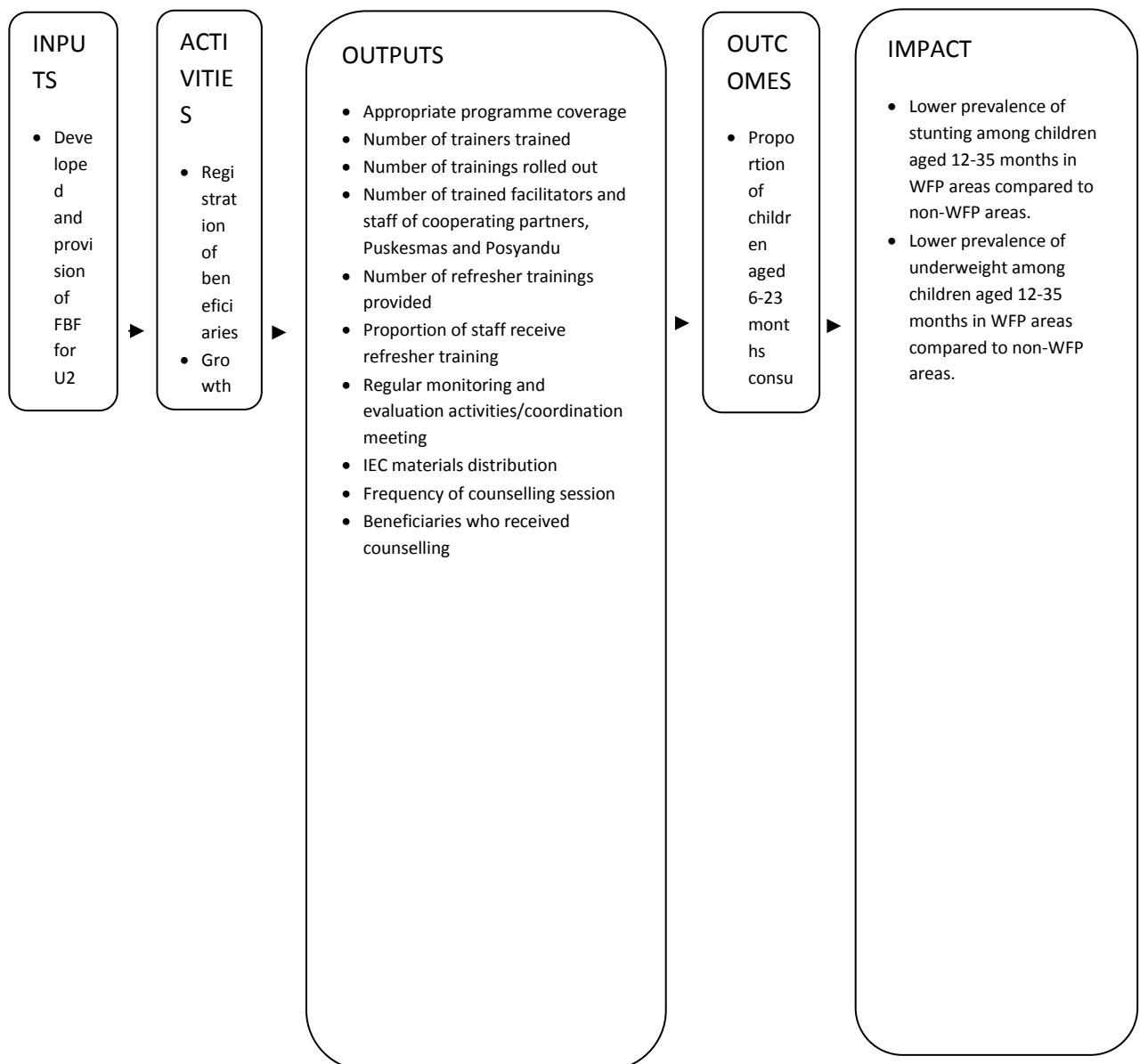


Maternal and Child Nutrition Intervention Overview

Based on discussion with MoH in order to support the National Health Program, TTS District was selected as a WFP main focus district in the NTT province for the WFP Country Program 2012 – 2015, where programs on Nutrition-Specific interventions encompass activities, including behavior change for improving complementary feeding and hygiene practices, as well as provision of micronutrients, including food fortification for acute malnutrition during the lean season. The figure below represents the guiding logic model for MCN program design, implementation, and evaluation.

Figure 1. MCN Program Logic Model



1. MCN programme objectives

The objectives of the MCN intervention programmes were the following:

- 1) Direct provision of specialized nutritious food (locally produced) to 6-23 month old children and PLW in the first 6 months after birth through the health system (i.e., Posyandus)
- 2) Improvement of IYCF, including complementary feeding through comprehensive BCC
- 3) Strengthening the capacity of the health staff both at district and sub-district levels (Puskesmas/Community Health Post based at sub district) and community health volunteers (Posyandu Kader) to better measure the growth of infants and young children, nutritional status of PLW, advice on nutrition during this life stage, and proper monitoring in order to produce reliable data for programme monitoring and early impact assessments. 30 Posyandus received training on taking anthropometric measurements and have been collecting data monthly.
- 4) Policy advocacy at the national and regional levels on alternative strategies to improve economic access to nutrients during the first 1,000 days through evidence creation e.g., effectiveness studies, Cost of Diet work, engagement with SUN and private sector partners.

In light of these objectives, the following section expands upon the content in Figure 1 by detailing specific inputs, outcomes, outputs, and outcomes of interest during this evaluation.

2. MCN Programme Intervention Inputs, Activities, Outputs, Outcomes, & Impacts

2.1 Description of Planned MCN programme inputs:

- Commitment of Government of Indonesia to share costs of MCN implementation
- Cooperation and partnership made with Directorate of Community Nutrition MOH, POKJANAL Ministry of Home Affairs at central level and networks at provincial, district and sub-district levels

- WFP supports to local governments to develop Food and Nutrition Action Plan for NTT
- WFP to development and provide fortified blended food targeting 6 - 24 month old children through pilot effectiveness study which was already evaluated in previous years
- WFP and partner to develop and provide of fortified biscuits targeting PLW
- Capacity building of national staff on program implementation and IYCF training modules
- WFP to support development of BCC through health and nutrition education, awareness creation, IYCF trainings to health staff and cadres Posyandu, IEC materials development, and support to National Movement Nutrition Awareness 2012, all tailored to the local intervention contexts
- Sensitization of the MCN programme to deliver information to external parties, including but not limited to all programme stakeholders

2.2 Description of Planned MCN programme activities:

2.2.1 Registration of Beneficiaries within existing Posyandu facility-based services

WFP food distribution and MCN intervention activities were based on consultation with Provincial and District Health Offices where the government had been established its health monitoring system. The registration of beneficiaries has followed the same system of existing Posyandu monitoring. The process includes all eligible beneficiaries, 6-24 month old children, to be registered with a yellow card which is available at each Posyandu and kept by there by the cadres. The birth date, name, gender of the child, and name of the mother is registered on this card. As soon as the pregnant woman confirms her pregnancy through a midwife or other health providers, she may register to the Posyandu and the cadres will record her name, age of pregnancy in a pink form. Every time she receives antenatal care she brings her KIA book to record her pregnancy status. The weight of the pregnant mother is also recorded in this form for PLW. When the registered pregnant women have delivered her baby then the cadres registers the birth date of the baby in the form. After the baby reaches over 6 months then the cadres is eligible for the signature/receipt of the food. When the baby reaches 6 months old then the baby's name can be registered as being within 6 – 24 month old range.

2.2.2 Monthly weighing of children 6 – 24 mo. at Posyandus

Every month, a mother will bring her child, and measure her/his weight by using 'dacin' weighing scale and the cadres will record it in the book of registration of beneficiaries (SIP)—the Posyandu book. The weight should be recorded also in his/her KMS chart or the KMS in the chart of the KIA book. Furthermore, the registration book and weight records are filled in regularly every month. WFP also provided anthropometry measurement equipment as part of this MCN programme, as well as anthropometry measurement tools, including standard weight scales, height measurement boards, and MUAC tape.

2.2.3 Free food ration to all beneficiaries 6-24 mo from Posyandu distribution

Children age 6-24 months received a monthly food ration of 1.8 kg fortified blended food or 60 g per day/child through the Posyandu. The food was packed in 20g individual sachets or 3 sachets/child/day. The fortified blended food was distributed monthly on the day of each Posyandu for up to 9 months per year.

2.2.4 Behavior Change Communication/Sensitization enhanced IYCF practices

BCC efforts included messaging on the following topics: 1) Exclusive breastfeeding and continued breastfeeding until 24 mo.; 2) How to feed complementary food (MPASI) to 6 – 24 month old children with improved texture gradually from gruel, how to make porridge from solid food, how to ensure dietary diversity, importance of personal hygiene, and enhanced IYCF in general. 3) Monitor child growth regularly by weighing the child in Posyandu; 4) 6-59 months old children should be given vitamin A capsules; 5) Stimulate child development through play and encourage creativities. Materials related to the related health and nutrition education messages were provided; 6) Importance of first 1000 days, malnutrition life cycle and its consequences, nutrient contents of local foods, maternal anemia causes and consequences, importance of supplementary food for PLW and CU2, hygiene and sanitation importance, and common infant hunger and fullness cues.

2.2.5. Training of Trainers (ToT) for staff of cooperating partners at Puskesmas and Posyandus

WFP provided training to strengthening growth monitoring activities (e.g. how to do good measurements using standard equipment, IYCF counselling trainings using national MOH – UNICEF module). A ToT of relevant programme staff on guidelines and basic principles of implementation. Upon completion of ToT by the WFP staff, WFP then organized implementation training activities for other stakeholders, including country programme staff, staff of relevant government officials at

Provincial, District and Sub-District levels. The trained facilitators conducted trainings of staff at Puskesmas, Posyandus, and cadres. The training topics included the importance of the first 1,000 days of life, growth monitoring, and MIYCN.

2.3 Description of Desired MCN Programme Outputs

- High proportion of eligible population who participate in programme (coverage) with goal of $\geq 90\%$
- High proportion of target population who participate in an adequate number of food ration distributions with goal of $\geq 66\%$
- Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition-related areas, as % of planned
- High proportion of women/men beneficiaries exposed to BCC by WFP, as % of dose given
- Quantity of food assistance distributed, disaggregated by type, as % of planned
- Number of institutional sites supported by WFP (e.g. Posyandu, health centres), as % of planned
- Number of trainings conducted and counselling frequency for caregivers and PLW, as % of planned

2.4 Description of Desired MCN Programme Outcomes

- Proportion of children who consume a minimum acceptable diet: > 70%
- High acceptance and appropriate utilization of fortified blended foods and fortified biscuits
- Beneficiary compliance/adherence to food ration provided to children and PLW
- Successful adoption of the recommended IYCF knowledge, attitudes, and practices

2.5 Description of Desired MCN Programme Impacts

- 6% lower prevalence of stunting among 12-35 month old children in WFP areas compared to non-WFP areas. Prevalence of stunting among targeted children U2 (height-for-age as %): Reduce by 2% per year from 56%(Oct 2012) to 50% (Dec 2015)
- 9% lower prevalence of underweight among 12-35 month old children in WFP areas compared to non-WFP areas. Prevalence of underweight among targeted children (weight-for-age as %): over 3 years, a desired reduction of 3% per year.



List of Villages included in the evaluation study

MCN area	Non-MCN area
1. Oehala	1. Abi
2. Tuakole	2. Niki Niki Un
3. Cendana	3. Kuanoel
4. Kota Baru	4. Nenas
5. Oekefan	5. Enoneten
6. Besana	6. Lil'ana
7. Salbait	7. Nubena
8. Kesetnana	8. Nunbena (Kot'olin)
9. Noinbila	9. Fatuat
10. Oinlasi	10. O'obibi
11. Bosen	11. Kot'olin
12. Fatukoto	12. Fatukopa
13. Eonbesi	13. Tunis
14. Oebesì	14. Kaeneno
15. Tofen	15. Besle'u
16. Huetalan	16. Suni
17. Saubalan	17. Fatumnasi (Noebana)
18. Fenun	18. Kiubaat
19. Sunu	19. Mio
20. Tublopo / Meometan	20. Oekiu
21. Nakfunu	21. Op
22. Nobi-Nobi	22. Sahan
23. Tumu	23. Oenino
24. Boti	24. Bokong
25. Fallas	25. Neke
26. Basmuti	26. Sapnala
27. Kusi	27. Fatuoni
28. Enoneontes	28. Boking
29. Lakat	29. Kolbano
30. Oebaki	30. Babuin
31. Teas	31. Nununamat
32. Kualeu	32. Oetuke
33. Pika	33. Poli
34. Nulle	34. Naifatu
	35. Mutis

		-			-		
Sub-district		Village		Household			

QUESTIONNAIRE FOR CONTROL GROUP

Date of interview:/...../..... (dd/mm/yy)Day:				For Supervisor	
Time start: .....Time finish:				Respondent ID □ □ . □ □ . □ □	
Enumerator [] []				Supervisor Code []	
01. SUSAN	06. NETI	11. NAOMI	16. JOHANIS	1. JUNTRA	
02. IRMA	07. YUSTIN	12. IO	17. NURI	2. RIA	
03. YORI	08. RINDA	13. TIKA	18. FRANS	3. JANNAH	
04. INTAN	09. BERTUS	14. ICHA	19. HYRO	4. ANDHY	
05. JOSE	10. MARIS	15. ENNA	20.		
Sub-district [] []				Supervisor Note: Date: Supervisor signature:	
15. OENINO	19. FATUKOPA	23. NUNKOLO	27. BOKING		
16. FATUMNASI	20. FAUTMOLO	24. TOIANAS	28. KOLBANO		
17. NUNBENA	21. NOEBANA	25. KOK'BAUN	29. SANTIAN		
18. KOT' OLIN	22. SOUTH AMANUBAN	26. NORTH AMANATUN			
Village [] []					
35. ABI	44. O'OBIBI	53. MIO	62. FATUONI		
36. NIKI NIKI UN	45. KOT' OLIN	54. OEKIU	63. BOKING		
37. KUANOEL	46. FATUKOPA	55. OP	64. KOLBANO		
38. NENAS	47. TUNIS	56. SAHAN	65. BABUIN		
39. ENONETEN	48. KAENENO	57. OENINO	66. NUNUNAMAT		
40. LIL'ANA	49. BESLE'U	58. BOKONG	67. OETUKE		
41. NUBENA	50. SUNI	59. NEKE	68. POLI		
42. NUNBENA (KOT' OLIN)	51. FATUMNASI (NOEBANA)	60. SAPNALA	69. NAIFATU		
43. FATUAT	52. KIUBAAT	61. LOTAS	70. MUTIS		
Nama ofchild:				Note:	
Nama of mother:					
Nama of caregiver: (fill blank if THE CAREGIVER IS THE MOTHER)					
Enumerator signature:					

To fill the NAME of the child who will be the reference for interview: ask the number of children and write the NAME of the oldest child who are in age range of 18-35 months.

