

KAP Nutrition 1 - Day Kundi LRRD A3H - ACF October 2010

1 - SURVEY INFORMATION

To be filled by the surveyor

1. Surveyor Name

2. Date of the survey: Month/Day/Year
on Sphinx

3. Area name

4. Name of the valley

5. Subvalley name

6. Are you benefiting from the ACF home gardening component?
 1. Yes 2. No

7. Beneficiary number in ACF nutrition list

2 - GENERAL INFORMATION

For all women

8. Name of head of the family

9. What is your marital status?
 1. Married 2. Single 3. Widow

10. How old are you?

11. How many children who are less than 59 months do you have?

Home food production

12. Do you cultivate cereals?
 1. Yes 2. No

13. Do you have fruit trees?
 1. Yes 2. No

14. Do you own a kitchen garden where you grow vegetables and/or fruits?
 1. Yes 2. No

15. Do you own hens?
 1. Yes 2. No

16. Do you own dairy cattle?
 1. Yes 2. No

17. How often do you kill one animal for the meat consumption of your family (out of social events)?
 1. Once a month or more 2. Several times a year
 3. Once a year 4. Never

Only if they own livestock.

18. Is what you produce at home only for family consumption?
 1. Yes 2. No

19. Are you producing an excess that you can sell?
 1. Yes 2. No

20. Do you think you are producing enough to have an adequate food intake all along the year?
 1. Yes
 2. Not all along the year, it depends of the season
 3. No

21. What is according to you the main constraint you are facing for your family to get a balanced and diversified diet?
 1. Lack of water
 2. Lack of access to market
 3. Lack of income to buy
 4. Lack of availability of products at the market
 5. Low productivity
 6. Other

More than one response can be selected.

22. If 'Other', please specify:

3.2 Household Diet Diversity Score (HDDS)

Now I would like to ask you about the types of foods that you or anyone else in your family ate yesterday during the day or at night.

- | | 1 | 2 |
|---|-----------------------|-----------------------|
| 23. Bread, rice, noodles, biscuits, or any other foods made from maize, rice, wheat | <input type="radio"/> | <input type="radio"/> |
| 24. Potatoes | <input type="radio"/> | <input type="radio"/> |
| 25. Vegetables | <input type="radio"/> | <input type="radio"/> |
| 26. Fruits | <input type="radio"/> | <input type="radio"/> |
| 27. Meat | <input type="radio"/> | <input type="radio"/> |
| 28. Eggs | <input type="radio"/> | <input type="radio"/> |
| 29. Fish (fresh or dried) | <input type="radio"/> | <input type="radio"/> |
| 30. Foods made from beans, peas, lentils, or nuts | <input type="radio"/> | <input type="radio"/> |
| 31. Cheese, yogurt, milk or other milk products | <input type="radio"/> | <input type="radio"/> |
| 32. Foods made with oil, fat, or butter | <input type="radio"/> | <input type="radio"/> |
| 33. Sugar or honey | <input type="radio"/> | <input type="radio"/> |
| 34. tea, coffee, etc | <input type="radio"/> | <input type="radio"/> |

Yes (1), No (2).

3.3 Access to and intake of fruits and vegetables

35. How many months out of 12 do you eat fruits and vegetables?

36. How often do you eat vegetables and fruits in summer/autumn?

1. More than 3 times a week
 2. from 3 times to once a week
 3. from once a week to once every two weeks
 4. from once every two weeks to once a month
 5. less than once a month

37. Do you have access to fruits (raw or dry) during winter?

1. Yes 2. No

38. If so, what are the different types of fruits you have access to?

1. Apricots 2. Apples 3. Peaches
 4. Almonds 5. Grape 6. Other

More than one response can be selected.

The question is only appropriate if Access to fruits in winter = "Yes"

39. If 'Other', please specify:

40. Do you have access to vegetables (raw or dry) during winter?

1. Yes 2. No

41. If so, what are the different types of vegetables you have access to?

1. Onions 2. Tomatoes 3. Potatoes
 4. Pumpkin 5. Carrot 6. Turnip
 7. Cabbage 8. Other

More than one response can be selected.

