SEPTEMBER 2016

The SHIKHA

Project

Improving Knowledge and Practice of Infant and Child Feeding and Maternal Nutrition



ENDLINE SURVEY REPORT



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List of Acronyms

BDHS Bangladesh Demographic and Health Survey

BF Breast-feeding

BRAC Bangladesh Reconstruction Action Committee

CF Complementary feeding

CIPRB Centre for Injury Prevention and Research, Bangladesh

DDS Dietary diversity score

DGFP Directorate General of Family PlanningDGHS Directorate General of Health Services

EBF Exclusive breast-feeding
FHI 360 Family Health International

FLW Front line workers
FTF Feed the Future

GOB Government of Bangladesh

IPHN Institute of Public Health Nutrition
IYCF Infant and young child feeding
MNCH Maternal newborn and child health

M&E Monitoring and evaluation
NNS National Nutrition Services

PK Pusti Kormi

PO Program organizer

PN Postnatal

PW Pregnant women

SBCC Social and behavior change communication

SHIKHA Shishur Khawano, Bangla for infant and young child feeding

SK Shasthya Kormi SS Shasthya Shebika

TARC Training and Research Centre
TIPS Trials of Improved Practices

UNICEF United Nations International Children's Education Fund USAID United States Agency for International Development

WHO World Health Organization

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1 Executive Summary

Background

Malnutrition among pregnant women and children less than two years old is a major public health concern in Bangladesh. In order to improve the maternal diet practice and to reduce under-nutrition among children less than two years old, the SHIKHA project has been designed and implemented in the Feed the Future zone of Bangladesh in 26 sub-districts of Barisal and Khulna Divisions. The project designed a multi-faceted program, consisting of home visits, health forums, social mobilization, and a mass-media campaign.

Social and behavior change (SBC) interventions have been applied in the past to improve the diets and nutrition of pregnant women and children less than two years. However, knowledge gaps exist regarding the effectiveness of large-scale SBC programs. This study was designed to evaluate the effect of a large-scale SBC project, the SHIKHA intervention, in order to provide a strategic direction for quality improvement and to document the lessons learned during the project.

Methods

The intervention consisted of interpersonal counseling delivered by trained community workers through home visits, social mobilization conducted during village meetings, women's health forums, messages given by health workers during antenatal and postnatal sessions, and mass communication. At baseline, midline, and end line, we randomly selected 509, 515, and 1,275 pregnant women, respectively, from the intervention area and collected data about diet-related knowledge, dietary intake, and socio-demographic characteristics. From randomly selected non-intervention (control) areas, we interviewed 514 and 1,016 pregnant women at midline and end line, respectively. The dietary diversity score (DDS) for each woman in the study was calculated by totaling the number of food groups (from nine groups) consumed in the 24 hours before the women were interviewed. In addition to pregnant women, ~1,500 mothers of children less than two years old were also randomly selected from the intervention area in the three (baseline, midline, and end line) surveys and interviewed about feeding practices for infants and young children.





Results

Diets of pregnant women

All of the pregnant women in the three (baseline, midline, and end line) surveys consumed starchy foods. Most of them consumed flesh foods (86%, 79%, and 81%), mostly fish, as measured during the three survey points. A relatively smaller proportion of pregnant women consumed dairy products and leafy vegetables (17% and 50%, respectively) at baseline, which has slightly increased or remained unchanged at end line (19% and 50%, respectively). Egg intake improved from 28% at baseline to 36% at end line. About two-thirds or more of the respondents at baseline knew that pregnant women should eat these foods —dairy products (66%), leafy vegetables (73%), and eggs (65%) — which increased significantly at the end line to 78%, 96%, and 90%, respectively).

The overall mean dietary diversity score of pregnant women in the baseline survey was 4.28 ± 1.08 , which significantly increased to 4.48 ± 0.98 at the midline, and reached 4.76 ± 1.16 in the end line survey. The baseline score was consistent with the nonintervention-area score. The score was unchanged among adolescent pregnant women at midline (one year after the intervention began); however, this changed by the end line survey, after the project placed greater emphasis on counseling adolescent pregnant women in the presence of their family

Infant and young child feeding indicators

Except for the exclusive breast-feeding rate, all of the indicators for infant and young child feeding (IYCF) improved by more than 12% between the baseline and end line surveys. About 62% of the respondents initiated breast-feeding within an hour of childbirth at baseline, which increased to 83% at end line. Less than a fifth (18%) of the children were eating a minimally acceptable diet at baseline, which more than doubled to 52% by endline

Among mothers who had children of 6-to-23 months old, only 12% had a hand-washing station at the child feeding area at baseline, but this rate more than doubled by midline (27%) and rose dramatically by endline (70%).

Conclusion

The SHIKHA intervention achieved almost all its objectives for the dietary diversity of pregnant women (PW) and the practices for infant and young child feeding (IYCF). The lone exception was exclusive breast-feeding, which was already high at the baseline, most likely due to inclusion of predominantly breastfed women as exclusively breastfed.

The pregnant women's mean DDS was 4.28 at baseline, but it improved to 4.48 by midline, and 4.76 by end line. There was no change in the baseline and midline scores among adolescent pregnant women; but their scores eventually improved after special efforts including involving their family members in the counseling and demonstration sessions. The intake of dairy products, eggs, and leafy vegetables were low (17%, 28%, and 50%, respectively) at baseline, even though two-thirds or more of the respondents knew that pregnant women should eat these foods. By the end of the project, knowledge about the importance of eating a variety of foods improved, and the intake of eggs, vitamin-A-rich fruits, and vegetables substantially improved.

A significant improvement was also seen in all the IYCF indicators, despite the brevity of the intervention period. Except for the rate of exclusive breast-feeding, the improvements substantially exceeded the original target values of the SHIKHA project for all the IYCF indicators. Proportion of children fed a minimally diversified diet almost tripled from 21% at the baseline to 57% at the end line; this contributed to a substantial improvement in the proportion of children who had the minimum acceptable diet, from 18% to 52%. The presence of a hand-washing station at the child feeding area also improved substantially, from 12.2% to 69.9%.

Overall this large-scale SBCC project helped to improve the dietary diversity of pregnant women and the IYCF practices among children under two-years old in rural southwest Bangladesh. The scale-up of such projects to cover wider areas should be considered for the future.

2 Background

It is well known that nutritional status is important to maternal and child health. Inadequate nutrition among women is a widespread problem in developing countries. Nevertheless, compared to other developing countries, Bangladesh consistently has a higher prevalence of under-nutrition among women in the population (Osmani et al.; 2003). The Bangladesh Demographic and Health Survey (BDHS) reports published in 2011 and 2014 showed that 24% and 19% of married women of reproductive age (15 to 49 years old), respectively, have a body mass index (BMI) less than 18.5 and are considered to be undernourished (NIPORT, 2011, 2014). It has also been found that there is a strong association between a low BMI (or underweight) and mortality among married women in Bangladesh (Pierce et al. 2010). As in other developing countries where pregnant women suffer from micronutrient deficiencies — including iron (Ronnenberg, A. G., 2000), iodine, zinc, vitamin A and B complex deficiencies (Huffman, S. L., 1999, Ramakrishnan, U., 2002, Seshadri, S., 2001) — pregnant women in rural parts of Bangladesh also have widespread deficiencies of iodine (Shamim, A. A., 2012), vitamin B 12, zinc (Shamim, A. A., 2013) and vitamin E (Shamim, A. A., 2015). Also, under-nutrition is the underlying cause of 3.5 million deaths and 35% of the burden of diseases among children less than five years old (under-five children) worldwide (Black et al., 2008). Of the total global disability-adjusted life-years (DALYs), 11% are due to childhood malnutrition alone. About 80% of the undernourished children in the world live in just 20 countries within Africa, the Middle East, Asia, and the Western Pacific; Bangladesh is one of these countries (Bryce, J., 2008). The prevalence of malnutrition is very high in Bangladesh and is one of the leading causes of morbidity and mortality among children (Jesmin, A.; 2011).

Malnutrition among children less than two years old is a major public health concern in Bangladesh (NIPORT, 2011). Despite significant improvements in child health, the levels of malnutrition in Bangladesh are still among the highest in the world (NIPORT, 2011; UNICEF Bangladesh, n.d.).

The main reasons for the high rates of childhood malnutrition in Bangladesh are intrauterine growth retardation, a lack of exclusive breast-feeding, often delayed and inappropriate complementary feeding, repeated attacks of infectious illnesses, seasonal food insecurity (which occurs more commonly during autumn in the northern part of the country), and widespread micronutrient deficiencies (Ahmed & Ahmed, 2009).

Dietary intake and infectious diseases are causal factors for under-nutrition and both are closely inter-linked (Rahman & Chowdhury, 2007). Poverty is an important factor (Vella et al., 1992), but not always the most important. Inappropriate infant and young child feeding practices are among the most serious obstacles to maintaining adequate nutritional status, and contribute to levels of malnutrition in Bangladesh that are among the highest in the world (IPHN, 2007).

The etiology of childhood malnutrition is complex, involving interactions of biological, cultural, and socioeconomic factors. In most South Asian countries, poverty, high population density, low status of women, poor antenatal care, high rates of low birth weight, unfavorable child caring practices, and poor access to child healthcare are the underlying contributors to the development of malnutrition (Nahar, B.; 2010). These factors are further aggravated in Bangladesh because many families do not have the knowledge or skills to practice proper IYCF. These families often have little access to safe water, proper sanitation, hygiene, and adequate health facilities. Also, the women in Bangladesh often have little power to make decisions in the family.

In order to improve maternal diet and reduce under-nutrition among children less than two years old, the SHIKHA project has worked in the FTF zone of Bangladesh in 26 sub-districts of the Barisal and Khulna Divisions.

The major objectives of the SHIKHA intervention were to improve:

- Dietary diversity of pregnant woman
- Early initiation of breast-feeding
- Exclusive breast-feeding from birth through the first six months
- Quality and quantity of complementary feeding
- Hand-washing with soap before preparing food and feeding children who are less than 2 years old

SHIKHA was designed as a multi-faceted program, consisting of home visits, a health forum, social mobilization, a media campaign, and the engagement of trained community workers in every village, which was implemented by BRAC. Another media campaign was implemented by Asiatic in every media-dark and hard-to-reach village in 26 sub-districts of the Barisal and Khulna Divisions.

This study was designed to evaluate and monitor the effect of SHIKHA interventions to provide strategic direction and improve the quality of future programs.

3 Objectives

- a. Assess the knowledge and practice of pregnant women on diet diversity during pregnancy
- b. Assess the knowledge and practices of mothers of children (less than 6 months old) on exclusive breast feeding (EBF)
- c. Assess the coverage of mothers of children (less than 6 months old) who were counseled during home visits

- d. Assess the coverage of mass-media messages on breast-feeding among mothers of children (less than 6 months old)
- e. Assess the knowledge and practices of mothers of children (6 to 24 months old) on their consumption of a "minimum acceptable diet"
- f. Assess the coverage of mothers of children (6 to 24 months old) were counseled during home visits
- g. Assess the coverage of mass-media messages on complementary feeding among mothers of children (6 to 24 months old).
- h. Assess the perceptions and practices of mothers of children (6 to 24 months old) with respect to washing hands with soap and water before feeding a child
- i. Assess the presence of a hand-washing station (water and soap or soapy water) near the food-preparation or child-feeding area
- j. Assess the coverage of mothers of children (6 to 24 months old) who were counseled during home visits on the installation of a hand-washing station
- k. Assess the coverage of mass-media messages on IYCF and hand-washing among the mothers of children (6 to 24 months old)
- 1. Assess the effect of orientation training for father's on the practice of proper IYCF

4 Methods

Study design

In order to evaluate the SHIKHA intervention, three cross-sectional surveys were conducted at three points in time: baseline (before the program was implemented), midline (starting more than a year after baseline), and endline (starting more than two years after baseline).

This report is prepared from the endline survey data of the SHIKHA intervention area, and these data are compared to baseline and midline survey data. Each cross-sectional survey was designed to assess maternal knowledge and practices of IYCF, and the nutritional knowledge and practices of pregnant women.

The baseline survey was conducted during November and December 2013; the midline survey was conducted from December 2014 to May 2015; and the endline survey was conducted from December 2015 to April 2016.

Study location

The study was conducted in the intervention sub-districts in Barisal and Khulna division of Bangladesh. Four other sub-districts were included as non-intervention areas to serve as "controls" for the study of pregnant women and nutrition.

Study population

The population for the assessment included:

- Mothers of children (0 to 23 months old)
- Pregnant women

Sampling

A cluster randomization sampling technique was adopted in this endline study. Details of the sampling frame are described in Figure 1. Two sub-districts were selected from each of the 4 project districts in Barisal and 2 more from the single-project district in Khulna division, for a total of 10 sub-districts. A total 255 villages were selected; 25 to 26 villages were chosen randomly from each of the selected 10 sub-districts. Four additional sub-districts comparable to those of the intervention sub-districts were selected from a non-intervention area (for pregnant women) in the same or nearest region and 32 to 33 villages were selected randomly from each district, for a total of 130 villages.

A team of data collectors visited all the households of the selected villages, read a brief consent form, and recorded the presence of all mothers of children (0 to 23 months old) and pregnant women. The team generated a complete list from which participants were selected randomly. At the endline (but not midline or baseline), 5 pregnant women and 6 mothers of children under 2 years old were randomly chosen from each of the selected 255 villages, following a list prepared through visiting all households of the selected villages. At midline, 2 pregnant women and 6 mothers of children under 2 years old were randomly chosen, following a prepared list. A greater number of pregnant women were included in the endline survey (compared to baseline and midline) to accommodate a stratified analysis of adolescent pregnant women (to investigate some indicators showing that pregnant adolescents did not improve their dietary diversity at midline). Members of the village communities helped to identify the center of each village, and data collectors moved counter-clockwise through the village to find eligible respondents.

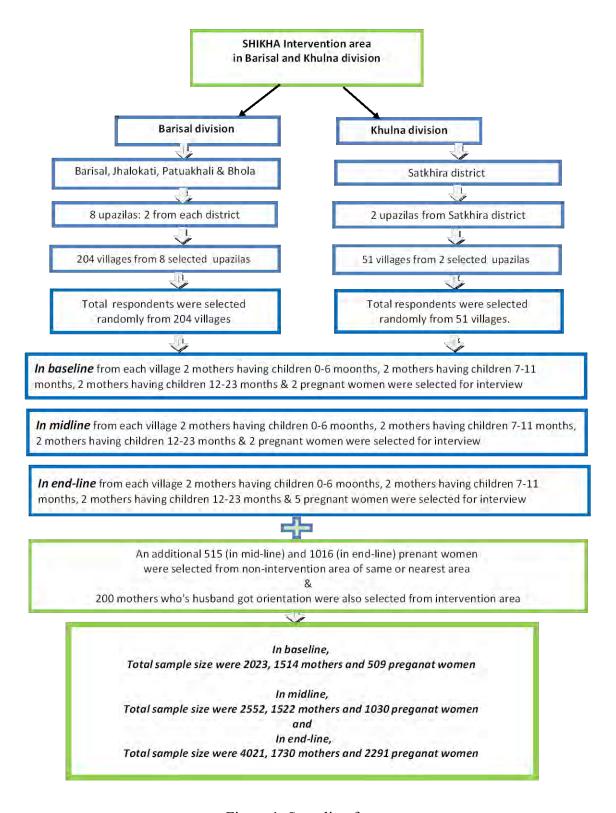


Figure 1. Sampling frame

Sample size

with

The sample-size calculation was based on a one-sided hypothesis of effect with a level of confidence $(1 - \alpha)$ of 95% and a power $(1-\beta)$ of 80%. The sample sizes required for a minimal detectable difference for various indicators between the baseline and endline data are shown in Table 1A.

Sample size was calculated using the following formula:

 p^1 = prevalence of various indicators (EBF rate) before intervention p^2 = prevalence of various indicators (EBF rate) after intervention c = ratio of before and after intervention =1 $z\infty$ =alpha risk = 95%

Table 1A: Calculated sample size for different IYCF indicators

 $z = (1-\beta)$: described power = 80%

Indicators	Baseline	Endline	Sample size	Final sample size (70% inflated to address the design effect)
Exclusive breast-feeding rate of < 6- month-old children	62	74	253	430
Proportion of mothers of 0-6 months-old children counseled and supported on EBF by health workers/volunteers	5	85	7	12
Proportion of mothers of < 6 months-old children counseled during home visits	5	85	7	12
Proportion of mothers who recall an EBF message in the mass media	30	60	49	83
Proportion of mothers of 6-23 months- old children who provide a minimum acceptable diet	20	32	225	383
Proportion of mothers of 6-23 months- old children who recall a complementary- food message in the mass media	20	70	19	32
Proportion of mothers of 6-23 months- old children who were counseled and supported on CF by health workers/volunteers in the past month	5	85	7	12

Proportion of mothers with children 6-23 months old who wash hands with soap	15	25	270	459	
before child feeding					
Proportion of mothers who recall a hand-	10	60	17	29	
washing message in the mass media					

Table 1B: Calculated sample size required for maternal diet diversity (DD) score

Sample for comparing the intervention and non-intervention areas

	Nonintervention area (mean DD)	Intervention area (mean DD)	Sample size	Final sample size (70% Inflated to address design effect
Endline survey	4.28	4.53	302	513
Sample for compari	ng baseline and midline	e/endline surve	ys	
	Baseline (mean DD)	Midline and endline (mean DD)	Sample size	Final sample size (70% Inflated to address design effect
Endline survey	4.28	4.53	302	513

These calculations resulted in an estimated need for 253 mothers having a 0-6 months-old child, 215 mothers having 7-12 months-old children, and 215 mothers having 13-23 months-old children. This was adjusted upwards to 500 mothers having 0-6 months-old children, 500 mothers having 7-12 months-old children, and 500 mothers having 13-23 months-old children.

Therefore, to assess IYCF knowledge and practices, a total of 1530 mothers were interviewed in the intervention area. This included 500 mothers having children 0-6 months old and 1,022 mothers having children 7-23 months old. In addition, 200 mothers were interviewed from intervention areas in which the husbands were received orientation on IYCF knowledge and practices.

A total of 2,291 pregnant women were randomly selected for interviews — 1,275 from intervention areas and 1,016 from non-intervention areas. Pregnant women were selected separately in order to obtain information on knowledge and practices of diet during pregnancy. After upward adjustment the total sample size was 4,050 women. However, after cleaning and editing the final number of respondents was 4,021.

The final samples for different indicators and population groups are shown in Table 2.

Table 2: Sample size by population groups (for endline)

	Intervention area	Nonintervention area	Total
Pregnant women	1275	1016	2291
Mother having children less than 6 months old	510	-	510
Mother having children 6-23 months old (to ensure representation of younger infants, 50% will be selected from the 6-12 months age group)	1020	-	1020
Mothers whose husbands received orientation training on IYCF knowledge and practices	200	-	200
Total			4021

Data-collection procedure

In the endline survey, data were collected by using a digital data-collecting tool (mobile tablet). Qualtrics Survey Software was used to design the questionnaires for the pregnant women and IYCF, and then installed on the mobile tablets. Nineteen experienced data collectors were recruited and trained to collect the information by using digital tools. These data collectors were divided into six teams, 5 for the intervention areas and 1 for the non-intervention areas. For the intervention areas, each team consisted of 3 data collectors and 1 supervisor; the team for the non-intervention areas consisted of 4 data collectors and 1 supervisor. One team was deployed in each sub-district. Each team in the intervention areas collected data on IYCF and maternal nutrition from 51 villages in each sub-district.

A village was considered as the cluster. Every day, each team in the intervention areas surveyed one village and interviewed 2 mothers having children 0-6 months old, 4 mothers having children 7-23 months old, and 5 pregnant women. By contrast, each team in the non-intervention areas surveyed 8 pregnant women every day. The supervisor selected respondents randomly from the complete list of women, and provided the list to the data collectors on the day of the interviews. Informed consent was administered by the data collector to each study participant before the questionnaire was started. Each day, 6 supervisors observed the data-collection activities of the data collectors.

Quality control

To maintain the quality of the study, the following initiatives were performed:

- a. Draft questionnaires were pre-tested by the investigators; questions were adjusted as needed.
- b. The project recruited qualified data collectors and supervisors who had previous experience collecting similar kinds of data.

- c. Comprehensive hands-on training was provided to the data collectors and supervisors inside the classroom and in the field by the investigators. The supervisors were also trained on supervision and monitoring techniques.
- d. Supportive supervision was provided to the data collectors by the supervisors.

Data analysis

Data were uploaded to the website by the supervisor each day after collection. The uploaded data were downloaded, transferred, and then analyzed in SPSS version 22. For monitoring purposes, the data were checked and analyzed on a weekly basis.

Descriptive analyses are shown and presented in proportions and frequencies.

Ethical considerations

The ethical clearance for the study was obtained from the local competent authority by the CIPRB, (the research institution of the principle investigator) and also from the Office of the International Research Ethics (OIRE) of FHI 360.

Human subject protection training: All of the investigators involved in this study completed the National Institutes of Health (NIH) web-based training course on Protecting Human Research Participants. Researchers trained the field workers on ethical issues.

Operational definitions

Early initiation of breast-feeding: Proportion of children born in the last 24 months who were put to the breast within one hour of birth (WHO indicators, 2008)

Children born in the last 24 months who were put to the breast within one hour of birth

Children born in last 24 months

Exclusive breast-feeding under six months: Proportion of infants 0-5 months of age who are fed exclusively with breast milk (WHO indicators, 2008)

Infants 0-5 months of age who received only breast milk the previous day
Infants 0-5 months of age

Introduction of complementary foods: Introduction of solid, semi-solid or soft foods: Proportion of infants 6-8 months of age who receive solid, semi-solid, or soft foods (WHO indicators, 2008)

<u>Infants 6-8 months of age who receive solid, semi-solid or soft foods</u> Infants 6-8 months of age **Correct Introduction of complementary foods:** Introduction of solid, semi-solid, or soft foods: Proportion of infants who initiated solid, semi-solid or soft foods at 6-7 months (181-210 days). (WHO indicators, 2008)

Dietary diversity: Minimum dietary diversity: Proportion of children 6-23 months of age who receive foods from 4 or more food groups (WHO indicators, 2008)

Children 6-23 months of age who received foods from \geq 4 food groups during the previous day Children 6-23 months of age

Minimum meal frequency: Minimum meal frequency: Proportion of breastfed and non-breastfed children 6-23 months of age, who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more. (WHO indicators, 2008)

The indicator is calculated from the following two fractions:

Breastfed children 6-23 months of age
who received solid, semi-solid, or soft foods the minimum number of times or more during the
previous day
Breastfed children 6-23 months of age

and

Non-breastfed children 6-23 months of age

who received solid, semi-solid, or soft foods the minimum number of times or more during the

previous day

Non-breastfed children 6-23 months of age

Minimum acceptable diet: Proportion of children 6-23 months of age who receive a minimum acceptable diet (other than breast milk). (WHO indicators, 2008)

This composite indicator will be calculated from the following two fractions:

Breastfed children 6-23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day Breastfed children 6-23 months of age

and

Non-breastfed children 6-23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day

Non-breastfed children 6-23 months of age

Correct quantity of age-specific complementary food in 24 hours

- For children 7-8 months old 250ml (one cup)
- For children 9-11 months old 375 ml (one and a half cups)
- For children 12-23 months old 750 ml (three cups)

Correct frequency of age-specific complementary foods in 24 hours

- For children 7-8 months old 2 times a day
- For children 9-11 months old 3 times a day
- For children 12-23 months old 3 times a day

Women Dietary Diversity scores (WDD)

Dietary diversity scores are calculated by summing the number of food groups consumed in the household or by the individual respondent over the 24-hour recall period.