1. Child's date of birth	: day-month-year	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>
2. Child's sex	: 1. Boy 2. Girl								
3. Child's birth order	: _____								
4. Number of child's sibling(s)	: _____								
5. Child's birth weight	:grams	Data from KMS: Y / N							
(Check KMS /KIA book if available)		Write 88 if the mother did not know the birth weight, circle Y if the data from KMS							

		-			-		
--	--	---	--	--	---	--	--

Sub-district Village Household

A9	How much the household food expenditure (all food expenditure for household, including formula milk)in the last 1 week ?	<p>..... IDR per week Note:</p> <p>88 Do not know 99 Refused to answer</p>	[]																																																																														
A10	What is the ownership status of this dwelling unit?	<p>1 Own 2 Contract/Rent (pay) 3 Free (non-family) 4 Official 5 Parent's/family's/relative's (non-resident) 6 Shared accomodation 77 Others (specify)..... 88 Do not know</p>	[]																																																																														
A11	What is the source of drinking water for the household in the last 1 month (If not sure, do observation)	<table border="1"> <tr><td>1</td><td>Piped water (PAM water)</td></tr> <tr><td>2</td><td>Protected dug well (close)</td></tr> <tr><td>3</td><td>Unprotected dug well (open)</td></tr> <tr><td>4</td><td>Tanker/truck water (free)</td></tr> <tr><td>5</td><td>Protected spring</td></tr> <tr><td>6</td><td>Unprotected spring</td></tr> <tr><td>7</td><td>Rain water collection</td></tr> <tr><td>8</td><td>Surface water from river/pond/dam/lake</td></tr> <tr><td>9</td><td>Vendor</td></tr> <tr><td>10</td><td>Packaged water (glass/bottle/gallon)</td></tr> <tr><td></td><td>Others (specify).....</td></tr> <tr><td>88</td><td>Do not know/Refused to answer</td></tr> </table>	1	Piped water (PAM water)	2	Protected dug well (close)	3	Unprotected dug well (open)	4	Tanker/truck water (free)	5	Protected spring	6	Unprotected spring	7	Rain water collection	8	Surface water from river/pond/dam/lake	9	Vendor	10	Packaged water (glass/bottle/gallon)		Others (specify).....	88	Do not know/Refused to answer	[]																																																						
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88	Do not know/Refused to answer																																																																																
A12	<p><i>Does the household have the following goods/assets?</i></p> <p>(fill according to the items/goods owned)</p>	<table border="1"> <tr> <td></td> <td></td> <td>Yes = 1 No = 0</td> </tr> <tr><td>1</td><td>Private house</td><td>[]</td></tr> <tr><td>2</td><td>Rice field/ garden</td><td>[]</td></tr> <tr><td>3</td><td>Fish farm/pond</td><td>[]</td></tr> <tr><td>4</td><td>Livestock/animal farm</td><td>[]</td></tr> <tr><td>5</td><td>Car</td><td>[]</td></tr> <tr><td>6</td><td>Motorcycle</td><td>[]</td></tr> <tr><td>7</td><td>Bicycle</td><td>[]</td></tr> <tr><td>8</td><td>Radio/Tape/VCD/DVD</td><td>[]</td></tr> <tr><td>9</td><td>Television</td><td>[]</td></tr> <tr><td>10</td><td>Jewelry</td><td>[]</td></tr> <tr><td>11</td><td>HandphoneWITH internet</td><td>[]</td></tr> <tr><td>12</td><td>Handphone WITHOUT internet</td><td>[]</td></tr> <tr><td>13</td><td>House phone</td><td>[]</td></tr> <tr><td>14</td><td>Sewing machine</td><td>[]</td></tr> <tr><td>15</td><td>Refrigerator</td><td>[]</td></tr> <tr><td>16</td><td>Tractor</td><td>[]</td></tr> <tr><td>17</td><td>Hand-tractor (pushed tractor dorong/two-wheeled tractor)</td><td>[]</td></tr> <tr><td>18</td><td>Agriculture equipments(hoe, sickle, hand sprayer, machete, crowbar, etc)</td><td>[]</td></tr> <tr><td>19</td><td>Irigation pump</td><td>[]</td></tr> <tr><td>20</td><td>Rice milling machine</td><td>[]</td></tr> <tr><td>21</td><td>Fishing equipments, fish nets/traps</td><td>[]</td></tr> <tr><td>22</td><td>Boat with engine</td><td>[]</td></tr> <tr><td>23</td><td>Boat without engine</td><td>[]</td></tr> <tr><td>24</td><td>Private toilet facility</td><td>[]</td></tr> <tr><td>25</td><td>Others specify.....</td><td></td></tr> </table>			Yes = 1 No = 0	1	Private house	[]	2	Rice field/ garden	[]	3	Fish farm/pond	[]	4	Livestock/animal farm	[]	5	Car	[]	6	Motorcycle	[]	7	Bicycle	[]	8	Radio/Tape/VCD/DVD	[]	9	Television	[]	10	Jewelry	[]	11	HandphoneWITH internet	[]	12	Handphone WITHOUT internet	[]	13	House phone	[]	14	Sewing machine	[]	15	Refrigerator	[]	16	Tractor	[]	17	Hand-tractor (pushed tractor dorong/two-wheeled tractor)	[]	18	Agriculture equipments(hoe, sickle, hand sprayer, machete, crowbar, etc)	[]	19	Irigation pump	[]	20	Rice milling machine	[]	21	Fishing equipments, fish nets/traps	[]	22	Boat with engine	[]	23	Boat without engine	[]	24	Private toilet facility	[]	25	Others specify.....		
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25	Others specify.....																																																																																

B.	BREASTFEEDING PRACTICE (breastfeed/formula milk)		
B1	Did you ever breastfed <i>your child (interview reference)</i> ?	1 Yes 2 No → Go to B5	[]
B2	If <i>your child (interview reference)</i> ever breastfed, did you breastfed when the child ask, already scheduled, or both?	1 When the child ask 2 Scheduled 3 Both (1 and 2) 66 NA, mother never breastfed 88 Do not know	[]
B3	Do you still breastfed <i>your child (interview reference)</i> ?	1 Yes → Go to B5 2 No 66 NA, mother never breastfed her child	[]
B4	For how many months did you breastfed <i>your child (interview reference)</i>?	..... months 66 NA, the child still breastfeed / mother never breastfed her child 88 Do not know / Do not remember	[] []
B5	Did <i>your child (interview reference)</i> drink anything from a bottle yesterday (during the day and at night)?	1 Yes 2 No → GO TO SECTION C	[]
B6	Did the bottle contained breastmilk or others?	1 Yes, contained breastmilk 2 No, contained other than breastmilk 3 Do not remember 4 Both (breastmilk and drink other than milk) 66 Not applicable, mother did not give a drink from a bottle yesterday	[]

C.	CHILD FEEDING PRACTICE		
C1	How old was <i>your child (interview reference)</i> when you gave the first fluid other than breastmilk ? <i>*exclusive breastfeeding indicator</i>	<p>..... months / (.....weeks) (write how many weeks if less than 1 month) Be careful while asking this question, when the mother answered the child's age, please ask whether the mother gave something to the child before that age</p> <p>1 Never given fluid other than breastmilk, however already have eaten soft/semi solid/solid food *please confirm whether the child was only given food without fluid other than breastmilk</p> <p>88 Do not know/refuse to answer</p>	[] []
C2	What fluid other than breastmilk that you gave to <i>your child (interview reference)</i> for the first time on that age? <i>(Only one answer)</i>	1 Formula milk, brand..... 2 Plain water 3 Tea 4 Soup/broth 5 Rice water (tadjin) 6 Honey 66 NA, child was only given breastmilk 77 Others (specify) 88 Do not know	[]
C3	Did <i>your child (interview reference)</i> ever drink formula milk ?	1 Yes 2 No → Go to C6 66 NA, child never drink formula milk 88 Do not know/ do not remember	[]
C4	Did you gave <i>your child (interview reference)</i> formula milk YESTERDAY ?	1 Yes 2 No → Go to C6 66 NA, child never drink formula milk 88 Do not know/forget	[]
C5	How many times did you gave formula milk for <i>your child (interview reference)</i> YESTERDAY ? <i>*has to be in accordance with the resut of 24 hours recall</i>	.....times* If the mother says "when a child asks" or "do not know", please ask again whether the child was given once, 2 times, 3 times, 4 times, or more than 5 times, in order to help mother to remember. If the mother still says "forget", write 88. 66 NA, child never drink formula milk yesterday	[]
C6	How old was <i>your child (interview reference)</i> when you gave the first food (soft/semi solid/solid food) ? (Note: soup/ broth was not included as soft/semi solid/solid food. Soup/broth with mashed vegetable was included as semi solid food)	<p>.....months / (.....weeks) (write how many weeks if less than 1 month) Be careful while asking this question, when the mother answered the child's age, please ask whether the mother gave something to the child before that age</p> <p>66 Not applicable, the child was only given breastmilk/formula milk → Go to C6 88 Do not know</p>	[]

C7	What food that you gave to <u>your child</u> (interview <u>reference</u> for the first time on that age? (Please ask the main food ingredient). <i>Only one answer</i>	1 Fruit 2 Vegetable 3 Meat 4 Organ meats (heart, liver, dll) 5 Rice, porridgeNasi, bubur, tepung-tepungan 6 Nuts 8 Instant porridge/instant biscuit 9 Egg 66 NA, the child was only given breastmilk/formula milk 77 Other (specify) 88 Do not know / refused to answer	[]
C8	What are the difference in feeding <u>your child</u>(interview <u>reference</u>with other family members (Please mention the choice answer, fill the answer with 1 if the answer is Yes or 2 if the answer is No) (the answer can be more than one)	Yes= 1 No = 0	
		1 Different feeding/eating time	[]
		2 More frequent than other family members	[]
		3 Different type of food given	[]
		4 Type (variation) of food given was less than other family members	[]
		5 Portion of food given was less than other family members	[]
		66 NA, the child was only given breastmilk/formula milk	[]
		77 Other (specify).....	[]

D. Access to public health services			
D1	If your child is sick, where do you usually bring your child for medical treatment? <i>(refer to the oldest child)</i>	1 Primary Health Center (Puskesmas) 2 Polindes 3 Hospital Name of hospital..... 4 Private clinic/doctor/ midwife 5 Traditional healer 6 Integrated Health Post (Posyandu) 7 Do nothing 77 Other (specify) : 99 No answer/ child is never sick	[]
D2	What is your main reason to go there?	1 No other choice 2 Closest to reach 3 Cheapest 4 Family habit 5 Good service 6 Well recommended 66 Not applicable (if the child never sick or never go to anywhere to get treatment) 77 Other (specify) : 99 No answer	[]
D3	What is the nearest health service from your house?	1 Primary Health Center 2 Polindes 3 <i>Pustu</i> 4 Hospital, Name of hospital..... 5 Private clinic/doctor/midwife 77 Other, specify.....	[]
D4	How can you reach the Health Center? <i>(refer to question B3, if using vehicle, write the type of the vehicle).</i>	1 By Walking 2 By Using vehicle..... 66 Not applicable (never go to health center) 77 Other(specify).....	[]
D5	How far is the closest health service from your house? <i>60 minutes = 2 km walking</i>	.....minutes 1 Can not be reached by walking 66 Not applicable (never go to health center)	[]
D6	Is there a Posyandu held in your area?	1 Yes 2 No → Go to D8 88 Do not know	[]
D7	How often is the posyandu held in your area?	1 Every month 0 Every 2 months or more 66 Not applicable/No posyandu 88 Do not know	[]
D8	Do you bring your child to Posyandu?	1 Yes 2 No → Go to D10	[]
D9	How many times did the child attend Posyandu in the last 3 months? <i>(December-February)</i>	..... times 66 Never go to posyandu in the last 3 months 88 Do not know	[]
D10	Do you have your child's KMS/KIA book with you? <i>(ask the mother to show the KMS/KIA book)</i>	1 Yes → Go to D12 0 No/ cannot show the KMS/KIA book	[]
D11	If no, who kept the KMS/KIA book?	1 Held by cadre 2 Lost 3 Kept by other family member 4 Do not have 77 Other (specify):	[]