The question is only appropriate if Access to veg during winter = "Yes"

42. If 'Other', please specify:

43. Do you buy fruits and vegetables on the market?

1. Yes 2. No

If "yes", could you please specify if you buy the following food items?

- | | 1 | 2 |
|--|-----------------------|-----------------------|
| 44. Vegetables that are yellow or orange inside such as pumpkin, carrot, squash | <input type="radio"/> | <input type="radio"/> |
| 45. Green, leafy vegetables such as bean leaves, spinach, pepper leaves, cabbage | <input type="radio"/> | <input type="radio"/> |
| 46. Apricots, mangoes | <input type="radio"/> | <input type="radio"/> |
| 47. Potatoes or other tuber | <input type="radio"/> | <input type="radio"/> |

Yes (1), No (2).

48. If not, could you please give the reason

1. Unavailable in the market
 2. No access to market
 3. Lack of money/Too expensive
 4. Lack of interest
 5. Poor quality
 6. Other reason

More than one response can be selected (2 maximum).

The question is only appropriate if Veg purchase in market = "No"

49. If 'Other reason', please specify:

3.4 Access to and intake of pulses

50. How many months out of 12 do you eat pulses?

51. How often do you eat pulses in summer/autumn?

- 1. More than 3 times a week
- 2. from 3 times to once a week
- 3. from once a week to once every two weeks
- 4. from once every two weeks to once a month
- 5. less than once a month

52. Do you have access to pulses in winter?

- 1. Yes
- 2. No

3.5 Access to and intake of animal products

53. How many months out of 12 do you eat eggs?

54. How many months out of 12 do you eat meat?

55. Do you eat meat during winter?

- 1. Yes
- 2. No

56. Usually, how often a month do you eat meat?

- 1. More than 3 times a week
- 2. from 3 times to once a week
- 3. from once a week to once every two weeks
- 4. from once every two weeks to once a month
- 5. less than once a month

57. During spring and summer (milk production time), how often are you drinking milk / eating dairy products?

- 1. More than 3 times a week
- 2. from 3 times to once a week
- 3. from once a week to once every two weeks
- 4. from once every two weeks to once a month
- 5. less than once a month

58. In other seasons, how often do you drink milk / eat dairy products, such as yoghurt and cheese?

- 1. More than 3 times a week
- 2. from 3 times to once a week
- 3. from once a week to once every two weeks
- 4. from once every two weeks to once a month
- 5. once every two months
- 6. never

4.1 Cooking practices

For all women

59. How much time do you cook your vegetables?

- 1. less than 15 minutes
- 2. less than 30 minutes
- 3. between 30 and 1 hour
- 4. more than 1 hour

60. How do you cook them?

- 1. Boiled
- 2. fried
- 3. braised
- 4. other

More than one response can be selected.

61. If 'other', please specify:

62. What is the quantity of oil you are using in average per cooked family plate?

- 1. 1 small spoon
- 2. one big spoon
- 3. two big spoons
- 4. three big spoons
- 5. between 3 and 6 big spoons
- 6. between 6 and 12 big spoons
- 7. more than 12 big spoons

63. Do you use salt for cooking?

- 1. Yes
- 2. No

ASK TO SHOW THE PACKET. See if MoPH label + Salt test.

64. Which type of salt are you using?

- 1. Rock salt
- 2. "normal salt"
- 3. iodised salt

The question is only appropriate if Use of salt = "Yes"

65. When do you spread salt on the food?

- 1. Before cooking
- 2. during cooking
- 3. at the end of meal preparation

4.2 Food hygiene and water

66. Do you wash vegetables before eating/cooking them?

1. Yes 2. No

67. If so, what water are you using?

1. Water from hand-pump
 2. Water from open-well
 3. Water from irrigation canal
 4. Water from water tank
 5. Water from kareze
 6. Other

The question is only appropriate if Washing vegetables = "Yes"

68. If 'Other', please specify:

69. What type of container do you use to store the water?

1. With a tap 2. Without a tap
 3. Covered 4. Not-covered
 5. Narrow-mouthed 6. Wide-mouthed

70. Ask for a glass of water. If the container has no tap, what type of cup do they use to take water from the container?

