _ _
2. INTERVIEW START TIME:	
3. INTERVIEW END TIME:	
4. INTERVIEWER'S NAME:	
5. NAME OF RESPONDENT:	
6. RESPONDENT SEX (MALE=1, FEMALE=2):	_
7. PHONE NO. OF RESPONDENT:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
8. RESULT OF INTERVIEW:	_

### Codes for the Result of the Interview:

Completed	1	Respondent refused	4
Partly completed	2	Other	5
Postponed	3		

## Introduction and Consent

Hello. My name is \_\_\_\_\_. I am working with the USAID-funded SPRING Project on a study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, and UNICEF. The objective of this study is to assess the effectiveness of a community-based nutrition program and explore factors within the enabling environment that might contribute to the success or failure of the program. The study will take place in Kaduna State. I would like to ask you some questions about your current programming and experience related to maternal, infant, and young child nutrition. The questions will take about 40 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

Please feel totally comfortable responding to the questions as honestly as you can. We will take notes of our conversations. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your responses to this interview will not be shared with your supervisor. The information you share with us will NOT be associated with your identity in our reports and presentations. The information will be shared securely to ensure your confidentiality. In other words, no one will know what you have responded. We plan to speak to key informants from the government at the federal, state, and LGA level as well health facility staff and community leaders. Only the summary findings from these interviews will be reported and disseminated to the nutrition communities in Nigeria and globally. If we would like to include a quotation of something you say today in our report, we will check with you first.

Your participation in this assessment 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 or concerns regarding our work?

Would you agree to speak to us? If yes, please write your name, signature, and the date on this page. If you could also give us your phone number so we may contact you if we have any further questions we would appreciate it.

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

\_\_\_\_\_  
NAME OF RESPONDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF RESPONDENT

\_\_\_\_\_  
DATE

### Study researchers and contact information:

Rafael Perez-Escamilla (PhD)<sup>1</sup>, Sascha Lamstein (PhD)<sup>1</sup>, France Begin (PhD)<sup>2</sup>, Stanley Chitekwe (MS)<sup>2</sup>, Davis Omotola (PhD)<sup>2</sup>, Babajide Adebisi (MS)<sup>1</sup>, Chris Isokpunwu (MBBS)<sup>3</sup>

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<sup>2</sup> UNICEF

<sup>3</sup> Federal Ministry of Health of Nigeria

## Module 1: BACKGROUND

I would like to begin with a few simple background questions about you and the office where you work.

101. What is the highest level of school you attended?

- PRIMARY .....1
- SECONDARY.....2
- POLYTECHNIC DEGREE .....3
- UNDERGRADUATE UNIVERSITY DEGREE .....4
- POST-GRADUATE DEGREE .....5
- OTHER.....6
- SPECIFY: \_\_\_\_\_

102. What is your designation and department? \_\_\_\_\_

103. How long have you been in that role? PROBE: About how long? RECORD THE ANSWER PROVIDED. RECORD BOTH YEARS AND MONTHS. DO NOT CONVERT TO MONTHS OR YEARS.

- A. YEARS ..... |\_\_|\_\_|
- B. MONTHS ..... |\_\_|\_\_|

104. In the past year, how many general staff meetings have you had? By this, I mean meetings with other staff or colleagues from your office or department. PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

- NUMBER OF TIMES..... |\_\_|\_\_|
- DON'T KNOW ..... 98

105. What were the main topics of the last general staff meeting that you conducted or attended?

---

---

DON'T KNOW .....8

106. In the past year, how many times have you met with LGA representatives? An estimate is acceptable. PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

- NUMBER OF TIMES..... |\_\_|\_\_|
- DON'T KNOW ..... 98

107. What were the main topics of the last meeting with LGA representatives that you conducted or attended?

---

---

DON'T KNOW .....8

108. Now I am going to read a list of documents. I am going to ask you if you or any staff or colleagues in your office have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents. SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED, ASK: Do you or any staff or colleagues in this office have (DOCUMENT)? IF YES, ASK: Have you read it?	YES, READ	YES, NOT READ	NO	DK	RECORD COMMENTS.
AA. 2011 National Policy on IYCF in Nigeria	1	2	3	8	
BB. 2011 Guidelines on Nutritional Care and Support for People Living with HIV in Nigeria	1	2	3	8	
CC. 2011 Guidelines on IYCF in Nigeria	1	2	3	8	
DD. WHO Guiding Principles for Complementary Feeding of the Breastfed Child	1	2	3	8	
EE. WHO Operational Guidance on Infant Feeding in Emergencies	1	2	3	8	
FF. WHO Baby-Friendly Hospital Initiative: Revised, update and expanded for integrated care	1	2	3	8	
GG. 2014 SMART survey report	1	2	3	8	
HH. 2013 Nigeria Demographic and Health Survey report	1	2	3	8	
II. Any other quantitative and qualitative data reports on IYCF practices in Nigeria and Kaduna SPECIFY TITLE(S):	1	2	3	8	
JJ. Integrated IYCF Counseling: Training Course	1	2	3	8	
KK. C-IYCF Counselling Package: Planning Guide	1	2	3	8	
LL. C-IYCF Counselling Package: Facilitator Guide	1	2	3	8	
MM. C-IYCF Counselling Package: Participant Materials	1	2	3	8	
NN. C-IYCF Counselling Package: Supportive Supervision / Mentoring and Monitoring for	1	2	3	8	



108. Now I am going to read a list of documents. I am going to ask you if you or any staff or colleagues in your office have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents. SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED, ASK: Do you or any staff or colleagues in this office have (DOCUMENT)? IF YES, ASK: Have you read it?	YES, READ	YES, NOT READ	NO	DK	RECORD COMMENTS.
Community IYCF					
OO.C-IYCF Counseling Cards	1	2	3	8	
PP. C-IYCF Key message booklet	1	2	3	8	
QQ.C-IYCF M&E tools	1	2	3	8	
RR. C-IYCF supportive supervision tools	1	2	3	8	
SS. Brochure: How to Breastfeed your Baby (English)	1	2	3	8	
TT. Brochure: How to Breastfeed your Baby (Hausa)	1	2	3	8	
UU. Brochure: How to Feed a Baby from 6 Months (English)	1	2	3	8	
VV. Brochure: How to Feed a Baby from 6 Months (Hausa)	1	2	3	8	
WW. Brochure: Infant Feeding in the Context of HIV/AIDS	1	2	3	8	
XX. Brochure: Nutrition during Pregnancy and Breastfeeding	1	2	3	8	
YY. Brochure: Nutrition during Pregnancy and Breastfeeding (Hausa)	1	2	3	8	
ZZ. Any other documents on breastfeeding, infant, and/or young child nutrition? SPECIFY TITLE(S):	1	2	3	8	

## Module 2: ACTIVITIES

Next I would like to understand the program environment in Nigeria. I would like to better understand the activities or actions that your office performs.

201. In the past year, about how many times did you review health-related data?

A. NEVER.....00 → GO TO Q202

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW / CAN'T REMEMBER.....98

B. IF THEY CAN'T REMEMBER, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

1-2 TIMES.....1

3-5 TIMES.....2

6-8 TIMES.....3

9-11 TIMES.....4

≥ 12 TIMES.....5

DON'T KNOW.....8

202. Could you tell me the three main activities your office conducted in the past year or are still conducting?	203. Who is or was the target group of activity? By this, I mean is/was this activity for women, children, farmers, community leaders, etc.?	204. Why did you do or are you doing that activity?	205. For how long did/have you conduct that activity?	206. Who funded or is funding this activity?	207. Is/was it successful? YES→ 1 NO→ 2 ONGOING→ 3 DON'T KNOW→ 8	208. Comment
A.						
B.						
C.						

Now I am going to ask you a few questions about specific activities.

209. How much of a priority is it for **your office** to improve children’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority ..... 3
- Very high priority ..... 4
- Don’t know ..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve children’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW ..... 8

210. How much of a priority is it for **your office** to improve women’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority..... 4
- Don’t know..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW ..... 8

211. How much of a priority is it for **your office** to increase access to food, especially among the poor? By this I mean anything that would increase availability and/or affordability of foods. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to increase access to food, especially among the poor? PROBE: What types/kinds of food? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

212. How much of a priority is it for **your office** to improve water and sanitation services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority .....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority .....4
- Don't know .....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve water and sanitation services/systems? IF NOTHING, ASK: Why?

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DON'T KNOW .....8

213. How much of a priority is it for **your office** to improve employment or economic development? By this I mean anything to improve household income. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4

Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve employment or economic development? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

214. How much of a priority is it for **your office** to improve women's status? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority.....1 → GOT TO NEXT Q

Low priority.....2 → GOT TO NEXT Q

High priority.....3

Very high priority.....4

Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women's status or for women's empowerment? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

215. How much of a priority is it for **your office** to improve education services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO NEXT Q

Low priority.....2 → GOT TO NEXT Q

High priority .....3

Very high priority .....4

Don't know .....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve education services/systems? IF NOTHING, ASK: Why?

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DON'T KNOW ..... 8

216. How much of a priority is it for **your office** to improve roads or infrastructure? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority..... 1 → GOT TO NEXT Q

Low priority..... 2 → GOT TO NEXT Q

High priority..... 3

Very high priority..... 4

Don't know..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve roads or infrastructure? IF NOTHING, ASK: Why?

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DON'T KNOW..... 8

217. IF THIS HASN'T ALREADY BEEN ANSWERED ABOVE, ASK: How does your office decide which activities to conduct or not?

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DON'T KNOW..... 8

<p>218. Now I am going to read a few statements about nutrition program support activities. Please consider how likely or unlikely it is that your office could support these activities. When you answer this please consider your time, capacity, interest, and willingness. Also consider funding that is available for these activities.</p> <p>FOR ITEM, ASK: How likely or unlikely is that your office could [ACTION]? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Contribute financially to a community-based nutrition program?	1	2	3	4	8	
B. Supervise state offices?	1	2	3	4	8	
C. Conduct trainings for health facility staff?	1	2	3	4	8	
D. Organize/conduct annual meetings for health facilities?	1	2	3	4	8	
E. Conduct trainings for Community Volunteers?	1	2	3	4	8	
F. Review data collected from a community-based nutrition program?	1	2	3	4	8	
G. Discuss maternal, infant, and young child nutrition at your staff meetings?	1	2	3	4	8	
H. Promote optimal maternal, infant, and young child feeding practices to others?	1	2	3	4	8	



### Module 3: Maternal and Child Health / Nutrition

Now, I am interested in what you and others think about specific maternal and child health and nutrition issues, and would like to ask a few questions specific to that.

301. After giving birth, when do people think a mother should start breastfeeding her baby? READ RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hours..... 2
- 1 day later..... 3
- More than 1 day later..... 4
- Do not think baby should be breastfed..... 5
- Don't know..... 8

302. What do you think? How soon after birth should a mother start breastfeeding her baby? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hrs..... 2
- 1 day later..... 3
- More than 1 day later..... 4
- Do not think baby should be breastfed..... 5
- Don't know..... 8

303. When do people think a baby should first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS..... 1 |\_\_|\_\_|
- WEEKS..... 2 |\_\_|\_\_|
- MONTHS..... 3 |\_\_|\_\_|
- DON'T KNOW..... 998

304. What do you think? When should a baby first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS..... 1 |\_\_|\_\_|
- WEEKS..... 2 |\_\_|\_\_|
- MONTHS..... 3 |\_\_|\_\_|
- DON'T KNOW..... 998

305. How strongly do you agree or disagree that the following practices are important for the health of mothers and children? FOR EACH ITEM, ASK: How strongly to you agree or disagree that [ACTIVITY] is important for good health? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Eat more during pregnancy.	1	2	3	4	8	
B. Rest more during pregnancy.	1	2	3	4	8	
C. Eat more while lactating.	1	2	3	4	8	
D. Rest more while lactating.	1	2	3	4	8	
E. Start breastfeeding immediately after birth.	1	2	3	4	8	
F. Give newborn babies sugar water after birth.	1	2	3	4	8	
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8	
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8	
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8	
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8	
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8	
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8	
M. Feed children over six months old a diverse diet.	1	2	3	4	8	
N. Breastfeed children for at least 2 years.	1	2	3	4	8	
O. Wash hands with soap before eating.	1	2	3	4	8	
P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8	

Q. Wash hands with soap before feeding child.	1	2	3	4	8	
R. Keep animals outside of living area.	1	2	3	4	8	
FOR EACH OF THE FOLLOWING QUESTIONS, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very little	Little	Some	Very much	DON'T KNOW	RECORD COMMENTS.
306. How much need do you perceive there is for supporting maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
307. How much need do you perceive there is for community-based activities to support maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
308. How much need do you perceive there is for community volunteers supporting maternal, infant, and young child nutrition in (NIGERIA/KADUNA)?	1	2	3	4	8	
309. How likely do you think it is that the following people will attend monthly support group sessions on maternal, infant, and young child nutrition led by the community volunteers? FOR EACH PERSON, ASK: How likely or unlikely is it that [PERSON] will attend support groups? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Newly married women without children and not yet pregnant	1	2	3	4	8	
B. Pregnant women	1	2	3	4	8	
C. Women with children under two years of age	1	2	3	4	8	
D. Husbands	1	2	3	4	8	
E. Mothers in law	1	2	3	4	8	
F. Other close relatives	1	2	3	4	8	

310. Is there anything else that you would like to add regarding maternal, infant, or young child nutrition?

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**Thank you for your time!**

If you have any questions, please feel free to contact the person listed on this card I gave you earlier.

**DON'T FORGET TO RECORD INTERVIEW END TIME.**

# Tool 3. Baseline Semi-Structured Interview Guide: Kajuru LGA Staff

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*This tool is intended to guide semi-structured interviews with approximately seven LGA MEMBERS.*

## Interview Information

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _  /  _ _  /  _ _ _ _
2. INTERVIEW START TIME:	
3. INTERVIEW END TIME:	
4. INTERVIEWER'S NAME:	
5. NAME OF RESPONDENT:	
6. RESPONDENT SEX (MALE=1, FEMALE=2):	_
7. PHONE NO. OF RESPONDENT:	_ _ _ _ _ _ _ _ _ _ _ _ _
8. RESULT OF INTERVIEW:	_ _

### Codes for the Result of the Interview:

Completed	1	Respondent refused	4
Partly completed	2	Other	5
Postponed	3		

## 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. I would like to ask you some questions about your knowledge and work related to 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. In approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your LGA.

Please feel totally comfortable responding to the questions as honestly as you can. 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. Only the overall aggregated findings from the LGA will be shared with health authorities from the LGA and State Ministry of Health. 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 what you have responded.

Your participation in this assessment 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 or concerns regarding our work?

Would you agree to speak to us? If yes, please write you name, signature, and the date on this page. If you could also give us your phone number so we may contact you if we have any further questions we would appreciate it.

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

\_\_\_\_\_  
NAME OF RESPONDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF RESPONDENT

\_\_\_\_\_  
DATE

### Study researchers and contact information:

Rafael Perez-Escamilla (Phd)<sup>1</sup>, Sascha Lamstein (PhD)<sup>1</sup>, France Begin (PhD)<sup>2</sup>, Stanley Chitekwe (MS)<sup>2</sup>, Davis Omotola (PhD)<sup>2</sup>, Babajide Adebisi (MS)<sup>1</sup>, Chris Isokpunwu (MBBS)<sup>3</sup>

<sup>1</sup> SPRING Project, 1616 Fort Myer Dr, Arlington, VA, USA and No. 6 Angola Street, Wuse II, Abuja, Nigeria. Email for corresponding researchers: [sascha\\_lamstein@jsi.com](mailto:sascha_lamstein@jsi.com), [Tel:+1-617-482-9485](tel:+1-617-482-9485)

<sup>2</sup> UNICEF

<sup>3</sup> Federal Ministry of Health of Nigeria

## Module 1: Background

I would like to begin with a few simple background questions about you and your LGA.

101. Could you please tell me how old you are? PROBE: What was your age at your last birthday? EXPLAIN: An estimate is acceptable.

RECORD AGE IN COMPLETED YEARS. IF THE RESPONDENT IS UNABLE TO ESTIMATE AN AGE, RECORD YOUR ESTIMATE OF THE AGE OF THE RESPONDENT IN THE MARGIN.

AGE IN COMPLETED YEARS .....|\_|\_|\_|

DON'T KNOW.....998

102. What is the highest level of school you attended?

PRIMARY.....1

SECONDARY.....2

POLYTECHNIC DEGREE.....3

UNDERGRADUATE UNIVERSITY DEGREE.....4

POST-GRADUATE DEGREE.....5

OTHER.....6

SPECIFY:\_\_\_\_\_

103. What is your role in the LGA?

CHAIRMAN.....1

DPC.....2

DIRECTOR OF PHC.....3

HEALTH EDUCATOR.....4

NUTRITION FOCAL PERSON.....5

MONITORING & EVALUATION OFFICER.....6

MONITORING & EVALUATION ASSISTANT.....7

OTHER, SPECIFY\_\_\_\_\_8

104. How long have you been in that role? PROBE: About how long? RECORD THE ANSWER PROVIDED. RECORD BOTH YEARS AND MONTHS. DO NOT CONVERT TO MONTHS OR YEARS.

A. YEARS.....|\_|\_|

B. MONTHS.....|\_|\_|

105. In the past year, how many general staff meetings have you had? By this, I mean formal meetings with LGA staff or colleagues. PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW.....98

106. What were the main topics of the last meeting of your department/unit in the LGA that you conducted or attended?

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DON'T KNOW.....8

107. In the past year, how many times have you met with community members from your catchment area? An estimate is acceptable. PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES.....|\_|\_|

DON'T KNOW.....98

108. What were the main topics of the last meeting with community members from your catchment area that you attended or conducted?

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DON'T KNOW.....8



<p>109. Now I am going to read a list of documents. I am going to ask you if you or any staff or colleagues in your office have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents.</p> <p>SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED, ASK: Do you or any staff or colleagues in this office have (DOCUMENT)?</p> <p>IF YES, ASK: Have you read it?</p>	YES, READ	YES, NOT READ	NO	DK	RECORD COMMENTS.
A. 2011 National Policy on IYCF in Nigeria	1	2	3	8	
B. 2011 Guidelines on Nutritional Care and Support for People Living with HIV in Nigeria	1	2	3	8	
C. 2011 Guidelines on IYCF in Nigeria	1	2	3	8	
D. 2014 SMART survey report	1	2	3	8	
E. 2013 Nigeria Demographic and Health Survey report	1	2	3	8	
<p>F. Any other quantitative and qualitative data reports on IYCF practices in Nigeria and Kaduna</p> <p>SPECIFY TITLE(S):</p>	1	2	3	8	
G. Integrated IYCF Counseling: Training Course	1	2	3	8	
H. C-IYCF Counselling Package: Planning Guide	1	2	3	8	
I. C-IYCF Counselling Package: Facilitator Guide	1	2	3	8	
J. C-IYCF Counselling Package: Participant Materials	1	2	3	8	
K. C-IYCF Counselling Package: Supportive Supervision / Mentoring and Monitoring for Community IYCF	1	2	3	8	
L. C-IYCF Counseling Cards	1	2	3	8	
M. C-IYCF Key message booklet	1	2	3	8	
N. C-IYCF Monitoring and evaluation tools	1	2	3	8	

O. C-IYCF supportive supervision tools	1	2	3	8	
P. Brochure: How to Breastfeed your Baby (English)	1	2	3	8	
Q. Brochure: How to Breastfeed your Baby (Hausa)	1	2	3	8	
R. Brochure: How to Feed a Baby from 6 Months (English)	1	2	3	8	
S. Brochure: How to Feed a Baby from 6 Months (Hausa)	1	2	3	8	
T. Brochure: Infant Feeding in the Context of HIV/AIDS	1	2	3	8	
U. Brochure: Nutrition during Pregnancy and Breastfeeding	1	2	3	8	
V. Brochure: Nutrition during Pregnancy and Breastfeeding (Hausa)	1	2	3	8	
W. Any other documents on breastfeeding, infant, and/or young child nutrition? SPECIFY TITLE(S):	1	2	3	8	

## Module 2: ACTIVITIES

Next I would like to understand better the activities or actions that your unit/department of the LGA performs.

201. In the past year, about how many times did you review health-related data?
- A. NEVER.....00 → GO TO Q202
- NUMBER OF TIMES.....|\_|\_|
- DON'T KNOW / CAN'T REMEMBER.....98
- B. IF THEY CAN'T REMEMBER, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.
- 1-2 TIMES.....1
- 3-5 TIMES.....2
- 6-8 TIMES.....3
- 9-11 TIMES.....4
- ≥ 12 TIMES.....5
- DON'T KNOW.....8

202. Could you tell me the three main activities your office conducted in the past year or are still conducting?	203. Who is or was the target group of activity? By this, I mean is/was this activity for women, children, farmers, community leaders, etc.?	204. Why did you do or are you doing that activity?	205. For how long did/have you conduct that activity?	206. Who funded or is funding this activity?	207. Is/was it successful? YES→ 1 NO→ 2 ONGOING→ 3 DON'T KNOW→ 8	208. Comment
A.						
B.						
C.						

Now I am going to ask you a few questions about specific activities.

209. How much of a priority is it for **your office** to improve children’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority ..... 4
- Don’t know ..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve children’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW ..... 8

210. How much of a priority is it for **your office** to improve women’s health and/or nutrition? READ THE RESPONSE OPTIONS. CIRCLE THE CORRESPONDING CODE.

- Very low priority..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority..... 4
- Don’t know..... 8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women’s health and/or nutrition? IF NOTHING, ASK: Why?

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DON’T KNOW ..... 8

211. How much of a priority is it for **your office** to increase access to food, especially among the poor? By this I mean anything that would increase availability and/or affordability of foods. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority..... 1 → GOT TO NEXT Q
- Low priority..... 2 → GOT TO NEXT Q
- High priority..... 3
- Very high priority..... 4

Don't know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to increase access to food, especially among the poor? PROBE: What types/kinds of food? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

212. How much of a priority is it for **your office** to improve water and sanitation services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO NEXT Q

Low priority.....2 → GOT TO NEXT Q

High priority.....3

Very high priority .....4

Don't know .....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve water and sanitation services/systems? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

213. How much of a priority is it for **your office** to improve employment or economic development? By this I mean anything to improve household income. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority.....1 → GOT TO NEXT Q

Low priority.....2 → GOT TO NEXT Q

High priority.....3

Very high priority.....4

Don't know .....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve employment or economic development? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

214. How much of a priority is it for **your office** to improve women’s status? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don’t know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve women’s status or for women’s empowerment? IF NOTHING, ASK: Why?

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DON’T KNOW.....8

215. How much of a priority is it for **your office** to improve education services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don’t know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve education services/systems? IF NOTHING, ASK: Why?

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DON’T KNOW.....8

216. How much of a priority is it for **your office** to improve roads or infrastructure? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority.....1 → GOT TO NEXT Q
- Low priority.....2 → GOT TO NEXT Q
- High priority.....3
- Very high priority.....4
- Don’t know.....8 → GOT TO NEXT Q

IF A PRIORITY, ASK: What is your (department/unit) currently doing to improve roads or infrastructure? IF NOTHING, ASK: Why?

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DON'T KNOW.....8

217. IF THIS HASN'T ALREADY BEEN ANSWERED ABOVE, ASK: How does your office decide which activities to conduct or not?

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DON'T KNOW.....8



<p>218. Now I would like you to consider how likely or unlikely it is that your office could conduct a few activities. When you answer this please consider your and your staff and colleague's time, capacity, interest, and willingness. Also consider the funding that is available to your office for these activities.</p> <p>FOR EACH ACTION, ASK: How likely or unlikely is it that your office could (ACTION)?</p> <p>THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Very unlikely	Unlikely	Likely	Very likely	DON'T KNOW	IF UNLIKELY (CODE 1 OR 2), ASK: Why not? What would be needed for you to be able to support the activity?
A. Organize trainings for health facility staff?	1	2	3	4	8	
B. Supervise health facilities?	1	2	3	4	8	
C. Organize/conduct annual meetings for health facilities?	1	2	3	4	8	
D. Recruit community volunteers?	1	2	3	4	8	
E. Recruit new community volunteers if some dropout?	1	2	3	4	8	
F. Organize trainings for community volunteers?	1	2	3	4	8	
G. Supervise community volunteers?	1	2	3	4	8	
H. Organize community events?	1	2	3	4	8	
I. Collect data on infant and young child feeding activities from health facilities?	1	2	3	4	8	
J. Compile data and prepare monthly reports?	1	2	3	4	8	
K. Review data collected on IYCF activities?	1	2	3	4	8	
L. Discuss maternal, infant, and young child nutrition at your staff meetings?	1	2	3	4	8	
M. Promote optimal maternal, infant, and young child feeding practices to others?	1	2	3	4	8	

### Module 3: MATERNAL AND CHILD HEALTH / NUTRITION

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

301. After giving birth, when do people think a mother should start breastfeeding her baby? READ RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hours..... 2
- 1 day later..... 3
- More than 1 day later ..... 4
- Do not think baby should be breastfed ..... 5
- Don't know..... 8

302. What do you think? How soon after birth should a mother start breastfeeding her baby? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hrs ..... 2
- 1 day later..... 3
- More than 1 day later ..... 4
- Do not think baby should be breastfed ..... 5
- Don't know..... 8

303. When do people think a baby should first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS.....1 |\_\_|\_\_|
- WEEKS.....2 |\_\_|\_\_|
- MONTHS .....3 |\_\_|\_\_|
- DON'T KNOW..... 998

304. What do you think? When should a baby first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS.....1 |\_\_|\_\_|
- WEEKS.....2 |\_\_|\_\_|
- MONTHS .....3 |\_\_|\_\_|
- DON'T KNOW..... 998

305. How strongly do you agree or disagree that the following practices are important for the health of mothers and children? FOR EACH ITEM, ASK: How strongly to you agree or disagree that [ACTIVITY] is important for good health? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Eat more during pregnancy.	1	2	3	4	8	
B. Rest more during pregnancy.	1	2	3	4	8	
C. Eat more while lactating.	1	2	3	4	8	
D. Rest more while lactating.	1	2	3	4	8	
E. Start breastfeeding immediately after birth.	1	2	3	4	8	
F. Give newborn babies sugar water after birth.	1	2	3	4	8	
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8	
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8	
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8	
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8	
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8	
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8	
M. Feed children over six months old a diverse diet.	1	2	3	4	8	
N. Breastfeed children for at least 2 years.	1	2	3	4	8	
O. Wash hands with soap before eating.	1	2	3	4	8	
P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8	
Q. Wash hands with soap before feeding child.	1	2	3	4	8	

R. Keep animals outside of living area.	1	2	3	4	8	
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FOR EACH OF THE FOLLOWING QUESTIONS, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very little	Little	Some	Very much	DON'T KNOW	RECORD COMMENTS.
306. How much need do you perceive there is for <u>supporting maternal, infant, and young child nutrition</u> in Kajuru?	1	2	3	4	8	
307. How much need do you perceive there is for <u>community-based activities</u> to support maternal, infant, and young child nutrition in Kajuru?	1	2	3	4	8	
308. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition in Kajuru?	1	2	3	4	8	
309. How likely do you think it is that the following people will attend monthly support group sessions on maternal, infant, and young child nutrition led by the community volunteers? FOR EACH PERSON, ASK: How likely or unlikely is it that [PERSON] will attend support groups? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Newly married women without children and not yet pregnant	1	2	3	4	8	
B. Pregnant women	1	2	3	4	8	
C. Women with children under two years of age	1	2	3	4	8	
D. Husbands	1	2	3	4	8	
E. Mothers in law	1	2	3	4	8	
F. Other close relatives	1	2	3	4	8	

<p>310. 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.</p> <p>FOR EACH ACTION, ASK: Do you agree or disagree that (ACTION)?</p> <p>THIS SHOULD BE ASKED <u>ONLY</u> OF THE PRIMARY RESPONDENT. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Only the men should make the important decisions in the family?	1	2	3	4	8	
B. A mother should be able to express her opinion regarding child feeding?	1	2	3	4	8	
C. A mother should be allowed to participate in mother's groups?	1	2	3	4	8	

311. Is there anything else that you would like to add regarding maternal, infant, or young child nutrition?

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312. Finally, could you identify any other community leaders who are influential in this community or might have an impact on maternal, infant, and young child nutrition? If yes, how can we contact him/her?

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**Thank you for your time!**

If you have any questions, please feel free to contact the person listed on this card I gave you earlier.

**DON'T FORGET TO RECORD INTERVIEW END TIME.**

# Tool 4. Baseline Semi-Structured Interview Guide: Kajuru WDC Members and Community Leaders

*This tool is intended to guide semi-structured interviews with WDC MEMBERS and COMMUNITY LEADERS.*

## Interview Information

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _
2. WARD NAME:	
3. COMMUNITY NAME:	
4. INTERVIEW START TIME:	
5. INTERVIEW END TIME:	
6. TEAM NUMBER:	_ _ _ _
7. INTERVIEWER'S NAME:	
8. SUPERVISOR'S NAME:	
9. NAME OF RESPONDENT:	
10. SEX OF RESPONDENT:	_
11. PHONE NO. OF RESPONDENT:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
12. RESULT OF INTERVIEW:	_

### Codes for the Result of the Interview:

Completed	1	Respondent refused	4
Partly completed	2	Other	5
Postponed	3		

## 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. I would like to ask you some questions about your knowledge and work related to maternal, infant, and young child nutrition. The questions will take about 30 minutes to answer. In approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your community. The information we collect will help understand how to improve the nutrition of young children.

Please feel totally comfortable responding to the questions as honestly as you can. 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 health authorities from the LGA and State Ministry of Health. 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 what you have responded.

Your participation in this assessment 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 or concerns regarding our work?

Would you agree to speak to me? If yes, please write your name, signature, and the date on this page. If you could also give us your phone number so we may contact you if we have any further questions we would appreciate it.