		-			-		
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Sub-district Village Household

		66	NA (the mother herself kept the KMS)	
--	--	----	--------------------------------------	--

D 12. Child Dietary Diversity

- Please describe everything that (NAME) ate **yesterday during the day or night**, whether at home or outside the home.
- If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:
- What ingredients were in that (MIXED DISH)?
- As the respondent recalls foods, underline the corresponding food or write down the mentioned food and circle '1' in the column next to the food group.
- If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'.
- If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.
- **Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question**
"Yesterday during the day or night, did (NAME) drink/eat any (Please mention food in the food groups)?"
and Circle '1' if respondent says yes, '2' if no and '88' if do not know

Other Foods: please write down other foods in this box that respondent mentioned but are not in the list below:

PLEASE ASKED FOR EACH FOOD GROUP

No	Food Groups	Coding Categories			
		Specify	Yes	No	[]
1	Cereals, contoh: Porridge, bread, rice, noodles, or other foods made from grains(including corn rice, rice noodles, noodles, corn porridge or <i>jagungbose</i> , biscuit)		1	0	[]
2	White potatoes, white yams, manioc, cassava, or any other foods made from roots		1	0	[]
3	Pumpkin, carrots, chayote, or sweet potatoes that are yellow or orange inside		1	0	[]
4	Any dark green leafy vegetables(e.g. cassava leaves, spinach etc)		1	0	[]
5	Any other vegetables (e.g. tomato, eggplant, onion, etc)		1	0	[]
6	Vitamin A-rich fruits (e.g.ripe mangoes, ripe papayas, cantaloupe, jackfruit, etc)		1	0	[]
7	Any other fruits mentioned above		1	0	[]
8	Liver, kidney, heart, or other organ meats.		1	0	[]
9	Any meat, such as beef, pork, lamb, goat, chicken, or duck.		1	0	[]
10	Eggs		1	0	[]
11	Fresh or dried fish, shellfish, or seafood		1	0	[]
12	Any food made from bean, peas, peanuts butter, peanut, cashew nut (including tofu and tempeh).		1	0	[]
13	Cheese, yogurt, or other milk products.		1	0	[]
14	Any oil, fats, butter, or foods made with any of these, including cooking oil.		1	0	[]
15	Insects (scrickets, worm, water beetles, ant eggs, termites, etc)		1	0	[]
Morbidity					
D13	Did your child (interview reference) suffer from diarrhea in the last 2 weeks? (The definition for diarrhea is three or more runny stools per day)	1 Yes 0 No → <i>Go to D20</i> 88 Do not know			[]
Check: is the child still breastfed?		1 Yes 0 No → <i>Lanjut ke D16</i> 66 NA, never suffered from diarrhea			[]
D14	During your child (interview reference) diarrhea, did you change the frequency and amount of breastfeeding (probe: ask the frequency of breastfeeding)	1 Yes 0 No → <i>Go to D16</i> 66 NA, never suffered from diarrhea 88 Do not know			[]
D15	Did you reduce the number of feeds or increase them or did you stop completely?	1 Reduced 2 Increased 3 Stop completely 66 NA, never suffered from diarrhea 88 Do not know			[]
D16	Now I would like to know how much your child (interview reference) was offered to drink other than breast milk during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	1 Less 2 About the same 3 More 4 Nothing to drink/only breastmilk 66 NA, never suffered from diarrhea 88 Do not know			[]
D17	When your child (interview reference) had diarrhea, how much food was offered to eat. Was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?	1 Less 2 About the same 3 More 4 Stopped food 66 NA, never suffered from diarrhea 88 Do not know			[]
D18	When your child (interview reference) had diarrhea in the last two weeks, did you give a fluid made from a special packet (ORALIT)?	1 Yes 0 No 66 NA, never suffered from diarrhea 88 Do not know			[]
D19	When your child (interview reference) had diarrhea in the last two weeks, did you give salt-sugar solution?	1 Yes 0 No 66 NA, never suffered from diarrhea 88 Do not know			[]

D20	Did <i>your child (interview reference)</i> have cough in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D21	Did <i>your child (interview reference)</i> have fever in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D22	Did <i>your child (interview reference)</i> have difficulties breathing (runny nose, nasal congestion, breathless) in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D23	Did <i>your child (interview reference)</i> experience fast breathing or short, quick breaths in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D24	Did <i>your child (interview reference)</i> have measles in the last one year?	1 Yes 0 No 88 Do not know	[]			
D25	Did <i>your child (interview reference)</i> receive immunizations? <i>(Please check KMS/ KIA book)</i>	1 Yes 0 No → Go to D27 88 Do not know	[]			
D26	What immunizations does/did <i>your child (interview reference)</i> receive? (Tick the answer ✓ and indicate whether data refers to growth monitoring chart/KMS)	Yes [1]	No [0]	Do not know [88]	From KMS/KIA book?	Not Applicable (66)
	Hepatitis B0(0 month, newborn)	[]	[]	[]	[] []	[]
	BCG, POLIO 1 (1 month)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 2 (2 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 3 (3 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 4, IPV (4 months)	[]	[]	[]	[] []	[]
	Measles (9 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB (18 months) Measles (24 months)	[]	[]	[]	[] []	[]
D27	Did <i>your child (interview reference)</i> receive Vitamin A in the last 6 months?	1 Yes, red capsule 2 Yes, blue capsule 0 No 88 Do not know/Do not remember	[]			
D28	Have YOU (MOTHER) received <i>WFP Fortified Biscuit</i> during pregnancy and breastfeeding ?	1 Yes 0 No → Go to D30A				
D29 A	When was the last time YOU (MOTHER) received <i>WFP Fortified Biscuit</i> ? (Ask whether the mother received <i>WFP Fortified Biscuits</i> during PREGNANCY and BREAST FEEDING or only during PREGNANCY or only during BREASTFEEDING ?)	Month...../Year..... 66 Not Applicable 88 Do not remember				
D30 A	Have <i>your child (interview reference)</i> received food aid from the government? Ask whether the child received PKH (<i>Program Keluarga Harapan</i>)? <i>If YES, how much he/she received each time?</i>	1 Yes, specify the kind of food aid received from government	[]			
		0 No				
D29 B	Have <i>your child (interview reference)</i> received food aid from NGO?	1 Yes, from WFP 2 Yes, not from WFP 0 No → Go to D31	[]			
D30 B	Please specify the kind of food aid received?	..... .....			
D31	Have <i>your child (interview reference)</i> received SUN porridge (MP-ASI)?	1. Yes 2 No → Go to SECTION E 88 Do not know/do not remember	[]			

SECTION E. HOUSEHOLD FOOD SECURITY			
E1	<p>In the past four weeks, did you worry at your household would not have enough food? <i>(e.g. Worry/ had thought the food was not enough)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E2	<p>In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? <i>(e.g. Mother or other family members want to eat rice but there are only cassava available at home)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E3	<p>In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources? <i>(e.g. There are only rice/corn and cassava leaf/young papaya vegetables available during last 4 weeks)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E4	<p>In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of foods? <i>(e.g. Mother or other family members want to eat rice, however there are only corn available during the last 4 weeks)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E5	<p>In the past four weeks, did you or any household member have to eat smaller meal that you felt you needed because there was not enough food? <i>(e.g. Mother usually eat 1 plate per eating, however in the last 4 weeks she should reduced to be a half portion because shared with other family member)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E6	<p>In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food? <i>(e.g. Mother or other family member usually eat 3 times a day, but in the last 4 weeks should eat 2 times a day because there was not enough food)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E7	<p>In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? <i>(e.g. Do not have any food to eat for family members because there was no saving/can not buy food)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E8	<p>In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? <i>(e.g. do not eat and go to sleep at night hungry)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]
E9	<p>In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? <i>(e.g. Do not eat anything a whole day and night)</i></p>	<p>0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)</p>	[]

BAGIAN F.FOOD CONSUMPTION SCORE

For each of the following food groups, how many days **your child (interview reference)** consumed in the **last 1 week**.

F1.Visit Day: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
(circle one day)

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total
	Food Groups								
a	Rice, corn, cassava, taro, mie, sweet potato, yam, sago, <i>gaplek</i> , <i>tiwul</i> , and other tubers								
b	Tofu, tempeh, petai china, peanuts, soybeans, and/or other nuts								
c	Fresh milk (liquid milk/milk powder/milk box), sour milk/yogurt, cheese, or other dairy products (exclude margarine/butter/jamatausmall amounts of milk for tea/coffee, sweetened condensed milk)								
d	Meats:beef, pork, goat, chicken, duck, or other poultry, insect								
e	Organ meats: liver, kidney, heart and/or other organ meats								
f	Fresh fish, canned fish/sardines, shrimp, squid, salted fish, crab, oyster, and/or other seafood								
g	Eggs								
h	All vegetables								
i	Orange vegetables (vegetables rich in vitamin A), such as: carrot, red pepper, pumpkin, orange sweet potatoes								
j	Green leafy vegetable, such as: spinach, broccoli, cassava leaves, and/or other dark green leaves (including <i>katuk</i> leaves, papaya leaves, mustard green leaves, etc)								
k	All fruits								
l	Orange fruits (fruits rich in vitamin A), such as: mango, papaya								
m	Vegetable oil, palm oil, samin oil, margarine, other fats/oil								
n	Sugar, honey, candy, jam, sweetened condensed milk								
o	Condiment, spices, salt, coffee, tea, fish flour								

		-			-		
Sub-district		Village			Household		

F2. FOOD CONSUMPTION SCORE Filled according to the table above. (No need to be asked back to the respondent)		The number of days in which the food eaten in the past 1 week (1-7 days)
Food Groups		Child aged 18-35month
a	Rice, corn, cassava, taro, mie, sweet potato, yam, sago, <i>gaplek</i> , <i>tiwul</i> , and other tubers	[]
b	Tofu, tempeh, petai china, peanuts, soybeans, and/or other nuts	[]
c	Fresh milk (liquid milk/milk powder/milk box), sour milk/yogurt, cheese, or other dairy products (exclude margarine/butter/jamatausmall amounts of milk for tea/coffee, sweetened condensed milk)	[]
d	Meats:beef, pork, goat, chicken, duck, or other poultry, insect	[]
e	Organ meats: liver, kidney, heart and/or other organ meats	[]
f	Fresh fish, canned fish/sardines, shrimp, squid, salted fish, crab, oyster, and/or other seafood	[]
g	Eggs	[]
h	All vegetables	[]
i	Orange vegetables (vegetables rich in vitamin A), such as: carrot, red pepper, pumpkin, orange sweet potatoes	[]
j	Green leafy vegetable, such as: spinach, broccoli, cassava leaves, and/or other dark green leaves (including <i>katuk</i> leaves, papaya leaves, mustard green leaves, etc)	[]
k	All fruits	[]
l	Orange fruits (fruits rich in vitamin A), such as: mango, papaya	[]
m	Vegetable oil, palm oil, samin oil, margarine, other fats/oil	[]
n	Sugar, honey, candy, jam, sweetened condensed milk	[]
o	Condiment, spices, salt, coffee, tea, fish flour	[]

ANTHROPOMETRIC MEASUREMENT, HEMOGLOBIN, MALARIA AND BODY TEMPERATURE

Date of Measurement (dd/mm/yy)

Sub-district : _____

Village : _____

Respondent ID:

Child's Name : _____

Mother's Name : _____

Date of Birth (dd/mm/yy)	Sex (M/F)	Weigh t 1 (kg)	Weigh t 2 (kg)	Height 1 (cm)	Height 2 (cm)	Hb 1	Hb 2	Malaria Test (Pf/Pv/Neg)	Body Temperature 1	Body Temperature 2
Measurer's Name										

Height Measurement Position: [] Stand / [] Supine

FILLED BY SUPERVISOR:

Height 1: cm

Height 2: cm

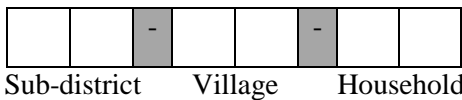
QUESTIONNAIRE FOR INTERVENTION GROUP

Date of interview:/...../..... (dd/mm/yy) Day :				For Supervisor	
Time start: Time finish:				Respondent ID □ □ . □ □ . □ □	
Enumerator [][]				Supervisor Code []	
01. SUSAN	06. NETI	11. NAOMI	16. JOHANIS	1. JUNTRA 2. RIA 3. JANNAH 4. ANDHY	
02. IRMA	07. YUSTIN	12. IO	17. NURI		
03. YORI	08. RINDA	13. TIKA	18. FRANS		
04. INTAN	09. BERTUS	14. ICHA	19. HYRO		
05. JOSE	10. MARIS	15. ENNA	20.		
Sub-district [][]				Supervisor Note: Date: Supervisor signature:	
01. WEST MOLLO	05. CENTRAL AMANUBAN	09. NORTH MOLLO	13. SOUTH MOLLO		
02. SOE CITY	06. AMANATUN SELATAN	10. WEST AMANUBAN	14. CENTRAL MOLLO		
03. BATU PUTIH	07. TOBU	11. NOEBEBA			
04. KIE	08. KUANFATU	12. KUATNANA			
Village [][]					
01. OEHALA	09. NOINBILA	17. SAUBALAN	25. FALLAS		
02. TUAKOLE	10. OINLASI	18. FENUN	26. BASMUTI		
03. CENDANA	11. BOSEN	19. SUNU	27. KUSI		
04. KOTABARU	12. FATUKOTO	20. TUBLOPO/ MEOMETAN	28. ENONEONTES		
05. OEKEFAN	13. EONBESI	21. NAKFUNU	29. LAKAT		
06. BESANA	14. OEBESI	22. NOBI NOBI	30. OEBAKI		
07. SALBAIT	15. TOFEN	23. TUMU	31. TEAS		
08. KESETNANA	16. HUETALAN	24. BOTI	32. KUALEU		
33. PIKA	34. NULLE	35.	36.		
Nama of child:				Note:	
Nama of mother:					
Nama of caregiver: (fill blank if THE CAREGIVER IS THE MOTHER)					
Enumerator signature:					

To fill the NAME of the child who will be the reference for interview: ask the number of children and write the NAME of the oldest child who are in age range of 18-35 months.