Values for the dietary diversity variable were calculated by summing all food groups included in the dietary diversity score (nine for women). (FAO guidelines)

Food groups for WDD

- 1. Starchy staples
- 2. Dark green, leafy vegetables
- 3. Other vitamin A-rich fruits and vegetables
- 4. Other fruits and vegetables
- 5. Organ meats
- 6. Meat and fish
- 7. Eggs
- 8. Legumes, nuts, and seeds
- 9. Milk and milk products

5 Results

Section 1: Maternal nutrition knowledge and practices of pregnant mothers

Section 2: Maternal nutrition counseling during home visits

Section 3: IYCF knowledge and practices of mothers with children 0-23 months old

Section 4: IYCF counseling during home visits

Section 5: Media coverage

Section 1: Maternal nutrition knowledge and practices of pregnant mothers

Table 1.1: Socio-demographic characteristics of the pregnant women at baseline, midline, and endline (n=509, 516, 1275)

Characteristic	Baseline	Midline	Endline
	n (%)	intervention	intervention
		n (%)	n (%)
N	509	516	1275
Age			
≤ 19	116 (22.8)	118 (22.9)	292 (22.9)
20-25	174 (34.2)	184(35.7)	473 (37.1)
> 25	219 (43.0)	214 (41.5)	510 (40.0)
P-value ¹		0.858	0.434
Education			
Functionally illiterate	87 (17.1)	104 (20.2)	194 (15.2)
Secondary incomplete	309 (60.7)	306 (59.3)	761 (59.7)
Secondary complete	113 (22.2)	106 (20.5)	320 (25.1)
P-value ¹		0.427	0.344
Husband's occupation			
Agriculture	61 (11.9)	61 (11.8)	127 (9.9)
Daily wage earner	182 (35.8)	189 (36.6)	301 (23.6)
Service	85 (16.7)	100 (19.4)	227 (17.8)
Business	118 (23.2)	122 (23.6)	347 (27.2)
Other	63 (12 .4)	44 (8.5)	273 (21.4)
P-value ¹		0.315	0.000
Number of household members			
≤3	135 (26.5)	132 (25 .6)	443 (34.8)
4 - 5	215 (42.2)	236 (45.7)	566 (44 .4)
> 5	159 (31.2)	148 (28.7)	266 (20 .9)
P-value ¹		0.507	0.000

Trimester of pregnancy

47 (9.2)	72 (13.9)	119 (9.3)
193 (37.9)	193 (37.4)	519 (40.7)
269 (52.9)	251 (48.6)	637 (50.0)
	0.054	0.519
178 (34.9)	155 (30.0)	266 (20 .9)
331 (65.0)	361 (70.0)	1009 (79.1)
	0.105	0.000
361 (70.9)	359 (69 .6)	883 (69.2)
148 (29.1)	157 (30.4)	392 (30.8)
	0.686	0.525
415 (81.5)	466 (90.3)	946 (74.2)
94 (18.4)	50 (9.7)	329 (25.8)
	0.000	0.001
	193 (37.9) 269 (52.9) 178 (34.9) 331 (65.0) 361 (70.9) 148 (29.1)	193 (37.9) 269 (52.9) 251 (48.6) 0.054 178 (34.9) 331 (65.0) 361 (70.0) 0.105 361 (70.9) 148 (29.1) 157 (30.4) 0.686 415 (81.5) 94 (18.4) 50 (9.7)

The socio-demographic characteristics of the respondents at baseline, midline, and endline are shown in Table 1.1. Most of thethe are above adolescent age (77.2%, 77.1%, 77.1%). Most of the respondents' households owned mobile phone (93%, 93%, 97%), electricity (65%, 70%, 79%) and a fan (49%, 50%, 58%).

Table 1.2: Mean dietary diversity score (DDS) by age of the pregnant women at baseline, midline, and endline (n=509, 516, 1275)

	Baseline n (%)	,	Midline Interve		Endline Interve	e ntion (%)		Midline Control n (%)		Endline Control n (%)		
Age groups	n (%)	DDS± SD	n (%)	DDS	n (%)	DDS	P value (baseline vs. endline)	n (%)	DDS	n (%)	DDS	P value (endline vs. intervention vs non- intervention)
Adolescent	116	$4.34\pm$	118	4.34	292	$4.65\pm$	< 0.05	160	$4.28\pm$	316	$4.14\pm$	>0.1
$(\leq 19 \text{ years})$	(22.8)	1.038	(22.9)		(22.9)	1.119		(31.1)	0.951	(31.1)	1.055	
Young adult	174	4.27±	184	4.58	473	$4.77\pm$		167	$4.42\pm$	326	$4.14\pm$	< 0.05
(20 –24 years)	(34.2)	1.049	(35.7)		(37.1)	1.140	< 0.001	(33.2)	0.901	(32.0)	1.082	
Adult	219	4.26±	214	4.47	510	4.82±		187	4.28±	374	4.15±	>0.1
(≥ 25 years)	(43.0)	1.131	(41.5)		(40.0)	1.194	< 0.001	(36.0)	0.866	(36.9)	1.066	
Total	509	4.28 <u>+</u> 1.08	516	4.48 <u>+</u> .95	1275	4.76 <u>+</u> 1.16	<0.001	514	4.32 <u>+</u> .91	1016	4.14 <u>+</u> 1.07	<0.01

The mean dietary diversity (DDS) score of pregnant women at baseline, midline, and endline are shown according to their age groups in Table 1.2. An improvement in DDS was found among the young-adult and adult groups at midline compared to baseline (4.58 and 4.47, respectively). However, there was no improvement in DDS for the adolescent group at midline compared to baseline (4.34 for baseline and midline). However, at endline, a significant increase of DDS (4.65, 4.77, 4.82, respectively) was found for all age groups.

Table 1.3. Percentage of pregnant women having knowledge and practice of food groups⁺ (N=509, 516, 1275)

Food group		Knov	wledge (percent				Pr	actice (percent)		
	2014 Baseline (n=509)	2015 Midline intervention (n=516)	2016 Endline intervention (n=1275)	2015 Midline control (n=514)	2016 Endline control (n=101)	2014 Baseline (n=509)	2015 Midline intervention (n=516)	2016 Endline intervention (n=1275)	2015 Midline control (n=514)	2016 Endline control (n=1016)
Starchy staples	60.7	51.2	84.3*	36.2	59.6 [¥]	100.0	100	99.9*	100	100.0
Legume & Nuts	11.0	35.7	52.4*	14.8	28.1	42.8	42.4	37.3	41.2	40.5
Dairy products	66.4	72.7	77.8*	71.0	75.4	16.9	24.2	19.1*	17.3	16.4
Organ meet (Liver)	0.0	32.6	36.2	17.1	17.8 [¥]	0.0	0.2	.9	0.2	.6
Eggs	65.2	84.5	90.0*	71.4	86.6 [¥]	28.3	32.9	38.5*	30.4	22.3 [¥]
Flesh foods (meat & fish)	86.4	86.6	85.6	80.0	90.4 [¥]	85.9	79.1	81.2*	77.0	81.7
Dark green, leafy vegetables	72.9	85.1	96.2*	74.1	91.1 [¥]	50.3	50.2	50.0*	50.6	37.2 [¥]
Other vitamin A-rich vegetables & fruits	6.5	70.2	61.8*	63.6	53.3 [¥]	5.7	20.3	49.5*	21.0	16.1 [¥]
Other fruits & vegetables	73.1	88.6	88.6*	80.5	85.1¥	98.4	98.8	99.7*	94.6	99.5

^{*}To assess their knowledge, pregnant women were asked about the kinds of food that women should eat during pregnancy. Their dietary practices were assessed by documenting the food groups that the pregnant women ate during the day and night preceding the survey.

*Significantly different (between 2014 intervention and 2016 intervention) at <0.05

*Significantly different (between 2016 intervention and 2016 control) at <0.05

All of the pregnant women consumed starchy foods in all three surveys. Most of them consumed flesh foods (86%, 80%, and 81%), mostly fish. A smaller proportion of pregnant women consumed dairy products, eggs, and leafy vegetables (17%, 28%, and 50%, respectively) at baseline, which slightly increased or remain unchanged at endline (19%, 39%, and 50%, respectively). About two-thirds or more of the respondents at baseline knew that pregnant women should eat these foods (66%, 65% and 73% respectively), which increased significantly by endline (79%, 90%, and 96%, respectively). We assume this change might be the effect of the intervention.

Knowledge about the consumption of legumes (pulses) and nuts, vitamin A-rich fruits and vegetables was very low (11% and 7%, respectively) at baseline, which significantly increased by endline (52% and 62%, respectively). A smaller proportion of pregnant women also ate these foods (43% and 6%, respectively) at baseline. Although the consumption of vitamin A-rich fruits and vegetables has increased significantly (50%), the intake of legumes and nuts remained unchanged or even decreased (43% and 37%) at midline and endline, respectively.

Nevertheless, by 2016, a significantly higher (p< 0.05) proportion PW from the intervention areas had greater knowledge about the consumption of all food groups (except dairy products) compared to the non-intervention areas.

The overall mean dietary diversity score of pregnant women in the baseline survey was 4.28 ± 1.08 , which significantly increased to 4.48 ± 0.98 in the midline survey, and finally reached 4.76 ± 1.159 in the endline survey. Moreover, the mean dietary diversity scores of the control areas were 4.30 ± 0.89 and 4.14 ± 1.067 at midline and endline, respectively.

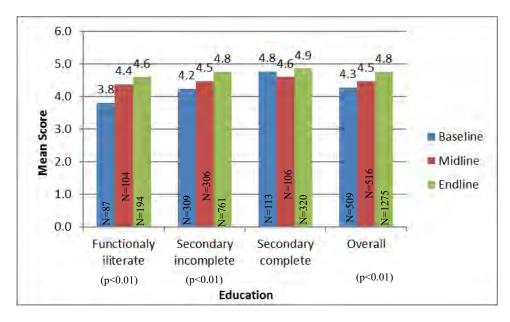


Figure 1.1: Mean dietary diversity score (DDS) according to the education of the pregnant women

A comparison of the baseline and endline data revealed that the mean dietary diversity improved significantly more among relatively less-educated women; no significant improvement was found among women with secondary or higher levels of education. This difference narrowed the gap in the DDS between women with different educational backgrounds. A similar trend was observed among women of lower SES. This also indicated that women with less education had practiced what they learned from the SHIKHA intervention.

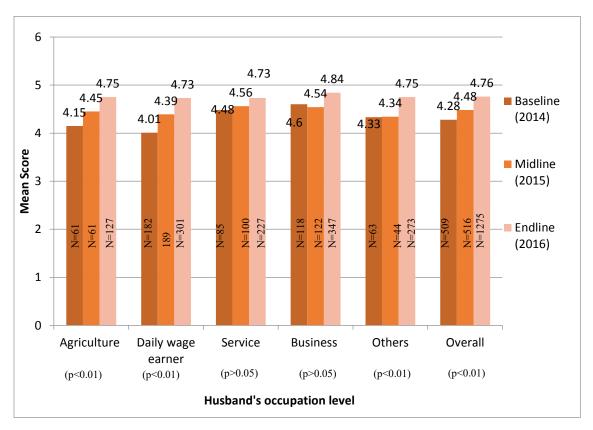


Figure 1.2: Mean dietary diversity Score (DDS) by occupation of husband of the pregnant women

The dietary diversity scores increased significantly (from baseline to endline) among the pregnant women whose husbands had daily wage earnings (DDS increased from 4.15 to 4.75) or agriculture-related activities (DDS increased from 4.01 to 4.73).

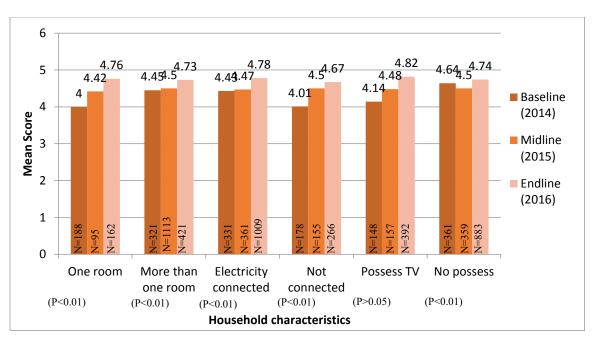


Figure 1.3: Mean dietary diversity Score (DDS) by household characteristics of the pregnant women

The dietary diversity of women with a lower socioeconomic standing, improved significantly during the course of the SHIKHA project (Figure 1.3).

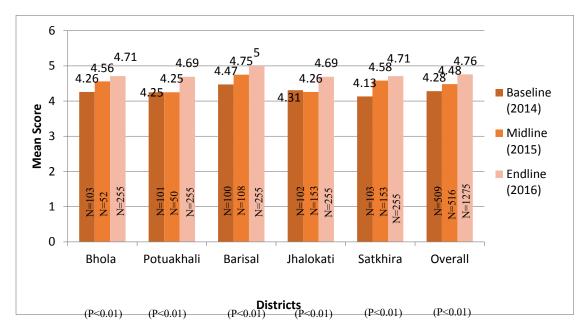


Figure 1.4: Mean dietary diversity Score (DDS) of the pregnant women across five districts

The dietary diversity score significantly improved in all 5 districts between the baseline and endline surveys. The DDS was unchanged in Patuakhali and Jhalokhati districts at midline compared to baseline.

Section 2: Maternal nutrition counseling during home visits

The occurrence of a home visit was determined by showing the pregnant women photographs of front-line workers — Shathya Shebika (SS or community volunteer), Shasthya Kormi (SK, supervisor of SS), and Pusti Kormi (PK, nutrition worker) — and asking them whether they recognize the workers, and whether the workers visited their homes.

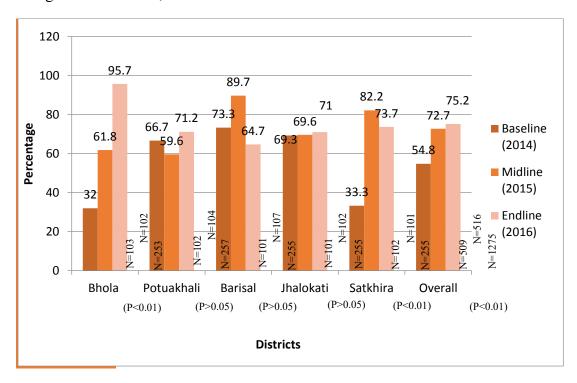


Figure 2.1: Home visits by any front-line worker (SS/SK/PK) reported by pregnant woman in 5 districts

The proportion of documented home visits by front line workers improved significantly (from baseline to endline) in most of the intervention districts; decreases were found only in the Barisal and Sathkhira districts (Figure 2.1).

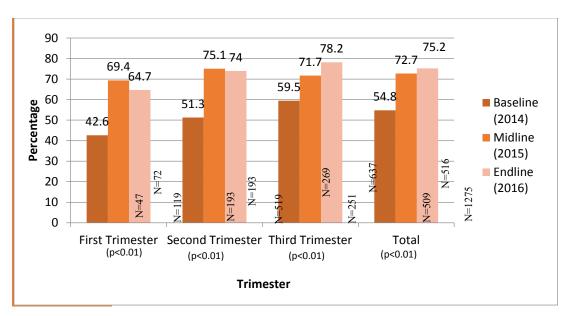


Figure 2.2: Home visit by any front-line worker (SS/SK/PK) according to the trimester of pregnancy

Around 75.2% of the pregnant women received at least one visit from a front-line worker at endline, which significantly increased compared to baseline (54.8%). However, this difference was less notable for women who were in the first trimester (64.7%).

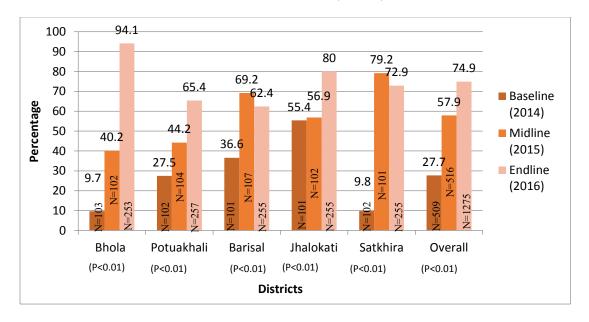


Figure 2.3: Distribution of home visit by Pusti Kormi (PK) as reported by pregnant women in 5 districts

The percentage of home visits by Pusti Kormi improved significantly by the endline survey compared to the baseline survey in all districts. However, this improvement was less dramatic in the Jhalokathi district.

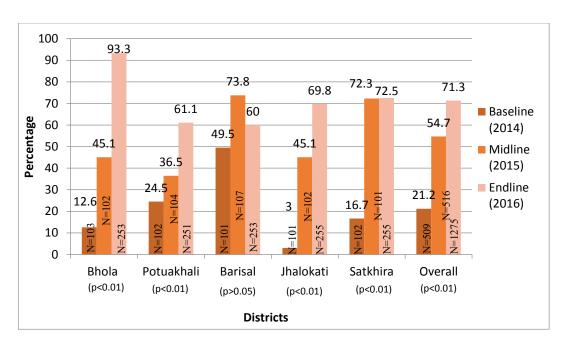


Figure 2.4: Distribution of home visits by Shasthya Shebika (SS) reported by pregnant women in 5 districts

The percentage of home visits by Sastho Sebika improved significantly by the endline survey compared to the baseline survey for all 5 districts. However, the improvement was less notable in the Barisal district.

Table 2.1: Mean number of days since last visit and the number of home visits by SS and PK at baseline, midline, and endline

Number of Days or Number of Visits	Mean & SD Baseline	Mean & SD Midline	Mean & SD Endline
Mean number of days since last home visit	24.6+32.2	32.24+12.2*	13.54 ± 29.7
by SS			
Mean number of days since last visit by PK	18.3+20.3	33.03+13.35*	16.39 ± 48.6
Mean number of visits after first visit by SS	2.2+1.6	2.60+1.8	3.48 ± 4.6
Mean number of visits after first visit by PK	1.3+.6	2.39+5.5	3.20 ± 2.6

*We used a different unit of measure for the analysis of the mean number of days since last visit of SS and PK for the midline report in 2015 (which incorrectly indicated a difference between the baseline and midline). This mistake has been amended for this endline report.

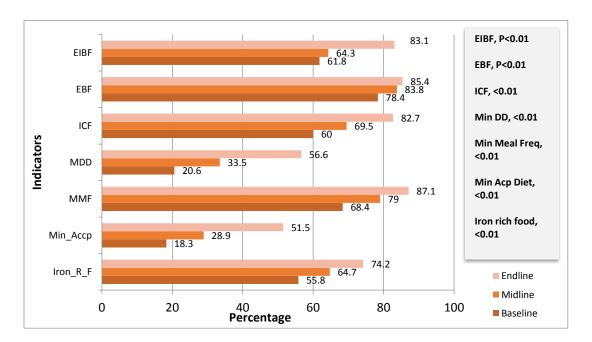
The mean number of visits after first visit slightly increased by endline for SS (3.48) and for PK (3.20). The mean number of days since the last home visit by a worker decreased significantly for SS (13.54) and PK (16.39) by endline, compared to baseline data.

Section 3: IYCF knowledge and practices of mothers with children 0-23 months old

Table 3.1: Household characteristics of respondents (n=1514, 1522, 1530)

	Baseline n (%)	Midline n (%)	Endline n (%)	P Value (Baseline & Endline)
Mother's education				
No education	103(6.8)	140(9.2)	104(6.8)	>0.05
Primary incomplete	195(12.9)	176(11.6)	206 (13.5)	
Primary complete	287(19.0)	268(17.6)	286 (18.7)	
Secondary incomplete	605(40.0)	641(42.1)	605 (39.5)	
Secondary complete & higher	324(21.4)	297(19.5)	329 (21.5)	
Father's education				
No education	166(11.0)	167(11.0)	240 (15.7)	< 0.01
Primary incomplete	330(21.8)	347(22.8)	194 (12.7)	
Primary complete	427(28.2)	467(30.7)	278 (18.2)	
Secondary incomplete	354(23.4)	308(20.2)	461(30.1)	
Secondary complete or higher	237(15.7)	233(15.3)	357(23.3)	
Mother's occupation				
Housewife	1472(97.2)	1377(90.5)	1504 (98.3)	< 0.05
Other	42(2.8)	145(9.5)	26 (1.7)	
Father's occupation				
Daily-wage earner	523(34.4)	599(39.4)	603 (39.4)	< 0.05
Other	991(65.5)	923(60.6)	927 (60.6)	
Roof type				
Concrete	96(6.3)	73(4.8)	97 (6.3)	< 0.01
Tin	1187(78.4)	1146(75.3)	1326 (86.7)	
Other	231(15.3)	303(19.9)	107 (7)	
Floor type				
Concrete	181(12.0)	177(11.6)	177 (11.6)	< 0.01
Wood/Bamboo	5(0.3)	9(0.6)	3 (0.2)	
Mud	1328(87.7)	1324(87.0)	1336 (87.3)	
Other	0	12(0.8)	14 (0.9)	
Drinking water source				
Tube well	1471(97.2)	1504(98.8)	1516 (99.1)	< 0.01
Supply water	0	10(0.7)	1 (0.1)	
Other	43(2.8)	8(0.5)	13 (.8)	
Household assets				
Own household	1483(98.0)	1486(97.6)	1488 (97.3)	>0.05
Own cultivable land	830(54.8)	868(57.0)	917 (59.9)	< 0.01
Electricity	888(58.7)	938(61.6)	937 (61.2)	>0.05
Refrigerator	117(7.7)	110(7.2)	168 (11)	< 0.01
Fan	702(46.4)	690(45.3)	877 (57.3)	< 0.01
Mobile phone	1357(89.6)	1407(92.4)	1479 (96.7)	< 0.01

Own drinking water system	709(46.8)	530(34.8)	503 (32.9)	< 0.01
Bicycle	339(22.4)	341(22.4)	351 (22.9)	>0.05
Domestic animal	1240(81.9)	1267(83.2)	1057 (69.1)	< 0.01
TV	461(30.4)	400(26.3)	484 (31.6)	>0.05



EIBF: Early initiation of breast-feeding

EBF: Exclusive breast-feeding

ICF: Initiation of complementary feeding

MDD: Minimum diet diversity MMF: Minimum meal frequency Min_Accp: Minimum acceptable diet

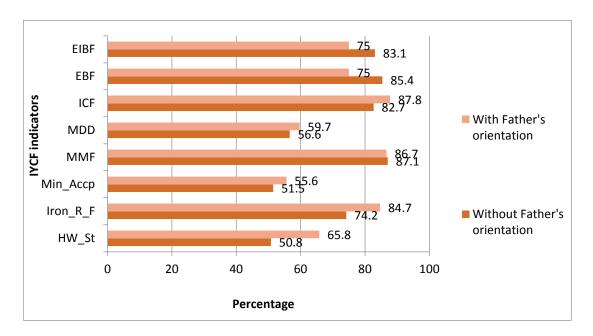
Iron R F: Iron-rich food

Figure 3.1.a: Status of core IYCF indicators in baseline, midline and end-line (n=1514, 1522 & 1530)

The respondents were asked "How soon after birth did you put the child to the breast for the first time?" Respondents who put their children to the breast within an hour of birth were considered to be early initiators. At midline about 83% of the respondents said that they initiated breast-feeding within an hour of childbirth, which was a 21% increase over the baseline (62%) level.

The overall rate of exclusive breast-feeding was 85.4% among 0-5 month-old children at endline, which is an increase of 7% compared to baseline.

The endline survey showed that all indicators of IYCF met the annual target of 6% improvement. At midline, all indicators, except EIBF and EBF, also met this target.



EIBF: Early initiation of breast-feeding

EBF: Exclusive breast-feeding

ICF: Initiation of complementary feeding

MDD: Minimum diet diversity
MMF: Minimum meal frequency
Min Accp: Minimum acceptable diet

Iron_R_F: Iron-rich food

Figure 3.1.b. A comparison of core IYCF indicators among children whose fathers received an orientation training compared to children whose fathers did not receive orientation training (endline, 2016)

Most IYCF indicators were higher among children whose fathers received orientation training on nutrition compared to the children whose fathers did not receive any training. The only exceptions were the early initiation of breast-feeding, exclusive breast-feeding, and minimum meal frequency.

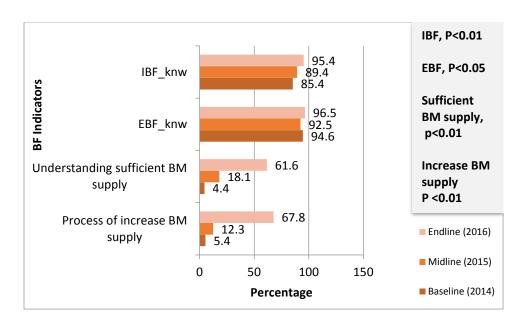


Figure 3.2. Indicators for a core knowledge of breast-feeding by mothers at baseline, midline, and endline (n=1514, 1522, 1530)

The mothers' knowledge of breast-milk adequacy and how to increase breast-milk supply improved significantly by endline.