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

\_\_\_\_\_  
NAME OF RESPONDENT

\_\_\_\_\_  
PHONE NUMBER

### Study researchers and contact information:

Rafael Perez-Escamilla (PhD)<sup>1</sup>, Sascha Lamstein (PhD)<sup>1</sup>, France Begin (PhD)<sup>2</sup>, Stanley Chitekwe (MS)<sup>2</sup>, Davis Omotola (PhD)<sup>2</sup>, Babajide Adebisi (MS)<sup>1</sup>, Chris Isokpunwu (MBBS)<sup>3</sup>

<sup>1</sup> SPRING Project, 1616 Fort Myer Dr, Arlington, VA, USA and No. 6 Angola Street, Wuse II, Abuja, Nigeria. Email for corresponding researchers: [sascha.lamstein@jsi.com](mailto:sascha.lamstein@jsi.com), [Tel:+1-617-482-9485](tel:+1-617-482-9485)

<sup>2</sup> UNICEF

<sup>3</sup> Federal Ministry of Health of Nigeria

## Module 1: BACKGROUND

I would like to begin with a few simple background questions about you and your (WDC/ GROUP/VILLAGE).

101. Could you please tell me how old you are? IF NEEDED, PROBE: How old were you at your last birthday? RECORD AGE IN COMPLETED YEARS. IF THE RESPONDENT IS UNABLE TO ESTIMATE AN AGE, THE ENUMERATOR SHOULD RECORD HIS/HER ESTIMATE OF THE AGE OF THE RESPONDENT IN THE MARGIN.

AGE IN COMPLETED YEARS ..... |\_\_|\_\_|\_\_|  
 DON'T KNOW .....998

102. Have you ever attended school?

YES.....1  
 NO .....2 → GO TO Q105

103. What is the highest level of school you attended? IF 'HIGHER' (CODE 3) AND SPECIFY THE HIGHEST LEVEL.

PRIMARY .....1  
 SECONDARY.....2  
 OTHER.....6  
 SPECIFY \_\_\_\_\_

104. What is the highest (CLASS/FORM/YEAR) completed at that level?

LESS THAN 1 (CLASS/FORM/YEAR) COMPLETED AT THAT LEVEL ..... 00  
 HIGHEST (CLASS/FORM/YEAR) COMPLETED AT THAT LEVEL..... |\_\_|\_\_|  
 DON'T KNOW ..... 98

105. What is your role in the (WDC/GROUP/COMMUNITY)?

WDC CHAIR .....1  
 WDC SECRETARY .....2  
 WDC MEMBER .....3  
 VILLAGE HEAD.....4  
 VILLAGE CHIEF .....5  
 RELIGIOUS LEADER .....6  
 WOMEN'S ASSOCIATION LEADER.....7  
 OTHER ..... 8  
 SPECIFY: \_\_\_\_\_

106. How long have you been in that role? PROBE: About how long? RECORD THE ANSWER PROVIDED. RECORD BOTH YEARS AND MONTHS. DO NOT CONVERT TO MONTHS OR YEARS.

A. YEARS ..... |\_\_|\_\_|  
 B. MONTHS ..... |\_\_|\_\_|

107. Do you know how WDC member are selected? IF YES, ASK: Could you explain how?

\_\_\_\_\_  
 \_\_\_\_\_

DON'T KNOW .....8



108. CHECK Q105.

IF THE RESPONDENT IS A WDC MEMBER (CODES 1-3)  → CONTINUE TO Q109

IF THE RESPONDENT IS NOT A WDC MEMBER (CODES 2-8)  → GO TO Q113

109. How many years ago was your WDC established? PROBE: About how long ago?

NUMBER OF YEARS ..... |\_\_|\_\_|

DON'T KNOW ..... 98

110. About how many members are in your WDC?

NUMBER OF MEMBERS ..... |\_\_|\_\_|\_\_|

DON'T KNOW ..... 998

111. For about how long do WDC members serve?

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DON'T KNOW ..... 8

112. How are WDC members reimbursed (in cash or kind)? PROBE: Are they paid or offered any in-kind services or good? PROBE: Anything else?

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DON'T KNOW ..... 8

113. In the past year, how many times have you met with your (WDC / GROUP MEMBERS/ COUNCIL)? PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES ..... |\_\_|\_\_|

DON'T KNOW ..... 98

114. What were the main topics of the last meeting of your (WDC MEMBERS/ GROUP MEMBERS/ COUNCIL) that you attended or conducted?

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DON'T KNOW ..... 8

115. In the past year, how many times have you met with other members of your ward or community? IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES ..... |\_\_|\_\_|

DON'T KNOW ..... 98

116. What were the main topics of the last meeting with ward or community members that you attended or conducted?

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DON'T KNOW.....	8
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## Module 2: ACTIVITIES

Next I would like to understand better the activities that your (WDC/ GROUP/ COUNCIL) conducts.

201. In the past year, many times did your (WDC / GROUP / COUNCIL) review health-related data? IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES..... |\_\_|\_\_|

DON'T KNOW ..... 98

202. Has your (WDC/ GROUP/ COUNCIL) conducted any activity for this community in the past year or are you still conducting an activity?

YES ..... 1

NO ..... 2 → GO TO Q210

DON'T KNOW ..... 8 → GO TO Q210

203. Could you tell me about those activities?	204. Who is or was the target group of that activity? By this, I mean is or was that activity <u>for</u> women, children, farmers, community leaders, etc.?	205. Why did you do or are you doing that activity?	206. For how long did/have you conducted that activity?	207. Who funded or is funding this activity?	208. Is/was it successful? YES→ 1 NO→ 2 ONGOING→ 3 DK→ 8	209. Comments
A.			DAYS .....1  __ __  WEEKS.....2  __ __  MONTHS 3  __ __  DON'T KNOW.... 998		1 2 3 8	
B.			DAYS .....1  __ __  WEEKS.....2  __ __  MONTHS 3  __ __  DON'T KNOW.... 998		1 2 3 8	
C.			DAYS .....1  __ __  WEEKS.....2  __ __  MONTHS 3  __ __  DON'T KNOW.... 998		1 2 3 8	

Now I am going to ask you a few questions about specific activities of your (WDC/GROUP/COUNCIL).

210. How much of a priority is it for your (WDC/ GROUP/COUNCIL) to improve children’s health and/or nutrition? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO Q211
- Low priority..... 2 → GOT TO Q211
- High priority ..... 3
- Very high priority ..... 4
- DON’T KNOW ..... 8 → GOT TO Q211

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/COUNCIL) currently doing to improve children’s health and/or nutrition? IF NOTHING, ASK: Why not?

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DON'T KNOW ..... 8

211. How much of a priority is it for your (WDC/ GROUP/ COUNCIL) to improve women’s health and/or nutrition? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO Q212
- Low priority..... 2 → GOT TO Q212
- High priority ..... 3
- Very high priority ..... 4
- DON’T KNOW ..... 8 → GOT TO Q212

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP) currently doing to improve women’s health and/or nutrition? IF NOTHING, ASK: Why not?

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DON'T KNOW ..... 8

212. How much of a priority is it for (YOUR WDC/YOUR GROUP/YOU) to increase access to food, especially among the poor? By this I mean anything that would increase availability and/or affordability of foods. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Very low priority ..... 1 → GOT TO Q213
- Low priority..... 2 → GOT TO Q213
- High priority ..... 3
- Very high priority ..... 4
- DON’T KNOW ..... 8 → GOT TO Q213

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to increase access to food, especially among the poor? PROBE: What types/kinds of food? IF NOTHING, ASK: Why not?

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DON'T KNOW.....8

213. How much of a priority is it for your (WDC/ GROUP/ COUNCIL) to improve water and sanitation services/systems? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO Q214

Low priority.....2 → GOT TO Q214

High priority .....3

Very high priority .....4

DON'T KNOW .....8 → GOT TO Q214

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to improve water and sanitation services/systems? IF NOTHING, ASK: Why not?

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DON'T KNOW.....8

214. How much of a priority is it for your (WDC/ GROUP/ COUNCIL) to improve employment or economic development? By this I mean anything to improve household income. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO Q215

Low priority.....2 → GOT TO Q215

High priority .....3

Very high priority .....4

DON'T KNOW .....8 → GOT TO Q215

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to improve employment or economic development? IF NOTHING, ASK: Why not?

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DON'T KNOW.....8

215. How much of a priority is it for (YOUR WDC/YOUR GROUP/YOU) to improve women's status? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO Q216

Low priority.....2 → GOT TO Q216

High priority .....3

Very high priority .....4

DON'T KNOW.....8 → GOT TO Q216

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to improve women's status or for women's empowerment? IF NOTHING, ASK: Why not?

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DON'T KNOW .....8

216. How much of a priority is it for your (WDC/ GROUP/ COUNCIL) to improve education? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO Q217

Low priority.....2 → GOT TO Q217

High priority .....3

Very high priority .....4

DON'T KNOW .....8 → GOT TO Q217

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to improve education services/systems? IF NOTHING, ASK: Why not?

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DON'T KNOW .....8

217. How much of a priority is it for your (WDC/ GROUP/ COUNCIL) to improve roads or infrastructure? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

Very low priority .....1 → GOT TO Q218

Low priority.....2 → GOT TO Q218

High priority .....3

Very high priority .....4

DON'T KNOW .....8 → GOT TO Q218

IF A PRIORITY (CODES 2-4), ASK: What is your (WDC/ GROUP/ COUNCIL) currently doing to improve roads or infrastructure? IF NOTHING, ASK: Why not?

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DON'T KNOW .....8

218. IF THIS HASN'T ALREADY BEEN ANSWERED ABOVE, ASK: How does your (WDC/ GROUP/ COUNCIL) decide which activities to conduct or not conduct?

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DON'T KNOW .....8

<p>219. Now I am going to read a few statements about program support activities. I would like you to consider how likely or unlikely it is you're your (WDC/ GROUP/ COUNCIL) could support these activities. When you answer this please consider your (WDC'S/ GROUP'S/ COUNCIL'S) time, capacity, interest, and willingness.</p> <p>FOR EACH ACTION, ASK: How likely or unlikely is it that your (WDC/ GROUP/ COUNCIL) could (ACTION)?</p> <p>THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Very unlikely	Unlikely	Likely	Very likely	DON'T KNOW	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Promote optimal maternal, infant, and young child nutrition practices to friends, family, and other community members?	1	2	3	4	8	
B. Assist with organizing community events on maternal, infant, and young child nutrition?	1	2	3	4	8	
C. Encourage community members to attend support groups?	1	2	3	4	8	
D. Request updates on how program implementation is going?	1	2	3	4	8	

220. CHECK Q105.

IF THE RESPONDENT IS A WDC MEMBER (RESPONSE CODES 1-3)  → CONTINUE TO Q221

IF THE RESPONDENT IS NOT A WDC MEMBER (RESPONSE CODE 4-8)  → GO TO Q301



<p>221. I am going to read a few MORE statements about nutrition program support activities. I would like you to consider how likely or unlikely it is you're your WDC could support these activities. When you answer this please consider your WDC's time, capacity, interest, and willingness.</p> <p>FOR EACH ACTION, ASK: How likely or unlikely is it that your (WDC/ GROUP/ COUNCIL) could (ACTION)? READ AND POINT TO RESPONSE OPTIONS (2).</p>	Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)	DON'T KNOW (8)	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Recruit community volunteers?	1	2	3	4	8	
B. Recruit new community volunteers if some drop out?	1	2	3	4	8	
C. Assist community volunteers in organizing support groups?	1	2	3	4	8	

## Module 3: MATERNAL AND CHILD HEALTH / NUTRITION

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

301. After giving birth, when do people think a mother should start breastfeeding her baby? READ RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hours..... 2
- 1 day later..... 3
- More than 1 day later ..... 4
- Do not think baby should be breastfed ..... 5
- Don't know..... 8

302. What do you think? How soon after birth should a mother start breastfeeding her baby? READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.

- Immediately or less than 1 hour after delivery..... 1
- Some hours later but less than 24 hrs ..... 2
- 1 day later..... 3
- More than 1 day later ..... 4
- Do not think baby should be breastfed ..... 5
- Don't know..... 8

303. When do people think a baby should first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS.....1 |\_\_|\_\_|
- WEEKS.....2 |\_\_|\_\_|
- MONTHS .....3 |\_\_|\_\_|
- DON'T KNOW..... 998

304. What do you think? When should a baby first be given soft, semi-solid foods? PROBE: How many days, weeks, or months after birth?

- DAYS.....1 |\_\_|\_\_|
- WEEKS.....2 |\_\_|\_\_|
- MONTHS .....3 |\_\_|\_\_|
- DON'T KNOW..... 998

<p>305. How strongly do you agree or disagree that the following practices are important for the health of mothers and children?</p> <p>FOR EACH ITEM, ASK: How strongly to you agree or disagree that [ACTIVITY] is important for good health?</p> <p>THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Eat more during pregnancy.	1	2	3	4	8	
B. Rest more during pregnancy.	1	2	3	4	8	
C. Eat more while lactating.	1	2	3	4	8	
D. Rest more while lactating.	1	2	3	4	8	
E. Start breastfeeding immediately after birth.	1	2	3	4	8	
F. Give newborn babies sugar water after birth.	1	2	3	4	8	
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8	
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8	
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8	
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8	
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8	
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8	
M. Feed children over six months old a diverse diet.	1	2	3	4	8	
N. Breastfeed children for at least 2 years.	1	2	3	4	8	
O. Wash hands with soap before eating.	1	2	3	4	8	
P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8	
Q. Wash hands with soap before feeding child.	1	2	3	4	8	

R. Keep animals outside of living area.	1	2	3	4	8	
FOR EACH OF THE FOLLOWING QUESTIONS, READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very little	Little	Some	Very much	DON'T KNOW	RECORD COMMENTS.
306. How much need do you perceive there is for <u>supporting maternal, infant, and young child nutrition</u> in Kajuru?	1	2	3	4	8	
307. How much need do you perceive there is for <u>community-based activities</u> to support maternal, infant, and young child nutrition in Kajuru?	1	2	3	4	8	
308. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition in Kajuru?	1	2	3	4	8	
309. How likely do you think it is that the following people will attend monthly support group sessions on maternal, infant, and young child nutrition led by the community volunteers? FOR EACH PERSON, ASK: How likely or unlikely is it that [PERSON] will attend support groups? THEN READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.	Very unlikely	Unlikely	Likely	Very likely	Don't know	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?
A. Newly married women without children and not yet pregnant	1	2	3	4	8	
B. Pregnant women	1	2	3	4	8	
C. Women with children under two years of age	1	2	3	4	8	
D. Husbands	1	2	3	4	8	
E. Mothers in law	1	2	3	4	8	
F. Other close relatives	1	2	3	4	8	

<p>310. 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.</p> <p>FOR EACH ACTION, ASK: Do you agree or disagree that (ACTION)? THIS SHOULD BE ASKED <u>ONLY</u> OF THE PRIMARY RESPONDENT. READ THE RESPONSE OPTIONS AND CIRCLE THE CORRESPONDING CODE.</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
A. Only the men should make the important decisions in the family?	1	2	3	4	8	
B. A mother should be able to express her opinion regarding child feeding?	1	2	3	4	8	
C. A mother should be allowed to participate in mother's groups?	1	2	3	4	8	

311. Is there anything else that you would like to add regarding maternal, infant, or young child nutrition?

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312. Finally, could you identify any other community leaders who are influential in this community or might have an impact on maternal, infant, and young child nutrition? If yes, how can we contact him/her?

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**Thank you for your time!**

If you have any questions, please feel free to contact the person listed on this card I gave you earlier

**DON'T FORGET TO RECORD INTERVIEW END TIME.**

# Tool 5. Baseline Kajuru Health Facility Assessment

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*This tool is intended to guide semi-structured interviews with the OFFICER IN CHARGE of each health facility in Kajuru LGA.*

## INTERVIEW INFORMATION

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _  /  _ _  /  _ _ _ _
2. WARD NAME:	
3. COMMUNITY NAME:	
4. HEALTH FACILITY NAME:	
5. INTERVIEW START TIME:	
6. INTERVIEW END TIME:	
7. TEAM NUMBER:	_ _ _
8. INTERVIEWER'S NAME:	
9. SUPERVISOR'S NAME:	
10. NAME OF RESPONDENT:	
11. RESPONDENT SEX (MALE=1, FEMALE=2):	_
12. PHONE NO. OF RESPONDENT:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
13. RESULT OF THE INTERVIEW:	_ _

### Codes for the Result of the Interview:

Completed	1	Respondent refused	7
Partly completed	2	Location vacant	8
No eligible respondent present	3	Location destroyed or non-existent	9
Respondent incapacitated	4	Location not found	10
Respondent away for extended period	5	Other	11
Postponed	6		

## 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. I would like to ask you some questions about your knowledge and particularly the work of your health facility related to maternal, infant, and young child nutrition. The questions will take about 60 minutes to answer. In approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with infant and young child feeding activities in your community. The information we collect will help understand how to improve the nutrition of young children.

Please feel totally comfortable responding to the questions as honestly as you can. 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. Only the overall aggregated findings from the LGA will be shared with health authorities from the LGA and State Ministry of Health. They will be shared securely to ensure your confidentiality. In other words, no one will know what you have responded.

Your participation in this assessment 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 or concerns regarding our work?

Would you agree to speak to us? If yes, please write your name, signature, and the date on this page. If you could also give us your phone number so we may contact you if we have any further questions we would appreciate it.

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

\_\_\_\_\_  
NAME OF RESPONDENT

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF RESPONDENT

\_\_\_\_\_  
DATE

---

RESPONDENT AGREES TO BE INTERVIEWED. → CONTINUE WITH INTERVIEW

---

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. → END INTERVIEW

---

### Study researchers and contact information:

Rafael Perez-Escamilla (PhD)<sup>1</sup>, Sascha Lamstein (PhD)<sup>1</sup>, France Begin (PhD)<sup>2</sup>, Stanley Chitekwe (MS)<sup>2</sup>, Davis Omotola (PhD)<sup>2</sup>, Babajide Adebisi (MS)<sup>1</sup>, Chris Isokpunwu (MBBS)<sup>3</sup>

<sup>1</sup> SPRING Project, 1616 Fort Myer Dr, Arlington, VA, USA and No. 6 Angola Street, Wuse II, Abuja, Nigeria. Email for corresponding researchers: [sascha.lamstein@jsi.com](mailto:sascha.lamstein@jsi.com), [Tel: +1-617-482-9485](tel:+1-617-482-9485)

<sup>2</sup> UNICEF

<sup>3</sup> Federal Ministry of Health of Nigeria

## Module 1: BACKGROUND

I would like to begin with a few simple background questions about you and this health facility.

101. Could you please tell me how old you are? IF NEEDED, PROBE: How old were you at your last birthday?

RECORD AGE IN COMPLETED YEARS. IF THE RESPONDENT IS UNABLE TO ESTIMATE AN AGE, RECORD YOUR ESTIMATE OF THE AGE OF THE RESPONDENT IN THE MARGIN.

AGE IN COMPLETED YEARS ..... |\_\_|\_\_|\_\_|

DON'T KNOW ..... 998

102. What is the highest level of school you completed? IF 'HIGHER' (CODE 3) SPECIFY THE HIGHEST LEVEL.

PRIMARY ..... 1

SECONDARY ..... 2

HIGHER, SPECIFY \_\_\_\_\_ ..... 3

103. What is your title or designation? \_\_\_\_\_

104. How long have you been in your current role?

C. Years ..... |\_\_|\_\_|

D. Months ..... |\_\_|\_\_|

105. How many days each week is your facility usually open? PROBE: How many days is the facility open on average each week?

NUMBER OF DAYS ..... |\_\_|\_\_|

DON'T KNOW ..... 98

106. What hours is your facility usually open each day? PROBE: When do you usually open and when do you usually close each day?

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DON'T KNOW ..... 8

Now I am going to ask you a few questions regarding the number of providers in your facility. FOR EACH PROVIDER TYPE, ASK EACH OF THE FOLLOWING FIVE QUESTIONS. THEN MOVE ON TO THE NEXT PROVIDER TYPE. IF THE RESPONDENT DOES NOT KNOW, RECORD '98'. IF THE ANSWER IS 'NONE' RECORD '00' IN THE SPACE PROVIDED.

ONCE COMPLETE, ASK: Are there any other provider types that provide maternal and/or child health services?

IF YES, RECORD THIS PROVIDER TYPE IN THE SPACE PROVIDED. THEN ASK Q107 – Q111 FOR THAT/THOSE PROVIDER TYPE(S).



PROVIDER TYPE	107. First, how many (PROVIDER TYPE) do you have on staff? By this I mean providers who have worked in the last month.  IF NO SUCH (PROVIDER TYPE) RECORD '00' AND GO TO NEXT PROVIDER TYPE.	108. How many (PROVIDER TYPE) currently provide any type of maternal and child health services?  EXPLAIN: Maternal and child health services includes antenatal care, immunization services, child welfare services, growth monitoring, sick child visits, breastfeeding counseling/support, and nutrition counseling.	109. How many (PROVIDER TYPE) have received in-service training on maternal and child health in the last three years?	110. How many (PROVIDER TYPE) been trained in the MOH/UNICEF Infant and Young Child Feeding Counselling Package in the last three years?	111. How many (PROVIDER TYPE) have been trained in providing supportive supervision in the last three years?  EXPLAIN: Supportive supervision or mentoring typically involves observation of services followed by a supportive discussion of how the care provider could improve his/her performance.	112. RECORD COMMENTS
A. Doctor	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
B. Nurse/Midwife	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
C. Nurse	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
D. Midwife	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
E. Community Health Officer	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
F. Community Health Extension Worker (CHEW)	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
G. Junior CHEW	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
H. Other, Specify:  _____	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	

PROVIDER TYPE	107. First, how many (PROVIDER TYPE) do you have on staff? By this I mean providers who have worked in the last month.  IF NO SUCH (PROVIDER TYPE) RECORD '00' AND GO TO NEXT PROVIDER TYPE.	108. How many (PROVIDER TYPE) currently provide any type of maternal and child health services?  EXPLAIN: Maternal and child health services includes antenatal care, immunization services, child welfare services, growth monitoring, sick child visits, breastfeeding counseling/support, and nutrition counseling.	109. How many (PROVIDER TYPE) have received in-service training on maternal and child health in the last three years?	110. How many (PROVIDER TYPE) been trained in the MOH/UNICEF Infant and Young Child Feeding Counselling Package in the last three years?	111. How many (PROVIDER TYPE) have been trained in providing supportive supervision in the last three years?  EXPLAIN: Supportive supervision or mentoring typically involves observation of services followed by a supportive discussion of how the care provider could improve his/her performance.	112. RECORD COMMENTS
I. Other, Specify:  _____	_ _	_ _	_ _	_ _	_ _	

113. In the past year, how many general staff meetings have you had? By this, I mean formal meetings with health facility staff.

PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES..... |\_\_|\_\_|

DON'T KNOW ..... 98

114. What were the main topics of the last meeting of health facility staff that you attended or conducted?

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DON'T KNOW .....8

115. In the past year, how many times have you met with community members from your catchment area? An estimate is acceptable. PROBE: About how many? AN ESTIMATE IS ACCEPTABLE. IF NEVER, RECORD '00' IN THE SPACE PROVIDED.

NUMBER OF TIMES..... |\_\_|\_\_|

DON'T KNOW ..... 98

116. What were the main topics of the last meeting with community members from your catchment area that you attended or conducted?

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DON'T KNOW .....8

117. Now I am going to read a list of documents. I am going to ask you if you or any staff in this facility have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents. SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED, ASK: Do you or any of the staff in this facility have (DOCUMENT)? IF YES, ASK: Have you read it?	YES, READ	YES, NOT READ	NO	DK	RECORD COMMENTS.
A. 2011 National Policy on IYCF in Nigeria	1	2	3	8	
B. 2011 Guidelines on Nutritional Care and Support for People Living with HIV in Nigeria	1	2	3	8	
C. 2011 Guidelines on IYCF in Nigeria	1	2	3	8	
D. 2014 SMART survey report	1	2	3	8	
E. 2013 Nigeria Demographic and Health Survey report	1	2	3	8	
F. Any other quantitative and qualitative data reports on IYCF practices in Nigeria and Kaduna Specify title(s):	1	2	3	8	
G. Integrated IYCF Counseling: Training Course	1	2	3	8	
H. C-IYCF Counselling Package: Planning Guide	1	2	3	8	
I. C-IYCF Counselling Package: Facilitator Guide	1	2	3	8	
J. C-IYCF Counselling Package: Participant Materials	1	2	3	8	
K. C-IYCF Counselling Package: Supportive Supervision / Mentoring and Monitoring for Community IYCF	1	2	3	8	
L. C-IYCF Counseling Cards	1	2	3	8	
M. C-IYCF Key message booklet	1	2	3	8	
N. C-IYCF Monitoring and evaluation tools	1	2	3	8	
O. C-IYCF supportive supervision tools	1	2	3	8	
P. Brochure: How to Breastfeed your Baby (English)	1	2	3	8	
Q. Brochure: How to Breastfeed your Baby (Hausa)	1	2	3	8	
R. Brochure: How to Feed a Baby from 6 Months (English)	1	2	3	8	

<p>117. Now I am going to read a list of documents. I am going to ask you if you or any staff in this facility have a copy of each. In some cases I will ask about a general type of document and am curious to know if you have any such documents.</p> <p>SHOW THE RESPONDENT THE IMAGE OF EACH DOCUMENT MENTIONED, ASK: Do you or any of the staff in this facility have (DOCUMENT)?</p> <p>IF YES, ASK: Have you read it?</p>	YES, READ	YES, NOT READ	NO	DK	RECORD COMMENTS.
S. Brochure: How to Feed a Baby from 6 Months (Hausa)	1	2	3	8	
T. Brochure: Infant Feeding in the Context of HIV/AIDS	1	2	3	8	
U. Brochure: Nutrition during Pregnancy and Breastfeeding	1	2	3	8	
V. Brochure: Nutrition during Pregnancy and Breastfeeding (Hausa)	1	2	3	8	
<p>W. Any other documents on breastfeeding, infant, and/or young child nutrition?</p> <p>Specify title(s):</p>	1	2	3	8	

## Module 2: ACTIVITIES

Next I would like to understand better the activities or actions that your health facility performs.

201. In the past year, how many times did you or your staff review health-related data? PROBE: About how many times? AN ESTIMATE IS ACCEPTABLE.

NUMBER OF TIMES..... | | |

DON'T KNOW ..... 98

202. Which of the following services are currently provided by this facility? By currently, I mean in the last month.	YES	NO	DK		RECORD COMMENTS.
A. Antenatal care	1	2	8		
B. Labor and delivery services	1	2	8		
C. Immunization services	1	2	8		
D. Growth monitoring	1	2	8		
E. Child welfare services	1	2	8		
F. Sick child visits	1	2	8		
G. Treatment of people living with HIV and AIDS	1	2	8		
H. Individual counseling	1	2	8		
I. Group counseling	1	2	8		
J. Home visits	1	2	8		
203. Now I would like to ask about specific nutrition actions that this facility generally implements or conducts. Does your facility generally or usually (NUTRITION ACTION)?	YES	NO	N/A	DK	RECORD COMMENTS.
A. Implement delayed cord clamping after delivery?	1	2	7	8	
B. Measure length of newborns?	1	2	7	8	
C. Weigh newborns with a scale?	1	2	7	8	

D.	Support mothers to place the newborn on breast immediately after delivery or within one hour of delivery?	1	2	7	8	
E.	Support correct positioning and attachment during breastfeeding?	1	2	7	8	
F.	Promote exclusive breastfeeding through 6 months?	1	2	7	8	
G.	Promote continued breastfeeding through 24 months?	1	2	7	8	
H.	Ask about and address breastfeeding difficulties?	1	2	7	8	
I.	Treat breast problems?	1	2	7	8	
J.	Promote the introduction of complementary foods to children 6 months of age? Explain: by this i mean soft, semi-solid foods provided in addition to breast milk.	1	2	7	8	
K.	Counsel mothers on infant and young child nutrition one-on-one?	1	2	7	8	
L.	Counsel groups of mothers on infant and young child nutrition?	1	2	7	8	
M.	Promote hand washing before food preparation and feeding a young child?	1	2	7	8	
N.	Promote fortified complementary foods?	1	2	7	8	
O.	Administer Vitamin A at least once a year?	1	2	7	8	
P.	Administer deworming medicine at least once a year?	1	2	7	8	
Q.	Provide or prescribe Zinc with ORS to children with diarrhea?	1	2	7	8	
R.	Provide or prescribe intermittent iron and folic acid (IFA) to pre-school children?	1	2	7	8	
S.	Provide or prescribe malaria medicine to children with malaria?	1	2	7	8	

T.	Weigh children with a scale?	1	2	7	8	
U.	Measure the height/length of children?	1	2	7	8	
V.	Measure the middle upper arm circumference (MUAC) of children?	1	2	7	8	
W.	Classify the level of malnutrition of children?	1	2	7	8	
X.	Treat children with moderate acute malnutrition (MAM)?	1	2	7	8	
Y.	Treat children with severe acute malnutrition (SAM) without complications	1	2	7	8	
Z.	Treat children with severe acute malnutrition (SAM) with complications?	1	2	7	8	
AA.	Refer malnourished children to appropriate services?	1	2	7	8	
BB.	Provide follow-up to malnourished children?	1	2	7	8	
CC.	Support infant feeding of children born to HIV+ mothers	1	2	7	8	
DD.	Assess nutritional status of HIV-infected children?	1	2	7	8	
EE.	Care for malnourished HIV-infected children?	1	2	7	8	
FF.	Refer malnourished HIV-infected children?	1	2	7	8	
GG.	Provide or prescribe intermittent supplementation of iron and folic acid (IFA) to non-pregnant and non-lactating women of reproductive age?	1	2	7	8	
HH.	Counsel non-pregnant and non-lactating women of reproductive age on optimal nutrition practices?	1	2	7	8	
II.	Provide or prescribe iron and folic acid (IFA) supplementation to pregnant women?	1	2	7	8	
JJ.	Counsel pregnant and lactating women on side effects of iron and folic acid and compliance while taking them?	1	2	7	8	



KK. Provide or prescribe malaria prophylaxis to pregnant women?	1	2	7	8	
LL. Promote the use of insecticide-treated bednets?	1	2	7	8	
MM. Provide or prescribe insecticide-treated bednets?	1	2	7	8	
NN. Provide or prescribe deworming medicine to pregnant women?	1	2	7	8	
OO. Weigh pregnant women with scale?	1	2	7	8	
PP. Promote healthy nutrition and life style among pregnant and lactating women?	1	2	7	8	
QQ. Counsel pregnant and lactating women on nutrition one-on-one?	1	2	7	8	
RR. Counsel groups of pregnant and lactating women on nutrition?	1	2	7	8	

204. How much work is your health facility is currently doing to improve children’s health and/or nutrition? READ RESPONSE OPTIONS.