- | | | | | | | | | | | |
|---|---|--|--|--|---|--|--|---|--|--|
| 1. Child's date of birth | : day-month-year | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | - | | | - | | |
| | | - | | | - | | | | | |
| 2. Child's sex | : 1. Boy 2. Girl | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| 3. Child's birth order | : _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| 4. Number of child's sibling(s) | : _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |
| 5. Child's birth weight
(Check KMS /KIA book if available) | :grams
Write 88 if the mother did not know the birth weight, circle Y if the data from KMS | Data from KMS: Y / N

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | |



SECTION A : HOUSEHOLD DEMOGRAPHIC AND ECONOMIC							
A1. Socio demographic and economic characteristic							
Ask for all the household members. <i>Household: a group of people who eat and cook from the same cooking pot, manage income and expenses within these people in the last 6 months.</i>							
No	Name	Status ¹	Sex 1. M 2. F	Date of Birth ² (dd/mm/yyyy)	Last Education ⁽³⁾	Main-income source ⁽⁴⁾	Religion ⁽⁵⁾
		Head of HH					
A2. Main source of income of the household in the last 1 month							
							[]
A3. Number of household members							
							[]

Code:

¹ Status (relation to the head of HH): (1) Wife/husband (2) Child (3) Son/daughter in law (4) Grandchild (5) Father/mother of head of HH (6) Father/mother in law of head of HH (7) Brother/sister of head of HH (8) Adopted child (9) Other relative..... HH = Household	³ Last education (0) Not attending school (1) Illiterate (2) Elementary (not passed) (3) Graduated from Elementary School (4) Graduated from Junior High School (5) Graduated from Senior High School (6) Graduated from Diploma (D1/D2/D3/D4) (7) Graduated from university (bachelor degree (S1) / master degree (S2)) (8) Still at Elementary School (9) Still at Junior High School (10) Still at Senior High School (11) Still at Diploma (12) Still at University (S1/S2) (88) Do not know	⁴ Main income source of individual (in the last month): (1) Farmer (land owner) (2) Farmer (not land owner) (3) Laborer (construction labor, porters market, factory labor, miner/mine labor) (4) Fisherman (boat owner) (5) Fisherman (Fisherman laborer/ not boat owner) (6) Animal husbandry (7) Civil servant (8) Private employee (9) Wiraswasta (10) Trader/Seller (shop) (11) Peddler (12) Jasa Transportasi (Driver/Ojek (hired-motorbike rider)/machinist/helmsman)	(13) Housewife (14) Non-civil servant (Teacher, Health workers, dll) (15) Skilled labors/workers (carpenter, certified construction worker) (16) Crafstman (17) TKI/TKW (18) Student (19) Pensioner (20) Unemployed (77) Others (specify) (66) NA/underfive children (88) Do not know NA = Not Applicable
⁵ Religion: (1) Islam (2) Christian (3) Catholic (4) Hindu (5) Buddhist (6) Others, Specify.....	² Date of birth Write date of birth with the following format: dd/mm/yyyy. If the mother does not know the adult's date of birth/age, write 88.		

Ask your supervisor if you have difficulty in selecting the categories

A4	What is the type of your family (If there are other family member such as grand mother, aunt, etc, please choose extended family)	1 Nuclear family 2 Extended family	[]
A5	Number of child(ren) alive	.....	[ ]
A6	Type of household's income regularity (in the last 3 months) <i>(refer to the answer of A1 and probe: does the household have monthly regular income from the source mentioned? If yes, is it the same amount/similar every month?)</i>	1 Regular income with the same/almost similar amount every month. 2 Regular income, with different amount every month. 3 Have no regular income	[]
A8	How much the average of household total income in the last 1 week?	..... IDR per week Note: 88 Do not know 99 Refused to answer	[]

		-			-		
--	--	---	--	--	---	--	--

Sub-district Village Household

A9	How much the household food expenditure (all food expenditure for household, including formula milk) in the last 1 week ?	<p>..... IDR per week Note:</p> <p>88 Do not know 99 Refused to answer</p>	[]																																																																														
A10	What is the ownership status of this dwelling unit?	<p>1 Own 2 Contract/Rent (pay) 3 Free (non-family) 4 Official 5 Parent's/family's/relative's (non-resident) 6 Shared accomodation 77 Others (specify) 88 Do not know</p>	[]																																																																														
A11	What is the source of drinking water for the household in the last 1 month (If not sure, do observation)	<table border="1"> <tr><td>1</td><td>Piped water (PAM water)</td></tr> <tr><td>2</td><td>Protected dug well (close)</td></tr> <tr><td>3</td><td>Unprotected dug well (open)</td></tr> <tr><td>4</td><td>Tanker/truck water (free)</td></tr> <tr><td>5</td><td>Protected spring</td></tr> <tr><td>6</td><td>Unprotected spring</td></tr> <tr><td>7</td><td>Rain water collection</td></tr> <tr><td>8</td><td>Surface water from river/pond/dam/lake</td></tr> <tr><td>9</td><td>Vendor</td></tr> <tr><td>10</td><td>Packaged water (glass/bottle/gallon)</td></tr> <tr><td></td><td>Others (specify).....</td></tr> <tr><td>88</td><td>Do not know/Refused to answer</td></tr> </table>	1	Piped water (PAM water)	2	Protected dug well (close)	3	Unprotected dug well (open)	4	Tanker/truck water (free)	5	Protected spring	6	Unprotected spring	7	Rain water collection	8	Surface water from river/pond/dam/lake	9	Vendor	10	Packaged water (glass/bottle/gallon)		Others (specify).....	88	Do not know/Refused to answer	[]																																																						
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A12	<p><i>Does the household have the following goods/assets?</i></p> <p>(fill according to the items/goods owned)</p>	<table border="1"> <tr> <td></td> <td></td> <td>Yes = 1 No = 0</td> </tr> <tr><td>1</td><td>Private house</td><td>[]</td></tr> <tr><td>2</td><td>Rice field/ garden</td><td>[]</td></tr> <tr><td>3</td><td>Fish farm/pond</td><td>[]</td></tr> <tr><td>4</td><td>Livestock/animal farm</td><td>[]</td></tr> <tr><td>5</td><td>Car</td><td>[]</td></tr> <tr><td>6</td><td>Motorcycle</td><td>[]</td></tr> <tr><td>7</td><td>Bicycle</td><td>[]</td></tr> <tr><td>8</td><td>Radio/Tape/VCD/DVD</td><td>[]</td></tr> <tr><td>9</td><td>Television</td><td>[]</td></tr> <tr><td>10</td><td>Jewelry</td><td>[]</td></tr> <tr><td>11</td><td>Handphone WITH internet</td><td>[]</td></tr> <tr><td>12</td><td>Handphone WITHOUT internet</td><td>[]</td></tr> <tr><td>13</td><td>House phone</td><td>[]</td></tr> <tr><td>14</td><td>Sewing machine</td><td>[]</td></tr> <tr><td>15</td><td>Refrigerator</td><td>[]</td></tr> <tr><td>16</td><td>Tractor</td><td>[]</td></tr> <tr><td>17</td><td>Hand-tractor (pushed tractor dorong/two-wheeled tractor)</td><td>[]</td></tr> <tr><td>18</td><td>Agriculture equipments (hoe, sickle, hand sprayer, machete, crowbar, etc)</td><td>[]</td></tr> <tr><td>19</td><td>Irigation pump</td><td>[]</td></tr> <tr><td>20</td><td>Rice milling machine</td><td>[]</td></tr> <tr><td>21</td><td>Fishing equipments, fish nets/traps</td><td>[]</td></tr> <tr><td>22</td><td>Boat with engine</td><td>[]</td></tr> <tr><td>23</td><td>Boat without engine</td><td>[]</td></tr> <tr><td>24</td><td>Private toilet facility</td><td>[]</td></tr> <tr><td>25</td><td>Others specify.....</td><td></td></tr> </table>			Yes = 1 No = 0	1	Private house	[]	2	Rice field/ garden	[]	3	Fish farm/pond	[]	4	Livestock/animal farm	[]	5	Car	[]	6	Motorcycle	[]	7	Bicycle	[]	8	Radio/Tape/VCD/DVD	[]	9	Television	[]	10	Jewelry	[]	11	Handphone WITH internet	[]	12	Handphone WITHOUT internet	[]	13	House phone	[]	14	Sewing machine	[]	15	Refrigerator	[]	16	Tractor	[]	17	Hand-tractor (pushed tractor dorong/two-wheeled tractor)	[]	18	Agriculture equipments (hoe, sickle, hand sprayer, machete, crowbar, etc)	[]	19	Irigation pump	[]	20	Rice milling machine	[]	21	Fishing equipments, fish nets/traps	[]	22	Boat with engine	[]	23	Boat without engine	[]	24	Private toilet facility	[]	25	Others specify.....		
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B.	BREASTFEEDING PRACTICE (breastfeed/formula milk)		
B1	Did you ever breastfed <i>your child (interview reference)</i> ?	1 Yes 2 No → Go to B5	[]
B2	If <i>your child (interview reference)</i> ever breastfed, did you breastfed when the child ask, already scheduled, or both?	1 When the child ask 2 Scheduled 3 Both (1 and 2) 66 NA, mother never breastfed 88 Do not know	[]
B3	Do you still breastfed <i>your child (interview reference)</i> ?	1 Yes → Go to B5 2 No 66 NA, mother never breastfed her child	[]
B4	For how many months did you breastfed <i>your child (interview reference)</i>?	..... months 66 NA, the child still breastfeed / mother never breastfed her child 88 Do not know / Do not remember	[] []
B5	Did <i>your child (interview reference)</i> drink anything from a bottle yesterday (during the day and at night)?	1 Yes 2 No → GO TO SECTION C	[]
B6	Did the bottle contained breastmilk or others?	1 Yes, contained breastmilk 2 No, contained other than breastmilk 3 Do not remember 4 Both (breastmilk and drink other than milk) 66 Not applicable, mother did not give a drink from a bottle yesterday	[]

C.	CHILD FEEDING PRACTICE		
C1	How old was <i>your child (interview reference)</i> when you gave the first fluid other than breastmilk ? <i>*exclusive breastfeeding indicator</i>	..... months / (.....weeks) (write how many weeks if less than 1 month) Be careful while asking this question, when the mother answered the child's age, please ask whether the mother gave something to the child before that age 1 Never given fluid other than breastmilk, however already have eaten soft/semi solid/solid food *please confirm whether the child was only given food without fluid other than breastmilk 88 Do not know/refuse to answer	[] []
C2	What fluid other than breastmilk that you gave to <i>your child (interview reference)</i> for the first time on that age? <i>(Only one answer)</i>	1 Formula milk, brand..... 2 Plain water 3 Tea 4 Soup/broth 5 Rice water (tajan) 6 Honey 66 NA, child was only given breastmilk 77 Others (specify) 88 Do not know	[]
C3	Did <i>your child (interview reference)</i> ever drink formula milk?	1 Yes 2 No → Go to C6 66 NA, anak hanya diberikan ASI saja 88 Tidak tahu/tidak ingat	[]
C4	Did you gave <i>your child (interview reference)</i> formula milk YESTERDAY ?	1 Yes 2 No → Go to C6 66 NA, child never drink formula milk 88 Do not know/ do not remember	[]
C5	How many times did you gave formula milk for <i>your child (interview reference)</i> YESTERDAY ? <i>*has to be in accordance with the resut of 24 hours recall</i>	.....times* If the mother says "when a child asks" or "do not know", please ask again whether the child was given once, 2 times, 3 times, 4 times, or more than 5 times, in order to help mother to remember. If the mother still says "forget", write 88. 66 NA, child never drink formula milk yesterday	[]
C6	How old was <i>your child (interview reference)</i> when you gave the first food (soft/semi solid/solid food) ? (Note: soup/ broth was not included as soft/semi solid/solid food. Soup/broth with mashed vegetable was included as semi solid food)	.....months / (.....weeks) (write how many weeks if less than 1 month) Be careful while asking this question, when the mother answered the child's age, please ask whether the mother gave something to the child before that age 66 Not applicable, the child was only given breastmilk/formula milk → Go to C6 88 Do not know	[]