1. Cup with handle
 2. Cup without handle
 3. A cup that is on the container
 4. Other

71. If 'Other', please specify:

72. How often do you wash the containers used for storage of water?

1. Once a day 2. Once a week
 3. Once every two weeks 4. Once a month
 5. Other

73. If 'Other', please specify:

74. What do you use to wash the containers used for storage of water?

1. Only water 2. Water and powder
 3. Water and bleach 4. Water and soap
 5. Water and sand 6. Water and ashes

75. Do the containers used for storage of water have a lid/cap?

1. Yes 2. No

76. Do you boil water used for cooking?

1. Yes 2. No

77. Do you boil the water used to wash the vegetables?

1. Yes 2. No

78. Where do you throw the rubbish?

4.3 Food storage

79. When do you prepare the food?

1. In advance 2. just before the meal
 3. both, it depends

80. If in advance, how long before do you prepare food and for what period?

1. A few days before for next lunches/dinners
 2. In the morning for lunch and dinner
 3. In the afternoon for dinner
 4. The day before
 5. Other

The question is only appropriate if Timing food preparation Amongst "In advance ; both, it depends"

81. If 'Other', please specify:

82. What type of container do you use to store the food?

1. Covered 2. Uncovered

83. If after cooking you put the food in a new container for storage, do you wash this container beforehand?

1. Yes 2. No

84. Where do you store the prepared food (food prepared in advance or rest of the meals)?

1. Outside 2. In the kitchen 3. Other

85. If 'Other', please specify:

4.4 Food processing and preservation for winter

86. Do you preserve for winter fruits, vegetables or dairy products, that are available in spring/summer?

1. Yes 2. No

87. If you do not preserve food, why so?

1. Not enough food to process
 2. Do not know how to do
 3. Do not have time
 4. Other reason

More than one response can be selected (2 maximum).

The question is only appropriate if Preservation = "No"

88. If 'Other reason', please specify:

89. If you do preserve some, how do you do it?

- 1. Drying
- 2. Burying
- 3. Salting
- 4. Making jams and juices
- 5. Making cheese and yoghurt
- 6. Other technique

More than one response can be selected.

The question is only appropriate if Preservation = "Yes"

90. If 'Other technique', please specify:

91. Does the quantity that you are preserving cover your needs during winter?

1. Yes 2. No

The question is only appropriate if Preservation = "Yes"

5 - FOOD KNOWLEDGE AND ATTITUDE

92. What is the type of food consumption that makes healthy?

- 1. Consumption of diversified foods, in adequate quantity
- 2. Consumption of fruits and vegetables only
- 3. Consumption of meat, cereals
- 4. Consumption of fatty food
- 5. Eating a lot
- 6. I don't know
- 7. Other

More than one response can be selected.

93. If 'Other', please specify:

94. Which are the foods which bring energy to the body?

- 1. Cereals, vegetables
- 2. Fatty food
- 3. Fruits, vegetables, green leaves
- 4. Meat, fish, eggs, milk,
- 5. I don't know
- 6. Other

More than one response can be selected.

95. If 'Other', please specify:

96. Do you believe that eating very little quantities of fruits and vegetables can bring health problems?

1. Yes 2. No

97. If you believe so, which problems do you think this could bring? (Let the respondent answer by him/herself).

- 1. High fatigue/General weakness
- 2. Frequent colds/cough
- 3. Muscular pain
- 4. Skin problem
- 5. Hair loss
- 6. Reduced vision
- 7. Loss of weight
- 8. Other

More than one response can be selected.

