GOI - UN JOINT PROGRAMME ON CONVERGENCE

PAHELI 2011- TOOLS

PEOPLE'S ASSESSMENT OF HEALTH, EDUCATION AND LIVELIHOOD) HOUSEHOLD QUESTIONNAIRE- JUNE 2011 (ENGLISH)

Investigators   1. .... 2. ....

District...

State..

Supervisor... Signature...

Supported by:

Introduction

PAHELI 2011 is a rapid assessment of the prevailing status of human development in a district and covers four major sectors: life and livelihood (correlates of poverty); water and sanitation; mother and child health and education and literacy.

The broad objective is to create a set of simple to use tools that can be implemented by ordinary people to track international MDGs as well as assess progress towards national objectives of poverty reduction, social protection and development of human capabilities.

Supported by the Government of India- United Nations Joint Programme on Convergence (GoI-UNJPC), Pratham and ASER Centre have carried out PAHELI 2011 along with local district organizations and other partners. In each district, a local organization, usually an NGO was the PAHELI 2011 partner. At the national level, two other partners, Accountability Initiative and Arghyam collaborated on the design as well as in data analysis. In each state and district, the district administration and the Government of India- United Nations Joint Programme on Convergence (GoI-UNJPC) team provided valuable assistance, input and support.

PAHELI 2011 focuses on selected, basic dimensions of people's lives. It uses a participatory approach, basic indicators, simple tools and easily replicable processes for collecting primary data. It combines activities, observations and questions. Wherever possible, pictorial survey tools have been used. The use of activities and the pictorial survey have been very useful in increasing involvement and engagement of those who are surveying and those who are being surveyed.

The PAHELI 2011 tools were created with the view to be rigorous as well as simple to administer, i.e. amenable to rapid assessment and building "engagement". We hope these tools can be used in either the current form or any modified form to suit local needs that can be used by a wide array stakeholders, starting from ordinary citizens, panchayats, block / district level government officials, NGOs, PRIs, colleges, for decentralized planning.

Expressed in simple terms and language, the PAHELI 2011 effort does not intend to replace or substitute ongoing sources of data. It is a tool that stakeholders can use to benchmark and monitor the state of human development.

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A - Possessions

Instructions:

- Introduce yourself briefly and tell the respondents about PAHELI. Please mention that you represent an organization called Pratham and the local NGO and would like to ask a few questions and carry out a few tests. This is to understand issues regarding education, health, drinking water and livelihood. For this, you would be taking some time of the house members, particularly mothers and children to answer questions.

- Please show the survey sheets to generate interest and say that you would like to ask questions from there.

1-House

House	Type	
	1= Kutcha	
1.1- Type of house ? *(Please observe and code)*	2= Semi-pucca	Write only <u>one code</u> ☐
	3=Pucca	
1.2- Electricity connection in the HH? **(Code: 1-Yes; 2-No)** 💡		Write only <u>one code</u> ☐

2- Cooking Fuel

Cooking Fuel	Cooking Fuel Type	Write Code (1=Yes; 2=No)
How do you cook your food ? *(Please observe and write code)* 1=Yes (if you see the item) 2=No (if you <u>do not</u> see the item)	1- Sticks and firewood	
	2- Coal stove(Angithi)	
	3- Kerosene stove	
	4- Gas stove/bio-gas/ smokeless chullah	

3- Household Possessions

1-Which things does your household own?

Do you own a..........Write code (1=Yes; 2=No)					
Category A		**Category B**		**Category C**	
		Note: Move to category B, only if the HH has all or most of the category A items		*Note: Move to category C, only if the HH has all or most of the category B items*	
Cell phone		Air cooler		Computer	
Pressure cooker		Refrigerator			
Electric fan		Telephone (landline)			
Chair/table		Sewing machine		Washing machine	
Clock/watch		Mixer/grinder			
Cot		T.V.			

4- Transportation

Transportation	Type		Write code (1=Yes; 2=No)
What transportation assets do you have? *(Please observe and write code)* 1=Yes (if you see the item) 2=No (if you <u>do not</u> see the item)	Bicycle		
	Motorcycle		
	Car		
	Truck		
	Cart(with bullocks)		
	Autorickshaw		
	Others		

5- Livestock and Land

Livestock	Type		Write code (1=Yes; 2=No)
Which of the following animals does your household own? *(Please observe and write code)*	Goats and lambs		
	Cows/ buffaloes/ oxen		
	Poultry		
	Any other animals		

Land	Type		Write code
Do you own operational land?	1= No land at all		
	2= Some land		
	3= Don't know		

B- Water and Sanitation

Instructions:
- Ask the questions of an adult woman in the household- others can help as well.
- Ask the respondent about the usual practice in the household for most of the year.