C7	<p>What food that you gave to <u>your child (interview reference)</u> for the first time on that age?</p> <p>(Please ask the main food ingredient). <i>Only one answer</i></p>	<p>1 Fruit 2 Vegetable 3 Meat 4 Organ meats (heart, liver, dll) 5 Rice, porridgeNasi, bubur, tepung-tepungan 6 Nuts 8 Instant porridge/instant biscuit 9 Egg 66 NA, the child was only given breastmilk/formula milk 77 Other (specify)</p>	[]
C8	<p><u>What are the difference in feeding your child (interview reference with other family members (Please mention the choice answer, fill the answer with 1 if the answer is Yes or 2 if the answer is No)</u></p> <p>(the answer can be more than one)</p>	<p>Yes= 1 No = 0</p>	
		1 Different feeding/eating time	[]
		2 More frequent than other family members	[]
		3 Different type of food given	[]
		4 Type (variation) of food given was less than other family members	[]
		5 Portion of food given was less than other family members	[]
		66 NA, the child was only given breastmilk/formula milk	[]
		77 Other (specify).....	[]

D. Access to public health services			
D1	<p>If your child is sick, where do you usually bring your child for medical treatment? (refer to the oldest child)</p>	<p>1 Primary Health Center (Puskesmas) 2 Polindes 3 Hospital Name of hospital..... 4 Private clinic/doctor/ midwife 5 Traditional healer 6 Integrated Health Post (Posyandu) 7 Do nothing 77 Other (specify) : 99 No answer/ child is never sick</p>	[]
D2	<p>What is your main reason to go there?</p>	<p>1 No other choice 2 Closest to reach 3 Cheapest 4 Family habit 5 Good service 6 Well recommended 66 Not applicable (if the child never sick or never go to anywhere to get treatment) 77 Other (specify) : 99 No answer</p>	[]
D3	<p>What is the nearest health service from your house?</p>	<p>1 Primary Health Center 2 Polindes 3 Pustu 4 Hospital, Name of hospital..... 5 Private clinic/doctor/midwife 77 Other, specify.....</p>	[]
D4	<p>How can you reach the Health Center? (refer to question B3, if using vehicle, write the type of the vehicle).</p>	<p>1 By Walking 2 By Using vehicle..... 66 Not applicable (never go to health center) 77 Other (specify).....</p>	[]
D5	<p>How far is the closest health service from your house? 60 minutes = 2 km walking</p>	<p>.....minutes 1 Can not be reached by walking 66 Not applicable (never go to health center)</p>	[]
D6	<p>Is there a Posyandu held in your area?</p>	<p>1 Yes 2 No → Go to D8 88 Do not know</p>	[]
D7	<p>How often is the posyandu held in your area?</p>	<p>1 Every month 0 Every 2 months or more 66 Not applicable/No posyandu 88 Do not know</p>	[]
D8	<p>Do you bring your child to Posyandu?</p>	<p>1 Yes 2 No → Go to D10</p>	[]
D9	<p>How many times did the child attend Posyandu in the last 3 months? (December-February)</p>	<p>..... times 66 Never go to posyandu in the last 3 months 88 Do not know</p>	[]
D10	<p>Do you have your child's KMS/KIA book with you? (ask the mother to show the KMS/KIA book)</p>	<p>1 Yes → Go to D12 0 No/ cannot show the KMS/KIA book</p>	[]
D11	<p>If no, who kept the KMS/KIA book?</p>	<p>1 Held by cadre 2 Lost 3 Kept by other family member 4 Do not have 77 Other (specify):</p>	[]

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Sub-district Village Household

		66	NA (the mother herself kept the KMS)	
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D 12. Child Dietary Diversity

- Please describe everything that (NAME) ate **yesterday during the day or night**, whether at home or outside the home.
- If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:
- What ingredients were in that (MIXED DISH)?
- As the respondent recalls foods, underline the corresponding food or write down the mentioned food and circle '1' in the column next to the food group.
- If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'.
- If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.
- **Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question**
"Yesterday during the day or night, did (NAME) drink/eat any (Please mention food in the food groups)?"
and Circle '1' if respondent says yes, '2' if no and '88' if do not know

Other Foods: please write down other foods in this box that respondent mentioned but are not in the list below:

PLEASE ASKED FOR EACH FOOD GROUP

No	Food Groups	Coding Categories			
		Specify	Yes	No	[]
1	Cereals, contoh: Porridge, bread, rice, noodles, or other foods made from grains (including corn rice, rice noodles, noodles, corn porridge or <i>jagung bose</i> , biscuit)		1	0	[]
2	White potatoes, white yams, manioc, cassava, or any other foods made from roots		1	0	[]
3	Pumpkin, carrots, chayote, or sweet potatoes that are yellow or orange inside		1	0	[]
4	Any dark green leafy vegetables (e.g. cassava leaves, spinach etc)		1	0	[]
5	Any other vegetables (e.g. tomato, eggplant, onion, etc)		1	0	[]
6	Vitamin A-rich fruits (e.g. ripe mangoes, ripe papayas, cantaloupe, jackfruit, etc)		1	0	[]
7	Any other fruits mentioned above		1	0	[]
8	Liver, kidney, heart, or other organ meats.		1	0	[]
9	Any meat, such as beef, pork, lamb, goat, chicken, or duck.		1	0	[]
10	Eggs		1	0	[]
11	Fresh or dried fish, shellfish, or seafood		1	0	[]
12	Any food made from bean, peas, peanuts butter, peanut, cashew nut (including tofu and tempeh).		1	0	[]
13	Cheese, yogurt, or other milk products.		1	0	[]
14	Any oil, fats, butter, or foods made with any of these, including cooking oil.		1	0	[]
15	Insects (scrickets, worm, water beetles, ant eggs, termites, etc)		1	0	[]
Morbidity					
D13	Did your child (interview reference) suffer from diarrhea in the last 2 weeks? (The definition for diarrhea is three or more runny stools per day)	1 Yes 0 No → Go to D20 88 Do not know			[]
Check: is the child still breastfed?		1 Yes 0 No → Lanjut ke D16 66 NA, never suffered from diarrhea			[]
D14	During your child (interview reference) diarrhea, did you change the frequency and amount of breastfeeding (probe: ask the frequency of breastfeeding)	1 Yes 0 No → Go to D16 66 NA, never suffered from diarrhea 88 Do not know			[]
D15	Did you reduce the number of feeds or increase them or did you stop completely?	1 Reduced 2 Increased 3 Stop completely 66 NA, never suffered from diarrhea 88 Do not know			[]
D16	Now I would like to know how much your child (interview reference) was offered to drink other than breast milk during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	1 Less 2 About the same 3 More 4 Nothing to drink/only breastmilk 66 NA, never suffered from diarrhea 88 Do not know			[]
D17	When your child (interview reference) had diarrhea, how much food was offered to eat. Was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?	1 Less 2 About the same 3 More 4 Stopped food 66 NA, never suffered from diarrhea 88 Do not know			[]
D18	When your child (interview reference) had diarrhea in the last two weeks, did you give a fluid made from a special packet (ORALIT)?	1 Yes 0 No 66 NA, never suffered from diarrhea 88 Do not know			[]
D19	When your child (interview reference) had diarrhea in the last two weeks, did you give salt-sugar solution?	1 Yes 0 No 66 NA, never suffered from diarrhea 88 Do not know			[]

D20	Did <u>your child (interview reference)</u> have cough in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D21	Did <u>your child (interview reference)</u> have fever in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D22	Did <u>your child (interview reference)</u> have difficulties breathing (runny nose, nasal congestion, breathless) in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D23	Did <u>your child (interview reference)</u> experience fast breathing or short, quick breaths in the last two weeks?	1 Yes 0 No 88 Do not know	[]			
D24	Did <u>your child (interview reference)</u> have measles in the last one year?	1 Yes 0 No 88 Do not know	[]			
D25	Did <u>your child (interview reference)</u> receive immunizations? <i>(Please check KMS/ KIA book)</i>	1 Yes 0 No → Go to D27 88 Do not know	[]			
D26	What immunizations does/did <u>your child (interview reference)</u> receive? (Tick the answer ✓ and indicate whether data refers to growth monitoring chart/KMS)	Yes [1]	No [0]	Do not know [88]	From KMS/KIA book? Yes(1) No(0)	Not Applicable (66)
	Hepatitis B0 (0 month, newborn)	[]	[]	[]	[] []	[]
	BCG, POLIO 1 (1 month)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 2 (2 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 3 (3 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB 1, POLIO 4, IPV (4 months)	[]	[]	[]	[] []	[]
	Measles (9 months)	[]	[]	[]	[] []	[]
	DPT-HB-HiB (18 months)	[]	[]	[]	[] []	[]
	Measles (24 months)	[]	[]	[]	[] []	[]
D27	Did <u>your child (interview reference)</u> receive Vitamin A in the last 6 months?	1 Yes, red capsule 2 Yes, blue capsule 0 No 88 Do not know/Do not remember	[]			
D28	Have YOU (MOTHER) received <i>WFP Fortified Biscuit</i> during pregnancy and breastfeeding ?	1 Yes 0 No → Go to D30A				
D29 A	When was the last time YOU (MOTHER) received <i>WFP Fortified Biscuit</i> ? (Ask whether the mother received <i>WFP Fortified Biscuits</i> during PREGNANCY and BREAST FEEDING or only during PREGNANCY or only during BREASTFEEDING ?)	Month...../Year..... 66 Not Applicable 88 Do not remember				
D30 A	Have <u>your child (interview reference)</u> received food aid from the government? Ask whether the child received PKH (<i>Program Keluarga Harapan</i>)? <i>If YES, how much he/she received each time?</i>	1 Yes, specify the kind of food aid received from government	[]			
		0 No				
D29 B	Have <u>your child (interview reference)</u> received food aid from NGO?	1 Yes, from WFP 2 Yes, not from WFP 0 No → Go to D31	[]			
D30 B	Please specify the kind of food aid received?	..... .....			
D31	Have <u>your child (interview reference)</u> received SUN porridge (MP-ASI)?	1. Yes 2 No → Go to SECTION E 88 Do not know/do not remember	[]			
D32	When was the last time <u>your child (interview reference)</u> received SUN porridge (MP-ASI)?	Month...../Year..... 66 Not applicable/never received 88 Do not remember/refused to answer	[]			
D33	How many sachets of SUN porridge (MP-ASI) have you received in the last time ? Berapa sachet/bungkus Bubur SUN (MP-ASI) yang Anda terima terakhir kali ? (refer to the last month received SUN porridge (MP-ASI), in accordance with the answer number D32)	..... Sachets → Go to D35	[]		
D34	Do you know the reason why you did not receive any SUN porridge (MP-ASI) in February 2016 ?	1 I did not attend posyandu day 2 No distribution happened 3 The child was 2 years old or more 77 Others, specify: 66 Not applicable/received SUN porridge in February 2016 88 Do not remember/refused to answer	[]			

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Sub-district Village Household

D35	Who does normally consume the SUN porridge (MP-ASI)?	1 Only my child 6-24 months (no share) 2 Share with my child's siblings 3 Share also with family members 4 Share also with people outside family 66 Not applicable, never received SUN porridge (MP-ASI) 88 Do not remember/refused to answer	[]
D36	How many sachet <i>your child (interview reference)</i> consumed the SUN porridge (MP-ASI) in per week normally?	1 Less than 7 sachets 2 8 to 14 sachets 3 15 to 21 sachets 4 Greater than 21 sachets 66 Not applicable, never received SUN porridge (MP-ASI) 77 Other (specify)..... 88 Do not know/do not remember	[]
D37	How many sachets <i>your child (interview reference)</i> consumed the SUN porridge (MP-ASI) per DAY normally?	1 0.5 – 1 sachets 2 1.5 – 2 sachets 3 2.5 – 3 sachets 4 Greater than 3 sachets 66 Not applicable, never received SUN porridge (MP-ASI)	[]
D38	How many sachets <i>your child (interview reference)</i> consumed the SUN porridge (MP-ASI) per FEEDING normally?	1 0.5 – 1 sachets 2 1.5 – 2 sachets 3 2.5 – 3 sachets 4 Greater than 3 sachets 66 Not applicable, never received SUN porridge (MP-ASI)	[]
D38	Did you finish last time's ration of the SUN porridge (MP-ASI)?	1 Yes, it is finished 2 No/not yet 66 Not applicable, never received SUN porridge (MP-ASI) 88 Do not know/refused to answer	[]
D39	Does your child like the SUN porridge (MP-ASI)?	1 Yes 2 No 66 Not applicable, never received SUN porridge (MP-ASI) 88 Do not know/refused to answer	[]
D40	Did you receive instruction on how to prepare the SUN porridge (MP-ASI) at posyandu?	1 Yes 2 No 66 Not applicable, never received SUN porridge (MP-ASI) 88 Do not know/refused to answer	[]
D41	How do you prepare the SUN porridge (MP-ASI)?	1 Mix with boiled hot water from dispenser or vacuum flask 2 Cook it over heat (on fire) 3 Your child consume as it is (without any preparation) → <i>Go to D44</i> 77 Other, specify:..... 66 Not applicable, never received SUN porridge (MP-ASI) 88 Do not know/refused to answer	[]
D42	What is the source of water used for the SUN porridge (MP-ASI)?	1 Piped water (PAM water) 2 Protected dug well (close) 3 Unprotected dug well (open) 4 Tanker/truck water (free) 5 Protected spring 6 Unprotected spring 7 Rain water collection 8 Surface water from river/pond/dam/lake 9 Vendor 10 Packaged water (glass/bottle/gallon) 77 Other (specify)..... 66 Not applicable, never received SUN porridge (MP-ASI) / the child consumed without any preparation 88 Do not know/refused to answer	[]
D43	What kind of water you usually use when preparing the SUN porridge (MP-ASI)?	1 Un-boiled water 2 Boiling water (directly from fire) 3 Cooled boiled water 4 Hot water (once boiled) which is kept in a vacuum flask 77 Other (specify)..... 66 Not applicable, never received SUN porridge (MP-ASI) / the child consumed without any preparation 88 Do not know/refused to answer	[]

