Community Stakeholders for Vitamin A program
Non utilizers (Mothers of Children < 3 years)

Demographic Details

Type of Family: 1. Nuclear (Household with Husband, Wife and their Children only)
2. Joint / Extended (all others)

Your Education:

Your husband's education:

Your husband's occupation:

Do you go out to work? 1. Yes 2. No

Are you paid for it? 1. Yes 2. No

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1. When you have health problem in the family, whose **advice / assistance** do you seek?
   (Probe: for the persons whose advice she takes and the relationship with her)

2. Last time **you fell sick**, where did you go for the **treatment**?
   (Probe: Government / Private)

3. Last time when **your child fell sick**, where did you take him/her for **treatment**?
   (Probe: Government / Private)

4. In general, in your family who decides on where to go and what treatment to get when someone in the family falls sick? (Specify relationship of the person with the respondent)

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I. Awareness

5. What are the health **problems** related with **insufficient food intake**?

   a) In children below 5 years:

   b) In Pregnant woman:

   c) In Nursing mothers:

   d) In Adolescent girls:

6. What are the **causes of** night blindness, what will happen if **not treated** and how can it be prevented?

Condition	**Causes**	**Ill effects (what will happen if not treated?)**	**Prevention**
Night Blindness			

7. Are you aware about the health program under which Vitamin-A is given?

   0. Do not know 1. Yes 2. No

   If YES, how did you come to know about the Vitamin-A program **(sources)**?

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8. Have you **ever discussed about Vitamin-A** with **someone** else **in the family** or neighborhood?

9. What are the **food items** whose consumption **will prevent** night blindness?

II. Health Services

Let us discuss about the available health care facilities in your area.

10. What is the **nearest government health facility** (PHC / Sub-centre / Dispensary)? From your residence how much **time** does it take **to reach** there? (Probe: Travel time to walk one way)

11. What are the **services** (Immunization, ANC etc.) **available** there?

12. Which are the **days** (of the week/month) earmarked **for Immunization**, **and Pregnancy check up clinics**?

    Pregnancy check up:

    Immunization:

13. Has your child ever received any **vaccine other than polio** drops?

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14. Where do you go for **immunization** of your child?

15. Is the **location** of the clinic (PHC / Sub-centre / Dispensary / Anganwadi / any other location where immunization is given) **acceptable** to you?

    0. Do not know 1. Yes 2. No

    If NO, Why?

16. How **convenient** are the **timings** of this clinic for you?

17. Has it ever happened that you went to the centre for Vitamin-A (for your child), but you could not get?

    0. Do not know 1. Yes 2.No

    If YES, what were the **reasons**?

18. Is there a **health worker** for your village or area?

    0.Don't know 1. Yes 2. No

19. When the health worker visits, **what does he/she do**? (Probe: talking about / administering Vitamin-A)

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20. Is there an **Anganwadi** in your area?

0. Do not know 1. Yes 2. No

21. (A) **How far** is the Anganwadi from your house?
(Probe: Travel time to walk one way)

(B) What **services** are **available** at Anganwadi?

(C) Which of these **services** did you **utilize**?

(D) If NONE, **why**?

(E) When did you **last visit** the Anganwadi centre?

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22. Did the Anganwadi worker **tell** you **about Vitamin-A supplements**?

0.Do not know / Not sure 1. Yes 2. No

If Yes, what?

23. In general, what is your impression about the **behavior** of Anganwadi worker and Health worker?

	Impression about Behavior
Anganwadi Worker	
Health Worker	

III. <u>Facilitating Factors</u>

24. What are the **benefits** of giving Vitamin-A to children?

25. Have you heard any **negative things** about the Vitamin- A?

0. Do not know 1. Yes 2. No

If YES, what were these negative things and from where did you hear these?

What was heard	**Sources**

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26. What **roles** are played by the following in the Vitamin-A program?

Category	Role(s)
Husband	
Village elders	
Neighbors	
Local leaders	
School teachers	
Women's groups	
CBOs	
NGOs	
Trained Birth Attendant	

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27. What was the **reason** that **you did not utilize** the services of Vitamin-A program?

28. Are there **any rumors/customs/beliefs** regarding Vitamin-A supplements in your community? How did these **influence** utilization of services?

Socio-cultural beliefs / rumors / customs / rituals	**Influences**

IV. Perceptions

29. Now that you have not utilized the Vitamin-A related program services for your child, how do you feel?

30. Would you **tell others** (who are in need) to utilize these services?

0. Do not know 1. Yes 2. No

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V. Suggestions

31. **What** do you think **should be done** to enable **non-utilizers** in the area to participate in the Vitamin-A supplementation program in future?

32. What are **your suggestions** to improve health care services in your area?

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