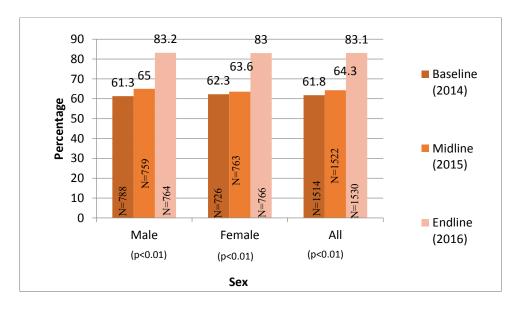


Figure 3.3. Early initiation of breastfeeding for 0-23 month-old children, according to sex

The early initiation of breast-feeding improved by about 21% by the endline survey.

Although the improvement of EIBF was slow (1.8%) and far behind the annual target (6%) at midline, the adoption of EIBF exceeded the annual target more than three-fold (21%) at endline. Male and female children did not differ; the rates of both groups improved significantly (83.2% and 83% respectively).

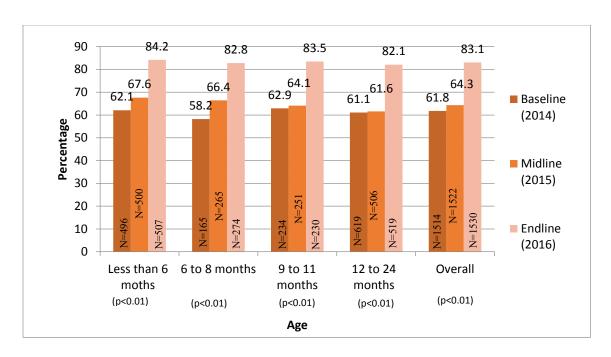


Figure 3.4. Early initiation of breastfeeding of 0-23 month-old children by age

The improvement of EIBF was significantly higher (22% and 24%) and almost 3 times higher than the annual target (6%) among children who were between 0 to 8 months old between baseline and endline.

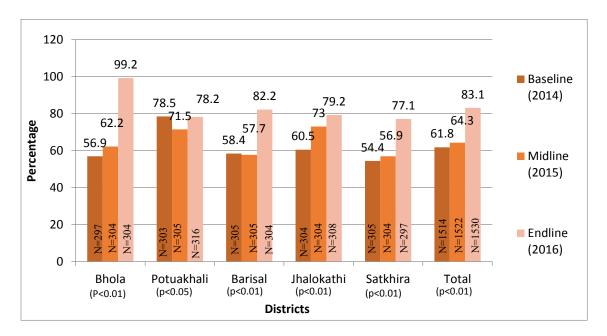


Figure 3.5. Early initiation of breastfeeding for 0-23 month-old children according to district

The improvements in EIBF were significantly higher in 4 or the 5 districts at endline (Potuakhali was the exception). The improvement in EIBF across all districts was significantly higher (21%).

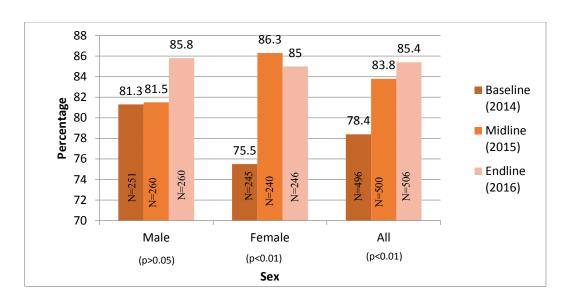


Figure 3.6. Exclusive breast-feeding practices of 0-5 month-old children by sex (n=496, 500, 506)

The improvements in the EBF rate (7%) exceeded the annual target (6%). The EBF rate among male children was unchanged (0.2%) at midline, but improved to 4.5% by endline. Female children showed improvements in EBF at midline (10.8%) and endline (9.5%).

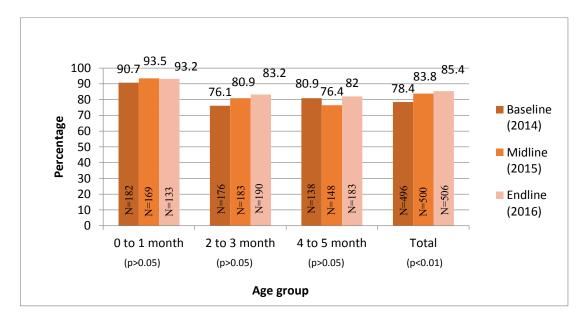


Figure 3.7. Exclusive breast-feeding practices of 0-5 month-old children by age (n=496, 500, 506)

The EBF rate increased among all age groups from 0 to 5 months by endline. At midline, however, one fourth of the babies (less than 4-5 months old) were not exclusively breastfed in 2015, but this improved by endline.

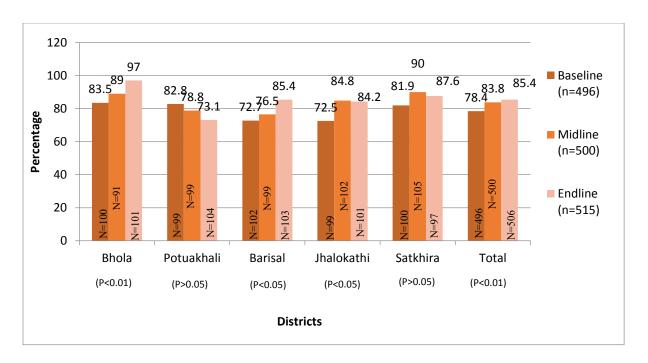


Figure 3.8. Exclusive breast-feeding practices of 0-5 month-old children by district (n=496, 500, 506)

At endline, the highest proportion of EBF children were found in the Bhola, Barisal, and Jhalokathi districts. The lowest rate of EBF was in Potuakhali.

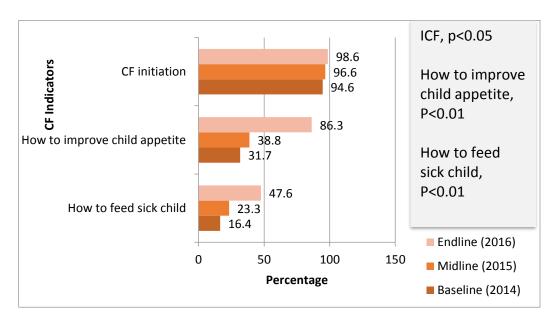


Figure 3.9: Knowledge of core complementary feeding (CF) by mothers at baseline, midline, and endline (n=1514, 1522, 1530)

The mothers' knowledge of feeding a sick child, improving child appetite, and the correct initiation of complementary feeding improved significantly by the endline survey.

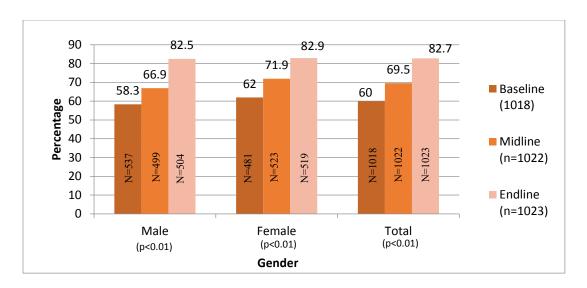


Figure 3.10: Introduction of solid, semi-solid, or soft foods according to sex (n=1018, 1022, 1275)

The rate of introduction of solid, semi-solid, or soft foods (22.7%) exceeded the annual target of (6%). The rate of improvement was similar for male and female children (18.2% and 20.9% respectively). The rate of improvement was significant for all age groups in all districts.

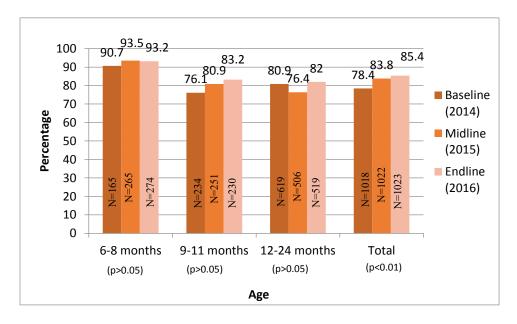


Figure 3.11: Introduction of complementary feeding by age group (n=1018, 1022, 1275)

The correct initiation of complementary feeding practices improved significantly by the endline survey relative to the baseline findings.

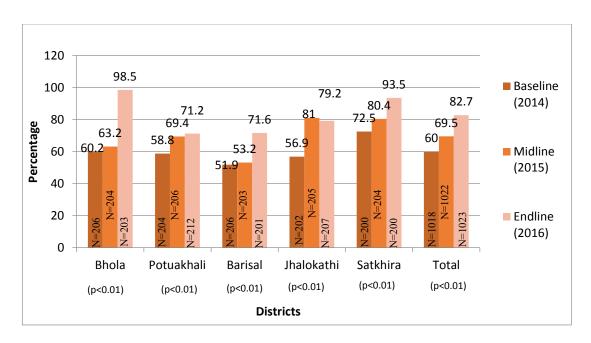


Figure 3.12. Introduction of complementary feeding according to district (n=1018, 1022, 1275)

The correct initiation of complementary feeding improved significantly by the endline survey relative to the baseline findings.

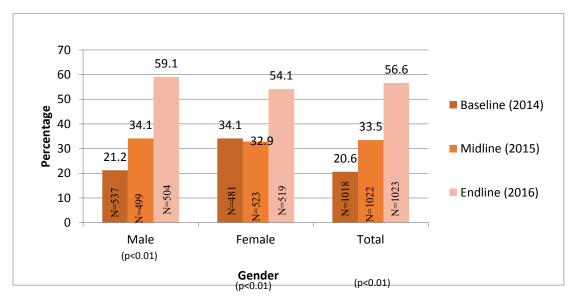


Figure 3.13. Minimum dietary diversity of 6-23 month-old children according to sex (n=1018, 1022, 1275)

Minimal dietary diversity (MDD) is defined as the proportion of children (6-23 months old) who receive foods from 4 or more food groups. The improvement in the children's minimum dietary diversity between baseline and endline far exceeded (36%) the annual target (6%). The improvement was similar for male and female children (37.9% and 20%, respectively). The MDD significantly improved for all age groups (between 6-23 months) in all districts.

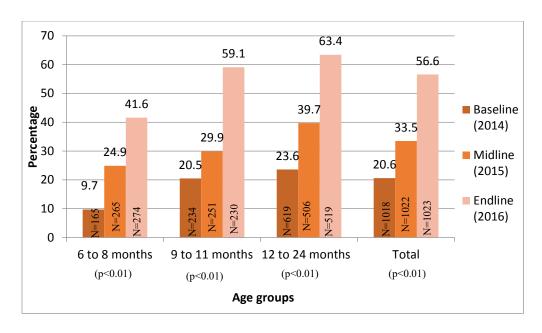


Figure 3.14. Minimum dietary diversity of 6-23 month-old children by age group (n=1018, 1022, 1275)

The proportion of children who achieved the minimum dietary diversity improved significantly across all age groups by endline compared to baseline.

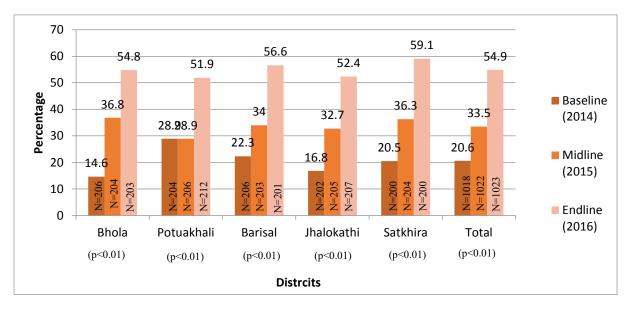


Figure 3.15. Minimum dietary diversity of 6-23 month-old children according to district (n=1018, 1022 & 1275)

The minimum dietary diversity of the children improved significantly in all districts.

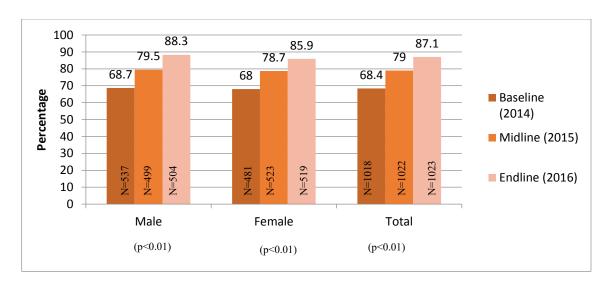


Figure 3.16. Percentage of children (6-23 months old) who achieve the minimum meal frequency, according to sex (n=1018, 1022, 1275)

The minimum meal frequency requirement varies with the age of the child. Children who are 6-23 months old must receive complementary feeding (CF) to qualify for MMF. Children (6-8 months old) who are breastfed should have 2 CF meals a day; children (9-23 months old) who are breastfed should have 3 CF meals a day, and children (6-23 months old) who are not breastfed should have 4 CF meals a day.

The progress in the promotion of minimum meal frequency (18.7 %) far exceeded the annual target of 6%. The improvement was similar for male and female children (19.6 and 17.9%, respectively).

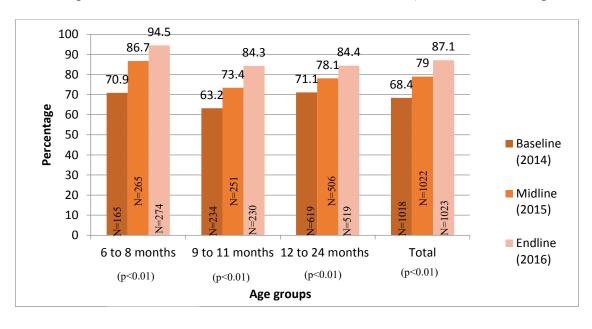


Figure 3.17. Minimum meal frequency of 6-23 months old children by age (n=1018, 1022, 1275)

The attainment of the minimum meal frequency significantly improved for all age groups for children 6-23 months old.

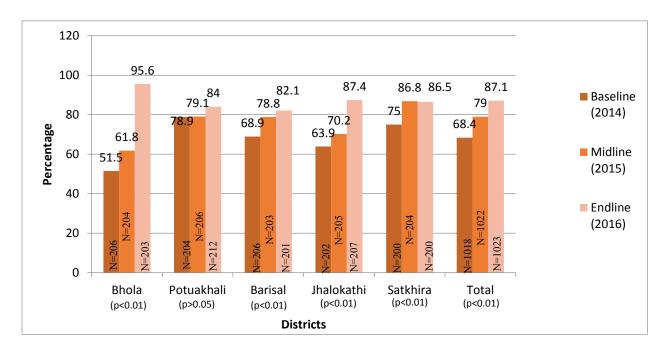


Figure 3.18. Minimum meal frequency of 6-23 month old children according to district (n=1018, 1022, 1275)

The percentage of children who met the requirement for minimum meal frequency significantly improved in all 5 districts by endline. Improvements were less notable at midline in Potuakhali and Jhalokathi.

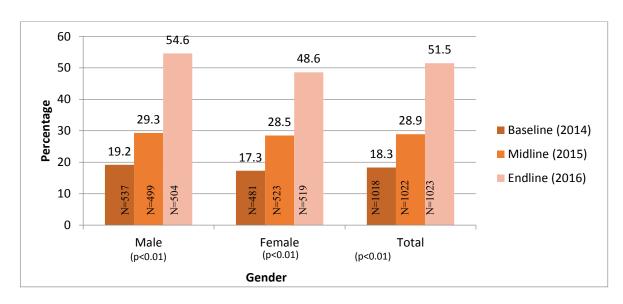


Figure 3.19. Attainment of minimum acceptable diet for children 6-23 months old by sex (n=1018, 1022, 1275)

The total improvement (33.2%) at endline for the minimum acceptable diet for children far exceeded the annual target of 6%. The improvement was similar for male and female children (31.3 and 35.4%, respectively).

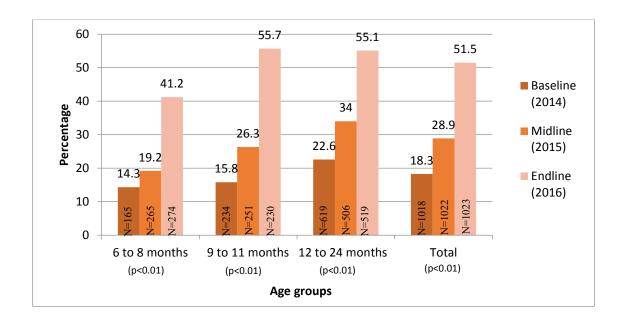


Figure 3.20. Achievement of minimum acceptable diet by children 6-23 months old according to age group (n=1018, 1022, 1275)

The percentage of children who received the minimum acceptable diet significantly improved across all age groups between 6-23 months. Although 6-8 months-old age group did not show significant improvement at midline, this age group improved dramatically by endline.

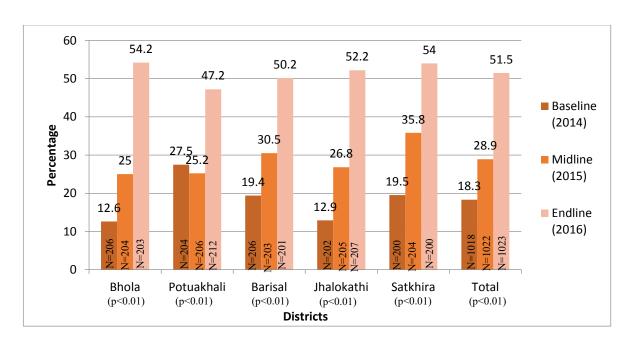


Figure 3.21. Achievement of minimum acceptable diet by children 6-23 months old according to district (n=1018, 1022, 1275)

The percentage of children who received the minimum acceptable diet significantly improved in all districts by endline, even though Potuakhali showed a lower rate at midline.

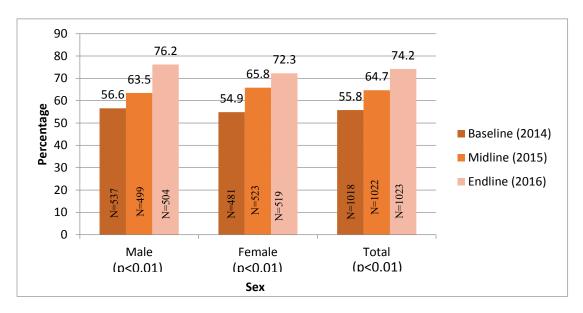


Figure 3.22. Percentage of children (6-23 months old) who eat iron-rich foods (animal-source foods) according to sex (n=1018, 1022, 1275)

Animal source of foods are considered as iron rich foods. It was found that intake of such food has significantly increased (18.4%) in the midline; for both for male and female (17.4% & 19.6% respectively).

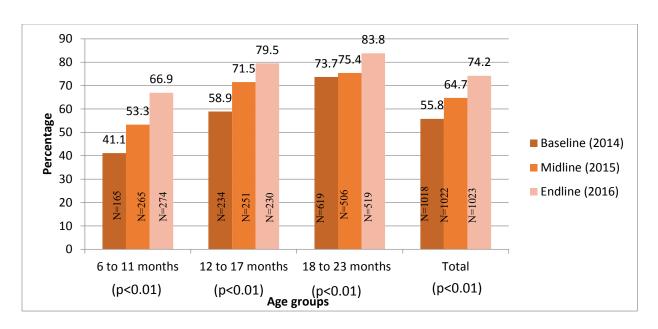


Figure 3.23: Percentage of children (6-23 months old) who eat iron-rich foods (animal-source foods) according to age group (n=1018, 1022, 1275)

The percentage of children (6-23 months old) who eat animal-source foods increased significantly among all age groups.

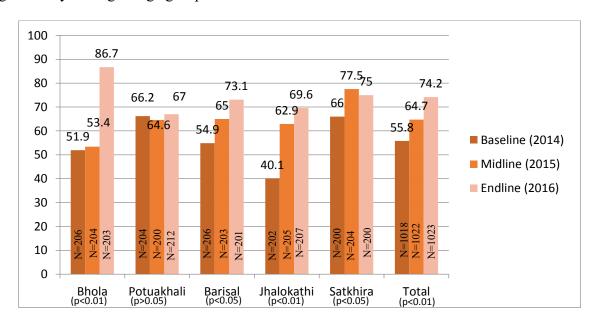


Figure 3.24. Percentage of children (6-23 months old) who eat iron-rich foods (animal-source foods) according to district (n=1018, 1022, 1275)

The intake of animal-source foods increased by midline and endline in almost every district, except Potuakhali.

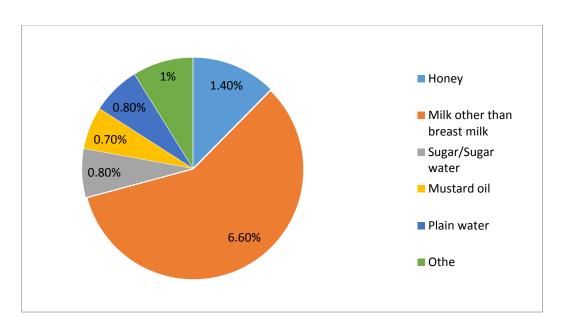


Figure 3.25: Percentage of children (1-23 months old) who ingested foods or liquids other than breast milk (colostrum) during the first 3 days of birth (n= 1530)

About 88.7% of the children received colostrum during the first 3 days after birth. Other than colostrum, children were given milk (other than breast milk) (6.6%), honey (1.4%), plain water (0.8%), sugar water (0.8%) or mustard oil (0.7%).

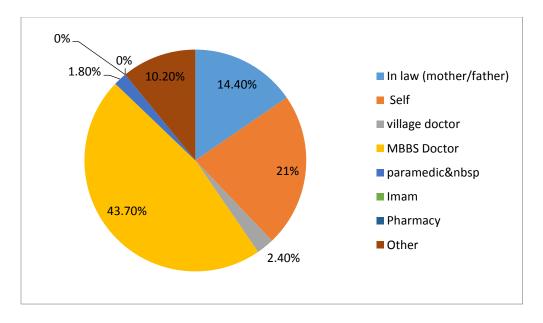


Figure 3.26. Individuals who advised the children's parents about foods and drinks within the first 3 days of birth (among 167 infants or children who were fed such foods or drinks)

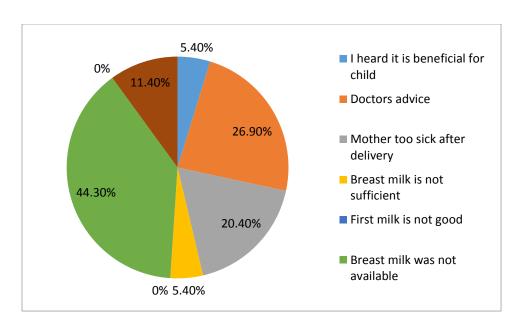


Figure 3.27. Self-reported reasons for feeding certain foods or drinks during the first 3 days after birth (n= 167)

Table 3.3. Proportion of mothers who knew when complementary foods could be initiated (N=1530)

Child's age	Knowledge of initiation of complementary feedings							
group	Baseline		Midli	Midline		ine		
	Frequency	%	Frequency	%	Frequency	%		
Less than 5 months	51	3.4	16	1.1	7	0.5		
On completion of 6 months	439	29.0	188	12.4	291	19		
7 months	994	65.7	1278	84.0	1217	79.5		
More than 8 months	19	1.3	9	0.6	15	1		
Do not know	11	0.7	28	1.8	0	0		

In the endline survey, 19% of the mothers mentioned that complementary feeding should be initiated when the child is six months old, which is less than the baseline rate (29%). However, about 80% of the mothers said that complementary foods should begin at seven months, which increased from the baseline rate of about 65%. If we consider both ages as correct, then 98.5% mothers had correct knowledge about the appropriate age to initiate complementary foods at endline, compared to 95% of the mothers with this knowledge at baseline.