1- What type of source do you collect drinking water from (primary source)?

1= Tap: inside your home or public	2= Hand-pump	3= Well	4= Reservoir
5= Pond/lake	6= Canal	7= River	8= Any other (Specify)
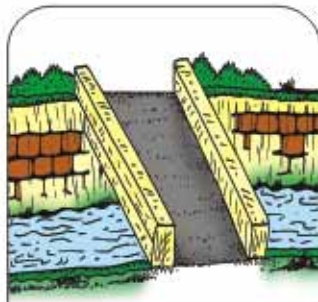
Write only <u>one</u> code

2- How far is the drinking water source from your home?

1= In or just outside your home	2= Within 250 metres	3= 250 m-1km	4= 1km or more
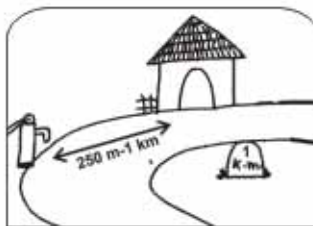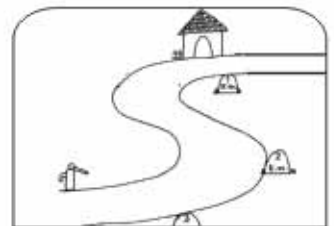
Write only <u>one</u> code

3- For each time, how long does it take you to collect drinking water?

1= less than 15 minutes

2= more than 15 minutes and less than 1 hour

3= 1 to 2 hours

4= > 2 hours

Write only <u>one</u> code

4- For your primary drinking water source, how frequently is water available?

1= all the time

2= once everyday

3= alternate days

4= once a week or less

Write only one code

☐

5- For your primary drinking water source, how long do you face water shortage either due to system breakdown or scarcity during summer months?
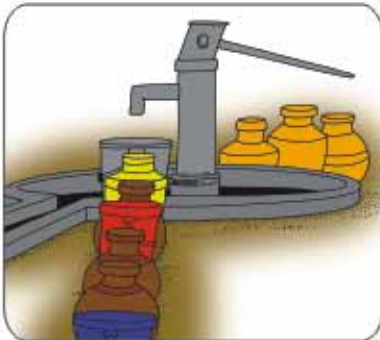
1= none

2= less than a week

3= 1-4 weeks

4= > a month

Write only one code

☐

6- How much water do you use every day? *(Tick accordingly)* (Note: This is specifically for individual use)

a. Drinking:

1= 1-3 glasses

2= 4-6 glasses

3= 7-10 glasses

4= More than 10 glasses

Write only one code ☐

b. Bathing:

1= Half a bucket

2= 1 bucket

3= 2 buckets

4= 3 or more buckets

5= Not Applicable

6= Don't bathe everyday

Write only one code ☐

c. Toilet:
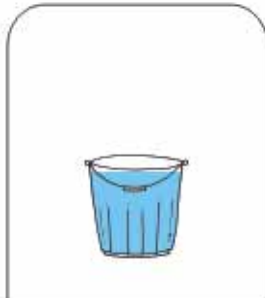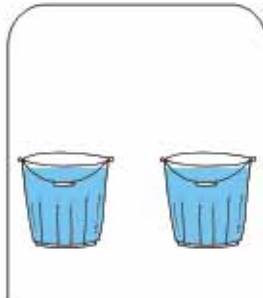
1= 1- 5 lotas	2= 1 bucket	3= 2 bucket	4= 3 or more buckets	5= Other:_____ (specify)
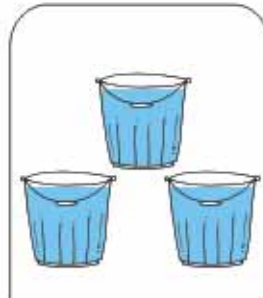
Write only <u>one</u> code

7- How much water does your **entire HH** use per day for the following uses?

Write only <u>one</u> code

1= Cooking : _____ buckets	2= Washing utensils and clothes: _____ buckets	99= NA- Give reasons

8- Do you purify your drinking water?(Multiple answers possible). *Write (1)if respondent says a particular method and write (2)if respondent does not mention a method.*

Boiling	Adding chlorine tablets/alum	Filter water through a cloth
Use water-filter	Do not do anything to purify water	Other:_____ (specify)
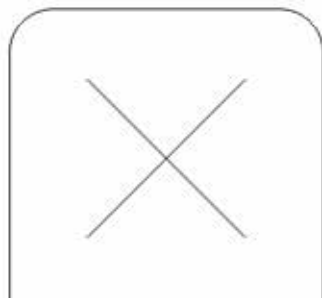
9- Are you happy with the quality of your drinking water?