The question is only appropriate if Lack veg illness = "Yes"

98. If 'Other', please specify:

99. Do you think bread and tea are enough to give energy to your body?

1. Yes 2. No

100. Are there customs and beliefs that restrict the consumption of certain foods?

1. Yes 2. No

101. If so, which are these foods?

The question is only appropriate if Beliefs food consumption = "Yes"

6.1 Exclusive breastfeeding

For women having a baby who is less than 6 months

102. How many months does your baby have?

103. Gender of the baby

1. Male 2. Female

104. Was the baby breastfed at birth?

1. Yes 2. No

105. If so, how long after was he/she put to the breast?

- 1. Immediately
- 2. 1 hour after birth
- 3. 1 day after birth
- 4. More than 1 day after birth

The question is only appropriate if Breastfed at birth = "Yes"

106. Were you the one breastfeeding him/her?

- 1. Yes
- 2. No

The question is only appropriate if Breastfed at birth = "Yes"

107. If you did not breastfeed him/her yourself, why you did not do so?

- 1. Not enough milk
- 2. It changes my body
- 3. It is painful
- 4. One family member told me not to do so
- 5. The baby refused
- 6. I was sick
- 7. The baby was sick
- 8. I had no time for it
- 9. The first milk (colostrum) is dirty/impure
- 10. Other

The question is only appropriate if Person breastfeeding # "Yes"

108. If 'Other', please specify:

109. Did you give the first milk to your child (colostrum)?

- 1. Yes
- 2. No

110. If not, why?

- 1. It is not good for the baby
- 2. it is dirty / impure
- 3. other

The question is only appropriate if Colostrum given = "No"

111. If 'other', please specify:

112. Is your child currently breastfed?

- 1. Yes
- 2. No

113. If so, how often are you breastfeeding your child?

- 1. Less than 3 times a day
- 2. Between 3 and 6 times a day
- 3. More than 6 times a day

The question is only appropriate if Currently breastfeeding = "Yes"

114. When do you breastfeed him/her?

- 1. Anytime, when you feel the baby is hungry
- 2. Each time the baby cries
- 3. When I come back from work
- 4. When I have time
- 5. When I want the baby to sleep

115. Do you consider crying as a major sign of hunger?

- 1. Yes
- 2. No

116. When your child is sick, do you usually breastfeed:

- 1. Less
- 2. More
- 3. Same
- 4. The child has never been sick

117. Are you giving him/her baby bottles or pacifiers?

- 1. Yes
- 2. No

Are you giving any of these liquids/semi-solid foods (others than breastmilk)?

	1	2
118. Boiled plain water	<input type="radio"/>	<input type="radio"/>
119. Unboiled plain water	<input type="radio"/>	<input type="radio"/>
120. Tea	<input type="radio"/>	<input type="radio"/>
121. Water with sugar	<input type="radio"/>	<input type="radio"/>
122. Rice water	<input type="radio"/>	<input type="radio"/>
123. Animal milk	<input type="radio"/>	<input type="radio"/>
124. Animal fat/ghee	<input type="radio"/>	<input type="radio"/>
125. Porridge (flour mixed with water)	<input type="radio"/>	<input type="radio"/>

Yes (1), No (2).

6.2 Breastfeeding and complementary food

For women having a baby between 6 and 24 months

126. How old is your child?

- 1. Between 6 and 8 months
- 2. Between 8 and 12 months
- 3. Between 12 and 24 months

127. Gender of the child

- 1. Male
- 2. Female

128. At what age did you stop breastfeeding your child?

- 1. Before 4 months
- 2. Between 4 and 6 months
- 3. At 6 months
- 4. Between 6 months and 1 year
- 5. Between 1 and 2 years
- 6. I am still breastfeeding him/her

129. How did you stop breastfeeding?

- 1. Abruptly
- 2. Gradually

The question is only appropriate if Breastfeeding stop # "I am still breastfeeding him/her"

130. At what age have you started giving semi-solid or solid food to your child?

- 1. Before 4 months
- 2. Between 4 and 6 months
- 3. At 6 months
- 4. Between 6 and 1 year
- 5. After 1 year

131. What was the first solid meal you gave him/her?

- 1. Rice
- 2. Bread
- 3. Animal fat/ghee
- 4. Vegetables
- 5. Potatoes
- 6. Eggs
- 7. Fruits
- 8. Meat/Fish
- 9. Porridge (flour mixed with water)
- 10. Other

More than one response can be selected.