D44	Do you wash your hands before preparing the SUN porridge (MP-ASI)?	1 Yes, with soap → Go to SECTION E 2 Yes, without soap 3 Only sometimes 4 No, not at all 77 Other..... 88 Do not know/refused to answer 66 Not applicable, never received SUN porridge (MP-ASI)	[]
D45	Please specify the reason on why you don't wash your hands before preparing the SUN porridge (MP-ASI)?	1 Forget, or in a hurry, it's not my habit 2 My hands are already clean or I won't touch the food because I use a spoon 3 Lack of water or clean water available 4 Lack of soap available 77 Other..... 66 Not applicable/always wash my hands 88 Do not know/refused to answer	[]

SECTION E. HOUSEHOLD FOOD SECURITY

E1	In the past four weeks, did you worry at your household would not have enough food? <i>(e.g. Worry/ had thought the food was not enough)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E2	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? <i>(e.g. Mother or other family members want to eat rice but there are only cassava available at home)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E3	In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources? <i>(e.g. There are only rice/corn and cassava leaf/young papaya vegetables available during last 4 weeks)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E4	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of foods? <i>(e.g. Mother or other family members want to eat rice, however there are only corn available during the last 4 weeks)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E5	In the past four weeks, did you or any household member have to eat smaller meal that you felt you needed because there was not enough food? <i>(e.g. Mother usually eat 1 plate per eating, however in the last 4 weeks she should reduced to be a half portion because shared with other family member)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E6	In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food? <i>(e.g. Mother or other family member usually eat 3 times a day, but in the last 4 weeks should eat 2 times a day because there was not enough food)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E7	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? <i>(e.g. Do not have any food to eat for family members because there was no saving/can not buy food)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E8	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? <i>(e.g. do not eat and go to sleep at night hungry)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]
E9	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? <i>(e.g. Do not eat anything a whole day and night)</i>	0 No 1 Rarely (once or twice in the past 4 weeks) 2 Sometimes (3-10 times in the past 4 weeks) 3 Often (> 10 times in the past 4 weeks)	[]

BAGIAN F. FOOD CONSUMPTION SCORE

For each of the following food groups, how many days **your child (interview reference)** consumed in the **last 1 week**.

F1. Visit Day: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
(circle one day)

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total
	Food Groups								
a	Rice, corn, cassava, taro, mie, sweet potato, yam, sago, <i>gaplek</i> , <i>tiwul</i> , and other tubers								
b	Tofu, tempeh, petai china, peanuts, soybeans, and/or other nuts								
c	Fresh milk (liquid milk/milk powder/milk box), sour milk/yogurt, cheese, or other dairy products (exclude margarine/butter/jam atau small amounts of milk for tea/coffee, sweetened condensed milk)								
d	Meats: beef, pork, goat, chicken, duck, or other poultry, insect								
e	Organ meats: liver, kidney, heart and/or other organ meats								
f	Fresh fish, canned fish/sardines, shrimp, squid, salted fish, crab, oyster, and/or other seafood								
g	Eggs								
h	All vegetables								
i	Orange vegetables (vegetables rich in vitamin A), such as: carrot, red pepper, pumpkin, orange sweet potatoes								
j	Green leafy vegetable, such as: spinach, broccoli, cassava leaves, and/or other dark green leaves (including <i>katuk</i> leaves, papaya leaves, mustard green leaves, etc)								
k	All fruits								
l	Orange fruits (fruits rich in vitamin A), such as: mango, papaya								
m	Vegetable oil, palm oil, samin oil, margarine, other fats/oil								
n	Sugar, honey, candy, jam, sweetened condensed milk								
o	Condiment, spices, salt, coffee, tea, fish flour								

		-			-		
Sub-district	Village				Household		

	F2. FOOD CONSUMPTION SCORE Filled according to the table above. (No need to be asked back to the respondent)	The number of days in which the food eaten <u>in the past 1 week</u> (1-7 days)
	Food Groups	Child aged 18-35 month
a	Rice, corn, cassava, taro, mie, sweet potato, yam, sago, <i>gaplek</i> , <i>tiwul</i> , and other tubers	[]
b	Tofu, tempeh, petai china, peanuts, soybeans, and/or other nuts	[]
c	Fresh milk (liquid milk/milk powder/milk box), sour milk/yogurt, cheese, or other dairy products (exclude margarine/butter/jam atau small amounts of milk for tea/coffee, sweetened condensed milk)	[]
d	Meats: beef, pork, goat, chicken, duck, or other poultry, insect	[]
e	Organ meats: liver, kidney, heart and/or other organ meats	[]
f	Fresh fish, canned fish/sardines, shrimp, squid, salted fish, crab, oyster, and/or other seafood	[]
g	Eggs	[]
h	All vegetables	[]
i	Orange vegetables (vegetables rich in vitamin A), such as: carrot, red pepper, pumpkin, orange sweet potatoes	[]
j	Green leafy vegetable, such as: spinach, broccoli, cassava leaves, and/or other dark green leaves (including <i>katuk</i> leaves, papaya leaves, mustard green leaves, etc)	[]
k	All fruits	[]
l	Orange fruits (fruits rich in vitamin A), such as: mango, papaya	[]
m	Vegetable oil, palm oil, samin oil, margarine, other fats/oil	[]
n	Sugar, honey, candy, jam, sweetened condensed milk	[]
o	Condiment, spices, salt, coffee, tea, fish flour	[]

ANTHROPOMETRIC MEASUREMENT, HEMOGLOBIN, MALARIA AND BODY TEMPERATURE

Date of Measurement (dd/mm/yy)

Sub-district : _____

Village : _____

Respondent ID :

Child's Name : _____

Mother's Name : _____

Date of Birth (dd/mm/yy)	Sex (M/F)	Weigh t 1 (kg)	Weigh t 2 (kg)	Height 1 (cm)	Height 2 (cm)	Hb 1	Hb 2	Malaria Test (Pf/Pv/Neg)	Body Tempe rature 1	Body Tempe rature 2
Measurer's Name										

Height Measurement Position: [] Stand / [] Supine

FILLED BY SUPERVISOR:

Height 1: cm

Height 2: cm

		-			-		
--	--	---	--	--	---	--	--

Kecamatan

Desa

Rumah Tangga

Is today's menu different from usual menu? 1. Yes 2. No

If Yes, what is the difference (type of food, frequency of consumption, amount less or more)?
.....
.....

Main Meal frequency : / day

Snacks frequency : / day

Semi-structured Guide A – Understanding Caregivers & PLW

Phase 1 Guide

Directions: Please go through this guide question by question in the order that the questions are presented. While you have to ask every question as the data collector, it will be up to you how to probe, and when to probe more deeply. You should probe based on what you hear from this interviewer, what you have learned from previous informants, and to get the necessary information to cover all research topics outlined in trainings.

Thank you for joining me today for this interview. I will ask you some questions, and I hope that you can very detailed in your responses. I want to hear your stories and detailed explanations.

Infant & Young Child Feeding Practices

Now, let's talk about infant and young child feeding in general. Remember there are no right or wrong answers. I am just interested to hear your personal experiences and thoughts.

- **Tell me about your breastfeeding practices from the time the baby is born until 2 years of age**
 - Probe on challenges and facilitating factors to breastfeeding
 - Probe on importance of exclusive BF
 - Probe on importance of continued BF
 - Probe on changes in BF practices from before MCN program to currently/during MCN

- **Describe for me how and when you introduce foods to your infant / young child**
 - Probe on the entire process, from birth to the current situation
 - Probe on reasons why specific behaviors were carried out
 - Probe on changes in introducing foods from before MCN program to currently/during MCN

- **Explain the types of foods you perceive to be most important for your baby up to 2 years and explain reasons**
 - Probe on the ease of getting these important foods for your baby
 - Probe on where the caregiver got information about these foods
 - Probe on whether any food-related changes occurred before/after MCN program

- **Talk about who influences your knowledge and behaviors for feeding your infant and young child**
 - Probe on challenges related to the influence of others
 - Probe on strongest influences in this community

- **Describe in detail what you learned, or wish you had learned, about infant and young child feeding from participation in this program**
 - Probe on factors influencing the ability to do these behaviors (easier or harder)
 - Probe on any specific changes from being part of this MCN program related to infant and young child feeding

- **Please describe in detail in regards to the IYCF-related decision making**

- Explain on who decides what to do with the food (biscuits or MPASI) given by WFP? (share a portion, who eats the food)
- Explain on who make decisions about child feeding practices, reason why

Specialized nutritious foods

Your detailed answers on the previous topic were great. That is the level of detail that I am interested to understand. Now I want to transition to discussing the special foods that you were given in more detail

- **First, discuss for me your perceptions of the free food ration given out during this program. Tell me your perceptions of the food ration given to pregnant & lactating women?**
 - What impacts on health did the food ration have for you?
 - Talk about how the baby enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community
 - Describe how easy or difficult it was to consume this food regularly and reasons why
- **Next, tell me about your perceptions of the free food ration given out to children.**
 - What impacts on health did the food ration have for your baby?
 - Talk about how the baby enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community
 - Describe how easy or difficult it was for the baby to consume this food regularly and reasons
- **Tell me about health and nutrition services you prefer during MCN intervention**
 - Explain where do you receive the food ration
 - Talk about the comfortness of the mothers during the food distribution
- **The long term benefit of food assistance**
 - Could you talk any long term effects (benefit or challenges) from receiving that you received from the beginning of the MCN program until now.
 - Could you talk any long term effects (benefit or challenges) that you received from now until looking into the future.

Behavior Change Communications / Sensitization

- **Now let's talk about the messaging and related support that this program provided. What were your general impressions about the messaging and support you received?**

- Probe on aspects that the person enjoyed the most about messaging sensitization
- Probe on aspects that the person did not enjoy about messaging/sensitization
- **Discuss what channel you most enjoyed receiving information through.**
 - Probe on reasons why one channel was preferred over others
- **Explain your perception of the effectiveness of the materials for educating you about infant and young child feeding?**
 - Probe on reasons why the materials and support were effective / not effective
 - Probe suggested alternatives for future programs
- **Tell me how this messaging changed your knowledge and attitude toward health and nutrition from before the program until now.**
 - Probe on most important things learned from the messaging and support in this program

Program participation

- **Explain the specific aspects of this program that made it easy / enjoyable for you to participate**
 - Probe on favorite aspect and why
- **Explain challenges or things you didn't like while taking part in the program**
 - Probe on least favorite aspect and why
- **What specific recommendations do you have for improving this program in the future?**
 - Probe on recommended changes or wishes
- **I want to ask you about each specific activity quickly to get your perception of its purpose and benefit.**
 - Probe on purpose and benefits to registration at Posyandu
 - Probe on purpose and benefits to monthly weighing
 - Probe on purpose and benefits to receiving the free food rations
 - Probe on purpose and benefits to receiving the messaging and sensitization
 - Probe on purpose and benefits to receiving support groups
 - Probe on purpose and benefits to receiving the immunizations

Conclusion

- **Thank you for talking to me today. Could you explain any final recommendations to improve your experience in this program?**
- **Do you have any final questions/comments for me?**

Thank you for your time today.

Descriptor:

- Age of mothers
- Mothers' education
- Geography
- Age of children
- Number of children, number of U5 children

Semi-structured Guide B – Women’s Group Member & Cadres

Phase 1 Guide

Directions: Please go through this guide question by question in the order that the questions are presented. While you have to ask every question as the data collector, it will be up to you how to probe, and when to probe more deeply. You should probe based on what you hear from this interviewer, what you have learned from previous informants, and to get the necessary information to cover all research topics outlined in trainings.

Thank you for joining me today for this interview. I will ask you some questions, and I hope that you can very detailed in your responses. I want to hear your stories and detailed explanations.

Infant & Young Child Feeding Practices

Now, let’s talk about infant and young child feeding in general. Remember there are no right or wrong answers. I am just interested to hear your personal experiences and thoughts.