1= Fully satisfied	2= Partly satisfied	3= Not satisfied	4= Don't know

Write only **one** code [ ]

10- Check the water sample taken from the HH after 36 hours. Is it contaminated? | Yes =1; No =2; | [ ]

Sanitation

1- Where do you go for defecation ?

1= Open defecation(OD)	2= HH toilet	3= Community toilet	4= Other:_____ (specify)
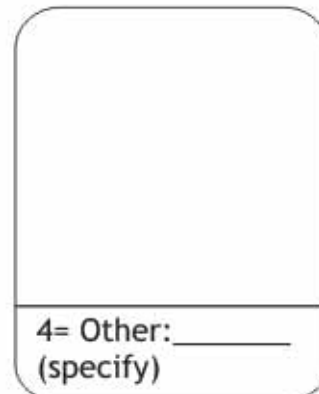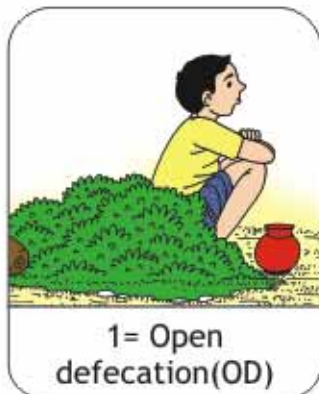
Write only **one** code [ ]

2- Does your HH have a toilet?

1- Yes;
2- No; [ ]

3- If there is a toilet in the household, was it constructed under the Total Sanitation Campaign (TSC)? [ ]

1- Yes   2- No   3- Don't know

4-Other schemes- specify_____ ,

4- If there is a toilet in the household, observe whether it is in use. [ ]

1-Yes   2-No

Note: If "no", then skip to question 5.

5- Do you know what causes diarrhoea (Do not prompt.) *Write (1) if respondent mentions a cause and write (2) if respondent does not mention a cause.*

Poor quality of water	[ ]	Poor food quality	[ ]
Not washing hands after defecation/before eating food	[ ]	Evil eye	[ ]
Too much heat	[ ]	Less water in the body	[ ]
Other diseases	[ ]	Others(specify) _____	

C. Food

Instructions:

- Ask adult woman. Reference period: last 24 hours .
- Ask about food as normal conversation and not as formal questions/interview. Be very patient. Respondents take time to recollect.
- Ask what was eaten in the last 24 hours. Start with the most recent meal and then go backwards to cover the 24 hour period

1-

When was food eaten?	What was eaten?	From where did you get this food? Home=1; Neighbours=2; Bought from market=3; Any other=4 (specify.........................)
A- Name:.......................................		

2- Given below is a list of food items. From the information about various dishes eaten and ingredients that go into the dishes (collected above) write (1) against the food item if it was ever consumed in the last 24 hours by mother or write (2) against the food item if it was not consumed.

S.No.	Food product (Ingredient)	Write code (1=Yes; 2=No; ot eat;)		S.No.	Food product	
1-	Rice, roti made of atta/bajra/ makki/maida, bread/pav			7-	Any fruit	
2-	Curd, paneer, buttermilk, Khoya			8-	Pulses/dal	
3-	Milk (alone)			9-	Egg	
4-	Milk in tea			10-	Meat/chicken/ fish/pork etc.	
5-	Green leafy vegetables: Methi, Palak, Saag etc.			11-	**Nuts** (dry fruit]	
6-	Any other vegetable (other than potato, tomato and onion)			12-	Visible fat (butter/ghee) Apart from what is used in cooking	
				13-	Misc. Biscuits, numkeen, rusk etc.	

Salt test
Perform Iodine test on a salt sample using the test kit

3- Iodine content HH salt sample

Iodine content in the salt sample tested :0=1 ;

7 PPM=2;   15 ppm=3;

30 ppm=4;   Not tested=5

Write code

Salt test instructions:

Take a small sample of the households cooking salt in a katori or cup. Squeeze gently the top of the inverted RED bottle solution, allow a drop to fall on the sample of salt. If the salt turns blue, match the colour of salt to the colour code for iodine level given on the kit. Write the code accordingly for iodine level of the salt sample. If the colour does not change, mark that salt has '0' iodine.

In case salt does not turn blue after the drop, do a re-check test.
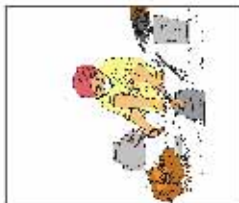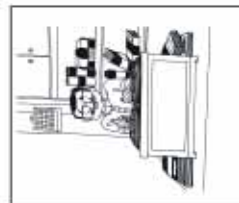
BE CAREFUL TO SQUEEZE GENTLY SO THAT THE ENTIRE BOTTLE DOES NOT SPILL OUT.
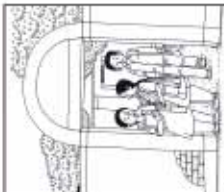
D- Livelihood

Household Sheet : Personal Details, Education & Work

Total number of members in HH regularly living in home and eating from the same kitchen		Caste (Codes)	
Total number of members in the age group 0 to 3 years		Religion (Codes)	

Note: (1)Mark with a* the main respondent (responsible adult woman). (2) Mark with a (✓) for the woman/mother who answers health questions.

	Other Details			Schooling Status			Primary work or other activity	Migration		
S.No	Residents in the household - ABOVE 16 YEARS	Age	Sex	Ever enrolled in school (Tick if yes)	Never enrolled in school (Tick if yes)	If enrolled in school, then write up to which std. studied	Type of work (Use the codes and pictures given below)	Tick if any member of the HH has migrated outside the village for at least 1 month in last 1 year for work?	Note information only for members who migrated. Migration for how long? (days)	Migrated where? (Use the codes given below)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Total										

1-Cultivation on own land

2 - Works for daily wages on other people's land

3-Self-employed (artisan)

4- Self-employed in non-farm work (not artisan)

5- Salaried employee

6- Daily wage worker, doing non-agricultural work

7- Gathering forest products from the forest

8- Household work

9- Studying in school/college

10- Currently not working, but looking for work

11- Does not work and not looking for work

Religion (Codes):1- Hindu; 2-Muslim; 3-Christian; 4-Sikh; 5-Jain; 6- Buddhist; 7- Zoroastrian; 8- Others

Caste(Codes):1- Scheduled tribe ; 2- Scheduled caste ; 3- Other backward classes ; 4- Others

Migration (Codes): Codes: 1- Outside block/mandal, 2- Outside district but within state , 3- Outside state

2- Bank Account

Bank Account	Write code (1=Yes; 2=No)
2.1- Do you (adult woman) have an account in your name? *(If YES , go to Q 2.2, if NO go to Q 2.3)*	

Account	Options	Write code(1=Yes;2=No)
2.2- If yes, then where? *(Go to Q 3.1)*	With bank	
	Self-Help Groups (SHGs)	
	Post office, co-operatives	
	Others	

Bank Account	Write code (1=Yes; 2=No)
2.3- Does anyone in your family have a bank account? *(Note: If multiple members have a bank account, then pick any one account randomly.)* *(If YES go to Q 2.4, if NO go to Q 3.1)*	

Bank Account	Options	Write code(1=Yes;2=No)
2.4- If yes, then where? *(go to Q 3.1)*	With bank	
	Self-Help Groups (SHGs)	
	Post Office, co-operatives	
	Others	

3- PDS Related

3.1-	PDS	Write code (1=Yes; 2=No)
a-	Do you have a ration card? (1-Yes, 2-No) (Note: BPL, APL, AAY - All these cards fall in the ration card category) (If YES, go to Q 3.1(b), if NO go to Q 4.1)	
b-	Is the card available at the time of survey?	

3.2-Are you happy with the quality of food grains? (Write only one code)

1= Fully satisfied	2= Partly satisfied	3= Not satisfied	4= Don't know
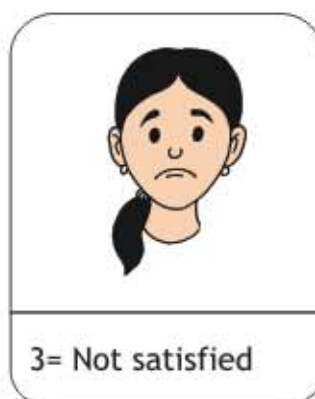
Write only <u>one</u> code ▢

3.3-During the last month , write the quantity of provisions bought (look at the ration card).
(Note: Ask only if the provisions are purchased from the ration shop using the ration card.)