- Nothing ..... 1
- Very little..... 2
- Little ..... 3
- Some ..... 4
- Very much ..... 5
- DON'T KNOW ..... 8

IF YES (CODE 2-5), ASK: What is your facility currently doing to improve children’s health and/or nutrition?  
 IF NOTHING (CODE 1), ASK: Why not?

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205. How much work is your health facility currently doing to improve women’s health and/or nutrition? READ RESPONSE OPTIONS.

- Nothing ..... 1
- Very little..... 2
- Little ..... 3
- Some ..... 4
- Very much ..... 5
- DON'T KNOW ..... 8

IF YES (CODE 2-5), ASK: What is your facility currently doing to improve women's health and/or nutrition?  
IF NOTHING (CODE 1), ASK: Why not?

---

---

206. Finally, how much work is your health facility currently doing at community level? READ RESPONSE  
OPTIONS.

- Nothing..... 1
- Very little..... 2
- Little..... 3
- Some ..... 4
- Very much..... 5
- DON'T KNOW..... 8

IF YES (CODE 2-5), ASK: What is your facility currently doing to at the community level?  
IF NOTHING (CODE 1), ASK: Why not?

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Now I would like to ask you a few questions related to your health facility's experience with community volunteers. Community volunteers are usually people from the community who have been asked to help the health facility in some way. This could include volunteers engaged during immunization campaigns. Community volunteers do not include CHEWs or JCHEWs.

207. Has your facility worked with community volunteers in the past three years? This means, has your facility done any work with community volunteers at any point in 2012, 2013, or 2014?

- YES..... 1
- NO ..... 2 → GO TO Q219
- DON'T KNOW ..... 8 → GO TO Q219

208. Is your facility currently working with community volunteers?

- YES..... 1
- NO ..... 2 → PROBE, THEN GO TO Q210

IF NO, PROBE: Why not? PROBE: Any other reason?

IF YES, PROBE: What do the volunteers do?

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209. How many community volunteers does your facility currently work with? EXPLAIN: By this, I mean that your facility trains, supervises, visits, supplies, and/or monitors community members who deliver health services, provide counseling, or motivate people in your catchment area to come to your health facility. AN ESTIMATE IS ACCEPTABLE.

NUMBER OF COMMUNITY VOLUNTEERS ..... |\_\_|\_\_|\_\_|  
DON'T KNOW ..... 998

210. Have community volunteers in your catchment area been trained in the last three years?

YES ..... 1  
NO ..... 2 → GO TO Q214  
DON'T KNOW ..... 8 → GO TO Q214

211. Who trained the community volunteers?

---

DON'T KNOW ..... 8

212. Where were they trained?

---

DON'T KNOW ..... 8

213. On what were they trained? PROBE: Anything else? Any other topics?

---

DON'T KNOW ..... 8

214. Has this facility supervised community volunteers in the past three years? EXPLAIN: By supervise, we mean visit, observe, or monitor the work of community volunteers.

YES ..... 1  
NO ..... 2 → GO TO Q218  
DON'T KNOW ..... 8 → GO TO Q218

215. Does your facility currently supervise community volunteers?

YES ..... 1  
NO ..... 2 → PROBE, THEN GO TO Q218  
IF NO, PROBE: Why not? PROBE: Any other reason?

---

---

216. Does this facility have guidelines for supervising community volunteers?

- YES..... 1  
 NO..... 2  
 DON'T KNOW..... 8

217. Who from this facility is currently responsible for supervising community volunteers? EXPLAIN: For each staff responsible for supervision I will ask you their names, position at the health facility, number of community volunteers s/he supervises, what the community volunteers being supervised do, the frequency of supervision, activities supervised, and how supervision happens.

A. What is the supervisor's name?	B. What is (NAME'S) position at the health facility?	C. How many community volunteers does (NAME) supervise?	D. Which of the community volunteers' activities does (NAME) supervise?	E. How often does (NAME) supervise each community volunteer?	F. How does (NAME) supervise? What does (NAME) do to supervise?
i.		_ _ _ _			
ii.		_ _ _ _			
iii.		_ _ _ _			
iv.		_ _ _ _			
v.		_ _ _ _			

218. Have you or your staff experienced any challenges working with and/or supervising community volunteers in the past three years?

- YES .....1  
 NO .....2 → Q220  
 DON'T KNOW .....8 → Q220

219. I would like to know more about the challenges or difficulties you or your staff have faced when working with and/or supervising community volunteers in the past three years.

<p>A. What were the top three challenges or difficulties you experienced when working with and/or supervising community volunteers in the past three years?</p> <p>RECORD UP TO THREE CHALLENGES OR DIFFICULTIES MENTIONED. IF ONLY ONE OR TWO, SIMPLY RECORD THOSE TWO AND LEAVE THE ADDITIONAL ROWS BLANK.</p>	<p>B. Have you tried to address this challenge in any way?</p> <p>YES = 1            NO = 2 → next challenge            DK = 8 → next challenge</p>	<p>C. How did you try to address this challenge?</p>	<p>D. Did the solution work?</p> <p>YES = 1            NO = 2            DK = 8</p>
<p>i.</p>	<p>1      2      8</p>		<p>1      2      8</p>
<p>ii.</p>	<p>1      2      8</p>		<p>1      2      8</p>
<p>iii.</p>	<p>1      2      8</p>		<p>1      2      8</p>

<p>220. Now I would like you to consider how likely or unlikely it is that your facility could conduct a few activities. When you answer this please consider your time or other facility staff time, capacity, interest, and willingness. Also consider the facility funding that is available for these activities.</p> <p>FOR EACH ACTION, ASK: How likely or unlikely is it that your facility could (ACTION)?</p> <p>READ AND POINT TO RESPONSE OPTIONS.</p>	Very unlikely	Unlikely	Likely	Very likely	DON'T KNOW	IF UNLIKELY (CODE 1 OR 2), ASK: Why not? What would be needed for you to be able to support the activity?
A. Recruit community volunteers?	1	2	3	4	8	
B. Recruit new community volunteers if some dropout?	1	2	3	4	8	
C. Assist community volunteers in organizing support groups?	1	2	3	4	8	
D. Assist community volunteers in identifying participants for support groups (pregnant women, caregivers of young children)?	1	2	3	4	8	
E. Encourage community members to attend support groups?	1	2	3	4	8	
F. Organize trainings for community volunteers?	1	2	3	4	8	
G. Conduct trainings for community volunteers?	1	2	3	4	8	
H. Supervise/mentor community volunteers?	1	2	3	4	8	
I. Assist wdcs and LGA to organize community events on maternal, infant, and young child nutrition?	1	2	3	4	8	
J. Participate in annual meetings?	1	2	3	4	8	
K. Organize monthly meetings for community volunteers?	1	2	3	4	8	
L. Collect data on infant and young child feeding activities from community volunteers?	1	2	3	4	8	

<p>220. Now I would like you to consider how likely or unlikely it is that your facility could conduct a few activities. When you answer this please consider your time or other facility staff time, capacity, interest, and willingness. Also consider the facility funding that is available for these activities.</p> <p>FOR EACH ACTION, ASK: How likely or unlikely is it that your facility could (ACTION)?</p> <p>READ AND POINT TO RESPONSE OPTIONS.</p>	Very unlikely	Unlikely	Likely	Very likely	DON'T KNOW	IF UNLIKELY (CODE 1 OR 2), ASK: Why not? What would be needed for you to be able to support the activity?
M. Compile data and prepare monthly reports?	1	2	3	4	8	
N. Review data collected on IYCF activities?	1	2	3	4	8	
O. Discuss infant and young child feeding issues during facility staff meetings?	1	2	3	4	8	
P. Promote infant and young child feeding practices to your <u>clients</u> ?	1	2	3	4	8	
Q. Promote infant and young child feeding practices to friends, family, and other community members?	1	2	3	4	8	

### Module 3: MATERNAL AND CHILD HEALTH/NUTRITION

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

301. How long after giving birth do people in this community think a mother should start breastfeeding her baby?

- IMMEDIATELY..... 000
- HOURS ..... 1 |\_\_|\_\_|
- DAYS..... 2 |\_\_|\_\_|
- DON'T KNOW ..... 998
- NEVER ..... 999

302. What do you think? How soon after birth should a mother start breastfeeding her baby? THIS SHOULD BE ASKED ONLY OF THE PRIMARY RESPONDENT.

- IMMEDIATELY..... 000
- HOURS ..... 1 |\_\_|\_\_|
- DAYS..... 2 |\_\_|\_\_|
- DON'T KNOW ..... 998
- NEVER ..... 999

303. When do people in this community think a baby should first be given soft, semi-solid foods such as pap? PROBE: How many days, weeks, or months after birth?

- DAYS..... 1 |\_\_|\_\_|
- WEEKS..... 2 |\_\_|\_\_|
- MONTHS ..... 3 |\_\_|\_\_|
- DON'T KNOW ..... 998

304. What do you think? When should a baby first be given soft, semi-solid foods such as pap? PROBE: How many days, weeks, or months after birth? THIS SHOULD BE ASKED ONLY OF THE PRIMARY RESPONDENT.

- DAYS..... 1 |\_\_|\_\_|
- WEEKS..... 2 |\_\_|\_\_|
- MONTHS ..... 3 |\_\_|\_\_|
- DON'T KNOW ..... 998



<p>305. Now 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.</p> <p>FOR EACH ACTION, ASK: Do you agree or disagree that (ACTION)?</p> <p>THIS SHOULD BE ASKED <u>ONLY</u> OF THE PRIMARY RESPONDENT.</p> <p>READ AND POINT TO RESPONSE OPTIONS.</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
D. Only the men should make the important decisions in the family?	1	2	3	4	8	
E. A mother should be able to express her opinion regarding child feeding?	1	2	3	4	8	
F. A mother should be allowed to participate in mother's groups?	1	2	3	4	8	
<p>306. How strongly do you agree or disagree that the following practices are important for the health of mother/child?</p> <p>FOR EACH PRACTICE, ASK: Do you agree or disagree that (PRACTICE) is important for good health of a mother or child?</p> <p>THIS SHOULD BE ASKED <u>ONLY</u> OF THE PRIMARY RESPONDENT.</p> <p>READ AND POINT TO RESPONSE OPTIONS (3).</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	RECORD COMMENTS.
G. Eating more during pregnancy	1	2	3	4	8	
H. Resting more during pregnancy	1	2	3	4	8	
I. Eating more while breastfeeding	1	2	3	4	8	
J. Resting more while breastfeeding	1	2	3	4	8	
K. Starting to breastfeed immediately after birth	1	2	3	4	8	
L. Giving newborn babies sugar water or glucose water after birth	1	2	3	4	8	
M. Breastfeeding exclusively for 6 months old. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8	

N. Breastfeeding infants under 6 months old more than 8 times per day, day and night	1	2	3	4	8		
O. Giving infants under 6 months old additional water if the weather is very hot	1	2	3	4	8		
P. Giving infants under 6 months old thin or watery pap	1	2	3	4	8		
Q. Starting to feed children soft, semi-solid foods at 6 months of age	1	2	3	4	8		
R. Waiting until child is one year old to feed animal protein such as fish, meat, eggs, etc.	1	2	3	4	8		
S. Feeding children over 6 months old a variety of foods	1	2	3	4	8		
T. Breastfeeding children for at least 2 years	1	2	3	4	8		
U. Washing hands with soap and water before eating	1	2	3	4	8		
V. Washing hands with soap and water before preparing food or cooking	1	2	3	4	8		
W. Washing hands with soap and water before feeding child	1	2	3	4	8		
X. Keeping animals outside of living area	1	2	3	4	8		
FOR EACH OF THE FOLLOWING QUESTIONS, READ THE QUESTION THEN THE READ AND POINT TO THE RESPONSE OPTIONS.	None	Very little	Little	Some	Very much	DON'T KNOW	RECORD COMMENTS.
307. How much need do you perceive there is for <u>supporting</u> maternal, infant, and young child nutrition?	1	2	3	4	5	8	
308. How much need do you perceive there is for <u>community-based activities</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8	
309. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and	1	2	3	4	5	8	

young child nutrition?							
310. FOR EACH OF THE FOLLOWING PEOPLE, ASK: How likely or unlikely is it that (PERSON) would attend support group sessions on maternal, infant, and young child nutrition led by the community volunteers? READ AND POINT TO RESPONSE OPTIONS.	Very unlikely	Unlikely	Likely	Very likely	DON'T KNOW	RECORD COMMENTS. IF UNLIKELY, ASK: Could you explain why?	
A. Newly married women without children and not yet pregnant	1	2	3	4	8		
B. Pregnant women	1	2	3	4	8		
C. Women with children under 2 years of age	1	2	3	4	8		
D. Husbands	1	2	3	4	8		
E. Mothers in law	1	2	3	4	8		
F. Other close relatives such as aunties, cousins, or mothers	1	2	3	4	8		
311. FOR EACH PRACTICE, ASK: How confident or uncertain are you that your facility can help improve the practice of (PRACTICE)? READ AND POINT TO THE RESPONSE OPTIONS.	Very uncertain	Uncertain	Confident	Very confident	DON'T KNOW	RECORD COMMENTS. IF UNCERTAIN, ASK: Could you explain why?	
A. women eating more during pregnancy than before they were pregnant	1	2	3	4	8		
B. women resting more during pregnancy than before they were pregnant	1	2	3	4	8		
C. women eating more while breastfeeding than before they	1	2	3	4	8		

became pregnant						
D. women resting more while breastfeeding than before they became pregnant	1	2	3	4	8	
E. women breastfeeding a newborn for the first time within one hour after birth	1	2	3	4	8	
F. women breastfeeding infants exclusively for 6 months	1	2	3	4	8	
G. women breastfeeding infants under 6 months old 8 or more times per day, day and night	1	2	3	4	8	
H. starting to feed infants 6 months old soft, semi-solid foods	1	2	3	4	8	
I. feeding infants aged 6 months to 2 years a varied diet	1	2	3	4	8	
J. women breastfeeding infants for at least 2 years	1	2	3	4	8	
K. washing hands with water and soap before eating	1	2	3	4	8	
L. washing hands with water and soap before preparing food (cooking)	1	2	3	4	8	
M. washing hands with water and soap before feeding children	1	2	3	4	8	
N. keeping animals outside of living area	1	2	3	4	8	

312. Is there anything else that you would like to add regarding maternal, infant, or young child nutrition or feeding practices?

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313. Finally, could you identify any individuals who are leaders in this (ward/community) or might influence the nutritional status of pregnant women and/or children? By this I mean people who might influence nutrition practices and/or availability of food, water, and sanitation? If yes, how can we contact him/her?

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**Thank you for your time!**

If you have any questions, please feel free to contact the person listed on this card I gave you earlier.

**DON'T FORGET TO RECORD INTERVIEW END TIME.**

# Tool 6. Pre-Training Survey: Health Authorities and Facility Staff

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*THIS TOOL IS INTENDED TO BE SELF-ADMINISTERED BY HEALTH AUTHORITIES AND PHC STAFF PRIOR TO THE C-IYCF COUNSELING PACKAGE TRAINING.*

**OFFICE USE ONLY:**

**Start Date of Training:** \_\_\_\_\_

**Location of Training:** \_\_\_\_\_  
(community/ward)

**Trainers:** \_\_\_\_\_

**Participant ID#:**           |\_|\_|-|\_|\_|\_|\_|\_|  
(ward ID)   (participant #)

## INTRODUCTION

This survey is part of an overall study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. Before and after this training that you are about to begin, we would like to ask you some questions about your knowledge and work related to maternal, infant, and young child nutrition. In addition, in approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your community. The questions will take about 30 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

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 aggregated or combined findings from the 85 other health authorities and health facility staff who will be trained in Kajuru LGA will be reported. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

We ask that you complete these questions as part of your training. It is important to us so that we know if the training is conducted satisfactorily. You do not have to answer the questions, but we hope you will agree to answer them since your views are important. If there is any question that you don't want to answer, please go on to the next question or you can stop the survey at any time.

In case you need more information about the study, you may contact the person included in your training materials.

## BACKGROUND

1. What is your full name? \_\_\_\_\_  
AS A REMINDER, YOUR NAME WILL ONLY BE USED TO MATCH YOUR RESPONSES BEFORE THE TRAINING WITH THOSE FROM AFTER THE TRAINING. 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 AGGREGATED OR COMBINED FINDINGS WILL BE REPORTED.
2. What is your sex? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.  
Male ..... 1  
Female..... 2
3. What languages do you speak? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY.  
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: \_\_\_\_\_)
4. In what language do you feel most comfortable communicating? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.  
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:\_\_\_\_\_)

5. Do you currently work in a health facility? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.

- Yes ..... 1 → Go to 'A'.  
 No ..... 2 → Go to 'B'.

A. If yes, what is your current primary position? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.

- Doctor ..... 1  
 Nurse ..... 2  
 Midwife..... 3  
 CHEW ..... 4  
 JCHEW ..... 5  
 CHO ..... 6  
 Other ..... 7

Please specify:\_\_\_\_\_

B. If no, what is your current role in the LGA? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.

- LGA Director of PHC .....1  
 LGA Health educator .....2  
 LGA Nutrition Focal Person.....3  
 LGA M&E staff.....4  
 WDC chairperson .....5  
 WDC secretary.....6  
 Other .....7

Please specify:\_\_\_\_\_

6. How long have you served in that position? RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. IF YOU DO NOT KNOW, CIRCLE '88'.

Months: ..... |\_\_|\_\_|  
 Years: ..... |\_\_|\_\_|



Don't know..... 88

7. What services do you provide to clients? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

- Antenatal care..... A
- Immunization services ..... B
- Child welfare..... C
- Growth monitoring ..... D
- Sick child visits ..... E
- Breastfeeding counseling/support..... G
- Nutrition counseling ..... H
- Other ..... I
- Please specify: \_\_\_\_\_
- None/not applicable ..... J
- Don't know..... Z

8. In the last three years have you been trained in any of the following? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Yes	No	Don't know
A. Infant and Young Child Feeding?	1	2	8
B. FMOH/UNICEF Infant and Young Child Feeding counseling package?	1	2	8
C. Supportive supervision	1	2	8
D. Counseling	1	2	8

9. Have you ever supervised community volunteers? If yes, do you currently supervise a community volunteer? By supervise, we mean visit, observe, or monitor the work of community volunteers, **excluding** Community Health extension Workers (CHEWs) and Junior CHEWs. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes, currently ..... 1
- Yes, but not currently..... 2
- No, never ..... 3 → GO TO Q13
- Don't know..... 8 → GO TO Q13

10. Do you have guidelines for supervising community volunteers? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes ..... 1
- No ..... 2
- Don't know..... 8

11. Have you experienced any challenges supervising community volunteers? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes ..... 1  
 No ..... 2 → GO TO Q13  
 Don't know ..... 8 → GO TO Q13

12. What were the top three challenges you have experienced when supervising community volunteers? RECORD YOUR ANSWERS IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 Don't know ..... 8

13. Now we would like to get your opinion on some aspects of family life and childcare. Please tell me how strongly you agree or disagree with each statement. CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Comment
A. Only the men of the family should make the important decisions in the family.	1	2	3	4	8	
B. A mother should be able to express her opinion regarding child feeding.	1	2	3	4	8	
C. A mother should be allowed to participate in mother's groups.	1	2	3	4	8	

## COUNSELING SKILLS

14. Have you ever provided counseling about how to feed infants and young children? This includes breastfeeding. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.

- Yes ..... 1  
 No ..... 2  
 Don't know ..... 8

15. Can you tell me at least three things that make counseling effective? Is there anything special about how the counsellor listens or treats the client? RECORD YOUR ANSWERS IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 Don't know ..... 8

16. Can you tell me two or more helpful ways of communicating without words? RECORD YOUR ANSWERS IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

1. \_\_\_\_\_

2. \_\_\_\_\_

Don't know.....8

17. What is the main purpose or primary characteristics of a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

\_\_\_\_\_

Don't know.....8

18. What are the key characteristics of a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

\_\_\_\_\_

Don't know.....8

19. What do you think is a good size (number of participants) in a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '88'.

Ideal size of a support group (number of participants): ..... |\_\_|\_\_|

Don't know..... 88

20. How do you think seating should be arranged for a support group? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Classroom style .....1

Circle .....2

Other .....3

Please specify: \_\_\_\_\_

Don't know.....8

21. What is the first thing a counsellor should do at the start of any meeting or counselling session? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

Don't know.....8

## NUTRITION KNOWLEDGE

22. Are there any foods that women should avoid during pregnancy? If so, what are they? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

---

Don't know.....8

23. How soon after birth should a mother start breastfeeding her baby? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Immediately or less than 1 hour after delivery.....1

Some hours later but less than 24 hours.....2

1 day after.....3

More than 1 day later.....4

Do not think baby should be breastfed.....5

It depends.....6

Don't know.....8

24. Until what age should a mother give only breast milk to her baby? (Exclusively breastfeed) RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. FOR EXAMPLE, IF YOU THINK THE ANSWER IS 2 HOURS, RECORD '0 2' ON THE LINE FOR HOURS. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days.....|\_|\_|

Weeks.....|\_|\_|

Month.....|\_|\_|

Don't know.....888

25. When do you think a baby first be given soft, semi-solid foods such as pap? RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days.....|\_|\_|

Weeks.....|\_|\_|

Month.....|\_|\_|

Don't know.....888

26. Until about what age should a baby continue to breastfeed? RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days ..... |\_\_|\_\_|

Weeks..... |\_\_|\_\_|

Month ..... |\_\_|\_\_|

Don't know.....888

27. How often should a baby breastfeed? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

As frequently as the baby wants (requests or demands) .....1

Every three hours.....2

When the baby cries .....3

Other .....4

Please specify: \_\_\_\_\_

Don't know.....8

28. What are some of the early signs indicating that a baby is hungry? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

Baby is alert..... A

Baby is restless..... B

Baby opens his/her mouth ..... C

Baby turns his/her head..... D

Baby puts tongue in and out..... E

Baby sucks on hand or fist..... F

Baby asks to breastfeed ..... G

Other ..... H

Please specify: \_\_\_\_\_

Don't know.....Z

29. Should a breastfeeding mother of a baby under 6 months old stop breastfeeding her child if the mother becomes ill? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes .....1

No .....2

Don't know.....8

30. Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes .....1

No .....2

Don't know.....8

31. Do you think a breastfed infant under 6 months should also be given any of the following? Yes No Don't know  
 CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.

IF THERE IS SOME OTHER FOOD OR LIQUID THAT YOU THINK BREASTFED INFANTS UNDER 6 MONTHS SHOULD BE GIVEN, CIRCLE '1' FOR ITEM 'H' AND RECORD THE ITEM IN THE SPACE PROVIDED.

A. Infant formula	1	2	8
B. Water	1	2	8
C. Teas	1	2	8
D. Coffee	1	2	8
E. Animal Milk	1	2	8
F. Glucose water	1	2	8
G. Pap	1	2	8
H. Other, Specify:	1	2	8

32. Do breastfed infants under 6 months need additional water if the weather is very hot? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes .....1  
 No .....2  
 Don't know .....8

33. Are there any foods that women should avoid while they are breastfeeding? If so, what are they? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

Don't know .....8

34. Can a thin or malnourished mother produce "enough" breast milk for her infant under 6 months of age? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes .....1
- No .....2
- Don't know.....8

35. Are there things a mother can do to increase milk production? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes ..... 1
- No ..... 2 → GO TO Q37
- Don't know..... 8 → GO TO Q37

36. Which of the following can a mother do to increase her milk production? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.

FOR 'E' THRU 'G' RECORD THE SPECIFIC FOOD IN THE SPACE PROVIDED. IF THERE IS SOMETHING ELSE SHE CAN DO THAT IS NOT LISTED HERE, CIRCLE '1' FOR ITEM 'H' AND RECORD THE ITEM IN THE SPACE PROVIDED.

	Yes	No	Don't know
A. Drink milk	1	2	8
B. Breastfeed more frequently	1	2	8
C. Massage breasts	1	2	8
D. Sleep more hours	1	2	8
E. Eat special foods If yes, please specify the foods that should be eaten. _____	1	2	8
F. Avoid special foods If yes, please specify the foods that should be avoided. _____	1	2	8
G. Eat more of certain foods If yes, please specify the foods. _____	1	2	8
H. Other If yes, please specify: _____	1	2	8

37. When do you think a breastfed baby should first start to receive liquids (including water)? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

Don't know.....8

38. What **do you think?** When (at what age) should a baby first be given soft, semi-solid foods? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

---

Don't know.....8

39. What are some foods that are rich in iron? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

Liver, kidneys, heart, other organ meats..... A

Red meat..... B

Dark green vegetables ..... C

Egg yolks..... D

Other ..... E

Please specify: \_\_\_\_\_

Don't know..... Z

40. What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

Orange colored fruits/vegetables..... A

Green leafy vegetables..... B

Eggs ..... C

Liver..... D

Breast milk..... E

Cow's milk ..... F

Other ..... G

Please specify: \_\_\_\_\_

Don't know..... Z

41. Can breastfeeding delay a new pregnancy? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes ..... 1

No ..... 2

Don't know..... 8

42. How long should you wait after the birth of your child before you try to become pregnant again? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Less than 2 years..... 1

2 to 3 years..... 2

4 to 5 years..... 3

More than 5 years ..... 4

Don't know..... 8



43. Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes .....1

No .....2

Don't know.....8

44. How strongly do you agree or disagree that the following practices are for important for the health of mothers and children? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
A. Eat more during pregnancy.	1	2	3	4	8
B. Rest more during pregnancy.	1	2	3	4	8
C. Eat more while lactating.	1	2	3	4	8
D. Rest more while lactating.	1	2	3	4	8
E. Start breastfeeding immediately after birth.	1	2	3	4	8
F. Give newborn babies sugar water after birth.	1	2	3	4	8
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8
M. Feed children over six months old a diverse diet.	1	2	3	4	8
N. Breastfeed children for at least 2 years.	1	2	3	4	8
O. Wash hands with soap before eating.	1	2	3	4	8
P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8

44. How strongly do you agree or disagree that the following practices are for important for the health of mothers and children? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Q. Wash hands with soap before feeding child.	1	2	3	4	8
R. Keep animals outside of living area.	1	2	3	4	8

45. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

---

Finally, we would like to know how much need you perceive for the following actions. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.	None	Very	Little	Some	Very much	Don't know
46. How much need do you perceive there is for <u>supporting</u> maternal, infant, and young child nutrition?	1	2	3	4	5	8
47. How much need do you perceive there is for <u>community-based activities</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8
48. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8

49. Do you have any comments on any of the above?

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***Thank you for your time!***

# Tool 7. Post-Training Survey: Health Authorities and Facility Staff

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*THIS TOOL IS INTENDED TO BE SELF-ADMINISTERED BY HEALTH AUTHORITIES AND PHC STAFF IMMEDIATELY AFTER COMPLETION OF THE C-IYCF COUNSELING PACKAGE TRAINING.*

**OFFICE USE ONLY:**

**Start Date of Training:** \_\_\_\_\_

**Location of Training:** \_\_\_\_\_  
(community/ward)

**Trainers:** \_\_\_\_\_

**Participant ID#:**           |\_|\_|-|\_|\_|\_|\_|\_|  
(ward ID)   (participant #)

## INTRODUCTION

As a reminder, this survey is part of an overall study being conducted by the Federal Ministry of Health, the Kaduna State Ministry of Health, UNICEF, and the USAID-funded SPRING Project. We would like to ask you some questions about your knowledge and plans with regard to maternal, infant, and young child nutrition. In approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your community. The questions will take about 30 minutes to answer. The information we collect will help understand how to improve the nutrition of young children.

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 aggregated or combined findings from the 99 other health authorities and health facility staff who will be trained in Kajuru LGA. They will be shared securely to ensure your confidentiality. In other words, no one will know your responses or answers to these questions.

We ask that you complete these questions as part of your training. It is important to us so that we know if the training is conducted satisfactorily. You do not have to answer the questions, but we hope you will agree to answer them since your views are important. If there is any question that you don't want to answer, please go on to the next question or you can stop the survey at any time.

In case you need more information about the study, you may contact the person included in your training materials.

## BACKGROUND

What is your full name? \_\_\_\_\_

AS A REMINDER, YOUR NAME WILL ONLY BE USED TO MATCH YOUR RESPONSES BEFORE THE TRAINING WITH THOSE FROM AFTER THE TRAINING. 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 AGGREGATED OR COMBINED FINDINGS WILL BE REPORTED.

## SATISFACTION WITH TRAINING

First I would like to ask you a few questions about your recent training.

1. Please rate your level of satisfaction for the following on a scale of 1 (very unsatisfied) to 4 (very satisfied). CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Very unsatisfied	Un-satisfied	Somewhat satisfied	Very satisfied
A. Objectives of the course	4	3	2	1
B. Organization of the sessions	4	3	2	1
C. Handouts/materials	4	3	2	1
D. Group size	4	3	2	1
E. Venue	4	3	2	1
F. Length of the course	4	3	2	1
G. Food	4	3	2	1
H. Transportation to and from training	4	3	2	1
I. Overall organization of the course	4	3	2	1

2. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

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3. All trainers have certain strengths and weaknesses. Please rate the trainers' strengths and weaknesses. CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Very strong / qualified	Strong / qualified	Weak / unqualified	Very weak / unqualified	Don't know
A. Communication of training content	4	3	2	1	9
B. Knowledge of the topic	4	3	2	1	9
C. Providing opportunities to practice the new knowledge or skills taught	4	3	2	1	9
D. Asking for your input based on your past experiences and knowledge	4	3	2	1	9
E. Providing opportunities for you to give feedback and/or questions	4	3	2	1	9
F. Overall performance	4	3	2	1	9

4. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

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5. Please indicate how strongly you agree or disagree with the following statements. CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
A. I was able to practice what I was learning during the training	4	3	2	1	9
B. I had an opportunity to see the trainer practice what I was learning before I tried to do so	4	3	2	1	9
C. The trainer was supportive, not critical	4	3	2	1	9

6. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

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7. How has the training benefited you? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes ..... 1 → GO TO A
- No ..... 2 → GO TO B
- Don't know ..... 8 → GO TO Q7

8. If yes, how has the training benefited you? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

- Increased knowledge ..... A
- Improved ability to conduct nutrition assessment ..... B
- Improved ability to conduct nutrition counseling ..... C
- Strengthened resume for future job opportunities ..... D
- Other ..... X
- Please specify: \_\_\_\_\_
- Don't know ..... Z

9. Overall, how useful did you find the training? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Very useful ..... 1
- Useful ..... 2
- Not useful ..... 3
- Not at all useful ..... 4
- Don't know ..... 8

10. We are also curious to find out if your opinions regarding aspects of family life and child care may have changed after the training. Please tell me if you agree or disagree with each statement. CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
A. Only the men of the family should make the important decisions in the family.	4	3	2	1	8
B. A mother should be able to express her opinion regarding child feeding.	4	3	2	1	8
C. A mother should be allowed to participate in mother's groups.	4	3	2	1	8

11. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

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## NUTRITION KNOWLEDGE

Next we would like to ask you a few questions about maternal, infant, and young child nutrition. Please answer to the best of your ability.