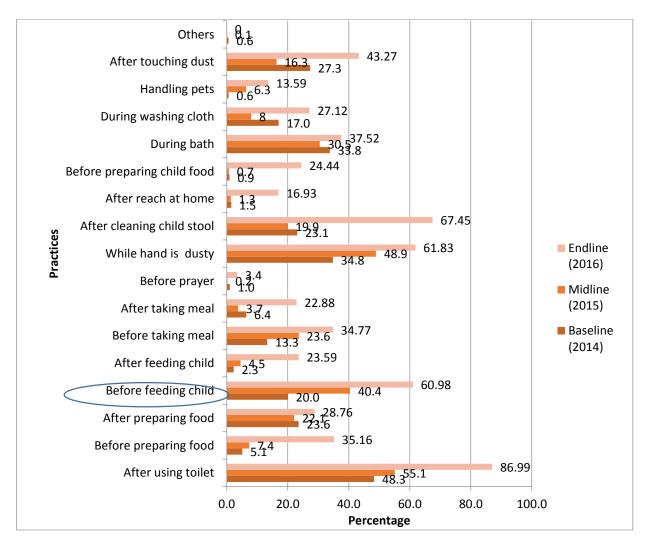


Figure 3.28. Self-reported hand-washing practices (24-hour recall) of mothers (with children 6-23 months old)

At baseline only 20% of the mothers (with children 6-23 months old) washed their own hands before feeding their children; this rate doubled at midline (40.4%) and tripled by endline (60.98%).

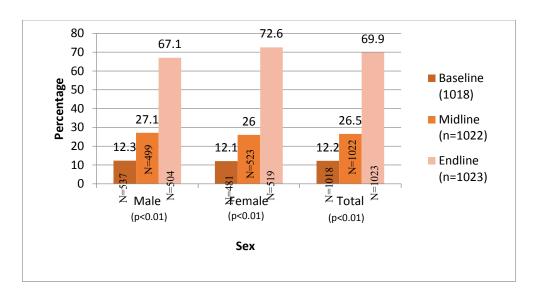


Figure 3.29. Percentage of households (observed) with hand-washing facilities near child-feeding areas for 6-23 month-old children according to sex

The percentage of households (having 6-23 month-old children) with hand-washing facilities near the child-feeding areas increased from 12.2% at baseline to 69.9% at endline. The percentage of households significantly increased for children of both sexes, male (54.8%) and female (60.5%) compared to the baseline.

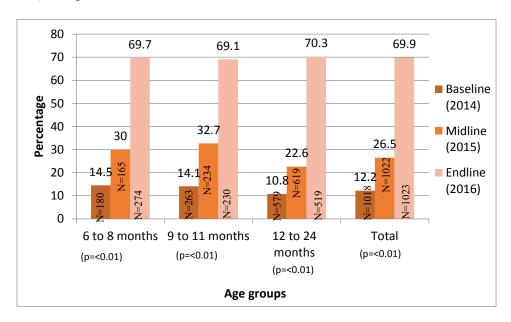


Figure 3.30: Percentage of households (observed) with hand-washing facilities at the child-feeding areas among families with 6-23 month-old children according to the age group

The percentage of households (having 6-23 month-old children) with hand-washing facilities near the child-feeding areas increased significantly across all age groups in the end-line survey compared to the baseline survey.

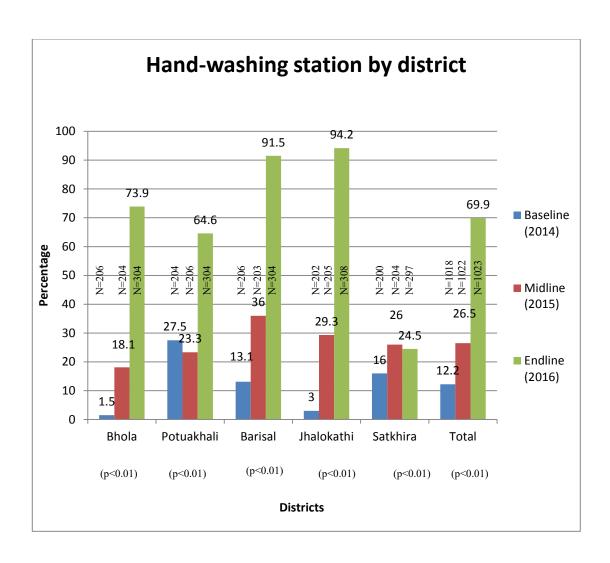


Figure 3.31. Percentage of households (observed) with hand-washing facilities at child-feeding areas among families with 6-23 month-old children according to district

The percentage of households (having 6-23 month-old children) with hand-washing facilities at the child-feeding areas increased significantly in all districts by endline, compared to baseline. The increases were also observed at midline in every district, except Potuakhali.

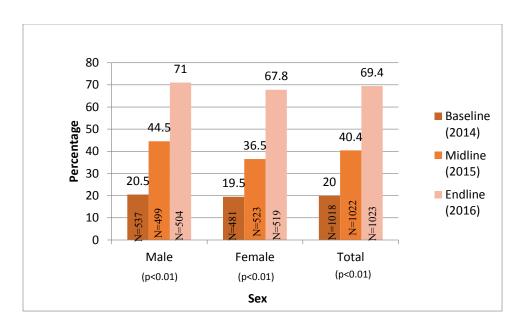


Figure 3.32. Hand-washing practices (24-hour recall) before feeding by mothers who have children (<2 years old) according to child's sex

At endline, the percentage of mothers (with children less than 2 years old) who washed their hands before feeding their children, increased significantly for households with male and female children, across all age groups, and in every district. The highest rates were found for households with male children (71%), households with 12-24 month-old children (70.3%), and in the Jhalokathi district (77.8%).

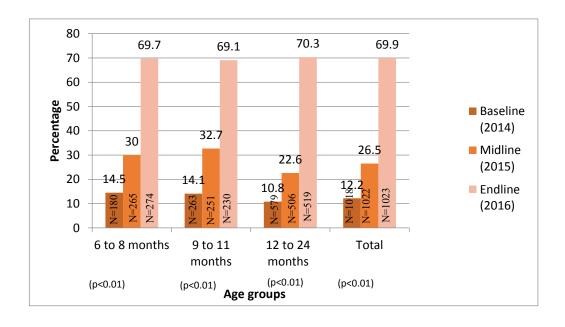


Figure 3.33. Hand-washing practices before feeding (24-hour recall) by mothers having children (<2 years old) according to the child's age

At endline, the hand-washing practices before feeding among mothers having children (<2 years old) significantly increased in households with male and female children, across all age groups, and in all districts. The highest rates were found among households with male children (71%), children who were 12-24 months old (70.3%), and in the Jhalokathi district (77.8%).

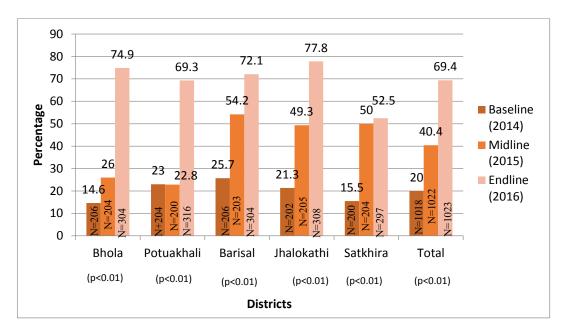


Figure 3.34. Hand-washing practices before feeding (24-hour recall) by mothers with children less than 2 years old, according to district

At endline, the hand-washing practices of mothers with children who were less than 2 years old significantly increased in most of the districts.

Table 3.4. Latrine type in households with a child less than 2 years old

Latrine type	Midline 2015 n (%)	Endline 2015 n (%)
Field, bush surrounded by plastic shelter	29 (1.9)	22 (1.4)
Pit latrine with concrete slab (without water sealing)	906 (59.5)	813 (53.1)
Separated pit, not connected by plastic pipe	11(0.7)	18 (1.2)
Pit latrine without concrete slab	29 (1.9)	57 (3.7)
Composting toilet	53(3.5)	15 (1.0)
Bucket toilet	0(0.0)	1 (0.1)
Hanging toilet	23 (1.5)	9 (0.6)
Sanitary or water-sealed latrine with concrete slab	458 (30.1)	526 (34.4)

Table 3.5. Initiative taken to improve latrine in last 6 months by households with children less than 2 years old

Initiative taken during last 6 months	Midline 2015 n (%)	Endline 2015 n (%)
Yes	193 (12.7)	240 (15.7)
No	1329 (87.3)	1290 (84.3)

Table 3.6. Steps taken to improve latrine in last 6 months by households who with children less than 2 years old

Type of steps taken to improve latrine	Midline 2015	Endline 2015
	n (%)	n (%)
Build a private latrine	56 (26.7)	62 (25.8)
Improve the current private latrine family	79(37.6)	39 (16.3)
Patching leaky rings	10(4.8)	17 (7.1)
Replacing or repairing the slab	14(6.7)	16 (6.7)
Replacing or improving the	15(7.1)	10 (4.2)
superstructure/housing		
Redirecting so doesn't empty into canal	41(19.5)	119 (496)
Installing a siphon or "sa-to-pan" to my	3(1.4)	8 (3.3)
existing toilet		
Raising the plinth level	7(3.3)	14 (5.8)
Request government/outside assistance to	4(1.9)	0 (0)
build latrine		
Improve situation and mentality	2(1.0)	2 (0.8)

At endline, most (87.5%) households (with children less than 2 years old) used either a pit latrine with a concrete slab (without water sealing) or a sanitary or water-sealed latrine with a concrete slab. Most of these households were also using such latrines at midline.

Only 16% of the households (with children less than 2 years old) took the initiative to improve their latrines during the past 6 months.

The midline and endline surveys found that those households that improved their latrines did so either by building a private latrine, or by improving the current family latrine by constructing or repairing pits or pipes to prevent feces from emptying into the canals.

Table 3.7. Disposal of child feces according to the child's sex

Disposal/ Management	Male	Mal	Female	Female	Both	Both
of feces	2015	2016	2015	2016	2015	2016
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Dropped into toilet	239(31.5)	372	249(32.6)	355	488(32.1)	727
facility /latrine		(48.7)		(46.3)		(47.50
Buried	13(1.7)	6 (0.8)	10(1.3)	5 (0.7)	23 (1.5)	11 (0.7)
Disposed in trash	191(25.2)	171	193(25.3)	183	384(25.2)	354
		(22.4)		(23.9)		(23.1)
Nothing/ left in yard	0 (0.0)	1 (1.0)	1(0.1)	1 (0.1)	1(0.1)	2 (0.1)
Disposed in ditch	122(16.1)	65 (8.5)	124(16.3)	78	246	143
				(10.2)	(16.2)	(9.3)
Cloth/disposable	194(25.6)	149	186	144	380	293
diaper/potty		(19.5)	(24.4)	(18.8)	(25.0)	(19.2)

Half of the total child feces management by the households consisted of either "disposed in trash" or "potty management." At midline and endline, there were no differences between households with male or female children for the management or disposal of feces.

Table 3.8. Disposal of child feces according to age group (0-23 months)

Disposal/ management of feces	Less than 6 months	6-8 months	9-11 months	12-23 months	0-23 months
Dropped into toilet	79	163	143	342	727
facility /latrine	(15.6)	(59.5)	(62.2)	(65.9)	(47.5)
Buried	0	2	2	7	11
	(0)	(0.7)	(0.9)	(1.3)	(0.7)
Disposed in trash	93 (18.3)	67	69	125	354
		(24.5)	(30.0)	(24.1)	(23.1)
Nothing/ left in yard	1 (0.2)	1	0	0	2
		(0.4)	(0)	(0)	(0.1)
Disposed in ditch	63 (12.4)	24	15	41	143
		(8.8)	(6.5)	(7.9)	(9.3)
Cloth/disposable	271	17	1	4	293
diaper/potty	(53.5)	(6.2)	(0.4)	(0.8)	(19.2)
Total	507	274	230	519	1530
	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)

By endline, about 50% of the households with children less than 6 months old managed feces by potty or cloth, whereas nearly 66% of the households with children 12-23 months old disposed of feces by latrine or other toilet facility. These were results were similar to the baseline findings.

Table 3.9. Disposal of child feces according to district

Disposal/ management of feces	Bhola	Potuakhali	Barisal	Jhalokathi	Satkhira	Overall
Dropped into toilet facility /latrine	145	102	132	145	203	727
	(47.7)	(32.3)	(43.4)	(47.1)	(68.4)	(47.5)
Buried	0	2	7	2	0	11
	(0)	(0.6)	(2.3)	(0.6)	(0)	(0.7)
Disposed in trash	87	92	55	80	40	354
	(28.6)	(29.1)	(18.1)	(26.0)	(13.5)	(23.2)
Nothing/ left in yard	0	0	0	1	1	2
	(0)	(0)	(0)	(0.3)	(0.3)	(0.1)
Disposed in ditch	32	24	28	46	13	143
	(10.5)	(7.6)	(9.2)	(14.9)	(4.4)	(9.4)
Cloth/disposable diaper/potty	40	96	82	34	40	292
	(13.2)	(30.4)	(27.0)	(11.0)	(13.5)	(19.1)

At endline, most districts relied on three methods to dispose of feces — by dropping into toilet facility, disposing in trash, and by using a potty with some variation in relative use among the districts.

Table 3.10. Disposal of child feces from cloths/diapers/potty by sex

Disposal potty	Male	Female	Total
Cloths were washed in tube well	48 (32.2)	47 (32.6)	95 (32.4)
Thrown in the commode or pan	0 (0)	3 (2.1)	3 (1.0)
Thrown in river or ditch	95 (63.8)	90 (62.5)	185 (63.1)
Thrown in other place	6 (4.0)	4 (2.8)	10 (3.4)
Total	149 (100)	144 (100)	293 (100)

At endline, more than 60% of the households disposed of child feces in a river or ditch. More than 30% of the households disposed of child feces by washing cloth diapers in the tube well.

Table 3.11. Disposal of child feces from cloths/diapers/potty by age group

Disposal potty	Less than 6 months	6-8 months	9-11 months	11-23 months	0-23 months
Cloths were washed in tube well	89 (32.8)	6 (35.3)	0(0)	0(0)	95 (32.4)
Thrown in the commode or pan	3 (1.1)	0(0)	0(0)	0(0)	3(1.0)
Thrown in river or ditch	169 (62.4)	11 (64.7)	1 (100)	4 (100)	185 (63.1)
Thrown in other place	10 (3.7)	0(0)	0(0)	0(0)	10(3.4)
Total	271 (100)	17 (100)	1 (100)	4 (100)	293 (100)

For all age groups, most households disposed of feces (from a potty) in rivers or ditches, or washed cloth diapers in the tube well.

Table 3.12. Disposal of child feces from cloths/diapers/potty by district

Disposal management	Bhola	Potuakhali	Barisal	Jhalokathi	Satkhira	Overall
Cloths were	4	15	30	7	38	94
washed in tube well	(10.0)	(15.6)	(36.6)	(20.6)	(95)	(32.2)
Thrown in the	0	3	0	0	0	3
commode or pan	(0)	(3.1)	(0)	(0)	(0)	(1.0)
Thrown in river or	34	73	50	27	1	185
ditch	(85.0)	(76.0)	(61.0)	(79.4)	(2.5)	(63.4)
Thrown in other	2	5	2	0	1	10
place	(5.0)	(5.2)	(2.4)	(0)	(2.5)	(3.4)
Total	40 (100)	96 (100)	82 (100)	34 (100)	40 (100)	292 (100)

For all districts, most households disposed of child feces in a river or ditch, or washed cloth diapers in the tube well.

Section 4: IYCF counseling during home visits

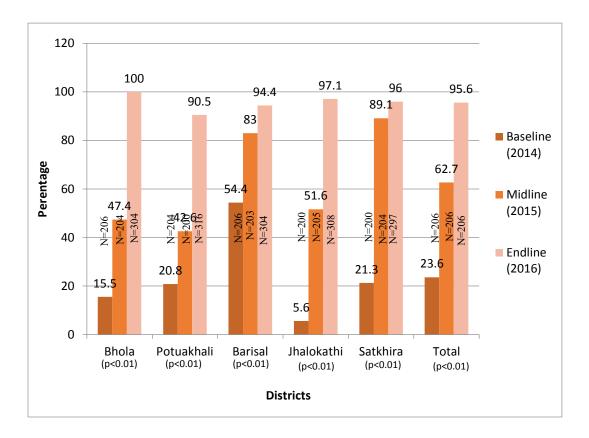


Figure 4.1. Home visits by FLW (SS/SK/PK) as reported by mothers of children less than 2 years old according to district

Overall, the home visits by SS, SK, and PK increased significantly to 21.1% at midline and 72% at endline compared to baseline. The increase was significant for every district.

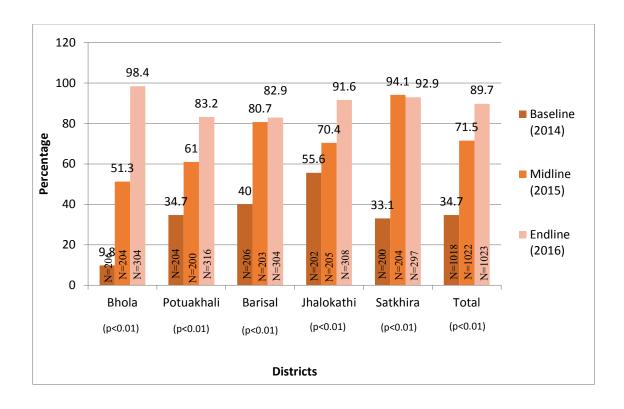


Figure 4.2. Home visits by Pusti Kormi (PK) as reported by mothers of children less than 2 years old according to district

Home visits by PK increased to 71.5% at midline and 89.7% at endline, compared to 34.7% at baseline, as reported by mothers of children less than 2 years old. This increase was significant in every district, and most dramatic for Bhola.

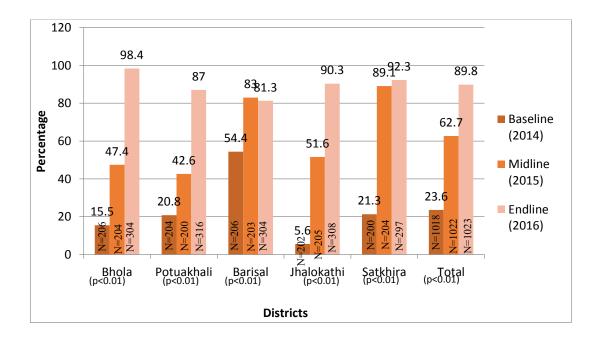


Figure 4.3 Home visits by Sasthy Sebika (SS) as reported by mothers of children less than 2 years old according to district

Home visits by SS increased to 62.7% at midline and 89.8% at endline across all districts, compared to only 23.6% at baseline, as reported by mothers of children less than 2 years old. The increases were significant for all districts, and most dramatic in Bhola.

Table 4.1 Home visits by SS and PK at baseline and midline

Passage (number) of days since last visit	Midline 2015 Mean ± SD	End-line, 2016 Mean ± SD
Mean interval since last visit by SS	50.9 ± 88.6	37.9±103.4
Mean interval since last visit by PK	55.2±101.8	37.0±105.9
Mean number of visits after first visit by SS	2.60 ± 1.8	8.02±15.2
Mean number of visits after first visit by PK	2.39±5.5	7.25±6.4

^{*}For the 2015 midline analysis we used a different unit for the mean interval since the last visit by SS and PK; this has been amended for this endline report.

Mean interval since last visit at endline significantly decrease from 50.9 days to 37.9 days for SS and 55.2 days of 37.0 days for PK. The mean number of visit after first visit was significantly increased in end-line for SS (8.02) and for PK (7.25).

Section 5: Media coverage

Table 5.1 Proportion of mothers who watched Television Commercials (TVCs) by source (media) in the baseline midline and endline surveys

	Source/ Media	TVC on EIBF	TVC on EBF	Father's involveme nt	TVC on animal protein	TVC on quantity and freq of CF	TVC on appetite	TVC on hand washing
Baseline	Watched	55.5	56.1	39.3	55.5	48.9	51.3	34.3
2014	In TV	52.6	55.5	38.7	55.0	48.3	50.6	33.9
	In Other source	47.4*	0.7	0.6	0.6	0.5	0.7	0.4
Midline	Watched	59.7	58.1	46.0	60.1	55.5	55.3	55.0
2015	In TV	45.3	44.6	33.3	46.3	42.4	42	41.1
	In Other source	54.7	55.4	66.7	53.7	57.6	58	58.9
Endline	Watched	76.9	73.4	58	73.5	72.9	66.7	67
2016	In TV	50.7	50.2	49.8	50.8	51.7	50.1	46.7
	In Other source	49.3	49.8	50.2	49.2	48.3	49.9	53.3

^{*} A change was observed in the baseline report analysis for this variable, which we have fixed for the endline report.

The proportion of mothers who watched TVCs increased for all TVCs at endline, and for most TVCs by midline. The sources (other than TV) for watching TVCs increased dramatically from baseline levels at midline and endline.

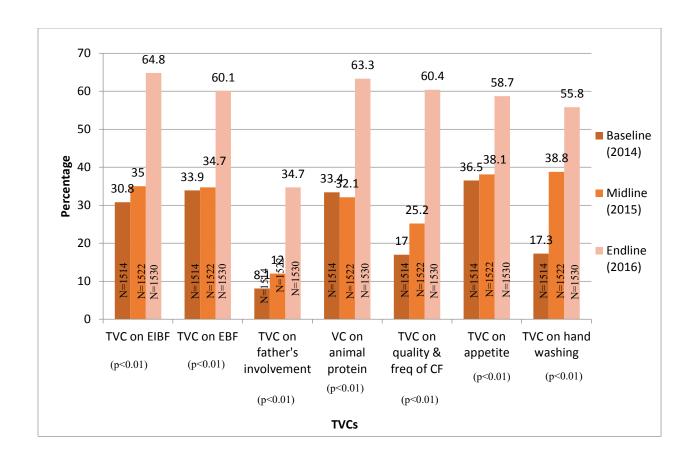


Figure 5.1. Percentage of mothers who recall at least one correct storyline from an IYCF TVC according to content (2014 & 2015) (n= 1514, n=1522)

A greater percentage of mothers who watched the TVCs on EIBF, EIBF, appetite, hand-washing and animal-source foods could recall at least one message. Recall was lowest for TVCs on the father's involvement. Even so, the recall for this TVC increased at midline and endline, compared to recall at baseline. The recall was highest for TVCs on EIBF at endline (64.8%) and on hand-washing at midline (38.8%).

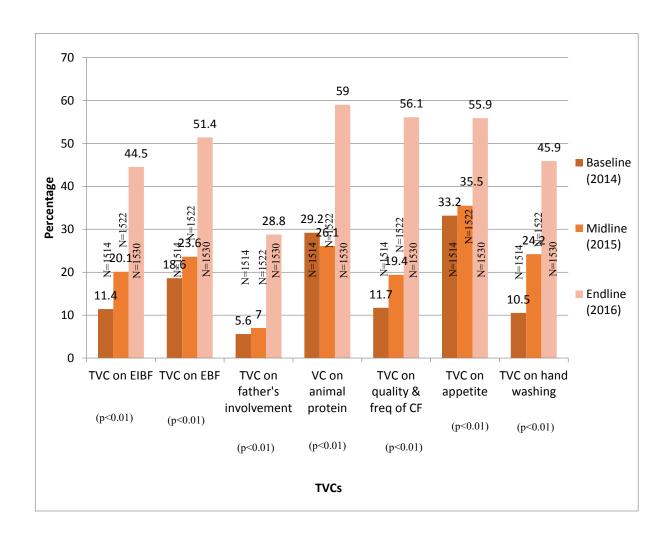


Figure 5.1. Percentage of mothers who recall at least two correct storylines from IYCF TVCs (2014, 2015, and 2016) (n= 1514, 1522, and 1530)

At endline, a relative large percentage of mothers who watched TVCs on EIBF, EIBF, appetite, hand-washing, and animal-source foods could recall at least two messages. Recall was lowest for TVCs on the father's involvement. However, the recall of all TVCs increased at midline and endline compared to baseline. The recall was highest for the TVC on appetite at midline (35.5%) and the TVC on animal protein at endline (59%).

Table 5.2. Percentage of mothers at endline (2016) who recalled at least one correct storyline from IYCF TVCs according to district

Discussion issues during visit by SS	Bhola	Potuakhali	Barisal	Jhalokathi	Satkhira	Total
TVC on EIBF	234	156	148	234	220	992
	77.00%	49.40%	48.70%	76.00%	74.10%	64.90%
TVC on EBF	222	152	113	240	193	920
	73.00%	48.10%	37.20%	77.90%	65.00%	60.20%
Father's	127	83	55	192	73	530
involvement	41.80%	26.30%	18.10%	62.30%	24.60%	34.70%
TVC on animal	188	179	155	251	195	968
protein	61.80%	56.60%	51.00%	81.50%	65.70%	63.30%
TVC on quantity	231	141	100	237	215	924
and frequency of CF	76.00%	44.60%	32.90%	76.90%	72.40%	60.40%
TVC on appetite	199	188	116	239	155	897
	65.50%	59.50%	38.20%	77.60%	52.20%	58.70%
TVC on hand	146	209	133	211	154	853
washing	48.00%	66.10%	43.80%	68.50%	51.90%	55.80%

Table 5.3. Percentage of mothers at baseline (2014) and midline (2015) who correctly recall at least one storyline from IYCF TVCs according to district

	Bhola	ı	Potual	khali	Barisa	ıl	Jhalok	kathi	Satkhi	ira	Total	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
TVC on	13	62	115	136	125	103	94	106	120	126	467	533
EIBF	(2.8)	(11.6)	(24.6)	(25.5)	(26.8)	(19.3)	(20.1)	(19.9)	(25.7)	(23.6)	(178.2)	(90.2)
TVC on	17	57	123	118	125	99	107	107	142	147	514	528
EBF	(3.3)	(10.8)	(23.9)	(22.3)	(24.3)	(18.8)	(20.8)	(20.3)	(27.6)	(27.8)	(196.2)	(89.3)
Father's involvement	3 (2.4)	18 (9.9)	55 (44.7)	42 (23.1)	34 (27.6)	37 (20.3)	9 (7.3)	25 (13.7)	22 (17.9)	60 (33.0)	123 (46.9)	182 (30.8)
TVC on animal protein	18	52	134	103	134	111	95	78	124	145	505	489
	(3.6)	(10.6)	(26.5)	(21.1)	(26.5)	(22.7)	(18.8)	(16.0)	(24.6)	(29.7)	(192.7)	(82.7)
TVC on quantity and	13	29	81	91	51	60	42	78	70	125	257	383
	(5.1)	(7.6)	(31.5)	(23.8)	(19.8)	(15.7)	(16.3)	(20.4)	(27.2)	(32.6)	(98.1)	(64.8)

frequency of CF												
TVC on appetite	23	68	136	141	142	126	109	110	143	135	553	580
	(4.2)	(11.7)	(24.6)	(24.3)	(25.7)	(21.7)	(19.7)	(19.0)	(25.9)	(23.3)	(211.1)	(98.1)
TVC on hand washing	7	108	92	118	57	133	45	82	61	150	262	591
	(2.7)	(18.3)	(35.1)	(20.0)	(21.8)	(22.5)	(17.2)	(13.9)	(23.3)	(25.4)	(100.0)	(100.0)

Discussion

We assessed the knowledge and practices associated with maternal and child nutrition among pregnant women and the mothers of 0-24 months-old children. This study compared baseline and endline data on IYCF and maternal nutrition and practices in the Barisal and Khulna divisions, where the SHIKHA intervention was implemented.

In the baseline survey, we found that the dietary diversity score for pregnant women was low, 4.28 ± 1.1 . This finding was consistent with the DDS found in the FANTA project, 4.1 ± 0.9 . At baseline we found that 100% of the surveyed mothers consumed starchy foods, 17% consumed dairy products, 28% consumed eggs, 50% consumed dark green leafy vegetable (DGLV), and none of them consumed organ meats. These findings were also consistent with FANTA study findings (Arimond et al., 2011). The consumption of these foods slightly increased or remain unchanged at midline and endline (100%, 25%, 33%, and 50% at midline, respectively; and 99.9%, 19.1%, 38.5%, and 50.6% at endline, respectively). After the SHIKHA intervention, the diet diversity score significantly increased, 4.48 ± 0.98 at midline, and 4.76 ± 1.159 at endline. The effectiveness of the intervention is evident through comparisons to the control areas, which showed little change from baseline scores (4.30 ± 0.89 and 4.14 ± 1.067 , at midline and endline, respectively. The improvement of diet diversity was greater among women with lower socio-demographic characteristics at midline and endline, indicating that these women practiced what they learned from the SHIKHA intervention. All districts showed significant improvements by endline. And only 2 (Patuakhali and Jhalokhati) of the 5 districts, had significantly improved by midline.

Overall, the IYCF indicators showed improvements at midline and endline compared to the baseline. The annual target of 6% improvement was met for all indicators (except EIBF and EBF) at midline. By endline, however, all of the IYCF indicators far exceeded the annual target rate. In the baseline survey, the rate of EBF was higher (78.4%) than the findings of the national BDHS study in 2011 (64%). In fact, EBF declined after 2011 from 64% to 55% according to the 2014 BDHS study. The intensive mass-media campaigns for several years prior to the 2011 BDHS survey may be responsible for the higher prevalence of EBF in 2011. Likewise, the increased rate of EBF 85.4% by endline in our study may be due to socio-economic improvements, media campaigns between 2011 and 2013, and the SHIKHA project intervention from 2014 to 2016. After the SHIKHA intervention, the rate of EBF increased from 78.4% to 85.4%. The rate of exclusive breast feeding was higher only among female children at midline. However, the rate of increase was the same for males and females by endline. The highest rates of EBF were found in the Bhola district (97%) and the lowest rates in Patuakhali district (about 7.13%).

At baseline, the practice of complementary feeding was very poor — only a fifth of the mothers gave complementary foods (with the minimum diversity) to their children. Less than a fifth of the mothers were giving food with the minimum acceptable diet. About two-thirds of the mothers started complementary feeding before their children were 6 months old. However, after the intervention, the rate of improvement far exceeded the annual target of 6%, and was similar for males and females. The progress in the minimum dietary diversity (12.9% and 35.9%), minimum meal frequency (10.6% and 18.7%), minimum acceptable diet of children (10.6% and 33.2%), and the intake of iron-rich food (8.9% and 18.4%) far exceeded the annual target of 6%, at midline and endline, respectively.

At baseline, only 20% of the mothers of children (6-23 months old) washed their hands before feeding their children, but this rate doubled (40.4%) at midline and tripled (60.98%) by endline. By endline, the increase was significant across all age groups, among males and females, and in all districts. Half of the "total disposal management" consisted of either "disposed in trash" or "potty management" at midline and endline. There was no difference for male or female children for the disposal of feces. Disposal was managed by potty or cloth for about 50% of the children less than 6 months old, whereas more than 60% of the disposal for 12-23 month-old children was managed by latrine or other toilet facilities.

At midline, the mothers recalled the TVCs on hand-washing the most (38.8%), and the TVCs on the father's involvement the least (12%). However, the recollection of both TVCs increased by endline. These results are consistent with observed (double and triple) increases in hand-washing practices by mothers at midline and endline, respectively.

Key findings and recommendations:

Nutrition of pregnant women:

- Consumption of dairy products, eggs, and leafy vegetables slightly increased or remain unchanged at endline (19%, 39%, and 50%, respectively) among pregnant women. At baseline, at least two-thirds of the respondents (66%, 65%, and 73%, respectively) knew that pregnant women should eat these foods; and this increased significantly (79%, 90%, and 96%, respectively) by endline. This suggested that some barriers at baseline were slightly overcome through the intervention at midline and endline.
- Knowledge about the consumption of legumes (pulses) and nuts, and vitamin A-rich fruits and vegetables was very low (11% and 7%, respectively) at baseline, but significantly increased by endline (52.4% and 61.8%, respectively). A small percentage of pregnant women ate these foods (43% and 6%, respectively) at baseline. By endline, the consumption of vitamin A-rich fruits and vegetables increased significantly, but the consumption of legumes and nuts slightly decreased. This indicated a need to improve the knowledge of pregnant women about the importance of these foods.
- Compared to the control areas (2016), significantly more (p< 0.05) pregnant women in the intervention areas knew about the importance of consuming legumes, organ meats, eggs, flesh foods, leafy vegetables, vitamin A-rich fruits and vegetables, and other fruits and vegetables.
- At baseline, the overall mean dietary diversity score (DDS) of pregnant women was 4.28 ± 1.08, which significantly increased to 4.48± 0.98 by midline, and reached 4.76 ± 1.16 in the end-line survey. The baseline score in the intervention areas was similar to the endline score in the control areas. The score was unchanged among adolescent pregnant women at midline, but improved by endline after an increased focus on this group of women.

IYCF:

- About 80% of the respondents initiated breast feeding (IBF) within an hour of child birth, which had increased from 62% at baseline. There was no significant difference between male and female children (p>0.05). The Bhola district had the highest rate for the early initiation of breastfeeding (99.2%), whereas the Satkhira district had the lowest rate (77.1%).
- The overall rate of exclusive breast feeding (EBF) was 85.4% for 0-5 month-old children, which increased by 7% compared to the baseline rate. The rate of EBF was more than 90% in the 0-1 month age group. This rate was highest in the Bhola district (97%) and lowest in Patuakhali (about 73%). Unlike the baseline rates, the exclusive breast feeding rates at endline were similar for male and female children. The rates were 85.8% for male and 85% female children among 0-5 month-old infants.
- The improvement in complementary food intake (22.7%), minimum dietary diversity (36%), minimum meal frequency (18.7%), minimum acceptable diet of children (33.2%), and the Intake of iron-rich foods (18.4%) exceeded the annual target (6%).
- Most indicators of the children's diet improved significantly in every district by endline.
- A baseline, only 20% of the mothers with children (6-23 months old) washed their hands before feeding their children; this rate doubled by midline (40.4%), and tripled by endline (60.98%).
- Most (87.5%) of the households with children less than 2 years old used either a pit latrine with a concrete slab (without water sealing) or a sanitary (or water-sealed) latrine with a concrete slab. Around 50% of the households with children less than 6 months old disposed of children's feces with potties or cloth diapers, whereas households with 12-23 month-old children used a latrine or other toilet facility.

Mass media:

- The 7 IYCF TVCs on hand-washing were aired on national TV under the A&T project. At endline, the respondentss exposure and recall had improved to satisfactory levels.
- Mothers who watched the TVCs on EIBF, EIBF, appetite, hand-washing, and animal sources of foods had the best recollection of at least one message.
- The recall was lowest for TVCs on the father's involvement. But the rate of recall for these TVCS increased at midline and endline. The recall of at least one correct storyline was highest for TVCs on hand-washing at midline (38.8%) and on EIBF at endline (64.8%). The recollection of at least two correct storylines was highest for TVCs on appetite (35.5%) at midline and for animal protein (59%) at endline.

Conclusion

The SHIKHA intervention achieved all of its objectives for the dietary diversity of pregnant women and for infant and young children's feeding (IYCF) practices — with the exception of exclusive breast feeding, which was already high at baseline.

The pregnant women's dietary diversity score (DDS) was low at baseline, but the mean DDS improved to 4.48 at midline and 4.76 at endline. The midline DDS of adolescent pregnant had not improved over baseline, but did improve by endline after special efforts. The baseline intake of dairy products, eggs, and leafy vegetables was low (17%, 28%, and 50%, respectively) even though at least two-thirds of the respondents knew that pregnant women should eat these foods. At the end of the project, the respondents' knowledge about the intake of different foods improved, while the intake of eggs, vitamin A-rich fruits and vegetables substantially improved. Significant improvements in the mean dietary diversity were seen among women with less education, which narrowed the gap in DDS to women with higher levels of education. A similar trend was observed for women with lower SES.

Despite the short duration of the intervention, all of the IYCF indicators improved significantly. Except for the rates of exclusive breastfeeding, all of the IYCF indicators improved substantially beyond the targets (>12%) of the SHIKHA project. The mean dietary diversity rate almost tripled from 20.6% at baseline to 56.6% at endline. This changed helped to substantially improve the attainment of the minimum acceptable diet from 18.3% to 51.5%. The presence of a hand-washing station at the child-feeding area improved substantially from 12.2% to 50.8% among households.

A greater emphasis should place on ensuring that pregnant women and mothers received all scheduled visits.

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Persons Involved in the Survey

Appendix: A

Designation	Baseline Midline		Endline					
Principle Investigator	Professor Dr. AKM F							
(PI)	Abu Ahmed Shamim (FHI360)							
Co-PI	Dr. Saidur Rahman Mashreky							
Research	Md. Kabir Hossen							
Coordinator								
Statistician (Research Officer)	Zakia Islam Zakia Islam Tarana Ferdous							
a) Data analysis b) Report								
writing	a) Zakia Islam b) Zakia Islam	a) Zakia Islam b) Tarana Ferdous	a) Tarana Ferdousb) Tarana Ferdous					
Data collection (supervisor)	Md. Alamgir Hossain	Md. Alamgir Hossain	Md. Rasel Ahmen Masum					
	Md. Masud Rana	Md. Masud Rana	Md. Masud Rana					
	S.M Mohidul Islam	Md. Tarikul Islam	Md. Tarikul Islam					
	Md. Juel Molla	Md. Juel Molla	Md. Juel Molla					
	Md. Azmul Huda	Md. Azmul Huda	Mohammad Amirul Islam					
		Md. Juel Molla	Md. Juel Molla					
		Md. A. Hafiz	Md. Moklasur Rahman					
Data collection (interviewer)	Runa Layla	Mst. Momtahina Khatun	Sopna khatun					
	Ajijun Nahar	Ajijun Nahar	Akhladun Nahar					
	Mst. Naznin Akhter	Mst. Naznin Akhter	Samsun Nahar					
	Rabia Khatun	Rabia Khatun	Rabia Khatun					
	Laila Akhter	Laila Khatun	Most. Lovely Yesmin					
	Kukela Khatun	Kukela Khatun	Kukela Khatun					

Yasmin Akhter	Julekha Khatun	Julekha Khatun
Konika Akter	Konika Akter	Syeda Nasrin Sultana
Shiuly Akter	Shiuly Akter	Josna Begum
Julekha Akter	Pervin Akter Poly	Selina Akter
	Shiuli Khaton	Shiuli Khaton
	Mst. Swarupa Parvin	Sumaiya Sultana
		Jannatuz Johora Suchona
		Amena Khatun Rozina
		Shajada Khatun
		Mrs. Siddiqua Sultana
		Lucky Sultana
		Afroja Akther
		Mili Khatun

Questionnaire: PW Appendix: B

Assessment of SHIKHA Project in Improving Knowledge and Practice in Relation to IYCF and Maternal Nutrition

Assessment of maternal nutrition knowledge and practice of pregnant women in SHIKHA project in Barisal & Khulna division

Interview Questionnaire for Pregnant Woman

Date of Interview:time:	Interview start time:	_ Interview end		
(Respondant ID)				
(Name of Interviewer)	(Signature)			

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Section 1: Identification
Section 2: Socio-demographic Information
Section 3: Health and nutritional practice of pregnant woman
Section4:Knowledgeabout health and nutrition in pregnancy
Section 5: Source of Information on health, nutrition and diet in pregnancy
Section 6: Illness in pregnancy
Section 7:HH food security
Section 8: Household inforamtion

Section 1: Identification:

Information	Response	code	
1.1. Household Number			
1.2. Age at marriage			
1.3. Pregnancy number (excluding abortion)			
1.4. Age of last child (Not applicable for 1 st pregnancy)			
1.5. Number of total children. (Not applicable for 1 st pregnancy)			
1.6. LMP			
	Day Month Year		
1.7. Duration of Pregnancy			
	Month Day		
1.8. Expected Date of Delivery	Day Month Year		
1.9. Religion		1.Islam 2. Hindu 3. Christian 4. Buddhist 5.Others	
1.10. Does any health/nutrition worker visits your home or you participate in any health & nutrition program?		1. Yes 2. No 3. Don't know	7
1.11. Are you a member of any micro-credit organizations?		1. No 2. Grameen Bank 3.BRAC 4. ASA 5.TMSS	6. BIRDB 7. Other (Specify) 8. Don't know
1.12. Have you currently taken a loan from any of these organizations?		1. Yes 2. No 3. Don't know	

1.13. How much is yo loan			Amoi 99999	x 't know		
1.14. Does any family meresently participate in a distribution, food securitivelihoods program?]	1. Ye 2. No Write the ar is 'do know	e 99 if nswer not		
1.15. If yes, what progra]	2. Por farmi 3.Cou garde	ng ırtyard ning	4. Poultry 5. Dairy 6. Others Write 99 if the answer is 'do not know'	
1.16. If yes, for how lon person participate?			Write month N/A 8	h if	Write 99 if the answer is 'do not know'	
1.17. Name of village						
1.18. Village Code						
1.19. Union code and Na	ame					
1.20. Upazila						
1.21. Zila						
Result of data collection	l					
Date	Res	ult			ode	
			1.Data collecticompleted 2.No one at ho		3.Inco collect	mplete Data tion
Name of Supervisor:						
Signature of Supervisor						

Signature of Supervisor

Section 2a: Socio-demographic Information

s 1	Name of HH member	Relation with PW 00= Self 01= Husband 02= Father in law 03= Mother in law 04= Brother/sis er in law 05= Parent 06= Brother 07= Sister 08= Other relative	ema le st t	99	o n	oirth oot	n	Marit al status 0=No t marri ed 1=Ma rried 2=Wi dow 3=Di vorce d 4=Se parate	Signature capacity Capable to write or read in Bengali 0=NO 1=Yes 9=Do not know	Education status Last year passing 00= No education 1-9th cla 10=SSC/11/ class 12= HSC/Ali 13= class 14= Honours higher=1 15=Prescy y group, nu	n n n n n n n n n n n n n n n n n n n	Occupation 0= No occupation 1=cultivate at own land 2=Daily wage earner(own area/other area) 3=Home servant/fisherman 4=Skilled labour/contractual 5=Own Business 6=Non govt employee 7=Govt employee 8=Other 9=Do not know	0000- 9997= 9998= 9998	hly avene of H Tk/moe Tk/moe To no	onth than nth	7
1							Τ			Do not k	now					
2																
3																
4																
5								_								
6																
7																
8																

Section 2b.HH income from outside

2.b.1.How many members of	0 = No one	8=More than 8
your HH is stay outside and	1-7=No. of HH	9=do not know
work at outside	member	
2. b.2.If yes how many	1.Bangladesh	
members are in	2.Out of country	
2.b.3.What is the average	0000-9997 = per	9999= Do not know
amount of money per month	month	
from outside of country	9998=9998	
•	More than	

Section3: Health and nutritional practice of pregnant woman.

3. a Diet diversity of a PW

Sl no. Question Response Code	
3.a.1 Yesterday during the day and night (24 hrs) what foods and liquids did you consume? (Unpromted) Circle the mentioned food item Circle the mentioned food item O1. Ricc/ Bread/ Pressed rice/ Muri /noodles etc 02. Potatoes, white sweet potato 03. Beans, peas, lentils, others pulses of the vegetables (egg of the products of th	s, s, paw, nge/ ne/ja its) ike nifol, nifol, old

3b. 24 hour recalls

First ask if yesterday was a special day, like a celebration or feast day or a fast day where anyone in the HH ate special foods or where they ate more or less than usual or did not eat because they were fasting?

If yesterday was **not** a special day, then ask the respondent about the types of foods that they or anyone else in their household ate yesterday during the day and at night.

If yesterday <u>was</u> a special day, then ask the respondent to describe the foods (meals and snacks) consumed the **day before yesterday** (or <u>the last normal day</u>) during the day and night, whether at home or outside the home.

Sl. No	A.	В.	C.	D.
Meal	Name of food	Food code	HH measure	Amount that PW consumed
D. 16			01=1 tea spoon 02=2 tea spoon 03=1 tbl spoon 04=2 tbl spoon 05=1 bowl 06= cup (tea) 07=1 glass 08= small pieces 09= Medium pieces 10= Large pieces	Number of units 00-98= units 01.00-98.00= full 0.50= half 0.25= one fourth 0.75= ³ / ₄ 0.33= one third 0.67= 2/3 99= don't know
Breakfast				

	-		
	-		
	-		
Between			
breakfast			
& lunch	-		
	-		
	_		
	_		
	_		
	_		
Lunch			
Lunch			
	-		
	-		
	-		
	-		
	-		
	-		
	_		
	_		
	_		

Between lunch & dinner			
Dinner	-		
Dinner			

3b1. HH Oil intake			
3b1.1. Daily how much oil is consumed in your HH yesterday?			
3b1.2. Number of HH members ate during yesterday	Adult	Children (5-12 year)	Child (2-5year)
3b2. HH salt intake			
3b2.1. Daily how much salt is consumed in your HH yesterday?			
3b2.2. Number of HH members ate during yesterday	Adult	Children (5-12 year)	Child (2-5year)
3b3. HH onion intake			
3b2.1. Daily how much onion is consumed in your HH yesterday?			
3b2.2. Number of HH members ate during yesterday	Adult	Children (5-12 year)	Child (2-5year)

3c. 7day food frequency

In the last 7 days, did you consumed following food items?

(Please read the name of the foods)

Sl no.	Question	Anymember of the HH	Respondent	Number of times	Compare to the standard spoon	Main source
		1.Yes 2. No	1. Yes 2. No	00-98= times; 99= don't know	1. Less than the spoon 2.More than the spoon	1.Own production 2. Purchased from market 3.Purchased from local shop, producer 4. Gift 5. Others
3c1	Goat, lamb, beef					
3c2	Chicken, duck, goose					
3c3	Any kind of organ meat					
3c4	Small fish with bones					
3c5	Any other fish					
3c6	Shrimp, fresh or dried					
3c7	Egg					
3c8	Milk					
3c9	Yogurt (Doi / Ghol)					
3c10	Potato (white)					
3c11	Other tubers (sweet potato, yam)					
3c12	DGLV (Fresh)					

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1	· .	Í	1		
3c13	Cabbage				
3c14	Bittergourd				
3c15	Cauliflower				
3c16	Okra				
3c17	Radish				
3c18	Pointed gourd (Potol)				
3c19	Bottle Gourd				
3c20	Carrot				
3c21	Ripe pumpkin				
3c22	Beans				
3c23	Peas				
3c24	Tomato				
3c25	Egg-plant				
3c26	Ripe mango				
3c27	Ripe papaya				
3c28	Ripe banana				
3c29	Guava				
3c30	Jujubi				
3c31	Apple				
3c32	Orange				
3c33	Grape				
3c34	Lemon				
3c35	Peanuts				

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3c36	Pulses (any liquid dhal)			
3c37	Other foods prepared with pulses (piyaju, khichuri),			
3c38	Rice			
3c39	Muri, chira			
3c40	Chapatti/ruti			
3c41	Loaf, biscuit			
3c42	Onion			
3c43	Chilli			
3c44	Roasted seeds (gram, peas & beans)			
3c45	Teel, Tishi, kalijira			
3c46				
3c47				
3c48				
3c49				
3c50				

3dWeekly HH food expenditure

How much of these following food items are consumed in your HH during past week?