132. If 'Other', please specify:

133. Excluding breastfeeding, how many times a day is your child eating?

134. CHILD IDDS. Which food item has she/he been eating yesterday and last night?

- 1. Grains, roots, or tubers
- 2. Carrot, spinach, dried apricots
- 3. other fruits or vegetables
- 4. meat, poultry, fish, seafood
- 5. eggs
- 6. pulses, legumes, nuts
- 7. milk and milk products
- 8. foods cooked in oil/fat

Do not count breast milk.

135. Is the child eating from:

- 1. The family pot
- 2. His own plate

6.3 General knowledge about infant feeding practices

For all women

136. What is the first food/drink which should be given to a new born baby?

- 1. Plain water
- 2. Water with sugar
- 3. First milk/colostrum
- 4. I don't know
- 5. Other

137. If 'Other', please specify:

138. Until what age do you think one child should be breastfed?

- 1. Less than 3 months
- 2. Around 6 months
- 3. Between 6 and 9 months
- 4. Between 9 months and 1 year
- 5. Between 1 and 2 years
- 6. More than 2 years

139. At which age do you think semi-solid or solid food should be given to the baby?

- 1. Before 6 months
- 2. At 6 months
- 3. Between 6 months and 1 year
- 4. After 1 year

Could you please say if you agree or disagree with the following statements?

- | | 1 | 2 | 3 | 4 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 140. Giving only breast milk to a baby who is less than 6 months is not enough | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 141. For a child who is between 6 and 12 months, it is good to eat from the family plate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 142. It is enough for a 1-year child to eat three times a day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Strongly disagree (1), Disagree (2), Agree (3), Strongly agree (4).

143. According to you what are the best foods to be given to a young child during the weaning period?

- 1. Fruits
- 2. vegetables
- 3. sugar
- 4. meat
- 5. eggs
- 6. oil
- 7. cereals
- 8. fish
- 9. potatoes
- 10. pulses

More than one response can be selected.

144. What are the factors which can influence the quantity of maternal milk one women has?

- 1. Her nutritional and health status
- 2. Small nipple
- 3. Baby not suckling frequently enough
- 4. I don't know
- 5. Other

More than one response can be selected.

145. If 'Other', please specify:

146. When you see a young child who is very thin or even skinny, what do you think the causes of this could be:

- 1. Insufficient food eaten (quantity issue)
- 2. Inadequate quality food intake
- 3. stop of breastfeeding
- 4. diarrhoea
- 5. Other diseases
- 6. Other

More than one response can be selected.

147. If 'Other', please specify:

7 - FOOD AND CARE FOR PREGNANT AND LACTATING WOMEN

148. During pregnancy and lactation, did you eat:

- 1. Less quantity than usual
- 2. about the same
- 3. more quantity than usual

149. If less, did you do it on purpose (to have a small baby for instance)?

- 1. Yes
- 2. No

The question is only appropriate if Qty food eaten = "Less quantity than usual"

150. Which products should one pregnant woman avoid taking?

- 1. Fish and eggs
- 2. Milk
- 3. Fruits
- 4. Cereals, vegetables
- 5. Alcohol, tobacco, coffee in big quantities
- 6. Other

More than one response can be selected.

151. If 'Other', please specify:

152. During pregnancy and lactation, did you eat different foods compared to usual?

- 1. Yes
- 2. No

153. If not, why?

- 1. No need to change the diet
- 2. Lack of food or money to buy more/different foods
- 3. Other

The question is only appropriate if Different food = "Yes"

154. If 'Other', please specify:

155. In the last months of your pregnancy, how did you work:

- 1. Less than usual
- 2. More than usual because there was a lot of work
- 3. About the same

By work, we mean: in the house, in the field, taking care of livestock, collecting grass, collecting wood, etc.