12. Are there any foods that women should avoid during pregnancy? If so, what are they? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

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Don't know.....8

13. How soon after birth should a mother start breastfeeding her baby? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Immediately or less than 1 hour after delivery.....1

Some hours later but less than 24 hours.....2

1 day after.....3

More than 1 day later.....4

Do not think baby should be breastfed.....5

It depends.....6

Don't know.....8

14. Until what age should a mother give only breast milk to her baby? (Exclusively breastfeed) RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. FOR EXAMPLE, IF YOU THINK THE ANSWER IS 2 HOURS, RECORD '0 2' ON THE LINE FOR HOURS. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days.....|\_|\_|

Weeks.....|\_|\_|

Month.....|\_|\_|

Don't know.....888

15. When do you think a baby first be given soft, semi-solid foods such as pap? RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days.....|\_|\_|

Weeks.....|\_|\_|

Month.....|\_|\_|

Don't know.....888



16. Until about what age should a baby continue to breastfeed? RECORD YOUR ANSWER IN THE APPROPRIATE SPACE BELOW. IF YOU DO NOT KNOW, CIRCLE '888'.

Hours.....|\_|\_|

Days.....|\_|\_|

Weeks.....|\_|\_|

Month.....|\_|\_|

Don't know.....888

17. How often should a baby breastfeed? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

As frequently as the baby wants (requests or demands).....1

Every three hours.....2

When the baby cries.....3

Other.....4

Please specify: \_\_\_\_\_

Don't know.....8

18. What are some of the early signs indicating that a baby is hungry? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

Baby is alert.....A

Baby is restless.....B

Baby opens his/her mouth.....C

Baby turns his/her head.....D

Baby puts tongue in and out.....E

Baby sucks on hand or fist.....F

Baby asks to breastfeed.....G

Other.....H

Please specify: \_\_\_\_\_

Don't know.....Z

19. Should a breastfeeding mother of a baby under 6 months old stop breastfeeding her child if the mother becomes ill? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Yes.....1

No.....2

Don't know.....8

20. Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes .....1
- No .....2
- Don't know .....8

21. Do you think a breastfed infant under 6 months should also be given any of the following? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.  IF THERE IS SOME OTHER FOOD OR LIQUID THAT YOU THINK BREASTFED INFANTS UNDER 6 MONTHS SHOULD BE GIVEN, CIRCLE '1' FOR ITEM 'H' AND RECORD THE ITEM IN THE SPACE PROVIDED.	Yes	No	Don't know
I. Infant formula	1	2	8
J. Water	1	2	8
K. Teas	1	2	8
L. Coffee	1	2	8
M. Animal Milk	1	2	8
N. Glucose water	1	2	8
O. Pap	1	2	8
P. Other, Specify: _____	1	2	8

22. Do breastfed infants under 6 months need additional water if the weather is very hot? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes .....1
- No .....2
- Don't know .....8

23. Are there any foods that women should avoid while they are breastfeeding? If so, what are they? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

Don't know .....8

24. Can a thin or malnourished mother produce “enough” breast milk for her infant under 6 months of age? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE ‘8’.

- Yes .....1  
 No .....2  
 Don't know .....8

25. Are there things a mother can do to increase milk production? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE ‘8’.

- Yes ..... 1  
 No ..... 2 → GO TO Q33  
 Don't know ..... 8 → GO TO Q33

26. Which of the following can a mother do to increase her milk production? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE ‘8’.  FOR ‘E’ THRU ‘G’ RECORD THE SPECIFIC FOOD IN THE SPACE PROVIDED. IF THERE IS SOMETHING ELSE SHE CAN DO THAT IS NOT LISTED HERE, CIRCLE ‘1’ FOR ITEM ‘H’ AND RECORD THE ITEM IN THE SPACE PROVIDED.	Yes	No	Don't know
I. Drink milk	1	2	8
J. Breastfeed more frequently	1	2	8
K. Massage breasts	1	2	8
L. Sleep more hours	1	2	8
M. Eat special foods If yes, please specify the foods that should be eaten. _____	1	2	8
N. Avoid special foods If yes, please specify the foods that should be avoided. _____	1	2	8
O. Eat more of certain foods If yes, please specify the foods. _____	1	2	8
P. Other If yes, please specify: _____	1	2	8

27. When do you think a breastfed baby should first start to receive liquids (including water)? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

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Don't know.....8

28. What **do you think?** When (at what age) should a baby first be given soft, semi-solid foods? RECORD YOUR ANSWER IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

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Don't know.....8

29. What are some foods that are rich in iron? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

- Liver, kidneys, heart, other organ meats..... A
- Red meat..... B
- Dark green vegetables ..... C
- Egg yolks..... D
- Other ..... E
- Please specify: \_\_\_\_\_
- Don't know..... Z

30. What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? CIRCLE THE CODE(S) CORRESPONDING TO YOUR ANSWER(S). CIRCLE ALL THAT APPLY. IF YOU DO NOT KNOW, CIRCLE 'Z'.

- Orange colored fruits/vegetables..... A
- Green leafy vegetables..... B
- Eggs ..... C
- Liver..... D
- Breast milk..... E
- Cow's milk ..... F
- Other ..... G
- Please specify: \_\_\_\_\_
- Don't know..... Z

31. Can breastfeeding delay a new pregnancy? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes ..... 1
- No ..... 2
- Don't know..... 8

32. How long should you wait after the birth of your child before you try to become pregnant again? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Less than 2 years.....1
- 2 to 3 years.....2
- 4 to 5 years.....3
- More than 5 years .....4
- Don't know.....8

33. Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Yes.....1
- No.....2
- Don't know.....8

34. How strongly do you agree or disagree that the following practices are for important for the health of mothers and children? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
A. Eat more during pregnancy.	1	2	3	4	8
B. Rest more during pregnancy.	1	2	3	4	8
C. Eat more while lactating.	1	2	3	4	8
D. Rest more while lactating.	1	2	3	4	8
E. Start breastfeeding immediately after birth.	1	2	3	4	8
F. Give newborn babies sugar water after birth.	1	2	3	4	8
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.	1	2	3	4	8
H. Breastfeed infants under 6 months on demand.	1	2	3	4	8
I. Give infants under 6 months additional water if the weather is very hot.	1	2	3	4	8
J. Give infants under 6 months thin or watery pap.	1	2	3	4	8
K. Start feeding children soft, semi-solid foods at 6 months.	1	2	3	4	8
L. Wait until child is one year old to feed animal protein.	1	2	3	4	8

34. How strongly do you agree or disagree that the following practices are for important for the health of mothers and children? CIRCLE THE CODE CORRESPONDING WITH ONLY ONE ANSWER FOR EACH OF THE FOLLOWING ITEMS. IF YOU DO NOT KNOW, CIRCLE '8'.	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
M. Feed children over six months old a diverse diet.	1	2	3	4	8
N. Breastfeed children for at least 2 years.	1	2	3	4	8
O. Wash hands with soap before eating.	1	2	3	4	8
P. Wash hands with soap before preparing food or cooking.	1	2	3	4	8
Q. Wash hands with soap before feeding child.	1	2	3	4	8
R. Keep animals outside of living area.	1	2	3	4	8

35. Do you have any comments on any of the above? IF SO, PLEASE RECORD THEM IN THE SPACE PROVIDED BELOW.

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Finally, we would like to know how much need you perceive for the following actions. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.	None	Very	Little	Some	Very much	Don't know
36. How much need do you perceive there is for <u>supporting</u> maternal, infant, and young child nutrition?	1	2	3	4	5	8
37. How much need do you perceive there is for <u>community-based activities</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8
38. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8

39. Do you have any comments on any of the above?

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## COUNSELING KNOWLEDGE AND SKILLS

40. Have you ever provided counseling about how to feed infants and young children? This includes breastfeeding. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER.

Yes .....1

No .....2

Don't know.....8

41. Can you tell me at least three things that make counseling effective? Is there anything special about how the counsellor listens or treats the client? RECORD YOUR ANSWERS IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Don't know.....8

42. Can you tell me two or more helpful ways of communicating without words? RECORD YOUR ANSWERS IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

1. \_\_\_\_\_

2. \_\_\_\_\_

Don't know.....8

43. What is the main purpose or primary characteristics of a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_  
\_\_\_\_\_

Don't know.....8

44. What are the key characteristics of a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_  
\_\_\_\_\_

Don't know.....8

45. What do you think is a good size (number of participants) in a support group? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '88'.

Ideal size of a support group (number of participants): ..... |\_|\_|

Don't know..... 88

46. How do you think seating should be arranged for a support group? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Classroom style .....1

Circle .....2

Other .....3

Please specify: \_\_\_\_\_

Don't know.....8

47. What is the first thing a counsellor should do at the start of any meeting or counselling session? RECORD YOUR RESPONSE IN THE SPACE PROVIDED. IF YOU DO NOT KNOW, CIRCLE '8'.

\_\_\_\_\_

Don't know.....8

### PERCEPTIONS OF IYCF PROGRAM

48. How supportive are you of PHC staff training community volunteers? In this case, training would involve co-facilitating a three-day training similar to the training you just participate in, but for community volunteers. You would do so in collaboration with one of the master trainers who trained you today. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Strongly in favor/ very supportive..... 1
- In favor / supportive..... 2
- Opposed / unsupportive ..... 3
- Very opposed / very unsupportive..... 4
- Don't know..... 8

Please explain: \_\_\_\_\_

49. How supportive are you of PHC staff supervising/mentoring community volunteers? In this case, supervision/mentoring would involve observing volunteers lead support groups and/or conduct one-on-one counseling followed by a supportive discussion of how the volunteer could improve his/her performance. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Strongly in favor/ very supportive..... 1
- In favor / supportive..... 2
- Opposed / unsupportive ..... 3
- Very opposed / very unsupportive..... 4
- Don't know..... 8

Please explain: \_\_\_\_\_

50. How supportive are you of PHC staff monitoring community volunteers? In this case, monitoring would involve collecting monthly reports from approximately 30 volunteers, aggregating the information, and submitting a monthly report to the LGA. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

- Strongly in favor/ very supportive..... 1
- In favor / supportive..... 2
- Opposed / unsupportive ..... 3
- Very opposed / very unsupportive..... 4
- Don't know..... 8



Please explain: \_\_\_\_\_

Finally, we would like to know how much need you perceive for the following actions. CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS. IF YOU DO NOT KNOW, CIRCLE '8'.	None	Very	Little	Some	Very much	Don't know
51. How much need do you perceive there is for <u>supporting</u> maternal, infant, and young child nutrition?	1	2	3	4	5	8
52. How much need do you perceive there is for <u>community-based activities</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8
53. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition?	1	2	3	4	5	8

54. Do you have any comments on any of the above?

\_\_\_\_\_

55. How confident are you that you can help improve the IYCF practices in your community? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER. IF YOU DO NOT KNOW, CIRCLE '8'.

Not at all confident..... 1

Not confident..... 2

Confident ..... 3

Very confident ..... 4

Don't know..... 8

Please explain: \_\_\_\_\_

56. How confident are you that you can help improve the nutrition practices in your community? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS. IF YOU DO NOT KNOW, CIRCLE '8'.	Very confident	Confident	Not confident	Not at all confident	Don't know
A. Pregnant women rest more than before she was pregnant.	4	3	2	1	8
B. Pregnant women eat more than before she was pregnant.	4	3	2	1	8
C. Breastfeeding mothers rest more than before she became pregnant.	4	3	2	1	8
D. Breastfeeding mothers eat more than before she was pregnant.	4	3	2	1	8

56. How confident are you that you can help improve the nutrition practices in your community? CIRCLE THE CODE CORRESPONDING TO YOUR ANSWER. SELECT ONLY ONE ANSWER FOR EACH OF THE FOLLOWING QUESTIONS. IF YOU DO NOT KNOW, CIRCLE '8'.	Very confident	Confident	Not confident	Not at all confident	Don't know
E. Mothers breastfeed a newborn for the first time within one hour after birth.	4	3	2	1	8
F. Mothers breastfeed newborns exclusively for 6 months? This means giving baby only breast milk and no other liquids or solids, not even water.	4	3	2	1	8
G. Children start being fed soft, semi-solid foods at 6 months.	4	3	2	1	8
H. Children aged 6 months to 2 years are fed a diverse or varied diet.	4	3	2	1	8
I. Children are breastfed for at least 2 years.	4	3	2	1	8
J. Mothers/caregivers responding to infant/child's cues or signals that communicate feeding needs and wants.	4	3	2	1	8
K. Everyone washes hands with soap before eating.	4	3	2	1	8
L. Everyone washes hands with soap before preparing food (cooking).	4	3	2	1	8
M. Everyone washes hands with soap before feeding children.	4	3	2	1	8
N. Everyone keeps animals outside of living area.	4	3	2	1	8

57. Do you have anything else you would like to mention?

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***Thank you for your time!***

# Tool 8. Pre-Training Questionnaire: Community Volunteers

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

## INTERVIEW INFORMATION

1. INTERVIEW DATE: (dd/mm/yyyy) / /

2. STATE ASSEMBLY CONSTITUENCY NAME:

3. LGA NAME:

4. WARD NAME:

5. COMMUNITY NAME:

6. CLUSTER NUMBER:

7. HEALTH FACILITY NAME:

8. RESPONDENT NAME

9. RESPONDENT NUMBER:

10. RESPONDENT SEX (MALE=1, FEMALE=2):

11. INTERVIEW START TIME:

12. INTERVIEW END TIME:

13. RESULT OF INTERVIEW:

14. SUPERVISOR'S NUMBER:

15. SUPERVISOR'S SIGNATURE:

Codes for the Result of the Interview:			
Completed	1	Refused	4
Partly completed	2	Other	6
Postponed	3		

## 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 selected to complete this survey because you were nominated by your community or ward to serve as a community volunteer. I would like to ask you some questions about your knowledge and experiences related to maternal, infant, and young child nutrition. Shortly after the community volunteer training and approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your community.

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 aggregated or combined findings from the nearly 200 people nominated to serve as volunteers 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.

You do not have to answer the questions, but we hope you will agree to answer them as part of the training and since your views are important. It is important to us so that we know if the training is conducted satisfactorily. 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?

SIGNATURE OF **INTERVIEWER**: \_\_\_\_\_ DATE: \_\_\_\_\_

- RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_
- RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. → END INTERVIEW

## MODULE 1: CV CHARACTERISTICS

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101.	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? Tun yausha kin fara zama a (SUNAN WURIN ZAMA HALIN YANZU)?	YEARS .....  __ __  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	
102.	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?	CITY .....1 TOWN .....2 COUNTRYSIDE .....3 HAS BEEN HERE SINCE BIRTH .....4	
103.	In what month and year were you born? A wane wata da shekara aka haife ki?	MONTH.....  __ __  IF MONTH IS NOT KNOWN, ENTER '98' YEAR.....  __ __ __ __  IF YEAR IS NOT KNOWN, ENTER '9998'	
104.	Please tell me how old you are. What was your age at your last birthday? Don Allah ki gaya mini Shekarun ki nawa ne. Menene shekarunki a karshe ranar haihuwar ki? RECORD AGE IN COMPLETED YEARS	YEARS .....  __ __  DON'T KNOW..... 98	
105.	CHECK Q103 AND Q104: IF THE INFORMATION IN Q103 AND Q104 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE.		
106.	Have you ever attended school? Kin yi makarantar boko?	YES .....1 NO.....2	Q109
107.	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?	PRIMARY .....1 SECONDARY .....2 HIGHER .....3	
108.	What is the highest (class/form/year) you completed at that level? Wane (aji / shekara) ka/kin kamala a wancan matakin?	CLASS/FORM/YEAR....  __ __ __ __	
109.	What is your religion? Menene addinin ka/ki?	CHRISTIAN .....1 ISLAM .....2 TRADITIONALIST .....3	

		OTHER .....8 (SPECIFY:_____)	
110.	What languages do you speak? RECORD ALL THAT APPLY.  Wane yarurruka ki/ka ke iya magana dasu? A ZAGAYE DUK AMSOSHI DA AKE FADA.	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:_____)	
111.	In what language do you feel most comfortable communicating?  Da wane yare ka/kika fi ji dadin mu'amala?  RECORD ONLY ONE LANGUAGE THAT THE RESPONDENT IDENTIFIES AS <u>MOST</u> 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:_____)	
112.	Are you currently married or living together with a man as if married?  Kina da aure yanzu ko kina zama tare da wani mutum kamar aure?	YES, CURRENTLY MARRIED.....1 → YES, LIVING WITH A MAN .....2 → NO, NOT IN UNION.....3	Q115 Q115

113.	Have you ever been married or lived together with a man as if married? Kin taba aure ko ZAMA tare da wani mutum kamar aure?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A MAN .....2 NO.....3 →	Q116
114.	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?	WIDOWED .....1 → DIVORCED .....2 → SEPARATED .....3 →	Q116 Q116 Q116
115.	Is your (husband/partner/wife) living with you now or is he staying elsewhere? Ke da mijin ki / abokin zaman ki kuna zama tare yanzu ne, ko ya na zama a wani wuri?.....	LIVING WITH HER/HIM.....1 STAYING ELSEWHERE.....2	
116.	How many living children do you have? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NONE.....00 → NUMBER.....  __	Q120
117.	How many living children do you have who are now living with you? Yaran ki nawa rayayyu, wanda su na tare da ke? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __	
118.	How many of those are under the age of five years? Guda nawa 'yan kasa da shekara biyar wandada kuke tare? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __	
119.	How many of those are your biological children? Guda nawa ne wanda kika Haifa? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __	
120.	Have you used soap today or yesterday? Kin yi amfani da sabulu yau ko jiya?	YES.....1 NO.....2 DON'T KNOW.....8	
121.	When you used soap today or yesterday, what did you use it for? A Lokacin Da Kin Yi Amfani Da Sabulu Yau Ko Jiya, Domin Mene Kika yi Amfani Da Shi?	WASHING CLOTHS.....A WASHING MY BODY .....B WASHING MY CHILDREN.....C	



	<p>IF FOR WASHING MY OR MY CHILDREN'S HANDS IS MENTIONED, PROBE: What was the occasion? PROBE: Any other reason? CONTINUE PROBING UNTIL NOTHING ELSE IS MENTIONED.</p> <p>DO NOT READ THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED.</p>	<p>WASHING CHILD'S BOTTOMS .....D</p> <p>WASHING MY CHILDREN'S HANDS...E</p> <p>WASHING HANDS AFTER DEFECATING .....</p> <p>WASHING HANDS AFTER CLEANING CHILD .....G</p> <p>WASHING HANDS AFTER HANDLING ANIMAL DUNG .....H</p> <p>WASHING HANDS BEFORE FEEDING CHILD.....I</p> <p>WASHING HANDS BEFORE PREPARING FOOD.....J</p> <p>WASHING HANDS BEFORE EATING ..K</p> <p>OTHER ..... X</p> <p>(SPECIFY:_____)</p>	
122.	<p>Where do you usually wash your hands?</p> <p>A ina ne kuka saba wanke hannayen ku?</p>	<p>INSIDE/NEAR TOILET FACILITY .....1</p> <p>INSIDE/NEAR KITCHEN/COOKING PLACE .....</p> <p>ELSEWHERE IN YARD .....3</p> <p>OUTSIDE YARD .....4</p> <p>NO SPECIFIC PLACE .....5</p>	
123.	<p>What do you usually use to wash hands?</p> <p>Da Me kuke yawanci amfani domin wanke hannayenku?</p> <p>DO NOT READ THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED.</p>	<p>SOAP .....A</p> <p>DETERGENT .....B</p> <p>ASH.....C</p> <p>MUD/SAND .....D</p> <p>NONE.....E</p> <p>OTHER ..... F</p> <p>(SPECIFY:_____)</p>	

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

NO.	QUESTIONS AND FILDERS	CODING CATEGORIES	SKIP
201.	<p>Aside from your own housework, have you done any work in the last seven days?</p> <p>A cikin kwanaki bakwai da su ke wuce, kin yi wani aiki daban da wanda kike yi a gida?</p>	<p>YES.....1</p> <p>NO .....2</p>	
202.	<p>As you know, some women 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?</p> <p>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 aikin a cikin gonan iyali ko a cikin kasuwanci iyali. A cikin kwanaki bakwai da su ke wuce, kin yi wani daga waɗannan abubuwa ko wani aiki?</p>	<p>YES.....1 →</p> <p>NO .....2</p>	Q205
203.	<p>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?</p> <p>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 haihuwar, ko hutu ko wani dalili dabam.</p>	<p>YES.....1 →</p> <p>NO .....2</p>	Q205
204.	<p>Have you done any work in the last 12 months?</p> <p>Kin taba yin wani aiki a cikin watanni 12 da su ke wuce?</p>	<p>YES.....1</p> <p>NO .....2 →</p>	Q210
205.	<p>What is your occupation, that is, what kind of work do you mainly do?</p> <p>Menene sana'ar ki, wato, wane irin aiki kike yi?</p>	<p>_____</p> <p>_____</p>	

206.	How many hours do you usually work outside the home per week? Awa nawa kike aiki a wajen gida a sati?	HOURS ..... _ _ _  DON'T KNOW .....98	
207.	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?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE .....2 SELF-EMPLOYED .....3	
208.	Do you usually work throughout the year, or do you work seasonally, or only once in a while? Shin, kikan yi ne a kowane lokacin a shekara ne, ko da kaka, ko sau ɗaya kawai a wani lōkaci?	THROUGHOUT THE YEAR .....1 SEASONALLY/PART OF THE YEAR .....2 ONCE IN A WHILE .....3	
209.	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 ba domin aikin?	CASH ONLY.....1 CASH AND KIND .....2 IN KIND ONLY.....3 NOT PAID.....4	
210.	CHECK Q112.		
	IF THE RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/>	IF THE RESPONDENT IS NOT CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> →	Q218
211.	CHECK Q209.		
	IF CODE '1' OR '2' CIRCLED <input type="checkbox"/>	IF CODE '3' OR '4' CIRCLED OR IF SKIPPED REVISE AND <input type="checkbox"/> →	Q214
212.	Who usually decides how the money you earn will be used: you, your (husband/partner/wife), or you and your (husband/partner/wife), jointly? Wa ya ke yanke hukunci akan yadda za a amfani da kudi da kin samu: ke, (mijin ki / abokin zaman ki), ko kuma ke tare da (mijin ki / abokin zaman ki) na hadin?	RESPONDENT.....1 HUSBAND/PARTNER/WIFE.....2 RESPONDENT AND HUSBAND/PARTNER/WIFE JOINTLY .....3 OTHER .....6 (SPECIFY: _____)	
213.	Would you say that the money that you earn is more than what your (husband/partner/wife), earns, less than what he earns, or about the same?	MORE THAN HIM/HER.....1 LESS THAN HIM/HER .....2 ABOUT THE SAME .....3	

	Shin kudin da kike samu yafi na mijin ki, ko kasa da na shi, ko kamar da?	HUSBAND/PARTNER/WIFE HAS NO EARNINGS .....4 → DON'T KNOW .....8	Q215
214.	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly? Kamar yadda kuka saba wa ya ke yanke hukunci yadda a wajen kudin da mijin/matan ki ya samu ya/ta samu: Ke, ko (mijin ki / abokin zaman ki), ko kuma ke da (mijin ki / abokin zaman ki) na hadin?	RESPONDENT .....1 HUSBAND/PARTNER/WIFE .....2 RESPONDENT AND HUSBAND/ PARTNER/ WIFE JOINTLY .....3 OTHER .....6 (SPECIFY: _____)	
215.	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else? Waye ya ke yanke hukuncin harkokin kiwon lafiyar ki/ka: Ke, ko (mijin ki / abokin zaman ki), ko kuma ke da (mijin ki / abokin zaman ki) na hadin?	RESPONDENT .....1 HUSBAND/PARTNER/WIFE .....2 RESPONDENT AND HUSBAND/ PARTNER/ WIFE JOINTLY .....3 OTHER .....6 (SPECIFY: _____)	
216.	Who usually makes decisions about making major household purchases? Kamar yadda kuka Saba waye ya ke yanke hukunci game da yin manyan sayayya na iyali?	RESPONDENT .....1 HUSBAND/PARTNER/ WIFE .....2 RESPONDENT AND HUSBAND/ PARTNER/WIFE JOINTLY .....3 OTHER .....6 (SPECIFY: _____)	
217.	Who usually makes decisions about visits to your family or relatives? Kamar yadda kuka Saba waye ya ke yanke hukunci game da ziyara zuwa iyalinki ko dangi ki?	RESPONDENT .....1 HUSBAND/PARTNER/ WIFE .....2 RESPONDENT AND HUSBAND/ PARTNER/ WIFE JOINTLY .....3 OTHER .....6 (SPECIFY: _____)	
218.	Do you own this or any other house either alone or jointly with someone else? Kin mallaka wannan ko wani gidan kanki ko tare da wani daban?	ALONE ONLY .....1 JOINTLY ONLY .....2 BOTH ALONE AND JOINTLY .....3 DOES NOT OWN .....4	
219.	Do you own any land either alone or jointly	ALONE ONLY .....1	

	with someone else? Kin mallaka wani filli da kanki ko tare da wani daban?	JOINTLY ONLY .....2 BOTH ALONE AND JOINTLY.....3 DOES NOT OWN.....4		
220.	Do you yourself control the money or resources needed to buy or pay for [ITEM]? PROBE: 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 it? Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma [ABUBUWA]? TAMBAYA: A wasu kalmomin, idan kIna so kI saya ko biya waƙannan abubuwa, kina tambaye wani saboda kudi ko kuma izinin amfani da shi?	YES	NO	DK
	A. Fruits/vegetables?..... Kayan marmari/ganyaye .....	1	2	8
	B. Meat/animal foods? ..... Nama/abincin dabba?.....	1	2	8
	C. Transport to health center if you are ill?.. Kudi mota zuwa cibiyar lafiya idan ba ki da lafiya?.....	1	2	8
	D. Medicine for yourself? ..... Maganin ki? .....	1	2	8
221.	CHECK Q116.			
	IF RESPONDENT HAS AT LEAST ONE LIVE CHILD <input type="checkbox"/> ↓	IF RESPONDENT HAS NO LIVE CHILDREN <input type="checkbox"/> →		Q226
222.	Who usually makes decisions about when you should stop breastfeeding? Kamar yadda kuka saba waye ya ke yanke hukunci na karshe a kan Lokacin da ya kamata ki dakatar da shayarwa?	RESPONDENT.....1 HUSBAND/PARTNER/ WIFE.....2 RESPONDENT & HUSBAND/ PARTNER /WIFE JOINTLY.....3 SOMEONE ELSE.....4 RESPONDENT & SOMEONE ELSE JOINTLY.....5 DECISION NOT MADE / NOT APPLICABLE.....9		

223.	<p>Who usually makes decisions about what to feed a child?</p> <p>Kamar yadda kuka saba waye ya ke yanke hukunci na karshe game da abin da za ciyar da yara da shi?</p>	<p>RESPONDENT.....1</p> <p>HUSBAND/PARTNER/ WIFE.....2</p> <p>RESPONDENT &amp; HUSBAND/ PARTNER /WIFE JOINTLY.....3</p> <p>SOMEONE ELSE.....4</p> <p>RESPONDENT &amp; SOMEONE ELSE JOINTLY.....5</p> <p>DECISION NOT MADE / NOT APPLICABLE.....9</p>	
224.	<p>Who usually makes decisions about when to feed a child?</p> <p>Kamar yadda kuka saba waye ya ke yanke hukunci game da lokacin za a ciyar da yara?</p>	<p>RESPONDENT.....1</p> <p>HUSBAND/PARTNER/ WIFE.....2</p> <p>RESPONDENT &amp; HUSBAND/ PARTNER /WIFE JOINTLY.....3</p> <p>SOMEONE ELSE.....4</p> <p>RESPONDENT &amp; SOMEONE ELSE JOINTLY.....5</p> <p>DECISION NOT MADE / NOT APPLICABLE.....9</p>	
225.	<p>Who usually makes decisions about what to do if a child falls sick?</p> <p>Kamar yadda kuka saba waye ya ke yanke hukunci game da abin da za a yi idan yaro bai da lafiya?</p>	<p>RESPONDENT.....1</p> <p>HUSBAND/PARTNER/ WIFE.....2</p> <p>RESPONDENT &amp; HUSBAND/ PARTNER /WIFE JOINTLY.....3</p> <p>SOMEONE ELSE.....4</p> <p>RESPONDENT &amp; SOMEONE ELSE JOINTLY.....5</p> <p>DECISION NOT MADE / NOT APPLICABLE.....9</p>	

226.	<p>Do you yourself control the money or resources needed to buy or pay for [ITEM]?  PROBE: 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 it?</p> <p>Ke da kanki kina kula da kudadenku ko kayan amfani wajen sayen ko biya ma [ABUBUWA]?  TAMBAYA: A wasu kalmomin, idan kIna so kI saya ko biya wadannan abubuwa, kina tambaye wani saboda kudi ko kuma izinin amfani da shi?</p>	YES	NO	DK	N/A	
	<p>A. Transport to health center if child is ill? .....</p> <p>Kudin mota zuwa cibiyar lafiya idan yaro ba shi da lafiya?.....</p>	1	2	8	9	
	<p>B. Medicine for your child(ren)?.....</p> <p>Maganin yaro ko yara? .....</p>	1	2	8	9	
227.	<p>Now I am going to ask you if you are usually permitted to go to several place on your own, only if someone accompanies you, or not at all?</p> <p>Yanzu zan tambaye ki idan ana barin ki zuwa wadannan wurare da kan ki, ko da dan rakiya, ko a'a gaba daya?</p> <p>FOR EACH ACTION, ASK: Are you usually permitted to go (LOCATION) on your own, only if someone accompanies you, or not at all?</p>	ALONE	NOT ALONE (ACCOMPANIED)	NOT AT ALL (NEVER GO)		
	<p>A. To the local market to buy things?.....</p> <p>Zuwa kasuwar gari don siyan abubuwa?</p>	1	2	8		
	<p>B. To a local health center or doctor? .....</p> <p>Zuwa cibiyar lafiya ko ganin likita?.....</p>	1	2	8		
	<p>C. To homes of friends in the neighborhood?.....</p> <p>Zuwa gidan kawaye na unguwa? .....</p>	1	2	8		
	<p>D. To a nearby mosque/church?.....</p>	1	2	8		

	Zuwa masallaci ko coci na kusa? .....			
228.	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?	YES.....1 NO .....2 →		Q230
229.	What kind of association or group or club is it? Wace irin kungiya ce? READ EACH RESPONSE OPTION AND CIRCLE ALL THAT APPLY.	Religious.....A Social .....B Women’s organization .....C Labor union.....D Political.....E Other.....F (SPECIFY:_____)		

230. Have you ever served as a leader in any of the following? AFTER ASKING ABOUT EACH, PROCEED TO THE NEXT COLUMN TO ASK ABOUT WHEN HE/SHE WAS TRAINED AND IF HE/SHE HAS WORKED IN THAT POSITION.		231. If yes, when was the last time you worked in this position? In what year?		232. If yes, for how many years did you serve in that position?  IF LESS THAN ONE YEAR AGO, RECORD '00'.	
A. Religious group Kungiya adinni	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98		
B. Women’s association Kungiya Mata	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98		
C. Farmers’ association Kungiya mai noma	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98		
D. Trade union Kungiya masu sar da abubuwa	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98		

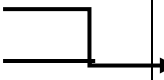


E. Ward development committee Kwamitee ci gaba da al'umma	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98
F. Town/community union Kungiya na al'umma	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98
G. Other (specify)  Wasu Daban	YES.....1 NO .....2 DON'T KNOW .....9	_ _ _ _  N/A.....9997 DK.....9998	_ _  N/A.....97 DK.....98

233. Have you ever been trained for any of the following positions?  AFTER ASKING ABOUT EACH POSITION, PROCEED TO THE NEXT COLUMN UNTIL YOU HAVE COMPLETED THE ROW FOR EACH POSITION.	234. If yes, how many years ago?  IF LESS THAN ONE YEAR AGO, RECORD '00'.	235. Have you ever worked in this position?	236. If yes, when was the last time you worked in this position? In what year?	237. If yes, for how many years did you serve in that position?  IF LESS THAN ONE YEAR AGO, RECORD '00'.	
A. Nurse/ Midwife	YES.....1 NO .....2 DON'T KNOW ....9	_ _  N/A.....97 DK .....98	YES .....1 NO.....2 DON'T KNOW...9	_ _ _ _  N/A.....9997 DK .....9998	_ _  N/A .....97 DK .....98
B. Community Health Extension Worker	YES.....1 NO .....2 DON'T KNOW ....9	_ _  N/A.....97 DK .....98	YES .....1 NO.....2 DON'T KNOW...9	_ _ _ _  N/A.....9997 DK .....9998	_ _  N/A .....97 DK .....98
C. Junior Community Health Extension Worker	YES.....1 NO .....2 DON'T KNOW ....9	_ _  N/A.....97 DK .....98	YES .....1 NO.....2 DON'T KNOW...9	_ _ _ _  N/A.....9997 DK .....9998	_ _  N/A .....97 DK .....98
D. Health volunteer	YES.....1 NO .....2 DON'T KNOW ....9	_ _  N/A.....97 DK .....98	YES .....1 NO.....2 DON'T KNOW...9	_ _ _ _  N/A.....9997 DK .....9998	_ _  N/A .....97 DK .....98
E. Health Educator	YES.....1 NO .....2	_ _  N/A.....97	YES .....1 NO.....2	_ _ _ _  N/A.....9997	_ _  N/A .....97

	DON'T KNOW .... 9	DK ..... 98	DON'T KNOW.... 9	DK ..... 9998	DK ..... 98
F. Growth Monitoring Person	YES..... 1 NO ..... 2 DON'T KNOW .... 9	_ _  N/A ..... 97 DK ..... 98	YES ..... 1 NO..... 2 DON'T KNOW.... 9	_ _ _ _  N/A ..... 9997 DK ..... 9998	_ _  N/A ..... 97 DK ..... 98
G. Trained Birth Attendant	YES..... 1 NO ..... 2 DON'T KNOW .... 9	_ _  N/A ..... 97 DK ..... 98	YES ..... 1 NO..... 2 DON'T KNOW.... 9	_ _ _ _  N/A ..... 9997 DK ..... 9998	_ _  N/A ..... 97 DK ..... 98
H. Traditional Healer	YES..... 1 NO ..... 2 DON'T KNOW .... 9	_ _  N/A ..... 97 DK ..... 98	YES ..... 1 NO..... 2 DON'T KNOW.... 9	_ _ _ _  N/A ..... 9997 DK ..... 9998	_ _  N/A ..... 97 DK ..... 98
I. Other (specify)	YES..... 1 NO ..... 2 DON'T KNOW .... 9	_ _  N/A ..... 97 DK ..... 98	YES ..... 1 NO..... 2 DON'T KNOW.... 9	_ _ _ _  N/A ..... 9997 DK ..... 9998	_ _  N/A ..... 97 DK ..... 98

## MODULE 3: NUTRITION SUPPORT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
301.	<p>Have you ever spoken with a health worker or volunteer on breastfeeding or on how to feed your child (NAME)?</p> <p>Kin taba Magana da ma'aikacin lafiya akan yadda za ki shayar ko ciyar da (SUNA)?</p>	YES .....1 NO .....2 DON'T KNOW.....9					 Q306
302.	<p>Did you talk with a health worker or volunteer about breastfeeding or how to feed your child during any of the following occasions?</p> <p>Kin yi magana da ma'aikacin lafiya ko 'yan sa kai game da yadda za ki shayarwa ko ciyar da (SUNA) wani lokacin daga wadannan?</p> <p>CIRCLE '8' IF THE RESPONDENT HAS NO LIVE CHILDREN. CIRCLE '7' IF THE RESPONDENT NEVER ATTENDED SUCH A VISIT.</p> <p>WHEN COMPLETED, ASK:</p> <p>Did you talk with a health worker or volunteer about how to feed [NAME] any other time?</p> <p>Kin taba Magana da ma'aikacin lafiya ko 'yan sa kai game da yadda za ki ciyar da [SUNA] a wani lokaci</p> <p>RECORD RESPONSE IN THE SPACE PROVIDED.</p>						
	A. During an ANC visit? A Lokacin ziyarar awon ciki?.....	1	2	7	8	9	
	B. After delivery? Bayan haihuwa?.....	1	2	7	8	9	
	C. During a post-partum visit? Yayin ziyara bayan haihuwa? .....	1	2	7	8	9	
	D. During child growth monitoring or a well-child visit? A Lokacin kula da girman yara ko kai ziyarar yara masu lafiya?.....	1	2	7	8	9	

	E. During Immunizations (and vitamin A supplementation days)? A Lokacin alluran rigakafi (lokacin ka bar bitamin A da sinadarai)? .....	1	2	7	8	9	
	F. During a sick child visit? A Lokacin da aka kai yaro don ganin likita?.....	1	2	7	8	9	
	G. During a family planning visit? Lokacin ziyara don tsarin iyali??.....	1	2	7	8	9	
	H. Other Wasu lokuta daban.....  (SPECIFY: _____)	1					
303.	Where did you talk with a health worker or volunteer about how to feed your child (NAME)? A ina ki kai magana da wani ma'aikacin lafiyar ko 'yan sa kai game da yadda za ki ciyar da (SUNA)?		YES	NO	DK		
	A. In a health facility? ..... Asibiti?	1	2	8			
	B. At home?..... A gida?	1	2	8			
	C. In the community, during a support group?..... A cikin al'umma, a lokacin kungiyar goyon baya?	1	2	8			
	D. In the community, during a community event?..... A cikin al'umma, lokacin da ake wani taron al'umma? .....	1	2	8			
	E. In the community, during an action-oriented group? ..... A cikin al'umma, a lokacin wani kungiyar mataki-daidaitacce?.....	1	2	8			
	F. Any other place?..... Akwai wasu wararen?.....	1	2	8			

	(SPECIFY: _____)				
304.	Do you remember talking with the healthworker or volunteer about any of the following? Kin tuna ko kin yi magana da ma'aikatan lafiya ko 'yan aikin sa kai game da wadannan?	YES	NO	DK	
	A. Breastfeeding practices?..... Yadda za a shayarwa	1	2	8	
	B. Infant and young child feeding practices?..... Yadda za a ciyar da jarirai ko kananan yara	1	2	8	
	C. Anything else? ..... Akwai wani abu? (SPECIFY: _____)	1	2	8	
305.	How useful was the counseling? Yaya ki ke ganin amfanin shawarwarin.  READ EACH RESPONSE OPTION AND CIRCLE THE CORRESPONDING CODE.	Very useful.....1 Useful.....2 Not useful.....3 Not at all useful.....4 Don't know.....8			
306.	Have you ever seen card images on feeding your baby or young child? Kin taba ganin kati mai dauke da hotunan a kan ciyar da jarirai ko kananan yaro? SHOW IMAGES OF THESE CARDS.	YES.....1 NO.....2 DON'T KNOW.....8			
307.	Did you ever receive a brochure on how to feed your baby or young child? Kin taba karbar dan karamin littafi mai dauke da muhimman bayanai akan yadda yadda za ki ciyar da jarirai ko kananan yara? SHOW IMAGES OF THE BROCHURES.	YES.....1 NO.....2 DON'T KNOW.....8			

308.	Have you ever attended a support group? KIn taba halartar wani kungiyar goyon baya	YES .....1 NO .....2 DON'T KNOW .....9	Q313
309.	Where was the support group conducted? A ina ne aka gudanar da wannan kungiyar goyon bayan?	LOCATION: _____	
310.	How useful was the support group? Yaya ki ka ga amfanin kungiyar? READ EACH RESPONSE OPTION AND CIRCLE THE CORRESPONDING CODE.	Very useful .....1 Useful .....2 Not useful .....3 Not at all useful .....4 DK.....8	
311.	What three topics did you learn most about during the support group? Wadanne batutuwa uku aka mayar da hankali akai a wajen taron goyon bayan?	TOPIC 1: _____ TOPIC 2: _____ TOPIC 3: _____ DK / NOTHING MENTIONED .....8	
312.	Did you share information that you have learned about breastfeeding or infant feeding with someone else? Kin taba tattaunawa da wani a kan abin da kika koya game da shayerwa ko ciyar da kanana yara?	YES .....1 NO .....2 DK.....8	
313.	Have you ever provided counseling about how to feed infants and young children? This includes breastfeeding. Kun taba bayar shawara game da yadda za a ciyar da jarirai da kuma yara ? Wannan ya hada da nono.	YES .....1 NO .....2	
314.	Can you tell me at least three things that make counseling effective? PROBE: Is there anything special about how the counsellor listens or treats the client? Za ku iya faɗa mini a kalla uku abubuwan da sa shawara tasiri	A. _____ B. _____ C. _____ DK / NOTHING MENTIONED .....8	

315.	<p>Can you tell me two or more helpful ways of communicating without words?</p> <p>Za ku iya faɗa mini biyu ko fiye da taimako hanyoyin sadarwa ba tare da maganar ?</p> <p>DO NOT READ. CHECK ALL THAT ARE MENTIONED.</p>	<p>KEEP HEAD LEVEL WITH MOTHER/FATHER/ CAREGIVER .....A</p> <p>PAY ATTENTION (EYE CONTACT).....B</p> <p>REMOVE BARRIERS (TABLES AND NOTES).....C</p> <p>TAKE TIME.....D</p> <p>USE APPROPRIATE TOUCH .....E</p> <p>OTHER .....F (SPECIFY _____)</p> <p>DK / NOTHING MENTIONED .....Z</p>	
316.	<p>Have you ever conducted or led a support group?</p> <p>Kun taba gudanar ko ya jagoranci wani kungiyar goyon baya?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DK.....8</p>	
317.	<p>What is the main purpose of a support group?</p> <p>Menene amfani kungiyar goyon baya?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>DK / NOTHING MENTIONED .....8</p>	
318.	<p>What are the key characteristics of a support group?</p> <p>Mene ne halaye na mai kungiyar goyon bayan ?</p> <p>DO NOT READ. CHECK ALL THAT ARE MENTIONED.</p>	<p>CONFIDENTIAL .....A</p> <p>NOT A LECTURE OR CLASS.....B</p> <p>ALL PARTICIPANTS PLAY AN ACTIVE ROLE.....C</p> <p>SITTING ARRANGEMENT ALLOWS ALL PARTICIPANTS TO HAVE EYE-TO-EYE CONTACT .D</p> <p>OPEN, ALLOWING ALL INTERESTED PREGNANT WOMEN, BREASTFEEDING MOTHERS, WOMEN WITH OLDER CHILDREN, FATHERS, CAREGIVERS, AND OTHER INTERESTED WOMEN TO ATTEND .....E</p> <p>OTHER .....X (SPECIFY _____)</p> <p>DK / NOTHING MENTIONED .....Z</p>	
319.	<p>What do you think is a good size (number of participants) in a support group?</p> <p>Me kuke tunani ne yawan mahalarta mai kyau a cikin wani goyon baya kungiyar ?</p>	<p>NUMBER OF PEOPLE ..... _ _ </p> <p>DK.....98</p>	
320.	<p>How do you think seating should be arranged for a support group?</p>	<p>Classroom style.....1</p> <p>Circle .....2</p>	

	Shin yaya yakamata a shirya wurin zama goyon baya?	Other.....3 (SPECIFY:_____) DK / NOTHING MENTIONED .....8	
321.	<p>What is the first thing a counselor should do at the start of any meeting or counseling session?</p> <p>Mene ne abin farko ya kamata mai bada shawara ya yi a farkon wata ganawa ko zaman shawara?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>DK / NOTHING MENTIONED .....8</p>	



## MODULE 4: KNOWLEDGE AND PERCEPTIONS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401.	<p>During pregnancy should a woman eat the same amount as before she became pregnant, less than before, or more than before?</p> <p>Shin ya, ya kamata cin abincin mata masu ciki ya kasance? Daidai, fiyeda ko kasa da.</p>	<p>Same as before..... 1</p> <p>Less than before..... 2</p> <p>More than before ..... 3</p> <p>DON'T KNOW ..... 8</p>	
402.	<p>How soon after birth should a mother start breastfeeding her baby?</p> <p>Bayan haihuwa yausha ya kamata uwa ta fara ba jaririnta nono?</p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS ..... 1  __ </p> <p>DAYS ..... 2  __ </p> <p>DON'T KNOW ..... 998</p> <p>NEVER ..... 999</p>	
403.	<p>While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?</p> <p>Shin Yayin shayarwa ya kamata a ci abinci kaman yadda ake kafin ta dauki ciki, kasa da kafin ta dauki ciki, ko fiye da kafin ta dauki ciki?</p>	<p>Same as before..... 1</p> <p>Less than before..... 2</p> <p>More than before ..... 3</p> <p>DON'T KNOW ..... 8</p>	
404.	<p>Until what age should a mother give only breast milk to her baby? (exclusively breastfeed)</p> <p>Tsawon wane lokaci ya kamata uwa ta shayar da jaririnta nono zalla? (shayar da nono zalla)</p>	<p>HOURS ..... 1  __ </p> <p>DAYS ..... 2  __ </p> <p>WEEKS ..... 3  __ </p> <p>MONTHS ..... 4  __ </p> <p>DON'T KNOW ..... 998</p>	
405.	<p>When do you think a breastfed baby first start to receive liquids (including water)?</p> <p>A Wane lokaci kike tunanin yakamata a fara ba jariri abu mai ruwa (harda ruwa)?</p>	<p>HOURS ..... 1  __ </p> <p>DAYS ..... 2  __ </p> <p>WEEKS ..... 3  __ </p> <p>MONTHS ..... 4  __ </p> <p>DON'T KNOW ..... 998</p>	
406.	<p>When do you think a baby should first be given soft, semi-solid foods?</p> <p>A tunanin ki yausha ya kamata a fara bada yara abinci mai laushi da mai tauri a fara?</p>	<p>DAYS ..... 1  __ </p> <p>WEEKS ..... 2  __ </p> <p>MONTHS ..... 3  __ </p> <p>YEARS ..... 4  __ </p> <p>DON'T KNOW ..... 998</p>	

407.	<p>Until about what age should a baby continue to breastfeed?</p> <p>Zuwa wane shekaru ya kamata uwa ta ci gaba da shayar da nono?</p>	<p>DAYS.....1      </p> <p>WEEKS.....2      </p> <p>MONTHS .....3      </p> <p>YEARS .....4      </p> <p>DON'T KNOW .....998</p>	
408.	<p>How often should a baby breastfeed?</p> <p>Sau nawa ya kamata a shayar da jariri?</p>	<p>AS FREQUENTLY AS THE BABY WANTS (REQUESTS OR DEMANDS) .....1</p> <p>EVERY THREE HOURS .....2</p> <p>WHEN THE BABY CRIES .....4</p> <p>OTHER.....6 (SPECIFY:_____)</p> <p>DON'T KNOW .....8</p>	
409.	<p>What are some of the early signs indicating that a baby is hungry?</p> <p>PROBE: How do you know when a baby wants to eat/breastfeed?</p> <p>PROBE: Any other way?</p> <p>Mene ne wasu daga cikin farkon alamun da jariri ke nuna cewar ya/ta na jin yunwa?</p> <p>TAMBAYA: Yaya zaki san jariri yana bukatan abinci ko nono?</p> <p>TABBACI: Akwain wani haya?</p> <p>CIRCLE ALL THAT ARE MENTIONED. DO NOT READ THE RESPONSE OPTIONS.</p>	<p>BABY IS ALERT .....A</p> <p>BABY IS RESTLESS.....B</p> <p>BABY IS CRYING .....C</p> <p>BABY OPENS HIS/HER MOUTH .....D</p> <p>BABY TURNS HIS/HER HEAD .....E</p> <p>BABY PUTS TONGUE IN AND OUT.....F</p> <p>BABY SUCKS ON HAND OR FIST.....G</p> <p>BABY ASKS TO BREASTFEED .....H</p> <p>OTHER .....I (SPECIFY:_____)</p> <p>DON'T KNOW .....Z</p>	
410.	<p>Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill?</p> <p>Ya kamata uwar jariri 'yan kasa da watanni 6 da haihuwa ta dena shayarwa da danta, idan uwar ba ta da lafiya?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	
411.	<p>Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill?</p> <p>Ya kamata uwa ta dena ba wa jariri 'yan kasa watanni shida nono idan bai da lafiya ba?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	

412.	Do you think a breastfed infant under 6 months should also be given any of the following? A tunanin ki za a iya ba wa jariri dan kasa da watanni shida wadannan?	YES	NO	DK	
	A. Infant formula ..... Madarar Hodar jarirai.....	1	2	8	
	B. Water ..... Ruwa .....	1	2	8	
	C. Tea ..... Shayi.....	1	2	8	
	D. Coffee ..... Kofi .....	1	2	8	
	E. Animal milk ..... Madara dabba.....	1	2	8	
	F. Glucose water..... Ruwan sikari (bulkodi) .....	1	2	8	
	G. Pap..... Kunu.....	1	2	8	
	H. Other..... Wasu daban..... (SPECIFY: _____)	1	2	8	
413.	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 idan yanayin zafi sosai?	YES.....1 NO .....2 DON'T KNOW .....8			
414.	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?	YES.....1 NO .....2 DON'T KNOW .....8			
415.	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?	YES.....1 NO .....2 DON'T KNOW .....8			Q417 Q417

416.	Which of the following can a mother do to increase her milk production? Wanne daga cikin wadannan uwa za ta iyi don ta kara yawan nonon?	YES	NO	DK	
	A. Drink milk..... Shan madara.....	1	2	8	
	B. Breastfeed more frequently..... Shayar da nono akai-akai.....	1	2	8	
	C. Massage breasts..... Matsa nonuwa.....	1	2	8	
	D. Sleep more hours..... Kara yawan awannin bacci.....	1	2	8	
	E. Eat special foods..... Cin abinci na musamman.....	1	2	8	
	F. Avoid eating certain foods..... Ta guje wa cin wasu nau'in abinci..... IF YES, ASK: Which foods? Wane Abinci? _____	1	2	8	
	G. Eat more of certain foods..... Karin cin wasu abinci..... IF YES, ASK: Which foods? Wane Abinci? _____	1	2	8	
	H. Other Wasu daban..... IF YES, ASK: Please explain: Don Allah ki yi bayyanai: _____	1	2	8	
417.	What are some foods that are rich in iron? CHECK <u>ALL</u> THAT ARE MENTIONED. Wadanne abinci ne masu dauke da sinadarin ayon?	LIVER, KIDNEYS, HEART, OTHER ORGAN MEATS.....A RED MEAT.....B DARK GREEN VEGETABLES.....C EGG YOLKS.....D OTHER.....Y (SPECIFY:_____) DON'T KNOW.....Z			

418.	<p>What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness?</p> <p>Wadanne abinci ne masu dauke da sinadarin bitamin A – sinadarin da ya ke kare jiki daga rashin lafiya?</p> <p>CHECK <u>ALL</u> THAT ARE MENTIONED.</p>	<p>ORANGE COLORED FRUITS/ VEGETABLES .....A</p> <p>GREEN LEAFS .....B</p> <p>EGGS.....C</p> <p>LIVER.....D</p> <p>BREAST MILK.....E</p> <p>COW'S MILK .....F</p> <p>OTHER.....Y</p> <p>(SPECIFY:_____)</p> <p>DON'T KNOW .....Z</p>	
419.	<p>Can breastfeeding delay a new pregnancy?</p> <p>Shayar da nono zai iya jinkirta daukan sabon ciki?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	
420.	<p>How long should you wait after the birth of your child before you try to become pregnant again?</p> <p>Tsawon wane lokacin ya kamata ki jira bayan haihuwar yaro kafin ki sake yi kokarin daukan ciki?</p>	<p>LESS THAN 2 YEARS.....1</p> <p>2 TO 3 YEARS .....2</p> <p>4 TO 5 YEARS .....3</p> <p>MORE THAN 5 YEARS.....4</p> <p>DON'T KNOW .....8</p>	
421.	<p>Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant?</p> <p>Shin uwa mai shayar da jariri dan kasa da watanni shida ya kamata ta dena shayarwa idan ta dauki ciki?</p>	<p>YES.....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	

422.	<p>How strongly do you agree or disagree that the following practices are important for the health of mothers and children?</p> <p>Fada min idan kin yarda ko ba ku yarda ba cewa wadannan ayyuka suna da muhimmanci wajen lafiyar uwa ko yaro.</p> <p>FOR EACH PRACTICE, ASK:</p> <p>Do you agree or disagree that (PRACTICE) is important for good health of a mother or child?</p> <p>kin yarda ko ba ki yarda ba cewa (AYYUKA) yana da muhimmanci wajen lafiyar uwa ko yaro?</p> <p>READ AND POINT TO RESPONSE OPTIONS (3).</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	
	<p>A. Eating more during pregnancy .....</p> <p>Cin abinci ga mai ciki fiye da kafin daukar ciki.</p>	1	2	3	4	8	
	<p>B. Resting more during pregnancy.....</p> <p>Yawan hutu ga mai ciki fiye da kafin daukan ciki</p>	1	2	3	4	8	
	<p>C. Eating more while lactating or breastfeeding .....</p> <p>Karin cin abinci a lokacin shayarwa</p>	1	2	3	4	8	
	<p>D. Resting more while lactating or breastfeeding .....</p> <p>Yawan hutu ga mai shayarwa</p>	1	2	3	4	8	
	<p>E. Start breastfeeding immediately after birth.....</p> <p>Fara shayarwa nan-da-nan bayan haihuwa.</p>	1	2	3	4	8	
	<p>F. Give newborn babies sugar water after birth.....</p> <p>Ba wa jarirai sababbin haihuwa ruwan sikari bayan haihuwa.</p>	1	2	3	4	8	
	<p>G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water</p>	1	2	3	4	8	

	Shāyar da jarirai nonon uwa zalla har tsawon wata shida. Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ba ko dama ruwa ne.						
H.	Breastfeed infants under 6 months on demand ..... shāyar da jarirai 'yan kasa watanni 6 nonon uwa in sun bukatar	1	2	3	4	8	
I.	Give 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	8	
J.	Give infants under 6 months thin or watery pap..... Ciyar da kananan yara 'yan kasa da watanni 6 abinci mai ruwa ruwa.	1	2	3	4	8	
K.	Start 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	8	
L.	Wait 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	8	
M.	Feed children over six months old a diverse diet..... Ciyar da kananan yara masu fiye watanni shida abinici iri-irin.	1	2	3	4	8	
N.	Breastfeed children for at least 2 years..... Shayar da nonon uwa har shekara biyu.	1	2	3	4	8	
O.	Wash hands with soap before eating. Wanke hannaye da sabulu kafin cin abinci.	1	2	3	4	8	
P.	Wash hands with soap before preparing food or cooking..... Wanke hannaye da sabulu kafin a dafa	1	2	3	4	8	

	abinci.						
	Q. Wash hands with soap before feeding child..... Wanke hannaye da sabulu kafin a ba yaro abinci.	1	2	3	4	8	
	R. Keep animals outside of living area ..... Kawar da dabbobi daga wajen da ake zama	1	2	3	4	8	
423.	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 samin 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 agree or disagree that (ACTION)? kin yarda ko ba ki yarda ba cewa (BAYANAI) FOR EACH ACTION, PROBE: Do you strongly agree, agree, disagree, or strongly disagree? Bata yarda ba sam sam, bata yarda ba, ta yarda, ko ta yarda sosai.	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	
	A. Only the men should make the important decisions in the family?.... Shin maza ne yakamata su yanke muhimman shawarwari .....	1	2	3	4	8	
	B. A mother should be able to express her opinion regarding child feeding?..... Ya kamata uwaye su iya bayyana ra'ayin su akai ciyar da yara .....	1	2	3	4	8	
	C. 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	8	



424.	FOR EACH OF THE FOLLOWING QUESTIONS, READ THE QUESTION THEN THE READ THE RESPONSE OPTIONS.	None	Very little	Little	Some	Very much	DK	
	<p>A. How much need do you perceive there is for <u>supporting</u> maternal, infant, and young child nutrition?</p> <p>Yaya ka/ki ke ganin yawan bukatar wajen goyon bayan abinci mai gina jiki na uwa, jarirai da kananan yara?.....</p>	1	2	3	4	5	8	
	<p>B. How much need do you perceive there is for <u>community-based activities</u> supporting maternal, infant, and young child nutrition?</p> <p>Yaya ka/ki ke ganin yawan bukatar wajen tallafawa ayyukan abinci mai gina jiki na uwa, jarirai da kananan yara a <u>matakin al'umma?</u> .....</p>	1	2	3	4	5	8	
	<p>C. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition?</p> <p>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 a matakin al'umma?.....</p>	1	2	3	4	5	8	

***Thank you for your time!***

***DON'T FORGET TO RECORD INTERVIEW END TIME.***

# Tool 9. Post-Training Questionnaire: Community Volunteers

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

## INTERVIEW INFORMATION

1. INTERVIEW DATE: (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _
2. STATE ASSEMBLY CONSTITUENCY NAME:	
3. LGA NAME:	
4. WARD NAME:	
5. COMMUNITY NAME:	
6. CLUSTER NUMBER:	_ _ _ _
7. HEALTH FACILITY NAME:	
8. RESPONDENT NAME	
9. RESPONDENT NUMBER:	_ _ _ _
10. RESPONDENT SEX (MALE=1, FEMALE=2):	_
11. INTERVIEW START TIME:	
12. INTERVIEW END TIME:	
13. RESULT OF INTERVIEW:	_ _
14. SUPERVISOR'S NUMBER:	_ _ _ _
15. SUPERVISOR'S SIGNATURE:	

<b>Codes for the Result of the Interview:</b>			
Completed	1	Refused	4
Partly completed	2	Dropped out / not found	5
Postponed	3	Other	6

## 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. Just as we did before your training, 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 minutes to answer. In approximately 18 months we will return to ask some of these questions again and also to inquire about your experiences with community-level infant and young child feeding activities in your community. 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 from the nearly 200 people nominated to serve as volunteers 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.

You do not have to answer the questions, but we hope you will agree to answer them as part of the training and since your views are important. It is important to us so that we know if the training is conducted satisfactorily. 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?

SIGNATURE OF **INTERVIEWER**: \_\_\_\_\_ DATE: \_\_\_\_\_

- RESPONDENT AGREES TO BE INTERVIEWED. SIGNATURE: \_\_\_\_\_
- RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. → END INTERVIEW

## MODULE 1: SATISFACTION WITH TRAINING MODULE

The first set of questions has to do with the training in which you just participated.

**Wadannan tamboyoyi na farko, su na akan koyarwa kun halartar wannan sati da ya wuce**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					COMMENTS
101.	Please rate your level of satisfaction with the following aspects of the training by circling a number for each row. Don Allah Ka/ki gaya mun matakin gamsuwa da wadannan fannoni na da horon	Very satisfied	Satisfied	Un-satisfied	Very un-satisfied	Don't know	
I.	Organization of the course Shirin horon	4	3	2	1	8	
J.	Handouts/materials Kayan horon	4	3	2	1	8	
K.	Group size Yawan mutanen horon	4	3	2	1	8	
L.	Venue Wurin sauraren	4	3	2	1	8	
M.	Length of the course Tsawon da kwas	4	3	2	1	8	
N.	Food Abinci	4	3	2	1	8	
O.	Transportation to and from training Sufuri zuwa kuma daga horo	4	3	2	1	8	
P.	Overall satisfaction	4	3	2	1	8	

102.	<p>All trainers have certain strengths and weaknesses. Please rate the trainers' strengths and weaknesses by circling a number for each row.</p> <p>Duk masu horon da wani karfi da kuma kasawan. Don Allah kudi da masu horon 'karfi da kuma kasawan</p> <p>A. Communication of training content sadarwa duk abubuwa a cikin horon</p> <p>B. Knowledge of the topic Ilimi na batun</p> <p>C. Providing opportunities to practice the new knowledge or skills taught Samar da damar da za ka gudanar da aiki da sabon ilmi ko basira da an koyar</p> <p>D. Asking for your input based on your past experiences and knowledge</p> <p>E. Providing opportunities for you to give feedback and/or questions</p> <p>F. Overall performance</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Very strong / qualified</th> <th style="width: 15%;">Strong / qualified</th> <th style="width: 15%;">Weak / unqualified</th> <th style="width: 15%;">Very weak / unqualified</th> <th style="width: 15%;">Don't know</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> <tr> <td>B.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> <tr> <td>C.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> <tr> <td>D.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> <tr> <td>E.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> <tr> <td>F.</td> <td>4</td> <td>3</td> <td>2</td> <td>1</td> <td>8</td> </tr> </tbody> </table>		Very strong / qualified	Strong / qualified	Weak / unqualified	Very weak / unqualified	Don't know	A.	4	3	2	1	8	B.	4	3	2	1	8	C.	4	3	2	1	8	D.	4	3	2	1	8	E.	4	3	2	1	8	F.	4	3	2	1	8	Comment
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D.	4	3	2	1	8																																								
E.	4	3	2	1	8																																								
F.	4	3	2	1	8																																								
103.	<p>How useful did you find the training?</p> <p>Yaya kin/ ka gani amfani horon</p>	<p>Very useful.....1</p> <p>Useful.....2</p> <p>Not useful .....3</p> <p>Not at all useful .....4</p> <p>Don't know .....8</p>																																											
104.	<p>Is there anything else you would like to add about the training? If so, we would very much like to hear your feedback.</p> <p>Akwai wani abun ki/ka na son ka hada game horon? Idan e, mu na son sosai ji bayanin ka/ki</p>	<p>_____</p> <p>_____</p> <p>_____</p>																																											

## MODULE 2: NUTRITION SUPPORT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	<p>Can you tell me at least three things that make counseling effective?</p> <p>Za ku iya faɗa mini a kalla uku abubuwan da sa bayar da shawarwari tasiri?</p> <p>PROBE: Is there anything special about how the counsellor listens or treats the client?</p>	<p>A. _____</p> <p>B. _____</p> <p>C. _____</p> <p>DK / NOTHING MENTIONED .....8</p>	
202.	<p>Can you tell me two or more helpful ways of communicating without words?</p> <p>Za ku iya gaya mani biyu ko fiye da hanyoyin taimako sadarwa ba tare da maganar?</p> <p>DO NOT READ. CHECK ALL THAT ARE MENTIONED.</p>	<p>KEEP HEAD LEVEL WITH MOTHER/FATHER/CAREGIVER .....A</p> <p>PAY ATTENTION (EYE CONTACT).....B</p> <p>REMOVE BARRIERS (TABLES AND NOTES).....C</p> <p>TAKE TIME.....D</p> <p>USE APPROPRIATE TOUCH .....E</p> <p>OTHER .....F (SPECIFY _____)</p> <p>DK / NOTHING MENTIONED .....Z</p>	
203.	<p>What is the main purpose of a support group?</p> <p>Menene abin da ke babban manufar mai kungiyar goyon baya?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DK.....8</p>	
204.	<p>What are the key characteristics of a support group?</p> <p>Mene ne maɓallin halaye na mai kungiyar goyon bayan?</p> <p>DO NOT READ. CHECK ALL THAT ARE MENTIONED.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>DK / NOTHING MENTIONED .....8</p>	
205.	<p>What do you think is a good size (number of participants) in a support group?</p> <p>A tunanin ki/ka mene ne mai kyau girman (yawan mahalarta) a cikin wani kungiyar goyon baya?</p>	<p>CONFIDENTIAL .....A</p> <p>NOT A LECTURE OR CLASS.....B</p> <p>ALL PARTICIPANTS PLAY AN ACTIVE ROLE.....C</p> <p>SITTING ARRANGEMENT ALLOWS ALL PARTICIPANTS TO HAVE EYE-TO-EYE CONTACT .D</p> <p>OPEN, ALLOWING ALL INTERESTED PREGNANT WOMEN, BREASTFEEDING MOTHERS, WOMEN WITH OLDER CHILDREN, FATHERS, CAREGIVERS, AND OTHER INTERESTED</p>	

		WOMEN TO ATTEND .....E OTHER.....X (SPECIFY _____) DK / NOTHING MENTIONED .....Z	
206.	How do you think seating should be arranged for a support group? Ya kake/kika tunani ya kamata a shirya wurin zama wani kungiyar goyon baya?	NUMBER OF PEOPLE..... _ _  DK.....98	
207.	What is the first thing a counsellor should do at the start of any meeting or counselling session? Mene ne abin farko ya kamata mai ba da shawara ya yi a farkon wata ganawar ko zaman shawara	Classroom style.....1 Circle .....2 Other.....3 (SPECIFY: _____) DK / NOTHING MENTIONED .....8	
208.		_____ _____ _____ DK / NOTHING MENTIONED .....8	

## MODULE 3: KNOWLEDGE AND PERCEPTIONS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301.	<p>During pregnancy should a woman eat the same amount as before she became pregnant, less than before, or more than before?</p> <p>Shin ya, ya kamata cin abincin mata masu ciki ya kasance? Daidai, fiyeda ko kasa da.</p>	<p>Same as before .....1</p> <p>Less than before.....2</p> <p>More than before.....3</p> <p>DON'T KNOW.....8</p>	
302.	<p>How soon after birth should a mother start breastfeeding her baby?</p> <p>Bayan haihuwa yausha ya kamata uwa ta fara ba jaririnta nono?</p>	<p>IMMEDIATELY.....000</p> <p>HOURS .....1  __ __ </p> <p>DAYS .....2  __ __ </p> <p>DON'T KNOW.....998</p> <p>NEVER.....999</p>	
303.	<p>While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?</p> <p>Shin Yayin shayarwa ya kamata a ci abinci kaman yadda ake kafin ta dauki ciki, kasa da kafin ta dauki ciki, ko fiye da kafin ta dauki ciki?</p>	<p>Same as before .....1</p> <p>Less than before.....2</p> <p>More than before.....3</p> <p>DON'T KNOW.....8</p>	
304.	<p>Until what age should a mother give only breast milk to her baby? (exclusively breastfeed)</p> <p>Tsawon wane lokaci ya kamata uwa ta shayar da jaririnta nono zalla? (shayar da nono zalla)</p>	<p>HOURS .....1  __ __ </p> <p>DAYS .....2  __ __ </p> <p>WEEKS .....3  __ __ </p> <p>MONTHS .....4  __ __ </p> <p>DON'T KNOW.....998</p>	
305.	<p>When do you think a breastfed baby first start to receive liquids (including water)?</p> <p>A Wane lokaci kike tunanin yakamata a fara ba jariri abu mai ruwa (harda ruwa)?</p>	<p>HOURS .....1  __ __ </p> <p>DAYS .....2  __ __ </p> <p>WEEKS .....3  __ __ </p> <p>MONTHS .....4  __ __ </p> <p>DON'T KNOW.....998</p>	



306.	<p>When do you think a baby should first be given soft, semi-solid foods?</p> <p>A tunanin ki yausha ya kamata a fara bada yara abinci mai laushi da mai tauri a fara?</p>	<p>DAYS .....1  __ __ </p> <p>WEEKS .....2  __ __ </p> <p>MONTHS .....3  __ __ </p> <p>YEARS .....4  __ __ </p> <p>DON'T KNOW.....998</p>	
307.	<p>Until about what age should a baby continue to breastfeed?</p> <p>Zuwa wane shekaru ya kamata uwa ta ci gaba da shayar da nono?</p>	<p>DAYS .....1  __ __ </p> <p>WEEKS .....2  __ __ </p> <p>MONTHS .....3  __ __ </p> <p>YEARS .....4  __ __ </p> <p>DON'T KNOW.....998</p>	
308.	<p>How often should a baby breastfeed?</p> <p>Sau nawa ya kamata a shayar da jariri?</p>	<p>AS FREQUENTLY AS THE BABY WANTS (REQUESTS OR DEMANDS).....1</p> <p>EVERY THREE HOURS.....2</p> <p>WHEN THE BABY CRIES.....4</p> <p>OTHER.....6</p> <p>(SPECIFY:_____)</p> <p>DON'T KNOW.....8</p>	
309.	<p>What are some of the early signs indicating that a baby is hungry?</p> <p>PROBE: How do you know when a baby wants to eat/breastfeed?</p> <p>PROBE: Any other way?</p> <p>Mene ne wasu daga cikin farkon alamun da jariri ke nuna cewar ya/ta na jin yunwa?</p> <p>TAMBAYA: Yaya zaki san jariri yana bukatan abinci ko nono?</p> <p>TABBACI: Akwain wani haya?</p> <p>CIRCLE ALL THAT ARE MENTIONED. DO NOT READ THE RESPONSE OPTIONS.</p>	<p>BABY IS ALERT.....A</p> <p>BABY IS RESTLESS.....B</p> <p>BABY IS CRYING .....C</p> <p>BABY OPENS HIS/HER MOUTH.....D</p> <p>BABY TURNS HIS/HER HEAD .....E</p> <p>BABY PUTS TONGUE IN AND OUT .....F</p> <p>BABY SUCKS ON HAND OR FIST.....G</p> <p>BABY ASKS TO BREASTFEED.....H</p> <p>OTHER .....I</p> <p>(SPECIFY:_____)</p> <p>DON'T KNOW.....Z</p>	
310.	<p>Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill?</p> <p>Ya kamata uwar jariri 'yan kasa da watanni 6 da haihuwa ta dena shayarwa da danta, idan uwar ba ta da lafiya?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

311.	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 'yan kasa watanni shida nono idan bai da lafiya ba?	YES .....1 NO.....2 DON'T KNOW.....8		
312.	Do you think a breastfed infant under 6 months should also be given any of the following? A tunanin ki za a iya ba wa jariri dan kasa da watanni shida wadannan?			
	A. Infant formula..... Madarar Hodar jarirai.....	YES 1	NO 2	DK 8
	B. Water ..... Ruwa .....	1	2	8
	C. Tea ..... Shayi.....	1	2	8
	D. Coffee ..... Kofi .....	1	2	8
	E. Animal milk ..... Madara dabba.....	1	2	8
	F. Glucose water..... Ruwan sikari (bulkodi).....	1	2	8
	G. Pap..... Kunu.....	1	2	8
	H. Other..... Wasu daban..... (SPECIFY: _____)	1	2	8
313.	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 idan yanayin zafi sosai?	YES .....1 NO.....2 DON'T KNOW.....8		
314.	Can a thin or malnourished mother produce "enough" breast milk for her infant under 6 months of age?	YES .....1 NO.....2		

	Shin uwa mai dauke da tamowa za ta iya samar da "isasshen" nono ga jariri dan kasa da watanni shida?	DON'T KNOW.....8			
315.	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?	YES .....1	NO.....2	DON'T KNOW.....8	Q317 Q317
316.	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 nonon?	YES	NO	DK	
	A. Drink milk..... Shan madara.....	1	2	8	
	B. Breastfeed more frequently..... Shayar da nono akai-akai.....	1	2	8	
	C. Massage breasts..... Matsa nonuwa.....	1	2	8	
	D. Sleep more hours..... Kara yawan awannin bacci.....	1	2	8	
	E. Eat special foods..... Cin abinci na musamman.....	1	2	8	
	F. Avoid eating certain foods..... Ta guje wa cin wasu nau'in abinci..... IF YES, ASK: Which foods? Wane Abinci? _____	1	2	8	
	G. Eat more of certain foods..... Karin cin wasu abinci..... IF YES, ASK: Which foods? Wane Abinci? _____	1	2	8	
	H. Other Wasu daban..... IF YES, ASK: Please explain: Don Allah ki yi bayyanai: _____	1	2	8	

317.	<p>What are some foods that are rich in iron?</p> <p>CHECK <u>ALL</u> THAT ARE MENTIONED.</p> <p>Wadanne abinci ne masu dauke da sinadarin ayon?</p>	<p>LIVER, KIDNEYS, HEART, OTHER ORGAN MEATS.....A</p> <p>RED MEAT .....B</p> <p>DARK GREEN VEGETABLES .....C</p> <p>EGG YOLKS .....D</p> <p>OTHER .....Y</p> <p>(SPECIFY:_____)</p> <p>DON'T KNOW.....Z</p>	
318.	<p>What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness?</p> <p>Wadanne abinci ne masu dauke da sinadarin bitamin A – sinadarin da ya ke kare jiki daga rashin lafiya?</p> <p>CHECK <u>ALL</u> THAT ARE MENTIONED.</p>	<p>ORANGE COLORED FRUITS/ VEGETABLES.....A</p> <p>GREEN LEAFS.....B</p> <p>EGGS .....C</p> <p>LIVER.....D</p> <p>BREAST MILK .....E</p> <p>COW'S MILK.....F</p> <p>OTHER .....Y</p> <p>(SPECIFY:_____)</p> <p>DON'T KNOW.....Z</p>	
319.	<p>Can breastfeeding delay a new pregnancy?</p> <p>Shayar da nono zai iya jinkirta daukan sabon ciki?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
320.	<p>How long should you wait after the birth of your child before you try to become pregnant again?</p> <p>Tsawon wane lokacin ya kamata ki jira bayan haihuwar yaro kafin ki sake yi kokarin daukan ciki?</p>	<p>LESS THAN 2 YEARS .....1</p> <p>2 TO 3 YEARS.....2</p> <p>4 TO 5 YEARS.....3</p> <p>MORE THAN 5 YEARS .....4</p> <p>DON'T KNOW.....8</p>	
321.	<p>Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant?</p> <p>Shin uwa mai shayar da jariri dan kasa da watanni shida ya kamata ta dena shayarwa idan ta dauki ciki?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

322.	<p>How strongly do you agree or disagree that the following practices are for important for the health of mothers and children?</p> <p>FOR EACH PRACTICE, ASK: Do you agree or disagree that (PRACTICE) is important for good health of a mother or child? READ AND POINT TO RESPONSE OPTIONS (3).</p>						
	<p>How strongly do you agree or disagree that the following practices are important for the health of mothers and children?</p> <p>Fada min idan kin yarda ko ba ku yarda ba cewa wadannan ayyuka suna da muhimmanci wajen lafiyar uwa ko yaro.</p> <p>FOR EACH PRACTICE, ASK: Do you agree or disagree that (PRACTICE) 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 RESPONSE OPTIONS (3).</p>	Strongly disagree	Disagree	Agree	Strongly agree	DON'T KNOW	
	A. Eating more during pregnancy ..... Cin abinci ga mai ciki fiye da kafin daukar ciki.	1	2	3	4	8	
	B. Resting more during pregnancy..... Yawan hutu ga mai ciki fiye da kafin daukan ciki	1	2	3	4	8	
	C. Eating more while lactating or breastfeeding ..... Karin cin abinci a lokacin shayarwa	1	2	3	4	8	
	D. Resting more while lactating or breastfeeding ..... Yawan hutu ga mai shayarwa	1	2	3	4	8	

E. Start breastfeeding immediately after birth..... Fara shayarwa nan-da-nan bayan haihuwa.	1	2	3	4	8	
F. Give newborn babies sugar water after birth..... Ba wa jarirai sababbin haihuwa ruwan sikari bayan haihuwa.	1	2	3	4	8	
G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water..... Shāyar da jarirai nonon uwa zalla har tsawon wata shida. Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ba ko dama ruwa ne.	1	2	3	4	8	
H. Breastfeed infants under 6 months on demand..... shāyar da jarirai 'yan kasa watanni 6 nonon uwa in sun bukatar	1	2	3	4	8	
I. Give 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	8	
J. Give infants under 6 months thin or watery pap..... Ciyar da kananan yara 'yan kasa da watanni 6 abinci mai ruwa ruwa.	1	2	3	4	8	
K. Start 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	8	
L. Wait until child is one year old to feed animal protein..... A jinkirta ciyar da kananan yara nama da kwai har sai sunkai shekara	1	2	3	4	8	

	daya						
	M. Feed children over six months old a diverse diet..... Ciyar da kananan yara masu fiye watanni shida abinici iri-irin.	1	2	3	4	8	
	N. Breastfeed children for at least 2 years..... Shayar da nonon uwa har shekara biyu.	1	2	3	4	8	
	O. Wash hands with soap before eating. Wanke hannaye da sabulu kafin cin abinci.	1	2	3	4	8	
	P. Wash hands with soap before preparing food or cooking ..... Wanke hannaye da sabulu kafin a dafa abinci.	1	2	3	4	8	
	Q. Wash hands with soap before feeding child Wanke hannaye da sabulu kafin a ba yaro abinci.	1	2	3	4	8	
	R. Keep animals outside of living area ..... Kawar da dabbobi daga wajen da ake zama	1	2	3	4	8	

323.	<p>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.</p> <p>A karshe, Ina so in samin 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</p> <p>FOR EACH ACTION, ASK:</p> <p>Do you agree or disagree that (ACTION)?</p> <p>kin yarda ko ba ki yarda ba cewa (BAYANAI)</p> <p>FOR EACH ACTION, PROBE: Do you strongly agree, agree, disagree, or strongly disagree?</p> <p>Baka yarda ba sam sam, baka yarda ba, ka yarda, ko ka yarda sosai.</p>	Strongly disagree	Disagree	Agree	Strongly agree	DK	
	<p>A. Only the men should make the important decisions in the family?</p> <p>Shin maza ne yakamata su yanke muhimman shawarwari .....</p>	1	2	3	4	8	
	<p>B. A mother should be able to express her opinion regarding child feeding?</p> <p>Ya kamata uwaye su iya bayyana ra'ayin su akai ciyar da yara .....</p>	1	2	3	4	8	
	<p>C. A mother should be allowed to participate in mother's groups?</p> <p>Ya kamata a yarda su uwaye su shiga cikin kungiyoyin uwaye .....</p>	1	2	3	4	8	



324.	FOR EACH OF THE FOLLOWING QUESTIONS, READ THE QUESTION THEN THE READ THE RESPONSE OPTIONS.	None	Very little	Little	Some	Very much	DK
	<p>A. How much need do you perceive there is for <u>supporting</u>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?....</p>	1	2	3	4	5	8
	<p>B. How much need do you perceive there is for <u>community-based activities</u> 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 a <u>matakin al'umma</u>? .....</p>	1	2	3	4	5	8
	<p>C. How much need do you perceive there is for <u>community volunteers</u> supporting maternal, infant, and young child nutrition? Yaya ka/ki ke ganin yawan bukatar ga '<u>yan sa kai na al'umma</u> a wajen tallafawa abinci mai gina jiki na uwa, jarirai da kananan yara a matakin al'umma? .....</p>	1	2	3	4	5	8
325.	<p>How confident are you that you can help improve the following nutrition practices in your community? Ka/ki tabbata za ka iya taimaka inganta da wadannan ayyuka abinci mai gina jiki a cikin al'umma? FOR EACH OF THE FOLLOWING QUESTIONS, READ THE QUESTION THEN THE READ THE RESPONSE OPTIONS.</p>	Not at all confident	Not confident	Uncertain		Very uncertain	DK
	<p>A. Pregnant women eat more than before becoming pregnant Cin abinci ga mai ciki fiye da kafin</p>	1	2	3	4	8	

	daukar ciki.....						
B.	Breastfeeding women rest more than before becoming pregnant Yawan hutu ga mai ciki fiye da kafin daukan ciki.....	1	2	3	4	8	
C.	Breastfeeding women eat more than before becoming pregnant Karin cin abinci a lokacin shayarwa .....	1	2	3	4	8	
D.	Mothers breastfeed newborns for the first time within one hour after birth Uwa su shayar da jariri a farko, nan da nan/awa daya, bayan haihuwa .....	1	2	3	4	8	
E.	Newborns are exclusively breastfed for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water Shāyar da jarirai nonon uwa zalla har tsawon wata shida. Wannan na nufin shayar da jarirai nono zalla ba tare da kowane abu mai ruwa ba, ko mai tauri, ba ko dama ruwa ne.....	1	2	3	4	8	
F.	Newborns under 6 months are NOT given additional water if the weather is very hot Ba a Ba jarirai 'yan kasa da watanni 6 Karin ruwa idan yanayin zafi sosai....	1	2	3	4	8	
G.	Mothers/caregivers start to feed children soft, semi-solid foods at 6 months of age A fara ciyar da yara abinci mai laushi da mai tauri a watanni shida bayan haihuwa.....	1	2	3	4	8	
H.	Children aged 6 months to 2 years are fed a diverse or varied diet Ciyar da kananan yara masu fiye watanni shida abinici iri-irin.....	1	2	3	4	8	
I.	Children a breastfed for 2 years Shayar da nonon uwa har shekara	1	2	3	4	8	

	biyu.....						
J.	Mothers/caregivers respond to infant/child's cues or signals that communicate feeding needs and wants shāyar da jarirai 'yan kasa watanni 6 nonon uwa in sun bukatar .....	1	2	3	4	8	
K.	Mothers/caregivers wash hands before eating Wanke hannaye da sabulu kafin cin abinci.....	1	2	3	4	8	
L.	Mothers/caregivers wash hands before feeding children Wanke hannaye da sabulu kafin a ba yaro abinci.....	1	2	3	4	8	
M.	Mothers/caregivers wash hands with soap before preparing food (cooking) Wanke hannaye da sabulu kafin a dafa abinci .....	1	2	3	4	8	
N.	Households keep animals outside of living area Kawar da dabbobi daga wajen da ake zama .....	1	2	3	4	8	

***Thank you for your time!***

***DON'T FORGET TO RECORD INTERVIEW END TIME.***

# Tool 10. Baseline Household Questionnaire

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

1. INTERVIEW DATE: (dd/mm/yyyy) |\_|\_|/|\_|\_|/|\_|\_|\_|\_|

---

2. STATE ASSEMBLY CONSTITUENCY NAME:

---

3. LGA NAME:

---

4. WARD NAME:

---

5. COMMUNITY NAME:

---

6. CLUSTER NUMBER: |\_|\_|\_|\_|

---

7. HOUSEHOLD NUMBER: |\_|\_|\_|\_|\_|\_|\_|\_|\_|

---

8. INTERVIEWER'S NAME:

---

9. INTERVIEW START TIME:

---

10. INTERVIEW END TIME:

---

11. RESULT OF INTERVIEW: |\_|\_|

---

12. SUPERVISOR'S NUMBER: |\_|\_|\_|\_|

---

13. SUPERVISOR'S SIGNATURE:

---

<b>Codes for the Result of the Interview:</b>			
Completed	1	Refused	7
Partly completed	2	Location vacant or non-existent	8
No eligible respondent present	3	Location destroyed	9
Respondent incapacitated	4	Location not found	10
Respondent away for extended period	5	Other	11
Postponed	6		

## 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.

As we explained before, 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?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. → END INTERVIEW

## HOUSEHOLD ROSTER AND SCREENING

Please tell me the name and sex of each person who lives here, starting with the head of the household.

LIST THE NAMES OF ALL HOUSEHOLD MEMBERS IN COLUMN 2, Q2. START WITH THE HEAD OF THE HOUSEHOLD IN LINE 1.

THEN ASK: Does anyone else live here, even if they are not at home now? These may include children in school or household members at work.

IF YES, COMPLETE LISTING. THEN, COLLECT INFORMATION STARTING WITH (COLUMN 4) FOR EACH MEMBER, ONE PERSON AT A TIME. ADD A CONTINUATION SHEET IF THERE ARE MORE THAN 10 HOUSEHOLD MEMBERS. TICK HERE IF CONTINUATION SHEET WAS USED.

1. Line #	2. Name	3. Is <b>(NAME)</b> male or female? 1=Male 2=Female		4. Please tell me how old <b>(NAME)</b> is. How old was <b>(NAME)</b> on his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF 95 OR MORE, RECORD '95'.	Eligible for		
		Male	Female		Pregnancy module	Infant and young child feeding module (under 3 year olds)	
					5. FOR EACH WOMAN AGED BETWEEN 15 AND 49 YEARS, ASK: Is (NAME) currently pregnant? CIRCLE LINE NUMBER IF HH MEMBER IS CURRENTLY PREGNANT	6. CIRCLE LINE NUMBER IF HH MEMBER IS UNDER 3 YEARS	7. FOR EACH CHILD UNDER 3, ASK: Who is the primary caregiver of <b>(NAME)</b> ? RECORD THE LINE NUMBER OF PRIMARY CAREGIVER.
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	_ _

1. Line #	2. Name	3. Is <b>(NAME)</b> male or female? 1=Male 2=Female		4. Please tell me how old <b>(NAME)</b> is. How old was <b>(NAME)</b> on his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF 95 OR MORE, RECORD '95'.	Eligible for		
					Pregnancy module	Infant and young child feeding module (under 3 year olds)	
		Male	Female		5. FOR EACH WOMAN AGED BETWEEN 15 AND 49 YEARS, ASK: Is (NAME) currently pregnant? CIRCLE LINE NUMBER IF HH MEMBER IS CURRENTLY PREGNANT	6. CIRCLE LINE NUMBER IF HH MEMBER IS UNDER 3 YEARS	7. FOR EACH CHILD UNDER 3, ASK: Who is the primary caregiver of <b>(NAME)</b> ? RECORD THE LINE NUMBER OF PRIMARY CAREGIVER.
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	_ _



	8. PREGNANT WOMEN 15–49 YEARS (FROM COLUMN 5 OR Q5 ABOVE)	9. CHILDREN UNDER 3 YEARS (FROM COLUMN 7 ABOVE, ROW CIRCLED)
TOTALS (TOTAL NUMBER ELIGIBLE PER MODULE)	_ _	_ _

FOR EACH PREGNANT WOMAN AGE 15–49 YEARS, WRITE HER NAME AND LINE NUMBER IN THE INFORMATION PANEL OF THE PREGNANCY QUESTIONNAIRE. A SEPARATE PREGNANCY QUESTIONNAIRE NEEDS TO BE COMPLETED FOR EACH ELIGIBLE PREGNANT WOMAN IN THE HOUSEHOLD.

FOR EACH CHILD UNDER 3 YEARS OF AGE, WRITE HIS/HER NAME, LINE NUMBER AND THE NAME AND LINE NUMBER OF HIS/HER PRIMARY CAREGIVER (USUALLY THE MOTHER) IN THE INFORMATION PANEL OF THE INFANT AND YOUNG CHILD FEEDING QUESTIONNAIRE. A SEPARATE INFANT AND YOUNG CHILD FEEDING QUESTIONNAIRE NEEDS TO BE COMPLETED FOR EACH ELIGIBLE CHILD.

## HOUSEHOLD CHARACTERISTICS

Now I would like to ask you a few questions about your household.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
10.	What kind of toilet facility do members of your household usually use?	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 (SPECIFY: _____)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
11.	Where is this toilet facility located?	INSIDE OR ATTACHED TO DWELLING.....1 ELSEWHERE INSIDE YARD .....2 OUTSIDE YARD.....3																									
12.	Do you share this toilet facility with other households?	YES .....1 NO.....2	14.																								
13.	How many people, including those in your family or household share this toilet facility? ASK REGARDLESS OF LOCATION.	NUMBER .....																									
14.	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Q. Electricity? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>R. A radio?.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>S. A television? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>T. A mobile telephone? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>U. A land line telephone? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>V. A refrigerator? .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>W. A generator? .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Q. Electricity? .....	1	2	R. A radio?.....	1	2	S. A television? .....	1	2	T. A mobile telephone? .....	1	2	U. A land line telephone? .....	1	2	V. A refrigerator? .....	1	2	W. A generator? .....	1	2	
	YES	NO																									
Q. Electricity? .....	1	2																									
R. A radio?.....	1	2																									
S. A television? .....	1	2																									
T. A mobile telephone? .....	1	2																									
U. A land line telephone? .....	1	2																									
V. A refrigerator? .....	1	2																									
W. A generator? .....	1	2																									
15.	Do you have soap that can be used washing hands in your household?	YES .....1 NO.....2																									
16.	What type of fuel does your household mainly use for cooking?	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																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		OTHER ..... 96 (SPECIFY: _____)	
17.	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND .....1 DUNG.....2 WOOD PLANKS.....3 CERAMIC TILES.....4 CEMENT .....5 CARPET.....6 OTHER .....7 (SPECIFY: _____)	
18.	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	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 (SPECIFY: _____)	
19.	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS .....11 CANE/PALM/TRUNKS .....12 DIRT.....13	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
		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 (SPECIFY: _____)																									
20.	How many rooms in this household are used for sleeping?	NUMBER .....       RECORD '98' IF THE RESPONDENT DOESN'T KNOW.																									
21.	Does any member of this household own:	<table border="1"> <thead> <tr> <th data-bbox="727 1255 1065 1329"></th> <th data-bbox="1065 1255 1373 1329">YES</th> <th data-bbox="1373 1255 1492 1329">NO</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 1329 727 1402">A. A watch? .....</td> <td data-bbox="1065 1329 1373 1402">1</td> <td data-bbox="1373 1329 1492 1402">2</td> </tr> <tr> <td data-bbox="203 1402 727 1476">B. A bicycle?.....</td> <td data-bbox="1065 1402 1373 1476">1</td> <td data-bbox="1373 1402 1492 1476">2</td> </tr> <tr> <td data-bbox="203 1476 727 1549">C. A motorcycle or motor scooter? .....</td> <td data-bbox="1065 1476 1373 1549">1</td> <td data-bbox="1373 1476 1492 1549">2</td> </tr> <tr> <td data-bbox="203 1549 727 1623">D. An animal-drawn cart? .....</td> <td data-bbox="1065 1549 1373 1623">1</td> <td data-bbox="1373 1549 1492 1623">2</td> </tr> <tr> <td data-bbox="203 1623 727 1696">E. A car or truck? .....</td> <td data-bbox="1065 1623 1373 1696">1</td> <td data-bbox="1373 1623 1492 1696">2</td> </tr> <tr> <td data-bbox="203 1696 727 1770">F. A boat with a motor?.....</td> <td data-bbox="1065 1696 1373 1770">1</td> <td data-bbox="1373 1696 1492 1770">2</td> </tr> <tr> <td data-bbox="203 1770 727 1843">G. A canoe? .....</td> <td data-bbox="1065 1770 1373 1843">1</td> <td data-bbox="1373 1770 1492 1843">2</td> </tr> </tbody> </table>		YES	NO	A. A watch? .....	1	2	B. A bicycle?.....	1	2	C. A motorcycle or motor scooter? .....	1	2	D. An animal-drawn cart? .....	1	2	E. A car or truck? .....	1	2	F. A boat with a motor?.....	1	2	G. A canoe? .....	1	2	
	YES	NO																									
A. A watch? .....	1	2																									
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C. A motorcycle or motor scooter? .....	1	2																									
D. An animal-drawn cart? .....	1	2																									
E. A car or truck? .....	1	2																									
F. A boat with a motor?.....	1	2																									
G. A canoe? .....	1	2																									
22.	Does any member of this household own any agricultural land?	YES ..... 1 NO..... 2 → Q24																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
23.	<p>How many plots or acres of agricultural land do members of this household own?</p> <p>IF 100 OR MORE, CIRCLE '9950'. IF NECESSARY, YOU MIGHT ASK ANOTHER MEMBER OF THE HOUSEHOLD.</p>	<p>PLOT ..... 1  __ _ _ _ </p> <p>ACRES..... 2  __ _ _ _ </p> <p>100 OR MORE PLOTS/ACRES ..... 9950</p> <p>DON'T KNOW ..... 9998</p>	
24.	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES .....1</p> <p>NO .....2 → Q27</p>	
25.	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>A. Milk cows or bulls? .....</p> <p>B. Horses, donkeys, or mules? .....</p> <p>C. Goats? .....</p> <p>D. Sheep? .....</p> <p>E. Chickens/Ducks? .....</p> <p>F. Pigs? .....</p> <p>G. Other .....</p> <p>(SPECIFY: _____)</p> <p>H. Other .....</p> <p>(SPECIFY: _____)</p>	<p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p> <p>NUMBER .....  __ _ </p>	
26.	<p>Where are your animals kept?</p> <p>DO NOT READ THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED.</p>	<p>INSIDE/NEAR LIVING AREA.....A</p> <p>INSIDE/NEAR KITCHEN/COOKING PLACE ..... B</p> <p>ELSEWHERE IN YARD..... C</p> <p>OUTSIDE YARD.....D</p> <p>NO SPECIFIC PLACE .....E</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		OTHER .....F (SPECIFY: _____)	

***Thank you for your time!***

***DON'T FORGET TO RECORD INTERVIEW END TIME.***

# Tool 11. Baseline Maternal Survey Questionnaire

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

1. INTERVIEW DATE: (dd/mm/yyyy) |\_|\_|/|\_|\_|/|\_|\_|\_|\_|

---

2. STATE ASSEMBLY CONSTITUENCY NAME: \_\_\_\_\_

---

3. LGA NAME: \_\_\_\_\_

---

4. WARD NAME: \_\_\_\_\_

---

5. COMMUNITY NAME: \_\_\_\_\_

---

6. CLUSTER NUMBER: |\_|\_|\_|\_|

---

7. HOUSEHOLD NUMBER: |\_|\_|\_|\_|\_|\_|\_|\_|\_|

---

8. RESPONDENT'S INDIVIDUAL LINE NUMBER: |\_|\_|

---

9. RESPONDENT'S NAME: \_\_\_\_\_

---

10. INTERVIEWER'S NAME: \_\_\_\_\_

---

11. INTERVIEW START TIME: |\_|\_|\_|\_|

---

12. INTERVIEW END TIME: |\_|\_|\_|\_|

---

13. RESULT OF INTERVIEW: |\_|\_|

---

14. SUPERVISOR'S NUMBER: |\_|\_|\_|\_|

---

15. SUPERVISOR'S SIGNATURE: \_\_\_\_\_

Codes for the Result of the Interview:	
Completed ..... 1	Refused ..... 7
Partly completed..... 2	Location vacant or non-existent..... 8
No eligible respondent present ..... 3	Location destroyed ..... 9
Respondent incapacitated ..... 4	Location not found..... 10
Respondent away for extended period..... 5	Other ..... 11
Postponed..... 6	

## 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.

As we explained before, 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?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. → END INTERVIEW



## CONFIRMATION OF ELIGIBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<b>CHECK IF THE RESPONDENT IS PREGNANT:</b>		
1.	First, I would just like to confirm, are you currently pregnant?	YES.....1 → NO .....2 →	YOU WILL NEED TO COMPLETE MODULE 3 FOR THIS RESPONDENT. CONTINUE TO Q2. CONTINUE TO Q2.
	<b>CHECK IF THE RESPONDENT IS MOTHER/ CAREGIVER OF A CHILD UNDER THREE YEARS OF AGE:</b>		
2.	Do you have a child or are you the primary caregiver of a child under the age of three years?	YES.....1 → NO .....2 →	CONTINUE TO Q3. IF PREGNANT, PROCEED TO MODULE 1. IF NOT PREGNANT, THANK THE RESPONDENT AND END THE INTERVIEW.
3.	LINE NUMBER OF RESPONDENT'S YOUNGEST CHILD UNDER THREE YEARS OF AGE (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER):	LINE NUMBER..... _ _	
4.	RECORD NAME OF CHILD (FROM COLUMN 2 OR Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	_____	
5.	CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (NAME) (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (COLUMN 2 IN THE HOUSEHOLD ROSTER AND Q7 OF THIS QUESTIONNAIRE).	YES.....1 → NO .....2 →	CONTINUE TO Q6. GO TO Q13.
6.	Is (NAME) your child or are you the primary caregiver of (NAME)?	YES.....1 → NO .....2 →	CONTINUE TO Q7. ASK FOR THE NAME OF THE CHILD'S MOTHER OR PRIMARY CAREGIVER. REVISE THE HOUSEHOLD ROSTER. THEN GO TO Q13.

7.	RECORD SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	MALE.....1 FEMALE.....2	
8.	I would like to ask you some questions about (NAME) in order to determine (his/her) precise age. In what month and year was (NAME) born? What is (his/her) birthday? IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE ASK: Does (NAME) have a health or vaccination card with the birthdate recorded? IF THE HEALTH OR VACCINATION CARD IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.	DAY ..... _ _  IF DAY IS NOT KNOWN, ENTER '98'  MONTH ... _ _  YEAR. _ _ _ _	
9.	How old was (NAME) at (his/her) last birthday?	LESS THAN 1 YEAR.....0 1 YEAR.....1 2 OR MORE YEARS.....2	
10.	How many months old is (NAME)? RECORD AGE IN COMPLETED MONTHS.	MONTHS ..... _ _	
11.	CHECK QUESTIONS Q9, Q10 AND Q11 TO VERIFY CONSISTENCY.		
	A) IS THE YEAR RECORDED IN Q8 CONSISTENT WITH AGE IN YEARS RECORDED IN Q9?	YES.....1 NO .....2	
	B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q8 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q10?	YES.....1 NO .....2	
	IF THE ANSWER TO Q11A OR Q11B IS 'NO', RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED ON A HEALTH CARD, THIS MAY BE USED AS THE CORRECT DATA SOURCE. REVISE THE HOUSEHOLD ROSTER, IF NECESSARY.		
12.	FINALLY, CHECK QUESTION Q11. IS THE	YES.....1 →	YOU WILL NEED TO COMPLETE

	CHILD LESS THAN 24 MONTHS?	NO .....2 → DON'T KNOW .....8	MODULE 4 WITH THIS RESPONDENT. ASK ABOUT AN ADDITIONAL CHILD UNDER THREE YEARS. IF THERE IS NO OTHER, GO TO MODULE 1. 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.
	<b>CHECK IF THE RESPONDENT IS MOTHER/ CAREGIVER OF AN ADDITIONAL CHILD UNDER THREE YEARS OF AGE:</b>		
13.	Do you have any other child or are you the primary caregiver of any other child under the age of three years?	YES.....1 → NO .....2 →	CONTINUE TO Q14. REVISE THE HOUSEHOLD ROSTER, IF NECESSARY.
14.	LINE NUMBER OF RESPONDENT'S SECOND YOUNGEST CHILD UNDER THREE YEARS OF AGE (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER):	LINE NUMBER..... _ _	
15.	RECORD NAME OF THE RESPONDENT'S SECOND CHILD UNDER THREE YEARS OF AGE (FROM COLUMN 2 OR Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	_____	
16.	CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (NAME) (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (COLUMN 2 IN THE HOUSEHOLD ROSTER AND Q7 OF THIS QUESTIONNAIRE).	YES.....1 → NO .....2 →	CONTINUE TO Q17. GO TO Q24.
17.	ASK: Is (NAME) your child or are you the primary caregiver of (NAME)?	YES.....1 → NO .....2 →	CONTINUE TO Q18. ASK FOR THE NAME OF THE CHILD'S MOTHER OR PRIMARY CAREGIVER. REVISE THE HOUSEHOLD ROSTER. THEN GO

			TO Q24.
18.	RECORD SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	MALE.....1 FEMALE.....2	
19.	Once again, I would like to ask you some questions about (NAME) in order to determine (his/her) precise age. In what month and year was (NAME) born? What is (his/her) birthday? IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE ASK: Does (NAME) have a health or vaccination card with the birthdate recorded? IF THE HEALTH OR VACCINATION CARD IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.	DAY .....  __ __  IF DAY IS NOT KNOWN, ENTER '98'  MONTH ...  __ __  YEAR..... __ __ __ __	
20.	How old was (NAME) at (his/her) last birthday?	LESS THAN 1 YEAR.....0 1 YEAR.....1 2 OR MORE YEARS.....2	
21.	How many months old is (NAME)? RECORD AGE IN COMPLETED MONTHS.	MONTHS .....  __ __	
22.	CHECK QUESTIONS Q20, Q21 AND Q22 TO VERIFY CONSISTENCY.		
	A) IS THE YEAR RECORDED IN Q20 CONSISTENT WITH AGE IN YEARS RECORDED IN Q21?	YES.....1 NO .....2	
	B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q20 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q22?	YES.....1 NO .....2	
	IF THE ANSWER TO Q23A OR Q23B IS 'NO', RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED ON A HEALTH CARD, THIS MAY BE USED AS THE CORRECT DATA SOURCE. REVISE THE HOUSEHOLD ROSTER, IF NECESSARY.		

23.	FINALLY, CHECK QUESTION Q22. IS THE CHILD LESS THAN 24 MONTHS?	YES.....1 →  NO .....2 → DON'T KNOW .....8 →	ASK ABOUT AN ADDITIONAL CHILD UNDER THREE YEARS. IF THERE IS NO OTHER, GO TO MODULE 1. COMPLETE THE SECOND COLUMN PROVIDED IN MODULE 4 WITH THIS RESPONDENT. GO TO MODULE 1. GO TO MODULE 1.
<b>CHECK IF THE RESPONDENT IS MOTHER/ CAREGIVER OF AN ADDITIONAL CHILD UNDER THREE YEARS OF AGE:</b>			
24.	Do you have any other child or are you the primary caregiver of any other child under the age of three years?	YES.....1 → NO .....2 →	CONTINUE TO Q25. REVISE THE HOUSEHOLD ROSTER, IF NECESSARY.
25.	LINE NUMBER OF RESPONDENT'S OLDEST CHILD UNDER THREE YEARS OF AGE (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER):	LINE NUMBER..... _ _	
26.	RECORD NAME OF THE RESPONDENT'S SECOND CHILD UNDER THREE YEARS OF AGE (FROM COLUMN 2 OR Q2 OF THE SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	_____	
27.	CHECK THAT THE LINE NUMBER OF THE MOTHER/CAREGIVER OF (NAME) (CIRCLED IN COLUMN 6 OR Q6 OF HOUSEHOLD ROSTER) IS THE SAME AS THE LINE NUMBER OF CURRENT RESPONDENT (COLUMN 2 IN THE HOUSEHOLD ROSTER AND Q7 OF THIS QUESTIONNAIRE).	YES.....1 → NO .....2 →	CONTINUE TO Q28. CONFIRM THAT THE RESPONDENT HAS NO OTHER CHILD UNDER THREE YEARS OF AGE. REVISE THE HOUSEHOLD ROSTER, AS NECESSARY. THEN GO TO MODULE 1.
28.	ASK: Is (NAME) your child or are you the primary caregiver of (NAME)?	YES.....1 → NO .....2 →	CONTINUE TO Q29. CONFIRM THAT THE RESPONDENT HAS NO OTHER CHILD UNDER THREE YEARS OF AGE. REVISE THE HOUSEHOLD ROSTER, AS NECESSARY. THEN GO TO MODULE 1.

29.	RECORD SEX OF (NAME) (FROM COLUMN 3 OR Q3 OF SAME LINE NUMBER ON THE HOUSEHOLD ROSTER).	MALE.....1 FEMALE.....2	
30.	Once again, I would like to ask you some questions about (NAME) in order to determine (his/her) precise age. In what month and year was (NAME) born? What is (his/her) birthday? IF THE RESPONDENT DOES NOT KNOW THE EXACT BIRTHDATE ASK: Does (NAME) have a health or vaccination card with the birthdate recorded? IF THE HEALTH OR VACCINATION CARD IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.	DAY ..... _ _  IF DAY IS NOT KNOWN, ENTER '98'  MONTH ... _ _  YEAR..... _ _ _ _	
31.	How old was (NAME) at (his/her) last birthday?	LESS THAN 1 YEAR.....0 1 YEAR.....1 2 OR MORE YEARS.....2	
32.	How many months old is (NAME)? RECORD AGE IN COMPLETED MONTHS.	MONTHS ..... _ _	
33.	CHECK QUESTIONS Q31, Q32 AND Q33 TO VERIFY CONSISTENCY.		
	A) IS THE YEAR RECORDED IN Q31 CONSISTENT WITH AGE IN YEARS RECORDED IN Q32?	YES.....1 NO .....2	
	B) ARE YEAR AND MONTH OF BIRTH RECORDED IN Q31 CONSISTENT WITH AGE IN MONTHS RECORDED IN Q33?	YES.....1 NO .....2	
	IF THE ANSWER TO Q34A OR Q34B IS 'NO', RESOLVE ANY INCONSISTENCIES. IF THE BIRTHDATE WAS RECORDED ON A HEALTH CARD, THIS MAY BE USED AS THE CORRECT DATA SOURCE. REVISE THE HOUSEHOLD ROSTER, IF NECESSARY.		
34.	FINALLY, CHECK QUESTION Q33. IS THE	YES.....1 →	COMPLETE THE SECOND

	CHILD LESS THAN 24 MONTHS?	NO .....2 → DON'T KNOW .....8 →	COLUMN PROVIDED IN MODULE 4 WITH THIS RESPONDENT. GO TO MODULE 1. GO TO MODULE 1.
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## MODULE 1: RESPONDENT'S BACKGROUND

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101.	Who is your relationship of (NAME) to the head of the household?	HEAD (RESPONDENT) .....1 HUSBAND/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	
102.	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS .....  __ __  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	
103.	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY .....1 TOWN .....2 COUNTRYSIDE .....3	
104.	In what month and year were you born?	MONTH .....  __ __  IF MONTH IS NOT KNOWN, ENTER '98' YEAR .....  __ __ __ __  IF YEAR IS NOT KNOWN, ENTER '9998'	
105.	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS.	YEARS .....  __ __  DON'T KNOW ..... 98	
106.	CHECK Q103 AND Q104: IF THE INFORMATION IN Q103 AND Q104 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE.		
107.	Have you ever attended school?	YES .....1 NO .....2 →	Q109
108.	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY .....1 SECONDARY .....2	



		HIGHER .....3	
109.	What is the highest (class/form/year) you completed at that level?	CLASS/FORM/YEAR....    _   _   _   _	
110.	What is your religion?	CHRISTIAN .....1 ISLAM .....2 TRADITIONALIST .....3 OTHER .....8 (SPECIFY: _____)	
111.	What languages do you speak? RECORD ALL THAT APPLY.	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: _____)	
112.	In what language do you feel most comfortable communicating? RECORD ONLY ONE LANGUAGE THAT THE RESPONDENT IDENTIFIES AS <u>MOST</u> 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:_____)	
113.	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED.....1 → YES, LIVING WITH A MAN .....2 → NO, NOT IN UNION.....3	Q115 Q115
114.	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A MAN .....2 NO.....3 →	Q117
115.	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .....1 → DIVORCED .....2 → SEPARATED .....3 →	Q117 Q117 Q117
116.	Is your (husband/partner) living with you now or is he staying elsewhere? .....	LIVING WITH HER .....1 STAYING ELSEWHERE.....2	
117.	How many living children do you have who are now living with you? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __ __	
118.	How many of those are under the age of five years? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __ __	
119.	How many of those are your biological children? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED.	NUMBER.....  __ __	
120.	How many hours do you usually sleep each night? IF THE RESPONDENT DOESN'T KNOW, RECORD '98' IN THE SPACE PROVIDED	HOURS .....  __ __	
121.	Have you used soap today or yesterday?	YES .....1 NO.....2 DON'T KNOW.....8	
122.	When you used soap today or yesterday, what did you use it for? IF FOR WASHING MY OR MY CHILDREN'S HANDS IS MENTIONED, PROBE: What was the occasion? PROBE: Any other reason?	WASHING CLOTHS.....A WASHING MY BODY .....B WASHING MY CHILDREN.....C WASHING CHILD'S BOTTOMS .....D	

	<p>CONTINUE PROBING UNTIL NOTHING ELSE IS MENTIONED.</p> <p>DO NOT READ THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED.</p>	<p>WASHING MY CHILDREN'S HANDS...E</p> <p>WASHING HANDS AFTER DEFECCATING .....G</p> <p>WASHING HANDS AFTER CLEANING CHILD .....G</p> <p>WASHING HANDS AFTER HANDLING ANIMAL DUNG .....H</p> <p>WASHING HANDS BEFORE FEEDING CHILD.....I</p> <p>WASHING HANDS BEFORE PREPARING FOOD .....J</p> <p>WASHING HANDS BEFORE EATING ..K</p> <p>OTHER ..... X</p> <p>(SPECIFY:.....)</p>	
123.	Where do you usually wash your hands?	<p>INSIDE/NEAR TOILET FACILITY.....1</p> <p>INSIDE/NEAR KITCHEN/COOKING PLACE .....</p> <p>ELSEWHERE IN YARD .....3</p> <p>OUTSIDE YARD .....4</p> <p>NO SPECIFIC PLACE .....5</p> <p>NO PERMISSION TO SEE.....8</p>	
	<p>What do you usually use to wash hands?</p> <p>DO NOT READ THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED.</p>	<p>SOAP .....A</p> <p>DETERGENT .....B</p> <p>ASH.....C</p> <p>MUD/SAND .....D</p> <p>NONE.....E</p> <p>OTHER ..... F</p> <p>(SPECIFY:.....)</p>	
124.	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?	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW.....9</p>	<p>Q201</p>
125.	In the last seven days, on how many days did you yourself go to sleep hungry?	<p>DAYS ..... _ </p> <p>IF NONE RECORD '0'.</p>	
126.	<p>In the last seven days, who (else) in your household went to sleep hungry?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND/PARTNER.....A</p> <p>SON(S).....B</p> <p>DAUGHTER(S).....C</p> <p>OTHER FEMALE RELATIVE(S).....D</p> <p>OTHER MALE RELATIVE(S) .....E</p>	

		NON-RELATIVE(S).....F	
		NO ONE ELSE .....Y	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	Aside from your own housework, have you done any work in the last seven days?	YES.....1 NO .....2	
202.	As you know, some women 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?	YES.....1 → NO .....2	Q205
203.	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?	YES.....1 → NO .....2	Q205
204.	Have you done any work in the last 12 months?	YES.....1 NO .....2 →	Q210
205.	What is your occupation, that is, what kind of work do you mainly do?	PROFESSIONAL/TECHNICAL/ MANAGERIAL.....1 CLERICAL.....2 SALES AND SERVICES .....3 SKILLED MANUAL.....4 UNSKILLED MANUAL .....5 AGRICULTURE .....6 OTHER.....7 (SPECIFY: _____)	
206.	How many hours do you usually work outside the home per week?	HOURS.....  __ __ __  DON'T KNOW ..... 98	
207.	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED .....3	
208.	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR .....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE .....3	
209.	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY.....1 CASH AND KIND.....2	

		IN KIND ONLY.....3 NOT PAID .....4	
210.	CHECK Q113.		
	IF THE RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN <input checked="" type="checkbox"/> ↓	IF THE RESPONDENT IS NOT CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> →	Q218
211.	CHECK 209.		
	IF CODE '1' OR '2' CIRCLED <input checked="" type="checkbox"/> ↓	IF CODE '3' OR '4' CIRCLED <input type="checkbox"/> →	Q214
212.	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY.....3 OTHER.....6 (SPECIFY:_____)	
213.	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM.....1 LESS THAN HIM .....2 ABOUT THE SAME.....3 HUSBAND/PARTNER HAS NO EARNINGS .....4 → DON'T KNOW .....8	Q218
214.	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY.....3 HUSBAND/PARTNER HAS NO EARNINGS .....4 OTHER.....6 (SPECIFY:_____)	
215.	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY.....3 OTHER.....6 (SPECIFY:_____)	

216.	Who usually makes decisions about making major household purchases?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY.....3 OTHER.....6 (SPECIFY:_____)			
217.	Who usually makes decisions about visits to your family or relatives?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY.....3 OTHER.....6 (SPECIFY:_____)			
218.	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY.....1 JOINTLY ONLY .....2 BOTH ALONE AND JOINTLY .....3 DOES NOT OWN .....4			
219.	Do you own any land either alone or jointly with someone else?	ALONE ONLY.....1 JOINTLY ONLY .....2 BOTH ALONE AND JOINTLY .....3 DOES NOT OWN .....4			
220.	Do you yourself control the money or resources needed to buy or pay for [ITEM]? PROBE: 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 it?	YES	NO	DK	
	A. Fruits/vegetables?.....	1	2	8	
	B. Meat/animal foods?.....	1	2	8	
	C. Transport to health center if you are ill? .....	1	2	8	
	D. Medicine for yourself? .....	1	2	8	
221.	CHECK Q117.				
	IF RESPONDENT HAS AT LEAST ONE LIVE CHILD <input type="checkbox"/>	IF RESPONDENT HAS NO LIVE CHILDREN <input type="checkbox"/> →			Q226

222.	Who usually makes decisions about when you should stop breastfeeding?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT & HUSBAND/ PARTNER JOINTLY.....3 SOMEONE ELSE.....4 RESPONDENT & SOMEONE ELSE JOINTLY.....5 DECISION NOT MADE / NOT APPLICABLE.....9	
223.	Who usually makes decisions about what to feed a child?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT & HUSBAND/ PARTNER JOINTLY.....3 SOMEONE ELSE.....4 RESPONDENT & SOMEONE ELSE JOINTLY.....5 DECISION NOT MADE / NOT APPLICABLE.....9	
224.	Who usually makes decisions about when to feed a child?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT & HUSBAND/ PARTNER JOINTLY.....3 SOMEONE ELSE.....4 RESPONDENT & SOMEONE ELSE JOINTLY.....5 DECISION NOT MADE / NOT APPLICABLE.....9	



225.	Who usually makes decisions about what to do if a child falls sick?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT & HUSBAND/ PARTNER JOINTLY.....3 SOMEONE ELSE.....4 RESPONDENT & SOMEONE ELSE JOINTLY.....5 DECISION NOT MADE / NOT APPLICABLE.....9				
226.	Do you yourself control the money or resources needed to buy or pay for [ITEM]? PROBE: 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 it?	YES	NO	DK	N/A	
	A. Transport to health center if child is ill?.....	1	2	8	9	
	B. Medicine for your child(ren)?.....	1	2	8	9	
227.	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?  FOR EACH ACTION, ASK: Are you usually permitted to go (LOCATION) on your own, only if someone accompanies you, or not at all?	ALONE	NOT ALONE (ACCOMPANIED)	NOT AT ALL (NEVER GO)		
	A. To the local market to buy things? .....	1	2	8		
	B. To a local health center or doctor? .....	1	2	8		
	C. To homes of friends in the neighborhood? ....	1	2	8		
	D. To a nearby mosque/church? .....	1	2	8		
228.	Are you a member of any type of association, group or club which holds regular meetings?	YES.....1 NO .....2				Q301
229.	What kind of association or group or club is it? READ EACH RESPONSE OPTION AND CIRCLE	Religious.....A Social .....B				

	ALL THAT APPLY.	Women's organization .....C Labor union.....D Political .....E Other .....F (SPECIFY: _____)	
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## MODULE 3: PREGNANCY NUTRITION PRACTICES

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

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301.	CHECK Q3.				
	IF THE RESPONDENT IS PREGNANT <input type="checkbox"/> ↓	IF THE RESPONDENT IS NOT PREGNANT <input type="checkbox"/> →			Q40 1
302.	Now we would like to ask you a few questions about your current pregnancy.  First, how many months have you been pregnant?	MONTHS..... _ _			
303.	Have you ever visit a health facility for information, services or supplies related to your pregnancy?	YES.....1 NO .....2			
304.	How many times have you visited the health facility for information, services or supplies related to your pregnancy?	TIMES..... _ _			
305.	On what week of your pregnancy (number of the week) did you have your first visit at a health facility about your pregnancy?  IF ANSWER IS GIVEN IN MONTHS, CONVERT TO WEEKS. IF THE RESPONDENT DOESN'T KNOW, ENTER '98'.	WEEK..... _ _			
306.	During this pregnancy, have you been given or did you buy iron tablets, IFA tablets, multiple micronutrients or iron syrup preparations like (this/any of these).  SHOW COMMON TYPES OF PILLS/TABLETS/SYRUPS/MICRONUTRIENT SUPPLEMENTS. ASK ABOUT USE OF EACH TYPE DURING THE MOST RECENT PREGNANCY.	YES	NO	DK	

	A. Iron tablets.....	1	2	8	
	B. IFA tablets .....	1	2	8	
	C. Iron syrup .....	1	2	8	
	D. Multiple micronutrients.....	1	2	8	
307.	During the entire pregnancy with (NAME), how many iron/IFA tablets/syrup or multiple micronutrient supplements did you take?  _____	NUMBER..... _ _ _  DON'T KNOW .....998			
	RECORD OPEN-ENDED RESPONSE, IF GIVEN. IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.				
308.	Are you currently eating the same amount as before you became pregnant, less than before, or more than before?	Same as before.....1 Less than before.....2 More than before .....3 DON'T KNOW .....8			
309.	For how long are you planning to give breast milk and nothing else to your baby?	DAYS.....1  _ _  WEEKS .....2  _ _  MONTHS .....3  _ _  DON'T KNOW .....998			
310.	When are you planning to give soft semi-solid foods to your baby for the first time?	DAYS.....1  _ _  WEEKS .....2  _ _  MONTHS .....3  _ _  DON'T KNOW .....998			
311.	For how long are you planning to breastfeed your baby?	DAYS.....1  _ _  WEEKS .....2  _ _  MONTHS .....3  _ _  DON'T KNOW .....998			

312.	<p>Now I am going to ask you how you feel about being able to do several things - very confident, confident, uncertain, or very uncertain.</p> <p>FOR EACH ACTION, ASK: How confident do you feel about being able to (ACTION) – very confident, confident, uncertain, or very uncertain?</p>	VERY CONFIDEN T	CONFIDEN T	UNCERTAI N	VERY UNCERTAI N	
	A. Breastfeed for the first time within one hour after birth.....	4	3	2	1	
	B. Breastfeed exclusively for 6 months.....	4	3	2	1	
	C. Introduce your baby to nutritious and safe soft semi-solid foods at 6 months.....	4	3	2	1	
	D. Breastfeed your baby for at least 2 years.....	4	3	2	1	
	E. Spend time talking and having a good and relaxing time with your child while feeding (him/her).....	4	3	2	1	

## MODULE 4: CHILD NUTRITION PRACTICES

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

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 Q5: _____	NAME FROM Q16: _____	NAME FROM Q27: _____
401.	CHECK Q13 AND Q22.			
	IF THE RESPONDENT IS A MOTHER OR CAREGIVER UNDER OF A CHILD TWO YEARS (CODE '1' OF Q12) <input type="checkbox"/> → CONTINUE TO Q402.	IF THE RESPONDENT IS NOT A MOTHER OR CAREGIVER UNDER OF A CHILD TWO YEARS (CODE '2' OF Q12) <input type="checkbox"/> → GO TO Q501.		
402.	<p>During your pregnancy with (NAME), were you given or did you buy iron tablets, IFA tablets, multiple micronutrients or iron syrup preparations like (this/any of these).</p> <p>SHOW COMMON TYPES OF PILLS/TABLETS/SYRUPS/MICRONUTRIENT SUPPLEMENTS. ASK ABOUT USE OF EACH TYPE DURING THE MOST RECENT PREGNANCY.</p> <p>A. Iron tablets</p> <p>B. IFA tablets</p> <p>C. Iron syrup</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>

	D. Multiple micronutrients	DK..... 8 YES..... 1 NO ..... 2 DK..... 8	DK..... 8 YES..... 1 NO ..... 2 DK..... 8	DK.....8 YES .....1 NO.....2 DK.....8
403.	During the entire pregnancy with (NAME), how many iron/IFA tablets, syrup or multiple micronutrient supplements did you receive or purchase? (Including all forms: iron/IFA tablets, syrup and multiple micronutrients) PROBE: Could you tell me how many months and how frequently – once per day, every other day, once per week?	_____ IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.  NUMBER .....  _ _ _ _  DK.....998	_____ IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.  NUMBER .....  _ _ _ _  DK.....998	_____ IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.  NUMBER .....  _ _ _ _  DK..... 998
404.	During your pregnancy with (NAME), did you eat the same amount as before you became pregnant, less than before, or more than before?	Same as before.....1 Less than before.....2 More than before.....3 DK.....8	Same as before.....1 Less than before.....2 More than before.....3 DK.....8	Same as before ..... 1 Less than before ..... 2 More than before ..... 3 DK..... 8
405.	Where did you give birth to (NAME)? READ EACH RESPONSE OPTION AND CIRCLE THE CORRESPONDING CODE.	Government Hospital .....1 Government Health Center .....2 Government Health Post/Dispensary ... 3 Private Hospital.....4 Your Home -- .....5 Nursing home in community ..... 6 Other .....7 (SPECIFY: _____)	Government Hospital .....1 Government Health Center .....2 Government Health Post/Dispensary ... 3 Private Hospital.....4 Your Home -- .....5 Nursing home in community ..... 6 Other .....7 (SPECIFY: _____)	Government Hospital ..... 1 Government Health Center ..... 2 Government Health Post/Dispensary ... 3 Private Hospital.....4 Your Home -- .....5 Nursing home in community ..... 6 Other .....7 (SPECIFY: _____)
406.	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby	YES.....1 NO .....2	YES.....1 NO .....2	YES .....1 NO.....2

	out?			
407.	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large .....1 Larger than average.....2 Average .....3 Smaller than average.....4 Very small .....5 DK .....8	Very large .....1 Larger than average.....2 Average .....3 Smaller than average.....4 Very small .....5 DK .....8	Very large .....1 Larger than average.....2 Average .....3 Smaller than average.....4 Very small .....5 DK .....8
408.	Was (NAME) weighed at birth?	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
409.	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	_ . _ _ _ _  FROM CARD  _ . _ _ _ _  FROM RECALL	_ . _ _ _ _  FROM CARD  _ . _ _ _ _  FROM RECALL	_ . _ _ _ _  FROM CARD  _ . _ _ _ _  FROM RECALL
410.	Did you ever breastfeed (NAME)?	YES.....1 NO .....2 → GO TO Q413	YES.....1 NO .....2 → GO TO Q413	YES .....1 NO .....2 → GO TO Q413
411.	Did you put [NAME] to your breast during the first three days after delivery?	YES.....1 NO .....2 → GO TO Q413	YES.....1 NO .....2 → GO TO Q413	YES .....1 NO .....2 → GO TO Q413
412.	How long after birth did you first breastfeed (NAME)? IF RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, CIRCLE '000' FOR 'IMMEDIATELY'. IF LESS THAN 1 HOUR, CIRCLE '1' FOR HOURS AND RECORD '00' HOURS. IF LESS THAN 24 HOURS, CIRCLE '1' AND RECORD NUMBER OF COMPLETED HOURS, FROM 01 TO 23.	IMMEDIATELY 000 HOURS...  _ _	IMMEDIATELY 000 HOURS...  _ _	IMMEDIATELY. 000 HOURS....  _ _