- **Tell me about breastfeeding practices from the time a baby is born until 2 years of age among mothers in the MCN program**
 - Probe on challenges and facilitating factors to breastfeeding
 - Probe on importance of exclusive BF
 - Probe on importance of continued BF
 - Probe on changes in BF practices from before MCN program to currently/during MCN

- **Describe for me how and when women should introduce foods to an infant / young child**
 - Probe on the entire process, from birth to the current situation
 - Probe on reasons why specific behaviors were carried out
 - Probe on any changes in introducing foods from before MCN program to currently/during MCN

- **Explain the types of foods you perceive to be most important for young children up to 2 years and explain reasons**
 - Probe on the ease of getting these important foods for your baby
 - Probe on where the caregiver got information about these foods
 - Probe on whether any food-related changes occurred before/after MCN program

- **In the community, talk about who influences the knowledge and behaviors for feeding infant and young children mostly**
 - Probe on this person’s role in changing behaviors
 - Probe on any actual changes the MCN program impacted related to infant and young child feeding

- **Describe in detail to what extent you agree / disagree with the infant and young child feeding messages given in this MCN program to PLW and caregivers**
 - Probe on whether this person ever gave contradictory messages and reasons why

Specialized nutritious foods

Your detailed answers on the previous topic were great. That is the level of detail that I am interested to understand. Now I want to transition to discussing the special foods that you were given in more detail

- **First, discuss for me your perceptions of the free food ration given out during this program. Tell me your perceptions of the food ration given to pregnant & lactating women?**
 - What impacts on health did the food ration have for PLW?
 - Talk about how the PLW enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community and details how and why it occurred
 - Describe how easy or difficult it was to consume this food regularly for PLW and reasons why
- **Next, tell me about your perceptions of the free food ration given out to children.**
 - What impacts on health did the food ration have for young children?
 - Talk about how the children enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community and details how and why it occurred
 - Describe how easy or difficult it was for the baby to consume this food regularly and reasons that you heard from mothers

Behavior Change Communications / Sensitization

- **Now let's talk about the messaging and related support that this program provided. What were your general impressions about the messaging and support?**
 - Probe on whether the support groups were helpful and reasons why
 - Probe on effectiveness of sensitization
 - Probe on appropriateness of MCN messages and activities in relation to local social-cultural context
- **Explain your perception of the effectiveness of the materials for educating PLW and caregivers infant and young child feeding?**
 - Probe on reasons why the materials and support were effective / not effective
 - Probe suggested alternative strategies for future programs
- **Tell me how this messaging and support changed the knowledge and attitudes of PLW and caregivers toward health and nutrition from before the program until now.**
 - Probe on specific behaviors that changed after PLW and caregivers received messaging

- Probe on specific behaviors that didn't change and may never change and reasons why

Program participation

- **Explain your role in this program**
- **Probe on specific aspects of this program that made it easy / enjoyable for you to participate**
 - Probe on favorite aspect and why
- **Explain challenges or things you didn't like while taking part in the program**
 - Probe on least favorite aspect and why
- **What specific recommendations do you have for improving this program in the future?**
 - Probe on recommended changes or wishes to specific aspects of the program
- **Finally, I want to talk about specific program activities that we haven't discussed**
 - Probe on purpose and benefits to registration at Posyandu
 - Probe on purpose and benefits to monthly weighing
 - Probe on purpose and benefits to receiving the free food rations
 - Probe on purpose and benefits to receiving the messaging and sensitization
 - Probe on purpose and benefits to receiving support groups
 - Probe on purpose and benefits to receiving the immunizations

Conclusion

- **Thank you for talking to me today. Could you explain any final recommendations to improve this program for communities?**
- **Do you have any final questions/comments for me?**

Thank you for your time today.

Semi-structured Guide C –Influencers (Fathers, grandmothers, and community leaders)

Phase 1 Guide

Directions: Please go through this guide question by question in the order that the questions are presented. While you have to ask every question as the data collector, it will be up to you how to probe, and when to probe more deeply. You should probe based on what you hear from this interviewer, what you have learned from previous informants, and to get the necessary information to cover all research topics outlined in trainings.

Thank you for joining me today for this interview. I will ask you some questions, and I hope that you can very detailed in your responses. I want to hear your stories and detailed explanations.

Infant & Young Child Feeding Practices

Now, let's talk about infant and young child feeding in general. Remember there are no right or wrong answers. I am just interested to hear your personal experiences and thoughts.

- **Tell me about your breastfeeding practices from the time a baby is born until 2 years of age**
 - Probe on challenges and facilitating factors to breastfeeding
 - Probe on importance of exclusive BF
 - Probe on importance of continued BF
 - Probe on changes in BF practices from before MCN program to currently/during MCN

- **Describe for me how and when women should introduce foods to an infant / young child**
 - Probe on the entire process, from birth to the current situation
 - Probe on reasons why specific behaviors were carried out
 - Probe on any changes in introducing foods from before MCN program to currently/during MCN

- **Explain the types of foods you perceive to be most important for a baby up to 2 years and explain reasons**
 - Probe on the ease of getting these important foods for your baby
 - Probe on where the caregiver got information about these foods
 - Probe on whether any food-related changes occurred before/after MCN program

- **In the community, talk about who influences the knowledge and behaviors for feeding infant and young children mostly**
 - Probe on any changes in these influences that the MCN program caused

- **Describe in detail to what extent you agree / disagree with the infant and young child feeding messages given in this MCN program to PLW and caregivers**
 - Probe on actions taken, if any, to support or prevent PLW and caregivers from changing behaviors

- **IYCF-related decision making**
 - Explain on who decides what to do with the food (biscuits or MPASI) given by WFP? (share a portion, who eats the food)

- Explain on who make decisions about child feeding practices, reason why

Specialized nutritious foods

Your detailed answers on the previous topic were great. That is the level of detail that I am interested to understand. Now I want to transition to discussing the special foods that you were given in more detail

- **First, discuss for me your perceptions of the free food ration given out during this program. Tell me your perceptions of the food ration given to pregnant & lactating women?**
 - What impacts on health did the food ration have for PLW?
 - Talk about how the PLW enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community and details how and why it occurred
 - Describe how easy or difficult it was to consume this food regularly for PLW and reasons why
- **Next, tell me about your perceptions of the free food ration given out to children.**
 - What impacts on health did the food ration have for young children?
 - Talk about how the children enjoyed / didn't enjoy the food and reasons why
 - Explain how much food ration sharing occurred in the household and community and details how and why it occurred
 - Describe how easy or difficult it was for the baby to consume this food regularly and reasons that you heard from mothers

Behavior Change Communications / Sensitization

- **Now let's talk about the messaging and related support that this program provided. What were your general impressions about the messaging and support?**
 - Probe on whether the sensitization of the community was done well and appropriately
 - Probe on suggestions for improvement
- **Explain your perception of the effectiveness of the materials for educating PLW and caregivers infant and young child feeding?**
 - Probe on reasons why the materials and support were effective / not effective
 - Probe suggested alternatives for future programs
- **Tell me how this messaging changed the knowledge and attitudes of PLW and caregivers toward health and nutrition from before the program until now.**

- Probe on specific changes the person noticed about the behaviors of PLW or caregivers after receiving this messaging

Program participation

- Explain your role in this program, if at all
-
- Probe on specific aspects of this program that made it easy / enjoyable for you to participate
 - Probe on favorite aspect and why
- Explain challenges or things you didn't like while taking part in the program
 - Probe on least favorite aspect and why
- What specific recommendations do you have for improving this program in the future?
 - Probe on recommended changes or wishes

Conclusion

- Thank you for talking to me today. Could you explain any final recommendations to improve this program for communities?
- Do you have any final questions/comments for me?

Thank you for your time today.

Semi-structured Guide D – Stakeholders

Phase 2 Guide

Directions: Please go through this guide question by question in the order that the questions are presented. While you have to ask every question as the data collector, it will be up to you how to probe, and when to probe more deeply. You should probe based on what you hear from this interviewer, what you have learned from previous informants, and to get the necessary information to cover all research topics outlined in trainings.

Thank you for joining me today for this interview. I will ask you some questions, and I hope that you can very detailed in your responses. I want to hear your stories and detailed explanations taking part in the MCN program as a stakeholder.

Stakeholder Engagement

- **Now let's talk about your experiences as a stakeholder being engaged through this process of MCN programming. What were your general impressions about the level of stakeholder engagement?**
 - Probe on level of involvement from the beginning of the program throughout the program life cycle
 - Probe on effectiveness of stakeholder engagement activities
 - Probe on the ability for this person to have his or his organizations voice included in MCN program activities as key inputs (reasons why/why not)
 - As a stakeholder, what were the things you enjoyed the most about being part of this MCN program?
 - As a stakeholder, what were the things you enjoyed the least about being part of this MCN program?
 - Probe on suggestions for improving this process in future programs

Cost Sharing

- **One of the MCN program goals was to ensure that costs would be shared across organizations.**
 - How well was cost sharing achieved in your opinion during MCN program?
 - What primary challenges were faced by your organization for cost sharing activities during the MCN program?
 - What suggestions do you have for better or more balanced cost sharing in the future?

Perceived Impacts on Health

- **Discuss for me your perception of the quality of the MCN program on impacting positively on health behaviors and outcomes**
- **Explain its impact on the health behaviors of PLW specifically**
 - Probe on specific strategies/activities that most impacted health of PLW and reasons
 - Probe on barriers to the health behaviors of PLW improving despite this program effort
- **Explain its impact on the health status of young children specifically**
 - Probe on specific strategies/activities that most impacted health of young children and reasons why
 - Probe on barriers to the health of young children improving
- **Probe on the top activities that most positively impacted health behaviors and health status of beneficiaries**

Lessons Learned & Recommendations

- **Explain the key lessons learned from your experience in this program**
 - Probe on favorite aspect and why
 - Probe on least favorite aspect and why
- **Explain your key recommendations from your experience in this program**
 - Probe on ways to enact these recommendations in reality
- **Explain your policy-related recommendations from your experience in this program**
 - Probe on ways to enact these policies in reality
 - Probe on whether policies should be national, regional, district, sub-district etc..

Conclusion

- **Thank you for talking to me today. Do you have any final questions/comments for me?**

Thank you for your time today.

Descriptor:

- Position
- Length of work

Focus Group Guide E – Understanding Caregivers of Children 6 – 23 months

Phase 1 Guide

Directions: Please go through this focus group guide question by question in the order that the questions are presented. While you should go in general order of questions as the moderator, it will be up to you how to probe, and when to probe more deeply on topics. You should probe based on what you hear from the group members, what you have learned from previous focus groups and interviews, and to get the necessary information to cover all research topics outlined in trainings. Remember that focus groups are most effective for understanding similarities and differences in opinion, as well as building consensus on topics.

Thank you for joining me today for this focus group. I will ask you some questions, and I would like you to speak freely when you hear a question. There are no right or wrong answers. My only rule is just one person speaking at a time. I want to hear especially when you may disagree or agree with someone else's opinion on a topic.

Icebreaker

- To begin, please go around the circle and tell me your name and describe your family for me
- Next, I want to start with a general question about this community. Could you explain some things that make this community unique from others in this region?

Infant & Young Child Feeding Practices

Now, let's transition to talking about infant and young child feeding in general. Remember there are no right or wrong answers. I just want to hear your opinions and experiences.

- **Tell me what constitutes goodbreastfeeding practices**
 - Probe on common challenges and facilitating factors to breastfeeding
 - Probe on perceived importance of exclusive BF
 - Probe on perceived importance of continued BF
 - Probe on how these 'good breastfeeding practices' are similar or different from those typical practices in the community among most mothers
 - Probe on changes in BF practices from before MCN program to currently/during MCN
 - Agreement/disagreement among group
- **Next, I want to know about how and when to introduce foods to infants**
 - Probe on the entire process, from birth to the current situation
 - Probe on reasons why specific foods are chosen for introduction
 - Probe on reasons why specific infant ages are chosen
 - Probe on any behavior changes in how and when introducing foods to infants before MCN program to currently/during MCN
 - Agreement/disagreement among group
- **What are the types of foods most important for babies up to 2 years**
 - Probe on the ease of getting these important foods in this community/area
 - Probe on where the group members got information about these foods

- Probe on whether any perceptions of important foods for infants changed from the MCN program participation
- **We heard some mothers say that their in-laws are the most important influence on the way that they feed their infants and young children**
 - Probe on level of agreement/disagreement among group
 - Probe on other strongest influences on infant feeding behaviors in this community
- **Could you talk about what else you learned, or *wish* you had learned, about infant and young child feeding from participation in this program**
 - Probe on factors influencing the ability to do these behaviors (easier or harder)
 - Probe on any specific changes from being part of this MCN program related to infant and young child feeding
- **Finally, with regard to feeding and decision making in this community, who makes household decisions? We heard some women say that heads of households are the ones who make all decisions.**
 - Probe on who decides what to do with the food rations (biscuits or MPASI) given by WFP?

Specialized nutritious foods

Your different answers on the previous topic were great. That is the level of agreement and disagreement (back and forth) that I am interested to hear! Now I want to transition to discussing the special foods that you were given in more detail.

- **First, discuss for me your perceptions of the free food ration given out during this program. Tell me your perceptions of the food ration given to pregnant & lactating women? [provide example as a reminder]**
 - What impacts on health did the food ration have for you? Agreement/disagreement
 - Talk about how much women enjoyed / didn't enjoy the food and reasons why
 - Describe how easy or difficult it was to consume this food regularly and reasons why
- **Next, talk about your perceptions of the free food ration given out to the children. [provide example as a reminder]**
 - What impacts on health did the food ration have for babies?
Agreement/disagreement
 - Talk about how much the baby enjoyed / didn't enjoy the food and reasons why
 - Describe how easy/difficult it was for the baby to consume this food ration regularly
- **One thing we heard from caregivers was that they shared their food rations with household and community members quite a lot. Would you say that is an accurate explanation?**
 - Probe on level of agreement/disagreement
 - Probe on why/why not
 - Probe on strategies used to prevent sharing and their effectiveness

- **One area that we would like to improve is the distribution of these types of food rations during such programs. Could you talk about the distribution system to provide food rations to you?**
 - Talk about appropriateness of frequency and place where food was distributed
 - Talk about the comfort level of the mothers during the food distribution (examples)
 - Probe on suggestions for improving this delivery channel
- **Finally, I heard some short-term benefits discussed. But could you discuss any possible long-term effects (positive or negative) of consuming the food rations that you received?**
 - Could you talk any long-term effects (benefit or challenges) from receiving that food ration you received from the beginning of the MCN program until now?
 - Probe for effect on women
 - Probe for effect on children
 - Could you talk any long-term effects (benefit or challenges) that you think you will receive from eating the food rations looking into the future.
 - Probe on benefits on women in future
 - Probe on benefits on children in future

Behavior Change Communications / Sensitization

- **Now let's talk about the messaging and related support that this program provided. What were your general impressions about the messaging and support you received?**
 - Probe on aspects that the group enjoyed the most/least about messaging sensitization
 - Probe on agreement/disagreement
- **I heard from mothers in interviews that they really enjoyed getting information from [XXX channel]. Does everyone agree?**
 - Probe on reasons why one channel was preferred over others
 - Probe for specific stories to illustrate feelings
- **However, other people in interviews said they faced some challenges understanding the messaging about changing feeding behaviors. Did anyone face similar problems that they could explain?**
 - Probe on reasons why the materials and support were effective/not effective
 - Probe suggested alternatives for future programs
- **Tell me how this messaging changed your knowledge and attitude toward health and nutrition from before the program until now.**
 - Probe on most important things learned from the messaging and support in this program

Program participation

- **Explain the specific aspects of this program that made it easy / enjoyable for you to participate**
 - Probe on favorite aspect and why
 - Probe on agreement/disagreement

- **Explain challenges or things you didn't like while taking part in the program**
 - Probe on least favorite aspect and why
 - Probe on agreement/disagreement

- **What specific recommendations do you have for improving this program in the future?**
 - Probe on recommended changes or wishes, with examples

- **I want to ask you about each specific activity quickly to get your perception of its purpose and benefit. (only if time permits)**
 - Probe on purpose and benefits to registration at Posyandu
 - Probe on purpose and benefits to monthly weighing
 - Probe on purpose and benefits to receiving the free food rations
 - Probe on purpose and benefits to receiving the messaging and sensitization
 - Probe on purpose and benefits to receiving support groups
 - Probe on purpose and benefits to receiving the immunizations

Conclusion

- **Could you explain any final recommendations to improve your experience in this program for future planning?**
 - Probe on level of agreement and disagreement among group members

- **Do you have any final questions/comments for me?**

Thank you for your time today.

Focus Group Guide F – Cadres/ (Women) Support Group

Phase 2 Guide

Directions: Please go through this focus group guide question by question in the order that the questions are presented. While you should go in general order of questions as the moderator, it will be up to you how to probe, and when to probe more deeply on topics. You should probe based on what you hear from the group members, what you have learned from previous focus groups and interviews, and to get the necessary information to cover all research topics outlined in trainings. Remember that focus groups are most effective for understanding similarities and differences in opinion, as well as building consensus on topics.

Thank you for joining me today for this focus group. I will ask you some questions, and I would like you to speak freely when you hear a question. There are no right or wrong answers. My only rule is just one person speaking at a time. I want to hear especially when you may disagree or agree with someone else's opinion on a topic.

Icebreaker

- To begin, please go around the circle and tell me your name and describe your Posyandu activities.
- Next, I want to start with a general question about this community. Could you explain some things that make this community unique from others in this region?

Infant & Young Child Feeding Practices

Now, let's transition to talking about infant and young child feeding in general. Remember there are no right or wrong answers. I just want to hear your opinions and experiences.

- **Tell me what constitutes goodbreastfeeding practices**
 - Probe on common challenges and facilitating factors to breastfeeding
 - Probe on perceived importance of exclusive BF
 - Probe on perceived importance of continued BF
 - Probe on how these 'good breastfeeding practices' are similar or different from those typical practices in the community among most mothers
 - Probe on changes in BF practices from before MCN program to currently/during MCN
 - Agreement/disagreement among group
- **Next, I want to know about how and when to introduce foods to infants**
 - Probe on the entire process, from birth to the current situation
 - Probe on reasons why specific foods are chosen for introduction
 - Probe on reasons why specific infant ages are chosen
 - Probe on any behavior changes in how and when introducing foods to infants before MCN program to currently/during MCN
 - Agreement/disagreement among group
- **What are the types of foods most important for babies up to 2 years**
 - Probe on cadres/ support group perception of the ease of getting these important foods in this community/area

- Probe on where the cadres/ support group members got information about these foods
- Probe on the cadres' perceptions of whether mothers' perceptions of important foods for infants changed from the MCN program participation
- **We heard some mothers say that their in-laws are the most important influence on the way that they feed their infants and young children**
 - Probe on level of agreement/disagreement among group
 - Probe on other strongest influences on infant feeding behaviors in this community
- **In regard to the BCC messages of this MCN program, please describe in detail to what extent you agree/ disagree with the infant and young child feeding messages given in this MCN program to PLW and caregivers**
 - Probe on whether this person ever gave contradictory messages and reasons why
 - Probe on level of agreement/disagreement among group

Specialized nutritious foods

Your different answers on the previous topic were great. That is the level of agreement and disagreement (back and forth) that I am interested to hear! Now I want to transition to discussing the special foods that you were given in more detail.

- **First, discuss for me your perceptions of the free food ration given out during this program. Tell me your perceptions of the food ration given to pregnant & lactating women? [provide example as a reminder]**
 - What impacts on health did the food ration have for PLW? Agreement/disagreement
 - Talk about how the PLW enjoyed / didn't enjoy the food and reasons why
 - Describe how easy or difficult it was to consume this food regularly for PLW and reasons why
- **Next, talk about your perceptions of the free food ration given out to the children. [provide example as a reminder]**
 - What impacts on health did the food ration have for babies/ young children? Agreement/disagreement
 - Talk about how the children enjoyed / didn't enjoy the food and reasons why
 - Describe how easy or difficult it was for the baby to consume this food regularly and reasons that you heard from mothers
- **One thing we heard from caregivers was that they sometimes shared their food rations with household and community members. Would you say that is an accurate explanation?**
 - Probe on level of agreement/disagreement
 - Probe on why/ why not
 - Probe on strategies used to prevent sharing and their effectiveness
- **We know that Posyandu is one of places to distribute of these types of food rations during MCN programs. Could you talk about your perception of that such distribution system?**
 - Talk about appropriateness of frequency and place where food was distributed

- Talk about the comfort level of the mothers during the food distribution (examples)
- Probe on suggestions for improving this delivery channel
- Probe on level of agreement/disagreement among group

Behavior Change Communications / Sensitization

- **Now let's talk about the messaging and related support that this program provided. What were your general impressions about the messaging and support?**
 - Probe on whether the support groups in community were helpful for the mothers/ PLW and reasons why
 - Probe on effectiveness of sensitization
 - Probe on appropriateness of MCN messages and activities in relation to local social-cultural context
- **I heard from mothers in interviews that they really enjoyed getting information from [XXX channel]. Does everyone agree?**
 - Probe on reasons why one channel was preferred by the mothers over others
 - Probe suggested alternative strategies for future programs
- **Some mothers said they faced some challenges understanding the messaging about changing feeding behaviors. Tell me how this messaging and support could be delivered to the mothers/ PLW and the mothers could easily understand the messages?**
 - Probe for specific challenges on delivering the messages for the mothers/ PLW
 - Probe on specific behaviors that changed after PLW and caregivers received messaging
 - Probe on specific behaviors that didn't change and may never change and reasons why

Program participation

- **Explain cadres/ support group role in this MCN program.**
 - Probe on specific tasks that cadres/ support group should do during MCN program
 - Probe on who they collaborate during MCN program implementation
- **Explain the specific aspects of this program that made it easy / enjoyable for you to participate**
 - Probe on favorite aspect and why
 - Probe on agreement/disagreement
- **Explain challenges or things you didn't like while taking part in the program**
 - Probe on least favorite aspect and why
 - Probe on agreement/disagreement
- **What specific recommendations do you have for improving this program in the future?**
 - Probe on recommended changes or wishes, with examples

- **I want to ask you about each specific activity quickly to get your perception of its purpose and benefit. (only if time permits)**
 - Probe on purpose and benefits to registration at Posyandu
 - Probe on purpose and benefits to monthly weighing
 - Probe on purpose and benefits to receiving the immunizations

Conclusion

- **Could you explain any final recommendations to improve your experience in this program for future planning?**
 - Probe on level of agreement and disagreement among group members
- **Do you have any final questions/comments for me?**

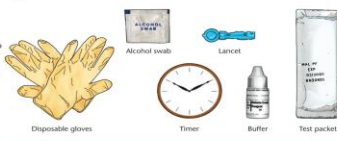
Thank you for your time today.

How To Do the Rapid Test for Malaria



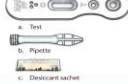
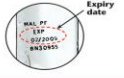
Collect:

- NEW unopened test packet
- NEW unopened alcohol swab
- NEW unopened lancet
- NEW pair of disposable gloves
- Buffer
- Timer



READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

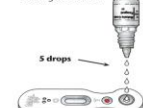
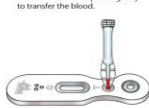
- Check the expiry date on the test packet.
- Put on the gloves. Use new gloves for each patient.
- Open the packet and remove:
 - Test
 - Pipette
 - Descart sachet
- Write the patient's name on the test.



- Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the alcohol swab. Allow the finger to dry before pricking.
- Open the lancet. Prick patient's finger to get a drop of blood.
- Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**
- Gently squeeze the pipette to collect the drop of blood. Fill pipette just to the first line.



- Touch the tip of the pipette to the small round hole. Squeeze gently to transfer the blood.
- Discard the pipette in the Sharps Box.
- Put five (5) drops of buffer into the large round hole.
- Wait 15 minutes after adding buffer.



- Read test results. **(NOTE: Do Not read the test sooner than 15 minutes after adding the buffer. You may get FALSE results.)**

14. How to read the test results:

POSITIVE

One red line near the letter "C" AND one red line near the letter "T" means the patient **DOES** have falciparum malaria.



The test is **POSITIVE** even if the red line near the letter "T" is faint.



NEGATIVE

One red line near the letter "C" AND **NO LINE** near the letter "T" means the patient **DOES NOT** have falciparum malaria.



INVALID RESULT

NO CONTROL LINE in window "C" means the test is damaged. Results are **INVALID**.



A line near the letter "T" and **NO LINE** near the letter "C" also means the test is damaged. Results are **INVALID**.



If no line appears near the letter "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

- Dispose of the gloves, alcohol swab, descart sachet and packaging in a non-sharps waste container.
- Record the test results in your CHW register. Dispose of cassette in non-sharps waste container.



NOTE: Each test can be used ONLY ONE TIME.
Do not try to use the test more than once.



FGD

MOTHERS OF CHILDREN AGED 18-35 MO, PLW

Date of FGD : _____
Moderator : _____
Start (time) : _____
Finish (time) : _____
Number of participants : _____

CHARACTERISTICS OF MOTHERS/ PLW PARTICIPATED IN FGD

(Filled by each participant)

No.	Name	Education	Mother's age	Children age (Date of birth)	Number of children	Number of underfive children	Type of family (nuclear/ extended)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

FGD

WOMEN EMPOWERMENT GROUP (PKK)

Date of FGD : _____

Moderator : _____

Start (time) : _____

Finish (time) : _____

Number of participants : _____

CHARACTERISTICS OF THE PARTICIPANTS PARTICIPATED IN FGD

(Filled by each participant)

No.	Name	Education	Age	Position in PKK	Length of join in PKK
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

IDI

MOTHERS OF CHILDREN AGED 18-35 MO, PLW, FATHERS, GRANDMOTHERS/ IN LAW

Date of IDI : _____

Interviewer : _____

Name of informant : _____

Education : _____

Age of the informant : _____

Age of the children : _____

Number of children : _____

Number of U5 children : _____

Type of family : _____

Start (time) : _____

Finish (time) : _____

FGD Field Notes

1. Interviewer name:
2. Date Interview conducted:
3. FGD Location:
4. MP3 File Name:

Participant Demographics:

1. Type of participant: _____
2. Number of participant: _____
3. Geographic condition: _____

Summary of new, interesting, or key findings:

Interview challenges or changes recommended to interview guide/questions:

Perception of the quality of this interview (Excellent/Good/Fair/Poor) Why?

Other comments:

Interview Field Notes

- 1 Interviewer name:
- 2 Date Interview conducted:
- 3 Interview Location:
- 4 MP3 File Name:

Participant Demographics:

4. Gender: _____
5. Type of organization: _____
6. Specific job/role: _____
7. Years in his/her role: _____
8. Geographic region in Guinea: _____

Summary of new, interesting, or key findings:

Interview challenges or changes recommended to interview guide/questions:

Perception of the quality of this interview (Excellent/Good/Fair/Poor) Why?

Other comments:

Maternal and Child Nutrition (MCN) Program in Timor Tengah Selatan District of Nusa Tenggara Timur

Evaluation Findings



2012-2015 MCN reached



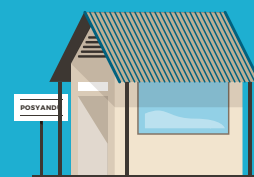
11,500

CHILDREN UNDER
2 YEARS OLD



6,000

PREGNANT/LACTATING
WOMEN



340

HEALTH POSTS

THE OUTCOME

(Program Area vs Non-Program Area)

MORE CHILDREN ARE EXCLUSIVELY
BREASTFED



51.2% — vs — 44.4%

TIMELY INTRODUCTION OF
COMPLEMENTARY FOOD



79.8% — vs — 68.7%

MORE CHILDREN HAVE
A DIVERSE DIET



18.6% — vs — 7.4%

MORE CHILDREN MEET THE
MINIMUM ACCEPTABLE DIET



21.8% — vs — 5.4%

MORE CHILDREN WITH ACCEPTABLE
FOOD CONSUMPTION SCORE



39% — vs — 29.4%

FEWER CHILDREN
ARE STUNTED



67.9% — vs — 74.8%

MCN was supported by:



Indofood
THE SYMBOL OF QUALITY FOODS

Garudafood

Yum!

DSM
SMART SCIENCE. BRIGHTER LIVES.

Unilever