	Amount Consumed	How much did it cost weekly
	(kg/Piece)	for your HH
3d1.Meat		
3d2.Poultry		
3d3.Fish(small)		
3d4.Fish(other)		
3d5.Dry Fish		
3d6.Egg		
3d7.Milk		
3d8.Milk Product		
3d9.Potato		
3d10.DGLV		
3d11.Other vegetabls		
3d12.Fruits		
3d13.Pulses		
3d14.Onion		
3d15.Spices		
3d16.Rice		
3d17.Wheat products		
3d18.Betel leaf		
3d19.Areca nut		
3d20.Zorda (Tobacco product)		
3d21.Tea		
3d22. Roasted seeds		
(gram, peas & beans)		
3d23. Teel, Tishi, kalijira		

3eFood restriction and supplementation intakes

3.1	At this time during pregnancy is there any restriction on consuming any type of foods and liquids?		1. Yes 2. No [Please skip to 3.3 if	the answer is 'no']
		Food group	Name of food	Reasons

3.2	(Do not read the names)		
	(Circle the specific individual		
	foods named by the PW)		
	If yes, then what foods and		
	liquids are restricted for		
	consumption?		
	_		

02. Potatoes, white sweet potato 03. Beans, peas, lentils, others pulses 04. Soyabeans and soa products 05. Nuts and seceds 06. Milk (cow/ goat or powdered), Curd/ semai/kheer/ payesh 07. Paner 08. Organ meat 09. Eggs of different birdsChicken,duck,turkeyegg with yolk, without yolk 10. Small fish eaten whole with bones 11. Large whole fish/dried fish/ Shellfish (prawn, crab) 12. Beef.goat,lamb 13. Cchicken,duck, or other birds 14. Dark green leafy vegetable, puishak, laushak, kumrashak, kolmishak, mustard leaves, kolaishak (pae leaves), methishak (amaranth leaves) dhekishak. 15. Pumpkin/ Carrot ripe tomato/ chilis 16. Cauliflower, radish, green tomato 17. Green papaya, cabbage, other vegetables (eg; eggplant, onion, sheem/ borboti(beans) 18. Ripe mangoes, ripe papaya/pawpaw, jack fruit 19. Apple/guava/orange/ other citrus fruits/pine apple/olives/grape/jambura (grape fruits) 20. Other fruits like plum, sofeda, ata, nona, shorifa, panifol, kul/boroi 21. Tea/coffee/cold drinks 22. Honey sugar, molasses,misti, , chocolates, biscuits 23. Spices(cumin,coriander,salf)condiments(pickles,chutney) etc 24. Oil/ Ghee/ Charbi/ Butter 25. Nothing 3.3 Currently are you consuming any iron/folic acid tablets? If yes, then in last 7 days how many tablets did you consume? If yes, then in last 7 days how many tablets did you consume? Write 99 if the answer is 'do not know' wite 1 otherwise 2) Write 99 if the answer is 'do not know'		01. Rice/ Bread/ Pressed rice/ M	Iuri /noodles	etc.					
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22. Honey sugar, molasses,misti, , chocolates, biscuits 23. Spices (cumin, coriander, salt) condiments (pickles, chutney) etc 24. Oil/ Ghee/ Charbi/ Butter 25. Nothing 3.3 Currently are you consuming any iron/folic acid tablets? 1. Yes 2. No [If No, then go to 3.8] 3.4 Reasons for not taking 1. Not available 2. Constipation 3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No		20. Other fruits like plum, sofeda	a, ata, nona, s	shorifa, panifol, kul/bor	oi				
23. Spices (cumin, coriander, salt) condiments (pickles, chutney) etc 24. Oil/ Ghee/ Charbi/ Butter 25. Nothing 3.3 Currently are you consuming any iron/folic acid tablets? 1. Yes 2. No [If No, then go to 3.8] 3.4 Reasons for not taking 1. Not available 2. Constipation 3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No		21. Tea/coffee/cold drinks							
24. Oil/ Ghee/ Charbi/ Butter 25.Nothing 3.3 Currently are you consuming any iron/folic acid tablets? 3.4 Reasons for not taking 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 3.7 Currently are you consuming any iron/folic acid tablets? 3.8 Lif yes are you consuming any iron/folic acid tablets? 3.9 Lif yes are you consuming any iron/folic acid tablets? 3.1 Lif yes are you consuming any iron/folic acid tablets? 3.2 Lif yes, then in last 7 days how many tablets did you consume? 3.3 Lif yes, then in last 7 days how many tablets did you consume? 3.4 Lif yes are you consuming any iron/folic acid tablets? 3.5 Lif yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they)									
25.Nothing 3.3 Currently are you consuming any iron/folic acid tablets? 3.4 Reasons for not taking 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 3.7 Currently are you consuming 1. Yes 2.No			condiments(p	ickles,chutney) etc					
3.3 Currently are you consuming any iron/folic acid tablets? 3.4 Reasons for not taking 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 3.7 Legisland Strip (If they) 3.8 Legisland Strip (If they) 3.9 Legisland Strip (If they) 3.1 Legisland Strip (If they) 3.1 Legisland Strip (If they) 3.2 Lond If No, then go to 3.8 Legisland Strip (If No, then go t		24. Oil/ Ghee/ Charbi/ Butter							
any iron/folic acid tablets? 2.No [If No, then go to 3.8] 3.4 Reasons for not taking 1.Not available 2. Constipation 3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 1. Yes 2.No 1. Yes 2.No		<u>. </u>							
[If No, then go to 3.8] 3.4 Reasons for not taking 1.Not available 2. Constipation 3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) [If No, then go to 3.8] 5. Vomiting 6. Feel not necessary 7. Others Write 99 if the answer is 'do not know' 1. Yes 2. No	3.3								
3.4 Reasons for not taking 1. Not available 2. Constipation 3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 1. Not available 2. Constipation 3. Black stool 4. Heart burn Write 99 if the answer is 'do not know' 1. Yes 2. No		any iron/folic acid tablets?		2.No					
2. Constipation 3. Black stool 7. Others 3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 2. Constipation 6. Feel not necessary 7. Others Write 99 if the answer is 'do not know' 1. Yes 2. No									
3. Black stool 4. Heart burn 3.5 If yes, then in last 7 days how many tablets did you consume? 3. Write 99 if the answer is 'do not know' 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 1. Yes 2.No	3.4	Reasons for not taking			· ·				
3.5 If yes, then in last 7 days how many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they) 4. Heart burn Write 99 if the answer is 'do not know' 1. Yes 2.No				<u> </u>	_				
3.5 If yes, then in last 7 days how many tablets did you consume? Write 99 if the answer is 'do not know' 3.6 Observation: Ask respondent to show IFA tablet or strip (If they 2.No					7. Others				
many tablets did you consume? 3.6 Observation: Ask respondent to show IFA tablet or strip (If they 1. Yes 2.No									
3.6 Observation: Ask respondent to show IFA tablet or strip (If they 2.No	3.5	1 -		Write 99 if the answer	is 'do not know'				
show IFA tablet or strip (If they 2.No		many tablets did you consume?							
show IFA tablet or strip (If they 2.No	3.6	Observation: Ask respondent to		1. Yes					
can show write 1 otherwise 2)				2.No					
		can show write 1 otherwise 2)							

3.7	Source of IFA tablet	01.Satellite clinic 02.Community clinic 03.FWC 04.UHC 05.DH 06.Medical college 07.Medicine shop	08. FWA 09. FWV 10. BRAC worker 11. Other NGO worker 12. Village doctor 13. MBBS 14. HA
3.8	Currently are you consuming any calcium tablets?	1. Yes 2. No [If No, then go to 3.1]	
3.9	If yes, then in last 7 days how many tablets did you consume?	Write 99 if the answer	
3.10	Observation: Ask respondent to show calcium tablet or strip (If they can show write 1 otherwise 2)	1. Yes 2. No	
3.11	Did you receive any ANC?	1. Yes 2.No [If No, then go	to Section 4]
3.12	If yes, then how many times did you received ANC?	No. of times Write 99 if the answer	r is 'do not know'
3.13	If yes, from where did you received the ANC	01.District Hospital/Medical college/ MCWC 02. Upazial Health complex 03. Union Centre 04.Private clinic 05. NGO Clinic	06. Community clinic 07. Satellite clinic/EPI session 08.BRAC SK 09. Home 10 Traditional doctor 11. Pharmacy 12.Other

12, ,	3.14	Please tell us in details what did they discussed/advice with you during ANC?	01. Diet in pregnancy 02. Quantity of food in pregnancy 03. Type of food during pregnancy 04.Iron/Folic acid tablet 05. Calcium tablet 06. Leisure 07. Avoid hard work 08. Preparation for delivery 09.Referral services 10. ANC 11. PNC 12. Vaccination	14. Family planning 15 Early initiation of BF 16.No pre-lacteal feeds for the newbord after delivery; give only colostrum 17. EBF 18.CF 19. Drink 8 glass of water daily 20.Take one fist extended in each of the meal in a day 21. Other99. Do not know	of orn f
13. Mother's weight			12. Vaccination		

Section 4: Knowledge about health and nutrition practice in pregnancy:

Section	ii t . Kiiowicu	ige abi	out iicait	II anu nu	111 111011 pracii	cc in proj	знансу.	
1	2		3	4	5	6	7	8
Sl	What types	Res	sponse	Why	Main source	Do you	If NO,	Compar
no.	of foods			pregna	of	eat	reason	e to
	should be	T T	D .	nt	knowledge	these	for not	pregnan
	consumed	Unp	Prompt	women		foods?	practicin	cy do
	by a	rom	ed	should/			g	you eat
	pregnant	pted		should				more/le
	woman in a			not eat				ss of
	day?			these				these
				foods				foods?
				daily				

		0. No 1. Yes	0. N 1. Y	1. To keep PW healthy 2. To deliver healthy baby 3. To keep PW& baby healthy 4. Other, specify	1.Mother/mother in law & elderly 2. Husband and children or other HH-members 3. School 4. Brachealth workers 5. Other health workers 6. Govthealth worker 7. Other, specify 8. Mediadark campaign	Regula rly (at least three times a week) 2. Don't regular practic e (less than three	1. Not affordable to produce by HH 2. HH do not have purchasing capacity 3. Food is not available in local market 4. HH is not willing to buy 5. Respondent do not feel it is necessar y 6. She don't like it 8. Poor appetite during pragnency y8. Other, specify	3. Same as before
4.1.	Rice/ Bread/ Pressed rice/ Muri /noodles etc							
4.1.	Beans, peas, lentils, others pulse,							
4.1.	Soya beans							

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4.1.	Nuts and) <u> </u>		5 —
4	seeds				
4.1.	Pumpkin/ Carrot / ripe tomato/ chilies				
4.1. 6	Potatoes, white sweet potato, yam				
4.1.	DGLV				
4.1.	Cauliflower, radish, green tomato				
4.1. 9	Green papaya, cabbage, eggplant, onion, sheem/borbo ti (beans)				
4.1. 10	Ripe mangoes, ripe papaya/ ripe banana, ripe jackfruit/wat ermelon				
4.1. 11	apple/guava/ orange/ other citrus fruits/pineap ple/olives/gr ape/jambura				
4.1.	Other fruits like plum, sofeda, ata, nona, shorifa,				
4.1. 12 4.1. 13	panifol,kul/b oroi Eggs				

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4.1.	Beef,goat,				
14	lamb				
4.1. 15	Poultry [
4.1. 16	Organ meat				
4.1. 17	Small fish with bones				
4.1. 18	Large fish/ Other fish /Dried fish/prawn/c rab				
4.1. 19	Milk & milk products				
4.1. 20	Cheese				
4.1. 21	Oil/Ghee				
4.1. 22	Sugar, honey and confectionar y				
4.1. 23	Spices and condiments				
4.1. 24	Tea, coffee, cold drinks				
4.1.	Roasted seeds (gram, peas & beans)				
4.1. 26	Teel, Tishi, kalijira				

Sl no.	Question	Answer	Code
4.2	How many meals and snacks should a pregnant woman consume in a day?	-No. meals	-No of snacks
4.3	How much extra rest should a pregnant take each day in pregnancy?	No. of hours	
4.3 a	Why pregnant women need to take extra rest?		 To keep PW healthy To deliver healthy baby To keep PW& baby healthy Other (specify
4.3 b	Main source of knowledge		1.Mother/mother in law & elderly 2. Husband and children or other HH- members 3. School 4. Brac health workers 5. Other health workers 6. Govt health worker 7. Other, specify 8. Media dark campaign
4.3 c	Do you take extra rest?		1. Yes 2.No
4.3 d	If No, then why?		 Work load HH member do not cooperate Not necessary
4.3 e	Compare to pregnancy do you take more/less extra rest?		 More Less Same as before Other Don't know
4.4	What is the number of ANC visits a pregnant woman should make?		Write 99 if the answer is 'do not know'
4.5	Since you are pregnant now, what is the gap between two children you will prefer?		write in months Write 99 if the answer is 'do not know'
4.6	Have you ever heard about IFA tablets?		1. Yes 2.No (If No SKIP to Section 4.9)

4.7	If yes, then what is the importance of taking iron/folic acid tablets in pregnancy?	1. To address anemia 2. For mother's good health 3. To have natural growth of fetus	4. For the proper brain development of the fetus 5. Give strength to PW 6. Increase blood in PW 7. Other Write 99 if the answer is 'do not know'
4.8	How many IFA tablets should a pregnant woman consume during her pregnancy?	Write 99 if the a	nswer is 'do not know'
4.9	Have you ever heard about calcium tablets?	1. Yes 2.No (If No SKI	P to Section 5)
4.1	If yes, then what is the importance of taking calcium tablets in pregnancy?	1. to address anemia 2. for mother's good health 3. to have natural growth of fetus	4. for the proper brain development of the fetus 5. Give strength to PW 6. Increase blood in PW 7. Other Write 99 if the answer is 'do not know'
4.1	How many calcium tablets should a pregnant woman consume during her pregnancy?	Write 99 if the a	nswer is 'do not know'

Section5: Source of Information on health, nutrition and diet in pregnancy: 5.1 Home visit:

Module I: Alive & Thrive and BRAC health service related question

First ask question for SS/PS then SK, then for PK

Sl no.	Question	SS/PS	SK	PK	Code
5.1.1	Did any Health workerever visited your home?				Yes1 No2 Write 99 if the answer is 'do not know'
5.1.2	Did anyone from BRAC visit your home for maternal diet counseling or selling medicine?				Yes1 No2 Write 99 if the answer is 'do not know'
5.1.3	Did anyone form BRAC visited your home for ANC and Health forum?				Yes1 No2 Write 99 if the answer is 'do not know'
5.1.4	Did anyone from BRAC visited your home for IYCF counseling?				Yes1 No2 Write 99 if the answer is 'do not know'
5.1.5	Do you know who in BRAC in your area?				Yes1 No2
5.1.6	What is her name? (check it in your list)				Name of SS/PS
5.1.7	Do you know the lady (Show her the photo)				Yes
5.1.8	What work this lady does?				ANC1 Child health check up2 Health advice3
					IYCF advice5 Maternal diet advice5
					Selling Pustikona
5.1.9	Where did you see her?				During Home visit

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Sl no.	Question	SS/PS	SK	PK	Code
5.1.105.1.11	Did this lady visit your home ever? How long ago she visited your home?				Other
5.1.125.1.135.1.145.1.15	How many times she visited your home since your pregnancy? How long ago did she visited your home last time? How much time she spent in her visit? Did you receive any				Months Number Number Not applicable= 88 write in minutes Yes
	advice regarding maternal diet during her last visit?				No2>> Next column
5.1.16	Please tell us in details what they have discussed?				01. Diet in pregnancy 10. ANC 02. Quantity of food in pregnancy 03. Types of food during pregnancy 04.Iron/Foli c acid tablet 05. Calcium tablet 06. Leisure 07. Avoid hard work 08.Preparati on for delivery are of food during pregnancy of BF 16.No pre-lacteal feeds for the newborn after delivery; give only colostrum 17. EBF 18.CF 19.Other Write 99 if the answer is 'do not know
5.1.17	How much time did she spend on maternal diet discussion?				write in minutes

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5.2Health forum/Courtyard meeting:

01=11011		5 *		
	Did you participate in any group meeting or courtyard meeting in last two months? If yes, who organized the		1 Yes 2. No (If No, go to section 6) 01. FWA	Write 99 if the answer is 'do not know' 07. BRAC Swasthya
	group meeting or courtyard meeting?		02. FWV 03. Village Doctor 04. TBA 05. NGO worker 06. BRAC Swastha Sebika	Karmi 08. pusti kormi 09. Other 99.Write 99 if the answer is 'do not know
5.2.3	If yes, Please tell us in details what they told you?		01. Diet in pregnancy 02. Quantity of food in pregnancy 03. Type of food during pregnancy 04.Iron/Folic acid tablet 05. Calcium tablet 06. Leisure 07. Avoid hard work 08. Preparation for delivery 09.Referral services 10. ANC	14. family planning 15 Early initiation of BF 16.No pre-lacteal feeds for the newborn after delivery; give only colostrum 17. EBF

Section 6: (Illness)

Sl	Question	Response	Co	ode
No				
6.1	Have you any disease in last 7 days? (If No, go to section 7)		01. Yes 02. No	
6.2	How many days were you sick?			
6.3	What was the disease?		01. Diarrhea 02. High grade fever 03.Low grade fever 04. Loss of appetite 05. Vomiting 06. Headache	07.Vertigo 08.Convulsion 09.Oedema 10. Cough 11 Abdominal pain 12.Other

Section 7: (HH food security)

For each of the following questions, consider what happened <u>in the past 30 days</u>. For the questions "how often" the answer "Rarely" means 1-2 times, "Sometimes" means 3-10 times and "Often" more than 10 times

Sl. No	Questions	Response	Code
7.1	How often did you eat three 'squire meals (full stomach meals) a day in the past 12 months (not a festival day)?	1. Mostly (3 meals each day) 2. Sometimes (3 meals per day) 3. Rarely (3 meals per day) 1-6 times this year) 4. Never	
7.2	In the last 12 months how often did you yourself skip entire meals because there was not enough food?	1. Never 2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)	
7.3	In the last 12 months how often did you personally eat less food in a meal because there was not enough food?	1. Never 2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)	
7.4	In the last 12 months how often did you or any of your family have to eat wheat (or another grain) although you wanted to eat rice (not including when you were sick)	1. Never 2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)	
7.5	In the last 12 months how often did your family have to ask food from relatives or neighbors to make a meal?	1. Never 2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)	

Section 8: Household inforamtion:

8.1 How much-----land your HH own and cultivated during past one year? Project, Midterm-Assessment of SHIKHA Project, Version 1.0, August 17, 2014. Page **102** of **163**

Sl no.		Land size	Cultivated size
8.1.1	Cultivable land		
8.1.2	Vegetable yard		
8.1.3	Fruit		
8.1.4	Fish cultivating pond		
8.1.5	House		
8.1.6	Other land		
8.2 Dom	estic Animal		
Sl no.		How many following animals in your HH	How many of these give milk/egg
		own	
8.2.1	Cow		
8.2.2	Goat		
8.2.3	Chicken		
8.2.4	Duck		

8.3 Physical activity of Pregnant women

Sl no.	Question	Response		Code
8.3.1.a	Who does the household chores such as house moping?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2.Half done by me and half by other family members 3.Other members does most of the works
8.3.1.b	Who does the household chores such as house /front yard cleaning?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.1.c	Who does the household chores such as washing your own cloths?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.1.d	Who does the household chores such as washing cloths of other family members?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.1.e	Who does the household chores such as cooking?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.1.f	Who does the household chores such as looking after hen or duck?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.1.g	Who does the chores such as taking care of baby?	Before Pregnancy	During Pregnancy	1. I do almost all the works 2. Half done by me and half by other family members 3.Other members does most of the works
8.3.2.a		Before Pregnancy	During Pregnancy	1. Never

	Are you regularly involved with extra work loads such as carrying heavy objects?			2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)
				5. One or more times per week
	Are you regularly involved with extra work loads such as ground or pounded grain?	Before Pregnancy	During Pregnancy	1. Never 2.Rarely (1-6 times this year)
8.3.2.b	er permoon Stum.			3.Sometimes (7-12 times this year) 4. Often (few times each months)
				5. One or more times per week
	Are you regularly involved with extra work loads such as gather or cut fodder or collect firewood?	Before Pregnancy	During Pregnancy	1. Never 2.Rarely (1-6 times this year)
8.3.2.c				3. Sometimes (7-12 times this year)4. Often (few times each months)
				5. One or more times per week
	Are you regularly involved with extra work loads such as taking the cow/goat to the field?	Before Pregnancy	During Pregnancy	1. Never 2.Rarely (1-6 times this year) 3.Sometimes (7-12 times
8.3.2.d				this year) 4. Often (few times each months)
				5. One or more times per week
8.3.2.e		Before Pregnancy	During Pregnancy	1. Never

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Are you regularly involved with extra work loads such as digging the soil?		2.Rarely (1-6 times this year) 3.Sometimes (7-12 times this year) 4. Often (few times each months)
		5. One or more times per week

8.4 HH information through [Observation]

Sl no.	Question	Response	Code
	Own residence		1. Yes
8. 4 .1			2. No
	Numbers of room		1. One room dwelling
			2. More than one room
8. 4.2			dwelling
	Own cultivable land		1. Yes
8. 4.3			2. No
	Type roof of the house		1.concreet
			2.Tin
			3.Wood/Bambbo
			4.Leaf/Grass
8. 4 .4			5. Others
	Type of floor of the house		1. concreet
			2.Wood/Bambbo
			3.Mud
8. 4.5			4. Others
	Type of wall		0 = No wall (less than 2/
			fence)
			1 = Straw
			2 = Bamboo/Mud
			3 = Tin/Wood
			4 = Concrete
8. 4 .6			5. Others
	Cooking Fuel		1. Electric
			2.Gas
			3.kerocine
			4. Coal
			5.Wood
			6., Dung
			7.Grass
8. 4 .7	0.1.1.		8.Others
	Source of drinking water at home		1.Tubewell water
			2. Supply water
			3. Well
			4. Pond
0.40			5. River
8. 4.8	WILLIAM CA TA		6. Others
	What type of toilet you use at home		1.Sanitary
			2.Pit
			3. Others
0.40			4.NO Latrine
8. 4.9	De von herre the fellein- it0		1 Vac
0 4 10	Do you have the following items?		1. Yes
8. 4 .10			2. No

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0 4 1 1	Domestic Animal		1. Yes						
8. 4.11	Electricity		2. No 1. Yes						
8. 4.12	3		2. No						
		Number of it	ems						
8. 4 .13	Freeze								
0. 1.13	Fan								
8. 4.14	m.1								
8. 4.15	Television								
0. 1.13									
8. 4.16									
8. 4 .17	Pump								
0. 1.17	Almira/Showcase								
8. 4.18	D : (11								
8. 4 .19	Dressing table								
	Bed								
8. 4.20	W(-4-1-(11/4-1-1/								
8. 4 .21	Watch(wall/table/wrist)								
	Sewing machine								
8. 4.22	Own water source								
8. 4.23	Own water source								
	Rickshaw /Van								
8. 4.24	Bicycle								
8. 4.25	Bieyele								
0.426	Motor Cycle								
8. 4.26	CNG								
8. 4 .27	61.0								
Responde	ent's arm circumference (cm)								
Responde	ent's Weight (kg)Respondents height (cm)								
D		1 1 0 1	. 17. 2014						
Project, N	Project, Midterm-Assessment of SHIKHA Project, Version 1.0, August 17, 2014.								

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Thank you

Questionnaire: IYCF Appendix: C

Assessment of IYCF knowledge, practice and attitude of mothers having 0-23 months children in SHIKHA Project in Barisal and Khulna division

Center for Injury Prevention & Research, Bangladesh House no: 162, Road no-23, New DOHS, Mohakhaliand Dhaka-1206

Interview Questionnaire for Mothers (0-23 m children)

Date of Interview:time:	Interview start time:	_ Interview end				
(Questionnaire ID)						
		(Signature)				

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Content
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7.6 Mobile phone
Section 8: History of Child Illness
Section 9: HH food security
Section 10: HH Diet Diversity
Section 11: Media monitoring
Section 12: Respondent's household information

Section 1: Identification

Information	Response code	code				
Household Numbers						
Total no of Household members						
No. of 0-24 months children						
Total no. of children						
Name of child						
Child Birth Order						
Date of Birth of the INDEX Child						
Age of the immediate elder child (in years/ months)	Year	Month				
Sex of Child		1. Son 2. Doughter				
Age of the immediate elder child (in years/ months)	Year	Month				
Sex of Child		1. Son 2. Doughter				
Age of the immediate elder child (in years/ months)	Year	Month				
Sex of Child		1. Son 2. Doughter				
Religion		1. Islam 2.Hindu 3. Christian 4. Buddhist 5. Others				
Name of the Household Head						
Mother Age (Respondent)						
Mother's Education (Respondent)		How many years you read				

Mother's occupation Father's education	01.Housewife 02. Service 03. Teacher 04. Doctor 05. Lawyer 06. Business 07. Farmer	08. Garments worker 09. Driver 10. construction labour 11.Day labour 12.Living abroad 13Others
	How many years	
Father's occupation	01. Service 02. Teacher 03. Doctor 04. Lawyer 05. Business 06. Farmer 07. Rickshaw pullar	08. Driver 09. Construction labour 10. Day labour 11.Living abroad 12Others
Does any family member presently participate in a food distribution, food security ot livelihoods program?	1.Yes 2.No 3. Don't know	
If yes, what programs?	1. Fisheries 2. Potato farming 3. Courtyard gardening	4. Poultry 5. Dairy 6Others 7. Don't know
If yes, for how long did the person participate?	Write in month 88 if N/A 88	Don't know 99
Village		
Village Number		
Name of Union and code		
Upazila		
District:		
Interviewer		
Supervisor		

Result of collection of information

Date	Result	Code
		1. Interview completed
		2. NO one was at home
		3. Incomplete Interview
Signature of Supervisor		

Section 2. Practice on Child Birth, Breast Feeding & Complementary Feeding

Sl no.	Question	Response	C	ode
2.1	Where was the child delivered?		1. Sadar Hospital/Medical college/ MCWC 2. Upazial Health complex 3. Union Health and Family Welfare Centre	4. Private clinic5. Home6. Parent's Home7. NGO Clinic8. Brac delivery centre9. Other
2.2	Did anyone helped you put the baby to the breast immediately after the babywas born?(If answer is No' ask question 2.4)		1.Yes 2.No 3. Don't know	
2.3	If yes Who helped you put the baby to the breast after the baby was born		01. Doctor 02. Midwife/nurse 03. Govt. Heath Worker (FWA/HA) 04. NGO Worker 05. IYCFPromoter 06. TTBA	07 TBA 08. Village Doctor 09. Mother/Mother in law 10. Other Family members 11. Neighbors/ Friends 12. Other
2.4	How soon after birth did you put the child to the breast for the first time?	Hours Days	# IMMEDIATELY within an hour write 0 # If less than 24 hour, write 'hour in hours box.	# If more than 24 hours, note in days.

2.5	Did anyone put anything inside the child's mouth IMMEDIATELY at the birth apart from breastmilk?			1.Yes 2.No 3. Don't know	
	(If the answer is NO Don't know, then go 2.7)				
2.6	If yes, then what was put in the baby's modern IMMEDIATELY at birth apart from bremilk?	outh fter		 Honey Mustard oil Cow milk/powdwer milk. 	4. Plain water5. Sugar water6. Other7. Don't know
2.7.1	During the first 3 da after the baby was b what was given to the Index child by you a anyone else?	oorn, he		1. Honey 2. Mustard oil 3. Colostram / Beast milk 4. Cow milk 5. Powder milk/ infant formula.	6. Plain water 7. Sugar / Sugar water 8. Other 9. Don't know
2.7.2	If the answer of 2.7 following informati What was the item?	on Who	nything but had advised this item?	l to Reason for	For how many days have you fed this?

	1. Ho	nev		1. Sel	f			1. De	octor	's		0-73	0 da	avs		
	2. Mu	•	d oil	2. In law			advice						<i>• y s</i>			
	3. Col						2. I heard it is									
	Beast			-		docto	r	beneficial for my								
	4. Cov	W			_	Docto		child			,					
	milk/p	owo	dwer	5. TB	A			3. M	other	to	О					
	milk.			6. Ima	am			sick	after							
	5. Pla	in w	ater	7. Pha	ırma	cy		deliv	ery							
	6. Sug	gar /	Sugar	8. Otł	ers			4. Bı	reast 1	mi	lk is					
	water							not s	uffic	ien	t for					
	7. Oth	er						the c	hild							
	8. Do	n't k	now					5. Fi	rst m	ilk	is					
								not g								
									reast 1							
									not a							
									nave s							
								the advertisement 8. Cultural norm				;				
2.7.2.a			1					8. Ci	uitura	u n	iorm					1
2.7.2.b										\perp						
										<u> </u>						
2.7.2.c																
2.7.2.d																
2.7.2.e																
2.7.2.f																
2.8.1	Yeste	rday	during th	e			01.	Breas	st mil	k		06. <i>A</i>	Any	oth	er Li	quid
	whole	day	and nigh	t,		+-	02.	. Plain water 07. Papay			ıya/	Man	igo			
	what o	did y	ou give to)		+	03.	Sugar	r wate	er/		08. 0	Gree	n le	afy	
	your c	hild	? [24 hr			+	hon	ey/tea	a/ cof	fee	e/	vegi				
	recall	•					juic					09. 0			iits	
			licable for			\square		Infan				&ve	_			
			-180 days	_		Ħ			-	for	mula	10. I	Rice	/wh	eat/	bread
			thing else				Cown		1							
202	times		CO O	goat goat .1 is anything but 01 (I				, .				- : C	41 .	C. 11	•	
2.8.2	If the inform			.1 is ar	iythi	ng but	. 01 (Breas	st mill	к),	pieas	se spec	шу	tne	IOHC	owing
	miorn	111110)11													
	What	Wee	the item?	Who	had	adviso	ьд	Reaso	on for	r fa	edin	η Δ τ	who	ıt ac	e ha	ve you
	vvnat	vv as	the item?					this it		. 10	Jeum	_		_		this?
		to feed this item?						ums 1	.0111:			sia	icu	1000	ııııg	11110 .

	1. Ho	ney		1. Se	lf			01. I	Doct	tor's a	dvi	ce	days	<u> </u>								
	2. Mustard oil 2. In la						02. I heard it is				J											
				(mother/father)				beneficial for my														
	Beast	mill	ζ.	,				chile			-											
	4. Cov	V			_	-Docto		03. I	aste	er chil	ld											
	milk/p	owo	dwer	5. TB	8A			grov	vth													
	milk.			6. Im	am			04. I	3rea	st mil	k is											
	5. Plai	in w	ater	7. Ph	arma	acy		not s	suffi	cient	for											
	6. Sug	gar /	Sugar	8. Ot	hers	•		the c	hild	l												
	water							05. I	Less	costl	y											
	7. Oth	er						06. I	hav	e phy	sica	ıl										
	8. Doi	ı't k	now					prob	lem													
								07. 5	Spen	nd a ce	ertai	n										
								time	out	site h	ome											
								for j	ob/v	vork												
								purp														
										enoug	gh											
								breast milk														
							09. I have seen in															
							the advertisement															
2.8.2.a						1		10. 1	eer	press	ure	1			·	1						
						<u> </u>																
2.8.2.b																						
2.8.2.c																						
2.8.2.d																						
2.8.2.e																						
2.7.2.f																						
2.9			pose of 2.8	is		_	Wı	ite in	mo	nth		<u> </u>		•	ul		\exists					
			other than					V/A 8														
	01the		/				Do	n't kı	10W	99												
			ge of the	start																		
	index child did you s giving any other liqu																					
		or foods to your child																				
	along	with	breast mi	lk.																		
2.10			d presently					Yes														
	breast						2. 1															
2.11			vhat age di	d	_	_		ite in		nth												
	you st			11.10				V/A 8 n't ki		99												
	breast	teed	ing the chi	ıld?			טען	11 t Kl	10 W	JJ					Don't know 99							

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2.12	Yesterday	Yesterday from morning till night (24 hours) what all did your child eat and how									
	much? [24	much? [24 hr recall] (Ask anything else – 2 times)									
	Number	Qty. of									
	of times	complementary	Type of								
	in whole	food, 250 ml bati	food								
	day	(Show the bati)									

2.13	days did yo fish, meat,	7 days how many ou prepare any eggs, chicken for anyone		02. Rice/ Bread/ Pressed rice/ Muri /noodles etc 03.Beans, peas, lentils, others pulse,soyabeans, peas04. Green vegetables. Pumpkin/ Carrot/ sweet potato 05. Potatoes,white sweet potato 06. Dark green leafy vegetable, puishak, laushak,kumrash ak, kolmishak,musta rd leaves, kolaishak(pea leaves), methishak(amar anth leaves) dhekishak. 07. green	birds- Chicken,duck,turkey etc;with youk, without yolk 10.beef,goat,lamb,check en, duck, or other birds, liver, kidneyHeart or other organ meat. 11. Big fish 12. Small fish 13. Dried fish 14. Shirmpfish(pawn,cra betc) 15. Other fish 16. Milk (cow/ goat or powdered), Curd/ Paner/ semai/kheer/ payesh 17. Banana/apple/guava/ orange/others citrus fruits/pine apple/water melon/olives/grape/jam bura (grape fruits) brrries/kamranga/tamari nd/plum. 18. Oil/ Ghee/ Charbi/ Butter/ 19. Honey sugar, molasses, misti, cold drinks, chocolates, biscuits 20. Spices(cumin, corian der, salt) condiments(pic kles, chutney) etc 21. tea/coffee 22. Plain water
				01. Breast milk	09. Eggs of different
				Pressed rice/	Chicken,duck,turkey
				Muri /noodles	etc;with youk, without
				etc	volk
				03.Beans, peas.	•
				_	•
				, , , , , , , , , , , , , , , , , , ,	
				•	
				*	
				_	_
				_	_
				*	
					14.Shirmpfish(pawn,cra
				Potatoes, white	/
				sweet potato	15.Other fish
				06. Dark green	16. Milk (cow/ goat or
				leafy vegetable,	powdered), Curd/ Paner/
				puishak,	semai/kheer/ payesh
				laushak,kumrash	17.Banana/apple/guava/
				ak,	orange/others citrus
				kolmishak,musta	fruits/pine apple/water
				· ·	9 1 9
				-	(C)
				/ *	_
				,	-
				/	
				·	
					• /
				` /	
				-	22. Plain Water
				Jack fruit	
2.12	To 41	7 .4 1			
2.13			l	_	
				Don't know 99	
	in the famil	ly?			

2.14	Do you have to stay outside of home for your job? (If No then go to section 3)		1. Yes 2. No
2.15	How much time do you have to stay outside of home for your job?		write in hour
2.16	When you stay outside of your home then what do you feed your child? (applicable to 0-180 day child only)		1.Expresed 4. Cow's milk breast milk 5. Tinned milk 2.Breast feed the 6. Milk Powder child before 7.liquid suzi going out 8. Don't know 3.Breastfeed the child after coming home
2.17	Do you think you will be able to breastfeed exclusively for 6 months?		1. Yes 2. No
2.18	Do other mothers in your village breastfeed exclusively for 6 months?		1. Yes 2. No 3. Other
2.19	Are doctors and health workers in your area recommending that mothers should breastfeed exclusively for 6 months?		1. Yes 2. No 3. Other
2.20	Will breastfeeding exclusively protect your child from illness?		1. Yes 2. No 3. Other
2.21	Will breastfeeding exclusively for 6 months keep your baby hungry?		1. Yes 2. No 3. Other
2.22	Have you started feeding the ani	mal sourc	e foods to your child (>6M child)?

	Food Item	Yes = 1= go to next column No = 0 = go to 2^{nd} next column	Number of times fed in past week (0-97)	Reasons for not feeding: 1.Cannot afford 2. Child don't like 3.Child cannot tolerate or its harmful for them 4.I do not find it important 5.I will feed when the child grows 6.Forbade by in laws or other elderly person
2.22.a	Red meat			
2.22.b	Poultry meat			
2.22.c	Organ meat			
2.22.d	Big fish			
2.22.e	Small fish			
2.22.f	Egg			
2.22.g	Animal milk			

Section 3: PRACTICE on Hand washing linked to child feeding

Sl no.	Question	Respons	(Code
3.1	Did you wash your hands yesterday, anytime during the day or night. (last 24 hrs) If yes, What was used to wash hands?	e	1.Yes 2.No 1. Soil 2. Ash 3.Soaps use to wash cloths. 4. Soap powder.	5. Beauty soap 6. Liquid soap 7. Soap water 8. Only water 9. Others
3.3	Yesterday, when you washed your hand with soap/ soap materials/soapy water/What are reasons for washing your hand? (if response from the previous question ranging from codes 3-7) then ask this question)		01. After use of toilet 02. Before food preparation 03. After food preparation 04. Before feeding child 05. After feeding child 06. Before having meal 07. After having meal 08. Before prayer 09. When hand is dirty 10. After cleaning child anus.	11. After coming back home form outside 12Aefore child food preparation. 13. While taking a shower 14. While washing clothes 15. After handling animals 16. After touching dirty 17. Other 18. Don't know
3.4	Observation: Can you show me where you prepare your childs food (Note: prepare food means taking the child food into aplate or bowl and mashing it. These does not mean cooking the food).		1. Inside the kichen 2. Inside the bed room 3. On the verandah 4.Any others place	

3.5	Observation: Can you show me where you usally feed your child?	1. Inside the kichen 2. Inside the bed room 3. On the verandah 4. Others 1. Yes	
3.6	Observation: Is there any hand washing station(water and soap/ soap material/ soapy water)maintained at the place of food preparation or child feeding areas)	1. Yes 2.No	
3.7	Observation: If yes, then observe what kind of hand washing station arragement are available near to the food preparation areas or child feeding areas.	 Water in a bucket or any storage Tap Hand tubewell 	4. Soap/ soapy materials 5. Sopy water 6.Others
3.8	Where do members of your household usually go to defecate?	1.field, bush, plastic bag 2. Pit latrine with concrete slab, plastic pan and siphon, or satopan 3.Pitlatrine :concrete slab, plastic pan, without siphon (e.g. rings)	4. Pit latrine without concrete slab/open pit 5. Composting toilet 6. Bucket toilet 7. Hanging toilet/latrine 8. Other. Specify
3.9	Have you done anything in the past 6 months to improve the place where your family defecates? (If the answer is NO, then go to 3.11)	1. Yes 2. No	

	I-0 4 0		
3.10	If yes, what?	01. Build a private	09. Help build a
		 latrine	community
			latrine
		02. Improve the	
		current private	10. Request
		latrine family has	government/outside
		by	assistance
		03.Patching leaky	for
		rings	11. Improving
		04.Replacing or	situation
		1 -	
		repairing the slab	12. Nothing,
		05. Replacing or	satisfied
		improving the	•••
		superstructure/housi	88.Other.Specify
		ng	
		06. Redirecting so	
		doesn't empty into	99. Do not
		canal	know
		07. Installing a	
		siphon or "sa-to-	
		pan" to my existing	
		toilet	
		08. Raising the	
		O	
		plinth level.	

3.11 Do you PLAN to do anything in the next 6 months to improve the place where your family defecates?		01. Build a private latrine	09. Help build a community latrine
--	--	-----------------------------	------------------------------------

3.12	If yes, what?	01. Build a private	09. Help build a
3.12	ii yes, what:	latrine	community
			latrine
		02. Improve the	10. Request
		current private	government/outside
		latrine family has	assistance
		by	for
		03.Patching leaky	11. Improving
		rings	situation
		04.Replacing or	
		repairing the slab	12. Nothing,
		05. Replacing or	satisfied
		improving the	
		superstructure/housi	88.Other.Specify
		ng	J J J J J J J J J J J J J J J J J J J
		06. Redirecting so	
		doesn't empty into	99. Do not
		canal	know
		07. Installing a	
		 siphon or "sa-to-	
		pan" to my existing	
		toilet	
		08. Raising the	
		plinth level.	
3.13	The last time your youngest	1.Dropped into	4. Nothing/Left in
	child under your care	toilet facility/Latrine	yard
	passed stools, where were	2. Burried	5. Toss in ditch(Not
	the feces disposed off?	3.Toss with solid	with trash)
		waste/Trash	6. Potty
3.14	If answer is "Potty", then	1. Rinsed potty at	
	what?	standpipe/tubewell	
		2. Thrown into	
		comod/pan	
		3. Thrown into	
		waterway	
		4. Thrown	
		elsewhere	
		(specify)	

Section 4: KNOWLEDGE about Breast Feeding:

Sl no.	Question	Response	Cod	le
4.1	How soon after birth the child should be put to the breast for the first time?		1. IMMEDIATELY within an hour of birth 2. Less than 24 hrs (note in hours. 3. After1 day: (note no. of days)	5. Don't know
4.2	How many months the child should continue EBF, not even a drop of water?		RECORD IN NUMBER Write 999 if Don't know	
4.3	How can mother assess that her child is getting sufficient milk up to 6 months?		 Baby urinates atleast times in 24 hrs. Child sleeps and plays well Child does not cry too much 	4.Child growing well5. Gaining weight6. Don't know7. Other
4.4	How can a mother maintainthe supply of her breast milk?		01. Increase frequency and duration of breastfeeding 02. Mothers need to remove milk from her breast for increased milk supply 03. Ensure correct position & attachment to the breast 04. Fequently breastfeeding 05 Increase the duration of breastfeeding 06. Mothers eating sufficent food	07. Mother eating nutritious foods 08. Mother drinking lots of liquids 09.By taking certain foods or products that increase milk supply 10. Dontgive other food's or liquids to baby so that the baby can suck well 11. Don't know 12.Other
4.5	Do you think that infants under 6 months of age should be given water in hot weather?		1. Yes 2. No 3. Don't know	

4.6	If mother of under 6 months child is seperated for the whole day, then what should the child be fed?	1. (Cow's milk) 2. (Tinned milk) 3. (Milk Powder) 4. (liquid <i>suji</i>)	5. (Expresed breast milk)6. Don't know7.(Others)
4.7	How to feed a sick child less than 6 month?	01. Feed the child with similar food same as before 02. Increase the frequency and duration of Breastfeeding 03. Give expressed breastmilk, if child is unable to suck 04. Reduce breastfeeding frequency and duration	and other liquid food 06. Khichuri 07. Give ORS 08. Baby Zink 09. Medicine 10. Don't know
4.8	Until what age a baby should continue to be breastfed?	write in month write 99 if Don't know	

Section 5: $\underline{KNOWLEDGE}$ about child Complementary Feeding:

Sl	Question	Respon	Code
no.		se	
5.1	At what age complementary foodshould be introduced in continuation of breastfeeding?		write in month write 99 if Don't know
5.2	How many times and what quantity of complementary food should be given to a child of the following ages (24 hrs)? Show the bati (250 ml)	How many times in a day	quantity each time Total No. of Bati in a day = (No. of Times x no. Bati)
5.2. 1	7 months		
5.2. 2	9 months		

5.2. 3	12 months		
	What should be the consistency of complementary food for the child 7-12 m What type of foods in a day should be given to child of 7-23 months (Ask anything else-2 times only)	1.Liquid food 2.Semi Solid food 3.Solid food 4. Mashed Food 01. Breast milk 02. Rice/ Bread/ Pressed rice/ Muri /noodles etc 03. beans,peas,lentils,othersp ulse,soyabeans,peas 04. Green vegetables. Pumpkin/ Carrot/ sweet potato 05. potatoes,white sweet potato 06.Dark green leafy vegetable, puishak, laushak,kumrashak, kolmishak,mustard leaves, kolaishak(pea leaves), methishak(amaranth leaves) dhekishak. 07. green papaya,	5.Fooding small pieces 6.Don't know 7. Other 10. Beef,goat,lamb,checken, duck, or other birds, liver, kidneyHeart or other organ meat. 11. Big fish 12. Small fish 13. Dried fish 14. Shirmpfish(pawn,crabetc) 15. Other fish 16. Milk (cow/ goat or powdered), Curd/ Paner/ semai/kheer/ payesh 17. Banana/apple/guava/oran ge/others citrus fruits/pine apple/water melon/olives/grape/jambura (grape fruits) brrries/kamranga/tamarind/pl um.
		cabbage, cauliflower, other vegetables(eg; eggplant, onion, radish,sheem/borboti(bea ns) 08. Ripe mangoes, ripe papaya/pawpaw, jack fruit 09. Eggs of different birds-	18.Oil/ Ghee/ Charbi/ Butter/ 19. Honey sugar, molasses,misti, cold drinks, chocolates, biscuits 20.Spices(cumin,coriander,sa lt)condiments(pickles,chutne y)etc 21. Tea/coffee 22. Plain water
		Chicken,duck,turkey etc;with youk, without yolk	

		1		
	How can a mother increase the appetite of a 7-23 m child? How to feed a sick child 7-23?		01. Offer a variety of foods 02. Feed when the child is hungry 03. Encourage children to eat themselves by picking up foods 04. Do not force feed 05. Mother and Child should seat face to face and mother to see how the child is eating 06. Use toys and games while feeding child 01. Increase the frequency of	07. help child to pay attention toward eating 08. Praise the child and talk to child while feeding 09. Offer nutritious foods that the child likes to eat 10. Donotfills the stomach with water, juice, chochlate, chips etc. 11. Don't know 12. Other
			Breastfeeding 02. Small amount of food more frequently 03. More nutritious foods 04. Feedextra meals and amount nutritious food for at least one week after child recovers, until child gains preveious	08. Give liquid suji and other liquid food 09. Khichuri 10. Only breastfeed, no other foods 11. Feed soft food 12. Baby Zink
5.7	Do think you will be able to feed your child the right quantity and types of complementary foods from 7-24 months?		1. Yes 2. No 3. Other	
5.8	Do other mothers in your village feed animal foods to their children after 7 months?		1. Yes 2. No 3. Other	

5.9	Are doctors and health	1. Yes
	workers in your area	2. No
	recommending that	3. Other
	mothers should feed	
	animal foods to their	
	children after 7	
	months?	
5.1	Does your child like	1.Yes
0	the taste of animal	2. No
	foods?	3. Other
5.1	Will feeding animal	1. Yes
1	foods to your child	2. No
	improve brain	3. Other
	development?	

Section 6: Knowledge on child illness and hand washing linked to child feeding:

Sl	Question	Response	Code	
no.				
6.1	What is the reason do you think child of 7 - 23 months age usally fall sick like- diarrhoea, pneumonia etc.		01 Feeding Child without washing hand with soap 02. Child eat food without washing hand 03.Drink water without boiling 04.Do not wash hand before meal 05. Do not wash hand with soap before preparing child food 06. Do not wash hand with soap before cooking food	07. Do not wash dish and bowl 08. Intake dirty thing 09.Feed impure water 10.Feed spoil food 11. Do not cover food 12. Cold 13. Bathing child with cold water. 14. Child playing with water. 15. Cough & cold of mother 16. Don't know 17. Others
6.2	What should you do to protect child from these illness		01 Wash hand with soap before feeding child 02. Washing hands of the child with soap before feeding. 03. Wash hand with soap after using toilet 04. Wash hand with soap during preparing child food 05. Not bathing with cold water 06. Always clean child hands	07. Cut child nail & keep clean 08. Wash hand with soap after clean child defacation 09. Wash dish with soap before feeding child 10. Wash dish with water before feeding child 11. Do not give fried food 12. Cover the food 13. Protect mother from cold 14. Do not Know 15. Others

6.3	What are the key times one should wash their hands with soap/soapy water in a day?	01. after toilet use 02. before food preparation 03. after food preparation 04. Before cooking food 05. before feeding child 06. after feeding child 07. before having meal	08. after having meal 09. before prayer 10. when hand is dirty 11. after cleaning child. 12. after coming back home form outside 13. other
6.4	Some mothers don't wash their hands with soap before child feeding. By doing what a mother can improve her handwashing practice before feeding her child?	1.Keeping water and soap at the place of food preparation and child feeding place. 2. Keeping water and soap nearby to the place of cooking 3. Family members will remind the mother to wash hand before feeding the child.	germ/dirt in hands 5. inform the mother on the importance of hand washing 6. Aware the mother through advertisement

Section 7: Source of Information on Breast Feeding, Complementary Feeding and Hand Washing:

7.1 Home visit:

Module I: Alive & Thrive and BRAC health service related question First ask question for SS/PS then SK, then for PK

Sl	Question	SS/P	S	P	Code
no.	Question	S S	K	K	Code
7.1.1	Did any Health worker				Yes1 No2 Don't know99
7.1.2	Did anyone from BRAC visited your home for IYCF counseling or selling medicine?				Yes1 No2 Don't know99
7.1.3	Did anyone form BRAC visited your home for ANC and Health forum?				Yes1 No2 Don't know99
7.1.4	Did anyone from BRAC visited your home for IYCF counseling?				Yes1 No2 Don't know99
7.1.5	Do you know who in BRAC in your area?				Yes1 No2>>7.1.7
7.1.6	What is her name? (check it in your list)				Name of SS/PS
7.1.7	Do you know the lady (Show her the photo)				Yes
7.1.8	What work this lady does?				ANC
7.1.9	Where did you see her?				During My Home visit 1 In my village2 Other77
7.1.1 0	Did this lady visit your home ever?				Yes1

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Sl	Question	SS/P	S	P	Code
no.		S	K	K	
					No2>>Nex t column
7.1.1	How long before visited		1		ys
1	your home?				
] L		nth
7.1.1	What was the age of the		\neg		Write in Months
2	child during her first visit				
7.1.1	How many times she visited				Number
3	your home after first visit of				
	the index child?				
7.1.1	[Name of Index Child] up to				Number
4	4 months of age hoe many				Not applicable = 88
	times she visited your				
	home?				
	[go to Q.118 if age of child				
7.1.1	is less than 4month]				Number
5	[Name of Index Child] up to 9-10 months of age hoe				Not applicable = 88
	many times she visited your				Tvot applicable – 66
	home?				
	[go to Q.118 if age of child				
	is less than 10 month]				
7.1.1	[Name of Index Child] up to				Number
6	9-10 months of age how				Not applicable = 88
	many times she visited your				
	home?				
	[go to Q.118 if age of child				
7 1 1	is less than 12month]				Namelan
7.1.1	[Name of Index Child] up to				Number
'	13-14 months of age hoe many times she visited your				Not applicable = 88
	home?				
	[go to Q.118 if age of child				
	is less than 14month]				
7.1.1	[Name of Index Child] up to				Number
8	15-18 months of age hoe				Not applicable = 88
	many times she visited your				
	home? [go to Q.118 if age		الــــا		
	of child is less than 18				
	month]				
7.1.1	[Name of Index Child] up to				Number
9	19-22 months of age hoe	ᅜ		-	Not applicable = 88

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Sl no.	Question	SS/P S	S K	P K	Code	
110.	many times she visited your home? [go to Q.118 if age of child is less than 22 month]	J	K	K		
7.1.2	[Name of Index Child] up to 23-44 months of age hoe many times she visited your home?				Number Not applicable =	88
7.1.2	How long before she visited your home last time?				Number Not applicable =	88
7.1.2	How much time she spent in her visit?				write in minutes	
7.1.2	Did you receive any advice regarding IYCF during her last visit?				Yes Nocolumn	
7.1.2	Please tell us in details what they have discussed?				01.Breast feeding 02. Initiation of Breast feedingwith 1 hour 03. EBF upto 6 months 04. How to increase the supply of breast milk 05. How can mother assess child is getting sufficient milk 06. correct position & attachment to the breast 07. Expression 08.Complement ary Feeding 09. Introduction of CF 10. Frequency of CF	13. Quantity of CF 14. how to deal with poor appitite 15. Sick child feeding 16. Hand washing 17. Wash hand with soap before feeding child 18. Washing hands of the child with soap before feeding. 19. Keeping water and soap at the place of food preparation and child feeding place. 20. Keeping water and soap nearby to the place of cooking 21. Vaccination 22. Family Planning 23. Delivery, ANC, PNC

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S1	Question	SS/P	S	P	Code	
no.		S	K	K		
					12. Feeding	24. Child Health
					animal foods to	25. Don't Know
					children after 7	26. Other
					months	
7.1.2	How much time did she				write in minutes	
5	spend on IYCF discussion?	┝──┤└				

7.2Health forum/ Courtyard meeting:

7.2.1	Did you attend any court yard meeting or group meeting in last 2 months? If answer is NO then go to 7.3	1. Yes 2. No	3. Don't know 4. No visit
7.2.2	If yes which organization organized it?	1. NGO 2. Gov.Institution	3. BRAC 4. Other 5. Don't know
7.2.3	In health forum/courtyard meeting whoconducted it?	01. FWA 02. FWV 03. Village Doctor 04. Health Assistant 05. TBA 06. NGO worker 07. Father	08. Imam 09. Union parisad members 10. BRAC Swastha Sebika 11. BRAC Swasthya Karmi 12. pusti kormi 13. Other 14. Don't Know

7.2.4 Please tell us in details what they have discussed?	01. Breast feeding 02. Initiation of Breast feeding to children after 7 months with 1 hour 14. how to deal with poor 03. EBF upto 6 appitite months 15. Sick child feeding 04. How to 16. Hand washing increase the supply of breast milk 05. How can mother assess child is getting sufficient milk 19. Keeping water and 06. correct position & attachment to the breast feeding place. 07. Expression 08. complementary Feeding 21. Vaccination 09. Introdcution of CF 23. Delivery, ANC, PNC 10. Frequency of CF 26. Other
---	--

7.3 Video Show/ Media dark campaign:

7.3.1	Did you attend any video show in your village on IYCF issues in last six months? If answer is NO then go to 7.4	1. Yes 2. No	3. Don't know 4. No visit
7.3.2	If answer is YES	Write in days	
	how many monthsago you attended	Ĭ	
7.3.3	What happend during video	1.IYCF TVC	4. Discussion on IYCF
	show?	2. HW TVC	5. Quiz
		3. Meena film	6. Prize giving
			7. Others
	·	·	·

04. Father members 05. Father in law 09. Other	7.3.4	Which members of your family attended the video show			members
--	-------	--	--	--	---------

7.4 Doctor'svisit:

7.4.1	Did you visit any health centre/clinic/doctor's chamber/medicine shop in last 2 months? If answer is NO then go to 7.5	1. Yes 2. No	3. Don't know4. Didn't visit
7.4.2	If yes, where did you visited?	1. Sadar Hospital/Medical college/ MCWC 2. Upazial Health complex	3. Union Health andFamily Welfare Centre4.Private clinic5. NGO Clinic6. Other
7.4.3	With whom did you visited there?	1. MBBS Doctor 2. Aurvedic doctor 3. Homeopathic doctor 4. Nurse 5. Village Doctor 6. Kabiraj	7. FWA 8. FWV 9. Health Assistant 10. NGO heath care provider 11. Pharmachist 12. Other 13. Don't Know
7.4.4	Why did you visit him/her?	1. Child illness 2. Mothers (respondent) illness	3. Dont want to say 4. Other

7.4.5	What advices were given by		01. About	12. Frequency of CF				
7.4.3	the health care provider?		medication	13. Quantity of CF				
	the health care provider?							
			02. About Early	14. Type of CF				
			recovery	15. Giving children				
			03. Breast feeding	animal food after 7				
			04. Initiation of	months of age				
			Breast feeding	16. how to deal with poor				
			with 1 hour	appitite				
			05. EBF upto 6	17. Sick child feeding				
			months	18. Hand washing				
			06. How to	19. Wash hand with soap				
			increase the supply	before feeding child				
			of breast milk	20. Washing hands of the				
			07.	child with soap before				
			How can mother	feeding.				
			assess child is	21. Keeping water and				
			getting sufficient	soap at the place of food				
			milk	preparation and child				
			08. correct position					
			& attachment to	22. Keeping water and				
			the breast	soap nearby to the place				
			09. Expression	of cooking				
			10.	23. Vaccination				
			Complementary	24. Family Planning				
			Feeding	25.Delivery, ANC, PNC				
			11. Introduction of	26. Child Health				
			CF	27. Don't Know				
				28. Other				
				20. 00101				
	1	1	I					
7.5 Social mobilisation:								
7.5.1	D:1		1 17	2 D 24 1				

7.5.1	Did you ever receive any support or information on breast feeding or CF from your family member or neighbour? If answer is NO then go to	1. Yes 2. No	3. Don't know
	7.6		

7.5.2	If answer is YES then from whom?	01. Husband 02. Mother 03. Mother in law 04. Father 05. Father in law 06. Sister	07. Sister in law 08. Other Family members 09. Other Family members 10. Neighbors/ Friends
7.5.3	Please tell us in details what they have discussed?	is getting sufficient milk	17. Wash hand with soap before feeding child 18. Washing hands of the child with soap before feeding. 19.Keeping water and soap at the place of food preparation and child feeding place. 20. Keeping water and soap nearby to the place of cooking
7.5.4	Do you know, from where they received these information?	01. FWA 02. FWV 03.HA 04. Nurse 05. MBBS Doctor 06.Aurvedic doctor 07. Homeopathic doctor 08. VillageDoctor 09. TBA	10. School Teacher 11. NGO worker 12. BRAC Swastha Sebika 13. BRAC Swastha Karmi 14. Chairman/member 15. Religious leader 16. Don't Know 17. Other

7.6 Mobile phone:

7.6.1	Do you or your family member have mobile phone? If answer is NO then go to 8	1. Self 2.Other family member	3. No
7.6.2	If answer is 1 or 2, then have you ever received call or dial any phone call or received any message on child feeding?	1. Yes 2. No	3. Don't know
7.6.3	If answer is YES, From where did you received call or dialed any phone or received SMS?	01. FWA 02. FWV 03.HA 04. Nurse 05. MBBS Doctor 06.Aurvedic doctor 07. Homeopathic doctor 08. Nurse	09. VillageDoctor 10. TBA 11 School Teacher 12. NGO worker 13. BRAC Swastha Sebika 14. BRAC Swastha Karmi 15. Chairman/member 16. Religious leader 17. Other 18. Don't Know

	T	ı		
7.6.4	What were the advices by		01. Breast feeding	12. Type of CF
	phone?		02. Initiation of	13. Feeding children
			Breast feeding	animal food after 7
			with 1 hour	months of age
			03. EBF upto 6	14. how to deal with poor
			months	appitite
			04. How to	15. Sick child feeding
			increase the supply	
				17. Wash hand with soap
			05. How can	before feeding child
			mother assess child	18. Washing hands of the
				child with soap before
			milk	feeding.
			06. correct position	19. Keeping water and
			& attachment to	soap at the place of food
			the breast	preparation and child
			07. Expressed	feeding place.
			breast milk	20. Keeping water and
			08.	soap nearby to the place
			Complementary	of cooking
			Feeding	21. Vaccination
				22. Family Planning
			CF	23.Delivery, ANC, PNC
			10. Frequency of	24. Child Health
			CF	25. Don't Know
			11. Quantity of CF	26. Other

Section8. History of Child Illness:

8.1	Was your child ever sick in LAST 60 days? (if no, go to 9)	1. Yes 2. No 3. Don't know	
8.2	If yes then how many times the index child was sick?		
8.3	Last time how may days your baby was sick?	Write in days	
8.4	If yes What was the disease OR SYMPTOMS?	01. Fever 02. cold & cough 03. Trouble breathing 04. Body ache 05 Jaundice 06. Diarrhoera	07. Iching 08.Diarrhoea) 09.Pneumonia) 10. (Typhoid) 11. (Others) 12. (Don't Know)
8.5	How did you feed your child when she/he was sick?	01. Feed the child with similar food same as before 02. Increase the duration of Breastfeeding 03. Increase the frequency of Breastfeeding 04 . Increase the duration & frequency of Breastfeeding 05. Reduce breastfeeding frequency and duration 06. Give liquid suji and other liquid food	07. Khichuri 08. Small amount of food more frequently 09. More nutritious foods 10. Only breastfeed, no other foods 11. Baby Zink 12. Give ORS 13. Feed extra meals and amount nutritious food for at least one week after child recovers, until child gains preveious weght 14. Give extra food 10-14 days 15. Don't know 16. Other

Section 9: HH food security:

For each of the following questions, consider what happened <u>in the past 30 days</u>. For the <u>questions "how often" the answer "Rarely" means 1-2 times</u>, "Sometimes" means 3-10 times and "Often" more than 10 times

Sl.	Questions	Response	Code
No			
9.1	How often did you eat three 'squire meals (full stomatch meals) a day in the past 12 months (not a festival day)?	1. Mostly (3 meals each day) 2. Sometimes (3 meals per day) 3. Rarely (3 meals per day) 1-6 times this year) 4. Never	
9.2	In the last 12 months how often did you yourself skip entire meals because there was not enough food?	1. Never 2.Rarely(1-6 times this year) 3.Sometimes(7-12 times this year) 4. Often (few times each months)	
9.3	In the last 12 months how often did you personally eat less food in a meal because there was not enough food?	1. Never 2.Rarely(1-6 times this year) 3.Sometimes(7-12 times this year) 4. Often (few times each months)	
9.4	In the last 12 months how often did you or any of your family have to eat wheat (or another grain) although you wanted to eat rice (not including when you were sick)	1. Never 2.Rarely(1-6 times this year) 3.Sometimes(7-12 times this year) 4. Often (few times each months)	
9.5	In the last 12 months how often did your family have to ask food from relatives or neighbors to make a meal?	1. Never 2.Rarely(1-6 times this year) 3.Sometimes(7-12 times this year) 4. Often (few times each months)	

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Section 10: HH Diet Diversity

First ask if yesterday was a special day, like a celebration or feast day or a fast day where anyone in the HH ate special foods or where they ate more or less than usual or did not eat because they were fasting?

If yesterday was <u>not</u> a special day, then ask the respondent about the types of foods that they or anyone else in their household ate yesterday during the day and at night.

If yesterday was a special day, then ask the respondent to describe the foods (meals and snacks) consumed the day before yesterday (or the last normal day) during the day and night, whether at home or outside the home.

Sl. No	Questions	A. Respondent (Mother of index child)ate	B. Any other HH member ate	Code
10.1	Rice, Bread, Pressed rice, Muri, Noodles etc			1 Yes 2 No
10.2	Pumpkin, carrots, sweet potatoes that are orange and yellow inside			1 Yes 2 No
10.3	Potatoes, white sweet potato			1 Yes 2 No
10.4	Dark green leafy vegetables, puishak, laushak, kumrashak, kolmishak, mustard leaves, , koloishak (pea leaves), methishak (amaranth leaves), dhekishak,			1 Yes 2 No
10.5	Other vegetables (e.g., eggplant, green papaya, cauliflower, cabbage, onion, radish, sheem/boboti (beans),			1 Yes 2 No
10.6	Ripe mangoes, ripe papaya/pawpaw, jack fruit			1 Yes 2 No
10.7	Other fruits (banana, apples, guava, oranges, other citrus fruits, pine apple, watermelon, olives, grapes, jambura (grapefruit) berries, kamranga, tamarind, plum			1 Yes 2 No
10.8	ANY BEEF, GOAT, LAMB, CHICKEN, DUCK, OR OTHER BIRDS, LIVER, KIDNEY, HEART, OR OTHER ORGAN MEATS?			1 Yes 2 No
			_	
10.9	Eggs of different birds – chicken, duck, turkey etc.; with yolk, without yolk			1 Yes 2 No
10.10	Big fish			1 Yes

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10.11 Small fish 1 Yes 2 No 10.12 Shirmpfish(pawn,crabetc) 1 Yes 2 No 10.13 Dried fish 1 Yes 2 No 10.14 Other fish 1 Yes 2 No 10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 1 Yes 2 No 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes			•	
10.12 Shirmpfish(pawn,crabetc) 10.13 Dried fish 10.14 Other fish 10.15 beans, peas, lentils, other pulses, soybeans, peas 10.16 Milk, cheese, yogurt or other milk products 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 11 Yes 2 No 10.21 Plain water				2 No
10.12 Shirmpfish(pawn,crabetc) 10.13 Dried fish 10.14 Other fish 10.15 beans, peas, lentils, other pulses, soybeans, peas 10.16 Milk, cheese, yogurt or other milk products 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 11 Yes 2 No 10.21 Plain water 12 Yes 2 No 11 Yes 2 No	10.11	Small fish		1 Yes
10.13 Dried fish 1 Yes 2 No 10.14 Other fish 1 1 Yes 2 No 10.15 beans, peas, lentils, other pulses, soybeans, peas 1 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water				2 No
10.13 Dried fish 1 Yes 2 No 10.14 Other fish 1 Yes 2 No 10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water	10.12	Shirmpfish(pawn,crabetc)		1 Yes
10.14 Other fish 1 Yes 2 No 10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water		1 4 ,		
10.14 Other fish 1 Yes 2 No 10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 1 Yes 2 No 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water	10.13	Dried fish		1 Yes
10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 1 Yes 2 No 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water				2 No
10.15 beans, peas, lentils, other pulses, soybeans, peas 1 Yes 2 No 10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water	10.14	Other fish		1 Yes
10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 1 Yes 2 No 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water				2 No
10.16 Milk, cheese, yogurt or other milk products 1 Yes 2 No 10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes 2 No	10.15	beans, peas, lentils, other pulses, soybeans, peas		1 Yes
10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 10.21 Plain water 1 Yes 2 No 1 1 Yes				2 No
10.17 Oil, fats or butter added to food or used for cooking including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water	10.16	Milk, cheese, yogurt or other milk products		1 Yes
including ghee 10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes		1		1 1 1 1
10.18 Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits 1 Yes 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 1 Yes 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes	10.17	Oil, fats or butter added to food or used for cooking		1 Yes
chocolates, candies, biscuits 2 No 10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes		including ghee		2 No
10.19 Spices (cumin, coriander, salt), condiments (pickles, chutney), etc. 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes 2 No	10.18	Sugar, molasses, honey, misti, cold drinks,		1 Yes
chutney), etc. 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes 1 Yes 2 No 1 Yes 2 No 1 Yes 1 Ye		chocolates, candies, biscuits		2 No
chutney), etc. 2 No 10.20 Tea/Coffee 1 Yes 2 No 10.21 Plain water 1 Yes 1 Yes 2 No 1 Yes 2 No 1 Yes 1 Ye	10.19	Spices (cumin, coriander, salt), condiments (pickles,		1 Yes
10.21 Plain water 2 No 1 Yes				2 No
10.21 Plain water 1 Yes	10.20	Tea/Coffee		1 Yes
				2 No
	10.21	Plain water		1 Yes
				2 No

Section11: Media monitoring

Show each of the photographs one by one, and collect response for each TVC.

Now, I will show you some pictures from an advertisement to remind you about the ads

TVC-1	(Mother of new born)	
-------	----------------------	--

P01 Did you watch this advertisement? If ans is NO go to TVC2

Yes	1	P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

P02 What was said in the advertisement?

		Yes-1	No- 2
1.	A girl child is born		
2.	Give her to me		
3.	Its becoming late		
4.	I need to give her breast milk now		
5.	Child need to initiate breastfeeding within one hour of birth		
6.	Then both mother & child become healthy and breast milk		
flow e	arly		
7.	To ward off various illness it is necessary to give her breast		
milk n	ow		
8.	Nothing should be fed except breast milk		

I will show you some pictures from an advertisement to remind you about the ads

TVC-2	(Father brought tinned milkfor the child)
-------	---

P01 Did you watch this advertisement? If ans is NO go to TVC3

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

P03 What was said in the advertisement?

		Yes-1	No-2
1.	Sister-in-law, brother has come		
_			
2.	Don't you know it is so dangerous to give any food to		
childr	en		
other	than breastmilk?		
other			
3.	Baby urinated 6 times a day		
4.	Baby playing and sleeping well		
5.	Breastfeeding is good enough untill child is 6 monts of age		
6.	Even malnurished mother can give adequate breastmilk to		
]			
	her child until 6 months of age		

I will show you some pictures from an advertisement to remind you about the ads

TVC-3 (Fire at House)

P01 Did you watch this advertisement? If ans is NO go to TVC4

Yes	1	P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

P03 What was said in the advertisement?

	Yes-1	No-2
1. Father, please come out by rapping yourself with a		
wet cloth		
2. It is very important to take care of child in their early		
childhood		
3. Brain development is faster during first two years of		
age		
4. I bought nutritous food for Tomal		
5. I used to helped in every household work		
6. So that mother can feed complementary food to her		
child by taking enough time		

I will show you some pictures from an advertisement to remind you about the ads

TVC-4	(Mother cooks fish)

P01 Did you watch this advertisement? If ans is NO go to TVC5

Yes	1	P02
No	2	

102 Where did you watch the davertisement	P02	Where did	you	watch the	advertisement
---	-----	-----------	-----	-----------	---------------

TV	1
Village Video show	2
Both	3
Other	4

P03 What was said in the advertisement?

		Yes-1	No-2
1.	Today baby will eat fish		
2.	Baby love to eat egg		
3.	Baby love to eat fish, chicken & liver		
4.	I feed him/her any of the above food daily		
5. good	It was not known to me that fish, egg, chicken liver is		
for chi me thi	ildren's physical & mental development, doctor told s		

I will show you some pictures from an advertisement to remind you about the ads

TVC-5	(Tumpa wins prize)
-------	--------------------

P01 Did you watch this advertisement? If ans is NO go to TVC6

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

		Yes-1	No-2
1.	Tumpa stood first		

2. What did you fed Tumpa, sho	e is so good in
education &	
sports	
3. From 7 month half bowl of for	ood 2 times
4. From 9 months half bowl of	food 3 times
5. From 12 months full bowl of	Food 3 times
6. Need to give family food alo	ng with nutritous
snacks	
7. You are best mother	

TVC-6	(Child sleeps without eating food)

P01 Did you watch this advertisement? If ans is NO go to TVC7

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

		Yes-1	No-2
1.	Baby "please eat"		
2.	My heart "please eat"		
3.	Do not force the child to feed		

4.	Keep patients during feeding	
5.	Chips	
6.	Juice	
7.	Don't full the small stomach of the baby by	
giving		
	her biscuits and similar other foods	
8.	When the child is hungry will eat naturally	

TVC-7 (Mother is feeding the child)	
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P01Did you watch this advertisement? If ans is NO go to TVC8

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

Sl	Question	Yes-1	No-2
no.			
1	wash your hands with soap and water before		
	feeding children		
2	wash your child's hands with soap and water		
	before feeding		
3	keep water and soap nearby to the baby feeding		
	area of the children		
4	keep water and soap nearby to the place of		
	preapring/cooking baby food		
5	mother says, "what can I do if there is no soap and		
	water nearby"		
6	father says "I will make sure there is soap and		
	water"		
7	father bring water and soap near to the place of		
	feeding the child		
8	A girl/woman says, "where is soap and water?		

TVC-8

P01Did you watch this advertisement? If ans is NO go to TVC9

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

Sl	Question	Yes-1	No-2
no.			
1	Grandmother suggests giving honey to the new		
	born		
2	Mother refuses and insists that breast milk is all		
	that a new born needs, not even a drop of water		
3	The other mothers who didn't properly feed breast milk faced child feeding problems		
4	SS advises that mothers do not need to store milk at the breasts, and that a child will receive as much breast milk as he/she wants		
5	SS advises that as long as a child is urinating at least 6 times a day, the child is getting sufficient breast milk		
6	All mothers are capable of breast feeding, they just need self confidence		
7	A new born should be put to the mother's breasts immediately after birth		

P01 Did you watch this advertisement? If ans is NO go to Section 12

Yes	1	Ask P02
No	2	

P02 Where did you watch the advertisement?

TV	1
Village Video show	2
Both	3
Other	4

Sl	Question	Yes-1	No-2
no.			
1	Mother of the child leaves the child with the grandmother and gives diluted food in a container for the child to be fed		
2	That child dislikes having the same boring food every day and thus has to be forced to eat		
3	Another child is fed mashed family food with different variety of nutritious food such as eggs, fish etc		
4	The second child enjoys eating very much		
5	Two different worlds are shown with the different eating habits		

Section 12: Respondent's household information:			

Sl no.	Question	response	code
12.1	Own residence		1. Yes 2. No
12.2	Numbers of room		 Consist of one room Consist more than one room
12.3	Own cultivable land		1. Yes 2. No
12.4	Type roof of the house		 concreet Tin Wood/Bambbo Leaf /Grass Others
12.5	Type of floor of the house		1. concreet 2. Wood/Bambbo 3. Mud 4. Others
12.6	Cooking Fuel		1.Electric 2. Gas 3. karocin 4. Koila 5. Wood 6. Dunck 7. Grass 8. Others
12.7	Source of Water at home		1. Tubewel water water 2. Supply water 3. Rain water
12.8	Presence of Toilet at home		1. Sanitary 2. Pit 3. Hanging latrine 4. Ring slub 5. Latrine 6. NO Latreen 7. Others
12.9.1	Domestic Animal		1. Yes 2. No
12.9.2	Electricity		1. Yes 2. No
12.9.3	Freeze		1. Yes 2. No
12.9.4	Fan		1. Yes 2. No
12.9.5	Televsion		1. Yes 2. No

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12.9.6	Mobile Phone	1. Yes 2. No
12.9.7	Own water source	1. Yes 2. No
12.9.8	Rikshaw /Van	1. Yes 2. No
12.9.9	Bicycle	1. Yes 2. No
12.9.10	Motor Cycle	1. Yes 2. No
12.9.11	CNG	1. Yes 2. No

Thanks