156. After the pregnancy, how many days did you get rest before re-startin work?

157. When you are working outside, such as in the fields, what do you do with the baby?

- 1. He/she comes with me
- 2. He/she stays at home alone
- 3. He/she stays at home with one adult (more than 15 years old)
- 4. He/she stays home with a child who is between 15 and 10 years old
- 5. He/she stays home with a child who is less than 10 years old
- 6. Other

158. If 'Other', please specify:

159. According to you, have you got enough time to take care of your child/children?

- 1. Yes
- 2. No

160. Of how long are your last two pregnancies separated from each other?

- 1. Less than 1 year
- 2. Between 1 and 2 years
- 3. More than 2 years

8.1 Home and body hygiene

OBSERVATION FROM THE SURVEYOR: From what you are seeing, can you please reply to the following questions?

- | | 1 | 2 |
|--|-----------------------|-----------------------|
| 161. Is the kitchen clean? | <input type="radio"/> | <input type="radio"/> |
| 162. Is the house clean? | <input type="radio"/> | <input type="radio"/> |
| 163. Is the close environment of the house clean? | <input type="radio"/> | <input type="radio"/> |
| 164. Are there animals (livestock, not domestic) leaving among family members? | <input type="radio"/> | <input type="radio"/> |

Yes (1), No (2).

165. Back to the respondent. Do you think that flies can carry diseases?

- 1. Yes
- 2. No

166. How many times per day do you wash your hands? Do not count ablutions.

167. When do you wash your hands?

- 1. Before eating
- 2. After eating
- 3. Before cooking
- 4. After using the latrines
- 5. After cleaning the baby
- 6. Before feeding the child
- 7. Other

More than one response can be selected.

168. If 'Other', please specify:

169. What do you use to wash your hands?

- 1. Only water
- 2. Water and soap
- 3. Water and ashes
- 4. Other

170. If 'Other', please specify:

171. When you wash your hands, how often do you use the soap?

- 1. At all times
- 2. Often
- 3. Sometimes
- 4. Never

The question is only appropriate if What used for washing = "Water and soap"

8.2 Health and use of health services

172. During your pregnancy(ies) - before the delivery, did you go to the clinic or health post for medical consultations?

1. Yes 2. No

173. If not, why?

1. Too far
 2. Too expensive
 3. Not welcome
 4. Care is not good
 5. Not allowed by family
 6. I do not know if there is one
 7. No need
 8. Other

More than one response can be selected.

The question is only appropriate if Antenatal care = "No"

174. If 'Other', please specify:

175. Did you go to the clinic or health post for a medical check-up after delivery?

1. Yes 2. No

More than one response can be selected.

176. If not, why?

1. Too far
 2. Too expensive
 3. Not welcome
 4. Care is not good
 5. Not allowed by family
 6. I do not know if there is one
 7. No need
 8. Other

More than one response can be selected.

The question is only appropriate if Checkup delivery = "No"

177. If 'Other', please specify:

178. Usually, what do you do first when one of your child is very sick?

1. I change the food
 2. I go to the clinic or to a medical doctor
 3. I use traditional medicines
 4. Nothing
 5. I ask advice from other women of the village
 6. Other

179. If 'Other', please specify:

180. In the last months, have any children from the house been sick from diarrhoea?

1. Yes 2. No

Diarrhoea = more than 3 liquid stools per day.

181. Do you know what are the causes of diarrhoea?

1. Drinking dirty water 2. low hygiene
 3. eating dirty foods 4. I don't know
 5. Cold weather 6. Other

More than one response can be selected.

182. If 'Other', please specify:

183. What is to be done when your child has diarrhoea?

1. Increase consumption of liquids
 2. Decrease consumption of liquids
 3. Change of diet: avoid vegetables and fruits
 4. Stop Breast milk
 5. Increase breastfeeding
 6. Other

More than one response can be selected.

184. If 'Other', please specify: