

SAM Coverage Data Collection Form

PSU ID	County	Village Name
__ __	1 = Urban Montserrado 2 = Grand Bassa	_____

[illegible]

SAM Coverage Barriers Data Collection Form

PSU ID	ID
_ _ _	_ _ _

B1: Do you know that your child is malnourished or thinner than he/she should be?

|_| YES |_| NO

B2: Do you know that there is a programme that can treat malnourished children?

|_| YES |_| NO

If **NO**, thank mother/carer and terminate interview.

B3: What do you call this programme? _____

B4: Where is this programme? _____

B5: Why is this child not attending this programme?

Do not prompt. Probe "Any other reasons?"

- |_| Programme site is too far away
- |_| No time/too busy to attend the programme
- |_| Carer/mother cannot travel with more than one child
- |_| Woman cannot travel alone
- |_| Carer is ashamed to attend programme
- |_| Difficulty with childcare
- |_| Child has been rejected by the programme

Record all other reasons given:

B6: Has this child ever been to the program site or examined by program staff?

|_| YES |_| NO

If **NO**, thank mother/carer and terminate interview.

B7: Why is this child not in the programme now?

- |_| Previously rejected
- |_| Defaulted
- |_| Discharged as cured
- |_| Discharged as not cured

Thank mother/carer. Issue a referral slip. Inform mother/carer of site and date to attend.

Children 6-59 months Data Collection Form

PSU ID	County	Village Name
__ __	1 = Grand Bassa 2 = Rural Montserrado	_____

Administrative Data		
ad1	Date of data collection	__ __ / __ __ / __ __
ad2	Team number	__ __
ad3	Name of enumerator	_____
ad4	Consent?	1 = YES 2 = NO

If consent is not given then stop the interview and move to next respondent.

Identifying Data		
psu	PSU (cluster) number	__ __
hh	Household identifier	__ __

Mother Information		
m1	Mother's identifier	__ __
m2	Mother's age (in full years)	__ __
m3	How many children 6-59 months do you have?	__ __

Iron-Folic Acid (IFA) Supplementation			
ifa1	During your pregnancy for your youngest child, did you see anyone for antenatal care?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
ifa2	During your pregnancy for your youngest child, did you receive any information about taking iron-folic acid tablets (show sample/photo)?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
ifa3	During your pregnancy for your youngest child, did you receive and/or purchase iron-folic acid tablets (show sample/photo)?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
<i>If NO, go to ifa3a; If DON'T KNOW/NOT SURE, skip to icf1; If YES, go to ifa4</i>			
ifa3a	Why did you not receive or purchase iron-folic acid tablets? <i>Do not prompt. Probe "Any other reasons?"</i>	__ Health centre ran out __ Took too long to get tablets __ Too expensive Other reasons: _____ _____ _____	

ifa4	During your pregnancy for your youngest child, did you take iron-folic acid tablets (show sample/photo)?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
If NO , go to ifa4a ; If DON'T KNOW/NOT SURE , skip to icf1 ; If YES , go to ifa5			
ifa4a	Why did you not take iron-folic acid tablets? <i>Do not prompt. Probe "Any other reasons?"</i>	__ Concerns about side effects __ Don't need it __ I was told not to take it __ I don't think it helps Other reasons: _____ _____ _____	
ifa5	During the whole duration of your pregnancy for your youngest child, how many days did you take the iron-folic acid tablets (show sample/photo)?	__ __ __	

IYCF Counselling			
icf1	During your pregnancy for your youngest child, did you receive any information or hear about any service that provided counselling for pregnant women on infant and young child feeding?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
icf2	During your pregnancy for your youngest child, did you attend any counselling session for pregnant women on infant and young child feeding?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
If NO, go to icf2a; If DON'T KNOW/NOT SURE, skip to ; If YES, go to icf3.			
icf2a	Why did you not attend the counselling sessions? <i>Do not prompt. Probe "Any other reasons?"</i>	__ Timing was not convenient __ Not interested __ Do not trust counsellor __ Don't think I need it Other reasons: _____ _____ _____	
icf3	How many counselling sessions did you attend?	__ __	

Child Information		
	If m3 > 1, randomly select one child from the mother's children.	
c1	Age in months of respondent child	__ __
	If c1 ≥ 23, go to mn1 ; If c2 > 23, go to vit1	

Micronutrient Powder (MNP) Supplementation			
mn1	Have you heard about [LOCAL NAME OF MNP] or seen [show sample/photo of MNP]?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
mn2	Have you received or bought [LOCAL NAME of MNP] (show sample/photo of MNP) for your child aged 6-23 months?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
If NO , go to mn2a ; If DON'T KNOW/NOT SURE , go to vit1 ; If YES , go to mn3			
mn2a	Why did you not receive/buy [LOCAL NAME of MNP] (show sample/photo of MNP) for your child aged 6-23 months? <i>Do not prompt. Probe "Any other reasons?"</i>	<input type="checkbox"/> Health centre ran out <input type="checkbox"/> Took too long to get MNP <input type="checkbox"/> Too expensive <input type="checkbox"/> Child doesn't need it <input type="checkbox"/> Heard it doesn't work/help Other reasons: _____ _____ _____	
mn3	Did you give your child aged 6-23 months the [LOCAL NAME OF MNP] to eat?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
If NO , go to mn3a ; If DON'T KNOW/NOT SURE , go to vit1 ; If YES , go to mn4			
mn3a	Why did you not give the [LOCAL NAME OF MNP] to your child aged 6-23 months to eat? <i>Do not prompt. Probe "Any other reasons?"</i>	<input type="checkbox"/> Too expensive <input type="checkbox"/> Not available in the market <input type="checkbox"/> Do not need MNP <input type="checkbox"/> Heard other's bad experience <input type="checkbox"/> Advised not to use it <input type="checkbox"/> Not seen other mothers use it <input type="checkbox"/> Don't trust the product <input type="checkbox"/> Using another product <input type="checkbox"/> Haven't seen it Other reasons: _____ _____ _____	
mn4	In the last week, how many times did your child aged 6-23 months old eat [LOCAL NAME OF MNP]?	__ __	

Vitamin A Supplementation			
vit1	In the past 6 months, has your child received drops from a capsule like this one (show vitamin A sample or photo)?	1 = YES 2 = NO 99 = Don't know/not sure	__ __
<i>If NO, go to vit1a; If DON'T KNOW/NOT SURE, thank mother and end interview; If YES, go to vit2.</i>			
vit1a	Why did your child not receive (show vitamin A capsule sample or photo)? <i>Do not prompt. Probe "Any other reasons?"</i>	<div> <input type="checkbox"/> Health centre ran out <input type="checkbox"/> Took too long to get drops <input type="checkbox"/> Child doesn't need it <input type="checkbox"/> Heard it doesn't work/help </div> <div> Other reasons: <hr/> <hr/> <hr/> </div>	
vit2	What type of capsule (show sample or photo of blue and red capsule) did your child get drops from?	1 = blue capsule 2 = red capsule 99 = Don't know/not sure	__ __
vit3	How many months ago did your child receive drops from (show vitamin A sample or photo)?	__	