	OTHERWISE, CIRCLE '2' AND RECORD NUMBER OF COMPLETED DAYS.			
413.	In the first 3 days after delivery, was (NAME) given anything to drink other than breastmilk?	YES.....1 NO.....2 → GO TO Q415	YES.....1 NO.....2 → GO TO Q415	YES .....1 NO.....2 → GO TO Q415
414.	In the first three days after delivery, was (NAME) given any of the following?  Did ( <u>NAME</u> ) have any ( <u>ITEM FROM LIST</u> )?  READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER'.			
	A. Plain water? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	B. Honey? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	C. Gripe water?.....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	D. Sugar water? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	E. Salt-sugar water? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	F. Tea? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	G. Coffee? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8
	H. Infant formula such as [Nursie or Guigoz?]?.....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES .....1 NO.....2 DK.....8

	I. Milk such as tinned, powdered, or fresh animal milk? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	J. Juice or juice drinks? .....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	K. Clear broth?.....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	L. Yogurt?.....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	M. Thin porridge?.....	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	N. Any other liquids?.....  SPECIFY: _____  _____	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
415.	CHECK Q204. 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.			
416.	Is (NAME) with you when you work?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
417.	CHECK Q410. IF THE CHILD HAS EVER BREASTFED → GO O Q418. IF THE RESPONDENT HAS NEVER BREASTFED → GO TO Q424.			
418.	Was (NAME) breastfed yesterday during the day or at night?	YES.....1 → GO TO Q422 NO.....2 DK.....2	YES.....1 → GO TO Q422 NO.....2 DK.....2	YES.....1 → GO TO Q422 NO.....2 DK.....2
419.	Have you stopped breastfeeding completely?	YES.....1 NO.....2 → GO TO Q422	YES.....1 NO.....2 → GO TO Q422	YES.....1 NO.....2 → GO TO Q42

420.	For how long did you breastfeed (NAME)?	DAYS:..... 1  _  MONTHS..... 2  _ _  IF LESS THAN ONE MONTH, RECORD "00" MONTHS. DK..... 8	DAYS:..... 1  _  MONTHS..... 2  _ _  IF LESS THAN ONE MONTH, RECORD "00" MONTHS. DK..... 8	DAYS: ..... 1  _  MONTHS ..... 2  _ _  IF LESS THAN ONE MONTH, RECORD "00" MONTHS. DK..... 8
421.	Why did you decide to stop? CHECK ALL THAT ARE MENTIONED. DO NOT PROMPT. PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS NOTHING ELSE.	MOST WOMEN STOP AROUND THIS AGE A HUSBAND/PARTNER WANTED ME TO ..... B SOMEONE ELSE WANTED ME TO ..... C I HAD TO GO TO WORK..... D I DIDN'T THINK I WAS PRODUCING ENOUGH MILK..... E BABY REJECTED MILK / WAS DIFFICULT TO BREASTFEED ..... F BREAST INFECTION / PAIN..... G OTHER..... X  (SPECIFY: _____ _____ )	MOST WOMEN STOP AROUND THIS AGE..... A HUSBAND/PARTNER WANTED ME TO ..... B SOMEONE ELSE WANTED ME TO ..... C I HAD TO GO TO WORK..... D I DIDN'T THINK I WAS PRODUCING ENOUGH MILK..... E BABY REJECTED MILK / WAS DIFFICULT TO BREASTFEED ..... F BREAST INFECTION / PAIN..... G OTHER..... X  (SPECIFY: _____ _____ )	MOST WOMEN STOP AROUND THIS AGE ..... A HUSBAND/PARTNER WANTED ME TO ..... B SOMEONE ELSE WANTED ME TO ..... C I HAD TO GO TO WORK ..... D I DIDN'T THINK I WAS PRODUCING ENOUGH MILK ..... E BABY REJECTED MILK / WAS DIFFICULT TO BREASTFEED ..... F BREAST INFECTION / PAIN ..... G OTHER ..... X  (SPECIFY: _____ _____ )
422.	How many times did you breastfeed (NAME) during the last day and night?	NUMBER .....  _ _	NUMBER .....  _ _	NUMBER .....  _ _
423.	How do you decide when to breastfeed your baby? CHECK ALL THAT ARE MENTIONED. DO NOT PROMPT.	WHEN BABY CRIES..... A WHEN BABY APPEARS RESTLESS ..... B WHEN BABY OPENS HIS/HER MOUTH ..... C		

	PROBE: Anything else? CONTINUE PROBING UNTIL RESPONDENT SAYS NOTHING ELSE.	WHEN BABY TURNS HIS/HER HEAD FROM SIDE TO SIDE ..... D WHEN BABY PUTS HIS/HER TONGUE IN AND OUT..... E WHEN BABY SUCKS ON HIS/HER FINGERS OR FISTS..... F WHEN I AM AVAILABLE ..... G AT A SPECIFIC TIME ..... H OTHER ..... X (SPECIFY: _____) DON'T KNOW ..... Z		
424.	Next I would like to ask you about some liquids that ( <u>NAME</u> ) may have had yesterday during the day or at night.  Did ( <u>NAME</u> ) have any ( <u>ITEM FROM LIST</u> ) yesterday during the day or at night?  REPEAT THIS QUESTION FOR EACH OF THE LIQUIDS LISTED BELOW, STARTING WITH 'PLAIN WATER'.			
	A. Plain water	YES.....1 NO .....2 DK.....8	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8
	B. Infant formula such as [Nursie or Guigoz?]?	YES.....1 NO .....2 DK.....8 ← IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did ( <u>NAME</u> ) consume any ( <u>ITEM</u> )?  NUMBER .. _ _   RECORD '98' FOR DON'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 ( <u>NAME</u> ) consume any ( <u>ITEM</u> )?  NUMBER .. _ _   RECORD '98' FOR DON'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 ( <u>NAME</u> ) consume any ( <u>ITEM</u> )?  NUMBER .. _ _   RECORD '98' FOR DON'T KNOW.

	<p>C. Milk such as tinned, powdered, or fresh animal milk?</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>
	<p>D. Juice or juice drinks?</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>
	<p>E. Clear broth?</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>
	<p>F. Yogurt?</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>IF CHILD CONSUMED THE ITEM, ASK: How many times yesterday during the day or at night did (<u>NAME</u>) consume any (<u>ITEM</u>)?</p> <p>NUMBER .. _ _ </p> <p>RECORD '98' FOR DON'T KNOW.</p>

G. Thin porridge?	YES.....1	YES.....1	YES .....1
	NO.....2	NO.....2	NO.....2
	DK.....8	DK.....8	DK.....8
H. Soft drinks? Any other liquids?	YES.....1	YES.....1	YES .....1
	NO.....2	NO.....2	NO.....2
	DK.....8	DK.....8	DK.....8
O. Any other liquids? SPECIFY: _____	YES.....1	YES.....1	YES .....1
	NO.....2	NO.....2	NO.....2
	DK.....8	DK.....8	DK.....8

425. 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.

a) Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time?

IF YES, AKS: Please tell me everything (NAME) ate at that time. PROBE: Anything else? 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 426b.

b) What did (NAME) do after that? Did (NAME) eat anything at that time?

If yes: Please tell me everything (NAME) ate at that time. PROBE: Anything else? PROBE UNTIL RESPONDENT SAYS NOTHING ELSE.

REPEAT QUESTION 4b 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:

c) What ingredients were in that (MIXED DISH)? PROBE: Anything else? PROBE UNTIL RESPONDENT SAYS NOTHING ELSE.

AS THE RESPONDENT RECALLS FOODS OR INGREDIENTS, UNDERLINE THE CORRESPONDING FOOD AND

<p>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.</p> <p>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'</p> <p>PLEASE WRITE DOWN OTHER FOODS THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW AT THE BOTTOM OF THE TABLE.</p>				
A. PORRIDGE, BREAD, RICE, NOODLES, OR OTHER FOODS MADE FROM GRAINS	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
B. PUMPKIN, CARROTS, SQUASH, OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
C. WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
D. ANY DARK GREEN LEAFY VEGETABLES	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
E. RIPE MANGOES OR RIPE PAPAYAS	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
F. ANY OTHER FRUITS OR VEGETABLES (E.G. WATERMELON AND KUKUMBA)	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
G. LIVER, KIDNEY, HEART, OR OTHER ORGAN MEATS	YES.....1 NO .....2 DK.....8	YES .....1 NO .....2 DK.....8	YES .....1 NO .....2 DK .....8	YES.....1 NO .....2 DK .....8
H. ANY MEAT, SUCH AS	YES.....1	YES .....1	YES .....1	YES.....1

	BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK	NO .....2 DK .....8	NO .....2 DK .....8	NO ..... 2 DK ..... 8
I.	EGGS (INCLUDING EGGS OF GUINEA FOWEL)	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
J.	FRESH OR DRIED FISH, SHELLFISH, OR SEAFOOD	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
K.	ANY FOODS MADE FROM BEANS, PEAS, SOYA BEANS, SOYA MEAT, LENTILS, NUTS, GROUNDNUTS, GROUNDNUT BUTTER, OR SEEDS	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
L.	CHEESE, YOGURT, OR OTHER MILK PRODUCTS	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
M.	ANY OIL SUCH AS PALM OIL, GROUNDNUT OIL, VEGETABLE OIL, FATS, SHEA BUTTER, OR FOODS MADE WITH ANY OF THESE	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
N.	ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, CANDIES, PASTRIES, HONEY, CAKES, OR BISCUITS	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
O.	CONDIMENTS FOR FLAVOR, SUCH AS CHILIES, SPICES, HERBS, OR FISH POWDER	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
P.	GRUBS, SNAILS, OR INSECTS	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
Q.	OTHER SPECIFY: _____	YES .....1	YES .....1	YES ..... 1



		NO .....2 DK .....8	NO .....2 DK .....8	NO ..... 2 DK ..... 8
	R. OTHER SPECIFY: _____ _____	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
	S. OTHER SPECIFY: _____ _____	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
	T. OTHER SPECIFY: _____ _____	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
426.	AS A FINAL CHECK ON FOODS CONSUMED YESTERDAY DURING THE DAY OR NIGHT ASK: Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?  IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat?	YES .....1 NO .....2 DK .....8 IF YES, ASK: What kind of solid, semi-solid, or soft foods did (NAME) eat? GO BACK TO 424 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? GO BACK TO 424 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? GO BACK TO 424 AND RECORD FOODS EATEN.
427.	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	TIMES .....  __ __  DK ..... 98	TIMES .....  __ __  DK ..... 98	TIMES .....  __ __  DK ..... 98
428.	Did (NAME) drink anything from a feeding bottle (THIS IS ANYTHING WITH A NIPPLE) yesterday or last night?	YES .....1 NO .....2 DK .....8	YES .....1 NO .....2 DK .....8	YES ..... 1 NO ..... 2 DK ..... 8
429.	How old was (NAME) in months when he/she first started to eat solid, semi-	AGE IN MONTHS...  __ __  DK ..... 98	AGE IN MONTHS...  __ __  DK ..... 98	AGE IN MONTHS...  __ __  DK ..... 98

	solid, or soft foods?			
430.	Has (NAME) ever received a vitamin A dose (like this/any of these)?  SHOW COMMON TYPES OF VITAMIN A AMPULES/ CAPSULES/ SYRUPS.	YES.....1 NO .....2 DK.....8	YES .....1 NO.....2 DK.....8	YES..... 1 NO ..... 2 DK ..... 8
431.	Did (NAME) receive Vitamin A like this during the last 6 months?	YES.....1 NO .....2 DK.....8	YES .....1 NO.....2 DK.....8	YES..... 1 NO ..... 2 DK ..... 8
432.	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.  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 Cerelac?	YES.....1 NO .....2 DK.....8	YES .....1 NO.....2 DK.....8	YES..... 1 NO ..... 2 DK ..... 8
433.	Yesterday, during the day or night, did (NAME) consume any food to which you added a <b>powder or sprinkles</b> like this?  SHOW COMMON TYPES OF MICRONUTRIENT POWDERS AVAILABLE IN SURVEY AREA.	YES.....1 NO .....2 DK.....8	YES .....1 NO.....2 DK.....8	YES..... 1 NO ..... 2 DK ..... 8
434.	Yesterday, during the day or night, did (NAME) consume any <b>lipid based nutrient supplement (LNS)</b> ?  SHOW COMMON TYPES OF LNS AVAILABLE IN SURVEY	YES.....1 NO .....2 DK.....8	YES .....1 NO.....2 DK.....8	YES..... 1 NO ..... 2 DK ..... 8

	AREA.					
435.	Yesterday, during the day or night, did (NAME) consume any <b>iron fortified infant/toddler formulas</b> ?	YES.....1 NO .....2 DK.....8		YES .....1 NO.....2 DK.....8		YES..... 1 NO ..... 2 DK ..... 8
436.	Now I am going to ask you how you feel about being able to do several things - very confident, confident, uncertain, or very uncertain.  FOR EACH ACTION, ASK: How confident do you feel about being able to (ACTION) – very confident, confident, uncertain, or very uncertain?					
	A. Breastfeed exclusively for 6 months .....	Very confident 4	Confident 3	Uncertain 2	Very uncertain 1	
	B. Introduce your baby to nutritious and safe soft semi-solid foods at 6 months .....	4	3	2	1	
	C. Breastfeed your baby for at least 2 years .....	4	3	2	1	
	D. Spend time talking and having a good and relaxing time with your child while feeding (him/her).....	4	3	2	1	

## MODULE 5: NUTRITION SUPPORT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
501.	Have you ever spoken with a health worker or volunteer on breastfeeding or on how to feed your child (NAME)?	YES .....	1				
		NO .....	2				
		DON'T KNOW .....	9				506
502.	<p>Did you talk with a health worker or volunteer about breastfeeding or how to feed your child during any of the following occasions?</p> <p>CIRCLE '8' IF THE RESPONDENT HAS NO LIVE CHILDREN. CIRCLE '7' IF THE RESPONDENT NEVER ATTENDED SUCH A VISIT.</p> <p>WHEN COMPLETED, ASK: Did you talk with a health worker or volunteer about how to feed [NAME] any other time? RECORD RESPONSE IN THE SPACE PROVIDED.</p> <p>A. During an ANC visit?.....</p> <p>B. After delivery?.....</p> <p>C. During a post-partum visit? .....</p> <p>D. During child growth monitoring or a well-child visit? .....</p> <p>E. During Immunizations (and vitamin A supplementation days)?.....</p> <p>F. During a sick child visit? .....</p> <p>G. During a family planning visit?.....</p> <p>H. Other .....</p> <p>(SPECIFY: _____)</p>	YES	NO	N/A NEVER ATTENDED SUCH A VISIT	N/A NO LIVE CHILD	DON'T KNOW	
	A. During an ANC visit?.....	1	2	7	8	9	
	B. After delivery?.....	1	2	7	8	9	
	C. During a post-partum visit? .....	1	2	7	8	9	
	D. During child growth monitoring or a well-child visit? .....	1	2	7	8	9	
	E. During Immunizations (and vitamin A supplementation days)?.....	1	2	7	8	9	
	F. During a sick child visit? .....	1	2	7	8	9	
	G. During a family planning visit?.....	1	2	7	8	9	
	H. Other .....						
	(SPECIFY: _____)	1					
503.	Where did you talk with a health worker or volunteer about how to feed your child (NAME)?	YES	NO		DK		
	A. In a health facility?.....	1	2		8		
	B. At home?.....	1	2		8		
	C. In the community, during a support group?.....	1	2		8		
	D. In the community, during a community	1	2		8		

	event?.....			
	E. In the community, during an action-oriented group? .....	1	2	8
	F. Any other place?..... (SPECIFY: _____)	1	2	8
504.	Do you remember talking with the health worker or volunteer about any of the following? A. Breastfeeding practices? .....	YES 1	NO 2	DK 8
	B. Infant and young child feeding practices? .....	1	2	8
	C. Anything else? .....	1	2	8
	(SPECIFY: _____)			
505.	How useful was the counseling? READ EACH RESPONSE OPTION AND CIRCLE THE CORRESPONDING CODE.	Very useful.....	1	
		Useful.....	2	
		Not useful .....	3	
		Not at all useful .....	4	
		Don't know .....	8	
506.	Have you ever seen card images on feeding your baby or young child? SHOW IMAGES OF THESE CARDS.	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	8	
507.	Did you ever receive a brochure on how to feed your baby or young child? SHOW IMAGES OF THE BROCHURES.	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	8	
508.	Have you ever attended a support group?	YES.....	1	
		NO .....	2	
		DON'T KNOW .....	9	Q601
509.	Where was the support group conducted? READ EACH RESPONSE OPTION AND CIRCLE ALL THAT APPLY.	IN HEALTH FACILITY .....	A	
		IN COMMUNITY (INCLUDING IN HOME OR YARD OF COMMUNITY MEMBER).....	B	
		OTHER .....	Y	
	(SPECIFY: _____)			
510.	How useful was the support group? READ EACH RESPONSE OPTION AND	Very useful.....	1	

	CIRCLE THE CORRESPONDING CODE.	Useful.....2 Not useful .....3 Not at all useful .....4 Don't know .....8	
511.	What topics did you learn about during the support group?  READ EACH RESPONSE OPTION AND CIRCLE ALL THAT APPLY.	Breastfeeding .....A Feeding young children .....B Dietary diversity.....C OTHER.....Y (SPECIFY: _____) Don't know .....Z	
512.	Did you share information that you have learned about breastfeeding or infant feeding with someone else?	YES .....1 NO.....2 DON'T KNOW.....8	

## MODULE 6: KNOWLEDGE AND PERCEPTIONS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601.	During pregnancy should a woman eat the same amount as before she became pregnant, less than before, or more than before?	Same as before ..... 1 Less than before ..... 2 More than before..... 3 DON'T KNOW..... 8	
602.	How soon after birth should a mother start breastfeeding her baby?	IMMEDIATELY .....000 HOURS.....1  __ __  DAYS .....2  __ __  DON'T KNOW.....998 NEVER.....999	
603.	While breastfeeding should a woman eat the same amount as before she became pregnant, less than before, or more than before?	Same as before ..... 1 Less than before ..... 2 More than before..... 3 DON'T KNOW..... 8	
604.	Until what age should a mother give only breast milk to her baby? (exclusively breastfeed)	HOURS.....1  __ __  DAYS .....2  __ __  WEEKS.....3  __ __  MONTHS .....4  __ __  DON'T KNOW.....998	
605.	When do you think a breastfed baby first start to receive liquids (including water)?	HOURS.....1  __ __  DAYS .....2  __ __  WEEKS.....3  __ __  MONTHS .....4  __ __  DON'T KNOW.....998	
606.	When do you think a baby should first be given soft, semi-solid foods?	DAYS .....1  __ __  WEEKS.....2  __ __  MONTHS .....3  __ __  YEARS .....4  __ __  DON'T KNOW.....998	
607.	Until about what age should a baby continue to breastfeed?	DAYS .....1  __ __  WEEKS.....2  __ __  MONTHS .....3  __ __  YEARS .....4  __ __	

		DON'T KNOW..... 998			
608.	How often should a baby breastfeed?	AS FREQUENTLY AS THE BABY WANTS (REQUESTS OR DEMANDS)..... 1 EVERY THREE HOURS..... 2 WHEN THE BABY CRIES..... 3 OTHER ..... 6 (SPECIFY: _____ ) DON'T KNOW..... 8			
609.	What are some of the early signs indicating that a baby is hungry? PROBE: How do you know when a baby wants to eat/breastfeed? PROBE: Any other way? CIRCLE ALL THAT ARE MENTIONED. DO NOT READ THE RESPONSE OPTIONS.	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 OTHER ..... X (SPECIFY: _____ ) DON'T KNOW..... Z			
610.	Should a mother with a baby under 6 months old stop breastfeeding her child if the mother becomes ill?	YES ..... 1 NO..... 2 DON'T KNOW..... 8			
611.	Should a breastfeeding mother of a baby under 6 months of age stop breastfeeding while the baby is ill?	YES ..... 1 NO..... 2 DON'T KNOW..... 8			
612.	Do you think a breastfed infant under 6 months should also be given any of the following?	YES	NO	DK	
	A. Infant formula.....	1	2	8	
	B. Water .....	1	2	8	
	C. Tea .....	1	2	8	
	D. Coffee .....	1	2	8	
	E. Animal milk.....	1	2	8	
	F. Glucose water.....	1	2	8	
	G. Pap.....	1	2	8	



	H. Other..... (SPECIFY: _____)	1	2	8	
613.	Do breastfed infants under 6 months need additional water if the weather is very hot?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
614.	Can a thin or malnourished mother produce "enough" breast milk for her infant under 6 months of age?	YES..... 1 NO..... 2 DON'T KNOW..... 8			
615.	Are there things a mother can do to increase milk production?	YES..... 1 NO..... 2 DON'T KNOW..... 8			Q617 Q617
616.	Which of the following can a mother do to increase her milk production?	YES	NO	DK	
	A. Drink milk.....	1	2	8	
	B. Breastfeed more frequently.....	1	2	8	
	C. Massage breasts.....	1	2	8	
	D. Sleep more hours.....	1	2	8	
	E. Eat special foods.....	1	2	8	
	F. Avoid eating certain foods..... IF YES, ASK: Which foods? _____	1	2	8	
	G. Eat more of certain foods..... IF YES, ASK: Which foods? _____	1	2	8	
	H. Other..... IF YES, ASK: Please explain: _____	1	2	8	
617.	What are some foods that are rich in iron? CHECK <b>ALL</b> THAT ARE MENTIONED.	LIVER, KIDNEYS, HEART, OTHER ORGAN MEATS..... A RED MEAT..... B DARK GREEN VEGETABLES..... C EGG YOLKS..... D OTHER..... Y (SPECIFY: _____) DON'T KNOW..... Z			

618.	What are some of the foods that contain vitamin A – a nutrient necessary to protect the body from illness? CHECK <b>ALL</b> THAT ARE MENTIONED.	ORANGE COLORED FRUITS/ VEGETABLES..... A GREEN LEAFS ..... B EGGS..... C LIVER ..... D BREAST MILK..... E COW'S MILK..... F OTHER ..... Y (SPECIFY:_____ ) DON'T KNOW ..... Z					
619.	Can breastfeeding delay a new pregnancy?	YES ..... 1 NO..... 2 DON'T KNOW..... 8					
620.	How long should you wait after the birth of your child before you try to become pregnant again?	LESS THAN 2 YEARS..... 1 2 TO 3 YEARS..... 2 4 TO 5 YEARS..... 3 MORE THAN 5 YEARS ..... 4 DON'T KNOW ..... 8					
621.	Should a breastfeeding mother of an infant under 6 months of age stop breastfeeding if she becomes pregnant?	YES ..... 1 NO..... 2 DON'T KNOW..... 8					
622.	How strongly do you agree or disagree that the following practices are for important for the health of mothers and children?  FOR EACH PRACTICE, ASK: Do you agree or disagree that (PRACTICE) is important for good health of a mother or child? READ AND POINT TO RESPONSE OPTIONS (3).						
		Strongly disagree	Disagree	Agree	Strongly agree	DK	
	A. Eat more during pregnancy .....	1	2	3	4	8	
	B. Rest more during pregnancy .....	1	2	3	4	8	
	C. Eat more while lactating or breastfeeding .....	1	2	3	4	8	
	D. Rest more while lactating or breastfeeding .....	1	2	3	4	8	
	E. Start breastfeeding immediately after birth	1	2	3	4	8	

	.....						
	F. Give newborn babies sugar water after birth .....	1	2	3	4	8	
	G. Breastfeed exclusively for 6 months. This means giving baby only breast milk and no other liquids or solids, not even water.....	1	2	3	4	8	
	H. Breastfeed infants under 6 months on demand.....	1	2	3	4	8	
	I. Give infants under 6 months additional water if the weather is very hot.....	1	2	3	4	8	
	J. Give infants under 6 months thin or watery pap.....	1	2	3	4	8	
	K. Start feeding children soft, semi-solid foods at 6 months .....	1	2	3	4	8	
	L. Wait until child is one year old to feed animal protein.....	1	2	3	4	8	
	M. Feed children over six months old a diverse diet.....	1	2	3	4	8	
	N. Breastfeed children for at least 2 years.....	1	2	3	4	8	
	O. Wash hands with soap before eating.	1	2	3	4	8	
	P. Wash hands with soap before preparing food or cooking.....	1	2	3	4	8	
	Q. Wash hands with soap before feeding child .....	1	2	3	4	8	
	R. Keep animals outside of living area .....	1	2	3	4	8	
623.	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 agree or disagree that (ACTION)?  FOR EACH ACTION, PROBE: Do you strongly agree, agree, disagree, or strongly disagree?	Strongly disagree	Disagree	Agree	Strongly agree	DK	
	A. Only the men should make the important decisions in the family?.....	1	2	3	4	8	
	B. A mother should be able to	1	2	3	4	8	

	express her opinion regarding child feeding? .....						
	C. A mother should be allowed to participate in mother's groups? .....	1	2	3	4	8	

## MODULE 7: ANTRHOPOMETRIC MEASUREMENTS

This module was conducted among a sub-sample of pregnant women and mothers of children under two.

### CHILD'S HEIGHT, WEIGHT, AND MUAC

NO.	QUESTIONS AND FILTERS	CHILD 1	CHILD 2	CHILD 3
701.	CHECK COLUMN 6 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION Q28. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
702.	LINE NUMBER FROM COLUMN 1 AND NAME FROM COLUMN 2?	LINE NO..... _ _  NAME_____	LINE NO. .... _ _  NAME_____	LINE NO. .... _ _  NAME_____
703.	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK:  What is (NAME)'s birth date?	DAY..... _ _  MONTH..... _ _  YEAR..... _ _ _ _	DAY..... _ _  MONTH..... _ _  YEAR..... _ _ _ _	DAY..... _ _  MONTH..... _ _  YEAR..... _ _ _ _
704.	CHECK Q29: CHILD BORN IN JANUARY 2011 OR LATER?	YES..... 1 NO..... 2 (GO TO Q30 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO Q35)	YES ..... 1 NO..... 2 (GO TO Q30 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO Q35)	YES ..... 1 NO..... 2 (GO TO Q30 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO Q35)
705.	WEIGHT IN KILOGRAMS?	KG.  _ _ . _ _  NOT PRESENT ..... 9994	KG.  _ _ . _ _  NOT PRESENT ..... 9994	KG.  _ _ . _ _  NOT PRESENT ..... 9994

		REFUSED ..... 9995 OTHER..... 9996	REFUSED ..... 9995 OTHER ..... 9996	REFUSED ..... 9995 OTHER ..... 9996
706.	HEIGHT IN CENTIMETERS?	CM.  _ _ _ . _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER..... 9996	CM.  _ _ _ . _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM.  _ _ _ . _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
707.	HEIGHT MEASURED LYING DOWN OR STANDING UP?	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
708.	MUAC IN CENTIMETERS.	CM.  _ _ _ . _  NOT PRESENT ..... 994 REFUSED ..... 995 OTHER..... 996	CM.  _ _ _ . _  NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	CM.  _ _ _ . _  NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996

**WOMAN'S HEIGHT, WEIGHT, AND MUAC**

NO.	QUESTIONS AND FILTERS	WOMAN 1	WOMAN 2	WOMAN 3
709.	CHECK COLUMNS 5 AND 7 IN HOUSEHOLD ROSTER. RECORD THE LINE NUMBER (COLUMN 1) AND NAME (COLUMN 2) FOR ALL PREGNANT WOMEN AND MOTHERS OF CHILDREN UNDER THREE YEARS OF AGE. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
710.	LINE NUMBER FROM COLUMN 1 AND NAME FROM COLUMN 2?	LINE NO..... _ _  NAME_____	LINE NO..... _ _  NAME_____	LINE NO..... _ _  NAME_____
711.	Do you have a child under the age of three years?	YES..... 1 NO ..... 2 (GO TO Q37 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q41)	YES..... 1 NO ..... 2 (GO TO Q37 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q41)	YES ..... 1 NO ..... 2 (GO TO Q37 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q41)
712.	Are you pregnant?	YES..... 1 NO ..... 2 (GO TO Q38 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q40.)	YES..... 1 NO ..... 2 (GO TO Q38 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q40.)	YES ..... 1 NO ..... 2 (GO TO Q38 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO Q40.)
713.	WEIGHT IN KILO-GRAMS.	KG.  _ _ _ . _ _  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER..... 99996	KG.  _ _ _ . _ _  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER..... 99996	KG.  _ _ _ . _ _  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996

714.	HEIGHT IN CENTI- METERS.	CM.  _ _ _ _ _ _ _ _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER..... 9996	CM.  _ _ _ _ _ _ _ _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER..... 9996	CM.  _ _ _ _ _ _ _ _  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
715.	MUAC IN CENTI- METERS.	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!***







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