Categories	a. How much did you get? (from recall)	b. Write the amount mentioned in the ration card (Fill this only if you can see the ration card)
Rice (kgs.)		
Wheat (kgs.)		
Kerosene oil (Litre)		
Sugar (kgs.)		
Others (specify):_____		

S.No.	MGNREGS HH questions	
	MGNREGS HH questions	
4.1. Name of the primary respondent:	Age:	Gender:
4.2	Are you aware of the Mahatma Gandhi National Rural Employment Guarantee Scheme? (Yes-1, No-2)	
4.3	Are you aware of the various provisions of the Act? *Note: Do not prompt.*	**Write code** (1=Yes; 2=No)
	a. 100 days per household	
	b.Minimum wages	
	c. Provision of crèche, shade, water etc..	
	d. Work within 5 km	
	e. Role of Gram Sabha	
	f. Basis of calculation of wage rate (Days worked v/s amount of work done)	
	g. Receipt of job application	
	h. Unemployment allowance	
	i. Don't know	
4.4	Have you applied for work under MGNREGS? (Yes-1, No-2)	
	If the answer to Q4.4 is 'No', please skip the rest of the questionnaire.	**Write code**
4.5	How did you apply for work? (1-Orally, 2-Written application, 3-Got it through Pradhan/Sarpanch ; 4 Got it through Rozgar Sewak, 5- Others (Specify)__	
4.6	Have you received the job card? (Yes-1, No-2, Don't know -3) *(If YES , go to Q 4.7. If NO or DON'T know go to Q 4.8)*	
4.7	When did you get your job card after application ? (0-15 days-1 ; 15-30 days-2 ; 30-60 days-3 ; Above 60 days-4 ; Not received-5)	
4.7.1	Is the job card with you? (Yes-1, No-2) (Please ask to see the job card) *(If YES , go to Q 4.8. If NO go to Q 4.7.2)*	
4.7.2	If the job card is not with the respondent, then who is it with ? (1- Mukhiya, 2- Ward Punch, 3- Thekedar, 4- Other workers, 5- Rozgar Sewak, 6- other (Specify)_____	
4.8	Have you received work under MGNREGS? (Yes-1, No-2) *(If YES , go to Q 4.9. If NO skip the rest of the questionnaire)*	

4.9	If yes, how many days after you applied did you get work? (0-15 days-1 ; 16-30 days-2 ; 31-60 days-3 ; Above 60 days-4 ; Not received-5)	
4.10	For how many days did you get work ? (0-15 days-1 ; 15-30 days-2 ; 30-60 days-3 ; Above 60 days-4 ; Not received-5)	
4.11	If work was not given within 15 days did you get an unemployment allowance? (Yes- 1, No-2) *(If YES , go to Q 4.12, if NO go to Q 4.14)*	
4.12	If received unemployment allowance, total amount received? *(Write total amount)*	
4.13	If received unemployment allowance, for how many days? *(Write number of days)*	

S.No.	Note: Ask the following questions if some member of the HH has worked under MGNREGS	Write code
4.14	If you have received work under MGNREGS, what was the wage received per day? *(write an amount)*	
4.15	How far is the work-site from the village? *(Specify the distance in kilometres)*	
4.16	Do you have a passbook?(Yes-1, No-2) *(If YES go to Q 4.17, if NO go to Q 4.19)*	
4.17	Is the passbook with you? (Yes-1, No-2) *(If YES go to Q 4.18, if NO go to Q 4.19)*	
4.18	If not, then who is it with ? 1- Mukhiya, 2- Ward Panch, 3- Thekedar, 4-Other workers, 5- Rozgar Sewak, 6-Other (Specify)_____	
4.19	Mode of payment? 1-Direct bank transfer, 2-Cheque in hand, 3-Cash in hand, 4-Post Office, 5- Others(Specify)_____	
4.20	Who helped you get the wages? 1-Other workers, 2-Mukhiya, 3-Ward Panch, 4-Rozgar Sewak, 5-Others(Specify)_____	

अनुच्छेद

रूपा बाहर खेल रही थी।
खेलते-खेलते रात हो गई।
माँ उसको घर ले आई।
वह खाना खाकर सो गई।

अनुच्छेद

बगीचे में पेड़ हैं।
पेड़ पर एक तोता रहता है।
तोते का रंग हरा है।
वह लाल टमाटर खाता है।

घटाव

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  76
- 47
_____
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  75
- 37
_____
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  52
- 24
_____
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  48
- 29
_____
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E- Education and Literacy

Note: Take details for children in the age group of 3-16, who regularly live in the household and eat from the same kitchen.

Serial No.	Child Information — Name of Child (Children of 3-16 age group regularly living in the household)	Age	Sex	Anganwadi (Age 3-6) Anganwadi/ Balwadi	LKG/UKG/Nursery	Not going	Schooling Status (If currently enrolled in school) (Age 5-16) Std	Govt	Pvt	Madrasa	EGS/AIE, other	Out-of-School children (If currently not enrolled in school) (Age 5-16) Never Enrolled	Drop Out	Drop Out Which Std. were you in when you left school?	Which year did you drop out (eg:2006)?	Basic Learning Levels — Reading (✓ the highest level ONLY) Can Read	Can not Read	Math (✓ the highest level ONLY) Can do subtraction	Cannot do subtraction
Mother's name																			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
Total																			

MOTHER'S BACKGROUND INFORMATION

Sl. no.	Mother's Name	Age	If attended school (✓)	If never attended school (✓)	If studied in school, then which std. completed?	MOTHER'S TESTING — Can read a paragraph (✓)	Cannot read a paragraph (✓)	Not available for test (✓)	Available but not tested (✓)
1.									
2.									

F- Health

Maternal and child Health and Nutrition

Instructions:

- Ask the mother questions about the youngest child in the household in the age group of 0 to 3 years.
- Ask the mother of the child, others can help as well.
- If there is no child <3 year, ask if there is any child between 3 and 6 years of age. If there is at least one (3-6) year old child then go to question 36.
- If there is no <6 year old child in the family then only mothers' weight and height has to be taken.
- See the sample of IFA tablets procured from AWC / HC.
- Remember to mark a (✓) against the name of the mother in the HH sheet.

	Details of <6 yr old Children in the household	Write code
1-	Does this household have a child between the age of 0 to 3 yrs? (1=Yes; 2=No) *(If YES, go to Q2. If NO go to Q4)*	
2-	What is the age (in months) of this child	
3-	What is the gender of this child? (1=Male; 2=Female)	
4-	Does this household have a child between the age of 3 to 6 yrs ? (1=Yes; 2=No) *(If YES go to Q5. If NO see **Note**)*	
5-	What is the age (in months) of this child?	
6-	What is the gender of this child? (1=Male; 2=Female)	

Note:-If response to Q1 is YES and response to Q4 is NO then go to Q7.
If response to Q1 is NO and response to Q4 is YES then go to Q36.
If response to Q1 is NO and response to Q4 is NO then go to Q41A.

Pre Natal IFA tablets , TT injection, ANC Check ups
(Ask in context of youngest <3 year old child.)

7-

Did you consume IFA tablets when you were expecting .... (Name of the youngest <3 year old child)?

Yes=**1**	Sometimes=**3**
No=**2**	Mostly=**4**
Did not receive any such tablets=**5**	
Any other =**6**...................... (specify)	

Write code

8-

During pregnancy did you go for at least one check-up ?

Yes =**1**
No =**2**

Write code

9-

During pregnancy did you get any TT (Tetanus) injection ?

Yes =**1**
No =**2**
Don't know=**3**

Write code

10- From where did you get antenatal care (check-ups and injections)?

Write code

Government facility=**1**   Private facility =**2**   Don't know=**3**
Did not go for check-ups=**4**

11-

Did you consume IFA tablets after .... (Name of the youngest <3 year old child)was born?

Yes=**1**	Sometimes=**3**
No=**2**	Mostly=**4**
Don't know=**5**	
Did not receive any such tablet=**6**	

Write code

Note:-IFA- Iron Folic Acid, ANC - Ante-natal care, TT-Tetanus Toxoid, AWC- Anganwadi Centre, HC-Health Centre, NA- Not Applicable

12- Where was ....born? (Name of the youngest <3 year old child)?

If response is 'at home' go to Q13.If response is 'government hospital or 'private institution' go to Q14.

| 1= At home | 2= Government hospital | 3= A Private institution |

Write code

13- In case of home delivery, was there any skilled person (dai/doctor) who helped you?

Yes=1
No=2

Write code

14- In case of an institutional delivery, how did you reach the institution?
If response is 'car/ taxi/ jeep' go to Q15 otherwise go to Q16.

| 1- On foot | 2-Bullock cart | 3- Car/taxi /jeep | 4-Bicycle | 5-Ambulance |
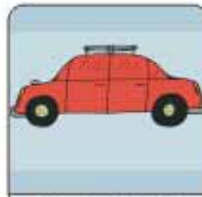
6-Other...................................... (Specify)

Write code

15- In case of car/taxi/jeep, who made the arrangements?

ASHA=1	HH=2
Other relatives=3	
Any other health worker(specify)...=4	
Don't know=5	

Write code

16- Did any health worker stay with you at the facility during the birth? *(If response is yes, go to Q17 other wise go to Q18.)*

Yes=1   No=2

Write code

17- If yes,who stayed with you?

| ASHA=1 | ANM=2 | AWW=3 |
| None of the above=4 | | |

Write code

18- Did any health worker visit you shortly (within a week) after you delivered..................... ("Name of the youngest <3 year old child")? *(If response is yes go to Q19 otherwise go to Q 20.)*

Yes=1   No=2   Don't know=3

Write code

19- If yes, then who visited you?

ASHA=1	ANM=2	AWW=3
Others:.............(Specify)=4		
Don't know=5		

Write code

Note:-NA- Not Applicable, ASHA- Accredited Social Health Activist, AWW – Anganwadi Worker, ANM – Auxiliary Nurse Midwife, HH- Household

Janani Suraksha Yojana
(Ask the mother. Other family members can also help.)

20- Did you receive any money from the Government after the delivery?

Yes=**1**   No=**2**

Write code

21- If NO, why? Write in words ……………………………and *go to Q36*.
If YES, *go to next question* :

22- Where did you receive the money?

Home=**1**   Institutions=**2**

Write code

23- Who gave you the money?

ASHA=**1**   AWW=**2**   ANM=**3**
Other=**4**………………(Specify)

Write code

24- How were you given the money?

Cheque=**1**   Cash=**2**
Others=**3** ………………..(Specify)

Write code

25- How much money did you get? *(Write in numbers)*

26- How many days post-delivery did you get the money? *(Write number of days)*

27- Did you get it in installments?

Yes=**1**   No=**2**

Write code

28- Did you pay any fees to the ASHA?
If YES go to Q29. If NO go to Q30.

Yes=**1**   No=**2**

Write code

29- If yes, how much (Rs)?

30- Did you pay any fees to anyone else?
If YES go to Q31. If NO go to Q33.

Yes=**1**   No=**2**

Write code

31- If yes, to whom?

32- If yes, how much?

33- Did you have to pay any bribe to receive the money?

Yes=**1**   No=**2**

Write code

34- Did you face any other problems in receiving the benefits? (*If YES go to Q35. If NO go to Q36*)

Yes=**1**   No=**2**

Write code

35- If yes, what were the problems?

Distance to the health facility=**1**
Paper work=**2**
Inconvenient timings=**3**
Behaviour of health workers=**4**
Other………………………(Specify)=**5**

Write code

Anganwadi Centre
(Ask the mother. Children and other family members can also help.)

36- Is there an anganwadi centre in your village?
If YES go to Q37 if NO or DON'T know go to Q41.A .

Yes =1
No =2
Don't know=3

Write code

37- If Yes, do you know the name of the anganwadi worker?

Write name.....................................

Knows=1   Don't know=2
There is no anganwadi centre=3

Write code

38- If there is an anganwadi centre, what services are provided by the centre?*(DO NOT PROMPT THE OPTIONS) Write (1) if mother said service was provided and (2) if she did not say it was provided.)*

a. Children are given food to eat.

b. Pregnant and lactating women are given food.

c. Immunization of children.

d. TT injections and check-ups for pregnant women.

e. Children are weighed.

f. AWW advises mothers about child health and nutrition.

g. AWW refers weak children to health centre.

h. AWW also participates in organization of health days.

i. Small children are given toys to play with at AWC; they are told stories and other non-formal education activities take place at AWC.

j. Any other (Specify…………………………………………..)

39- Do any of your children (0-6 years) get food from the anganwadi?
(*If YES go to Q40,*
 if NO go to Q41A.)

Yes =1
No =2

Write code

.40- If yes, how frequently?

Everyday=1
Some days in a week=2
Once a week=3
Once a fortnight=4
Once a month=5
Others………………(specify)=6

Write code

Note:-AWW – Anganwadi Worker, ANM – Auxiliary Nurse Midwife, AWC- Anganwadi Centre, TT-Tetanus Toxoid

Weight (kgs.) And Height (cms.)

41A-

A. Younger children (<6 year) who cannot stand independently						
Child 1	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	Adult weight	Adult+child's weight
Child 2	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	Adult weight	Adult+child's weight
Child 3	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	Adult weight	Adult+child's weight
Child 4	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	Adult weight	Adult+child's weight

41B-

B. Older children (< 6 year) who can stand independently					
Child 1	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	child's weight
Child 2	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	child's weight
Child 3	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	child's weight
Child 4	Name	DOB(dd/mm/yy)	Age(months)	Gender(1=M/2=F)	child's weight

41C-

C. Mother's height and weight			
Height		Weight	

Instructions for height and weight measurements:

Weight : Weight has to be taken of all the <6 year old children of the respondent mother in the household.

Weight of the respondent mother is also to be taken. For recording weight you need a weighing scale which you have to get from Anganwadi centre or Health centre in the village. Take the help of the anganwadi worker to get the weighing scale. Take anganwadi workers' help to weigh children as well as the mother.

Height: Only to be taken for the respondent mother. For measuring height you need a measuring tape. Ask for a measuring tape in the village before hand. Ask the mother to stand straight against a wall and mark a point on the wall where her head reaches. Measure this point from the ground to record mothers' height in cms.

2- Immunization

Instructions:

To be asked in the context of youngest child in the age group of 0 to 3 years .
If there is no <3 year old child skip this section.

1- Immunization card available for......................("Name of the youngest child <3 year old")
If response is YES go to Q2. If NO go to next section.

Yes=**1**   No=**2**

Write code

2- If yes, note down the following from immunization card:

Name of the youngest <3 year old child.............	DOB.............. dd/mm/yy	Age (in yrs.)...................... Age in (months)................
Vaccine	Yes=1; No=2	If yes, write the date when vaccination was given
BCG		
Polio 1		
Polio 2		
Polio 3		
Polio 4		
DTP1		
DTP2		
DTP3		
Measles		
Vitamin A1		
Any other specify		

3- If the card is not available, ask the mother where is the card?

With AWW/ASHA/ANM (Tick if known)=**1**

Lost=**2**   Don't know=**3**

Write code

Instructions:

To be asked in the context of the youngest child in the age range of 0 to 3 years . Ask the mother of the child, others can help to answer as well. Ask these questions with the help of a female volunteer or village woman. This woman should NOT be AWW/ASHA/any other government health functionary.

If there is no <3 year old child skip this section.

1- Did you ever breastfeed......................... (Name of the youngest child <3 years old)?

Yes =**1**
No =**2**

Write code

2- If yes, for how long did you breastfeed ....(Name of the youngest child <3 years old).

6 months=**1** upto 1 year=**2**
upto 2 years=**3** currently feeding=**4**

Write code

3- How long after birth did you first put............. (Name of the youngest child <3 years old)to breast.

Immediately/within half an hour of birth=**1**
within the day/24 hours of birth=**2**
otherwise record days=**3**

Write code

4- When did you start giving mashed / semi-solid food to ...... (Name of the youngest child <3 year old) along with breastmilk?

<4 months=**1** >6 months =**2**
4 to 6 months =**3**
Any other (write month.........)=**4**

Write code

5- Do you have a <6 month old child?
If YES go to Q6. If NO go to next section.

Yes=**1** No=**2**

Write code

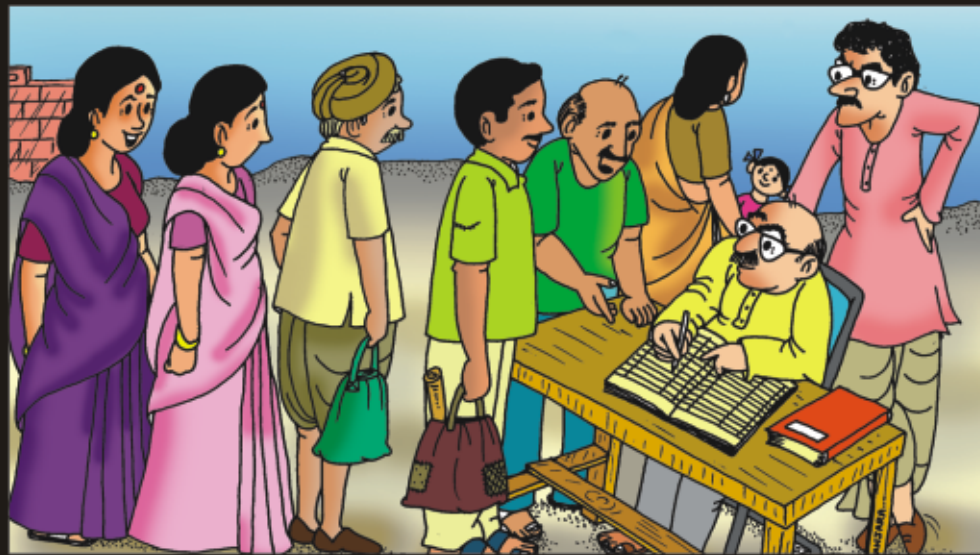**6-** Do you breastfeed your <6 month old child?

Yes=**1** No=**2**

Write code

7- The previous day and night did you give........................... (Name of less than 6 month old child) anything else except breastmilk?

Yes= **1** (Do not include any medicine as food in this) No = **2**
Don't know= **3**

Write code