

**Community Stakeholders for IFA Supplementation Program
Utilizers (Children < 5 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

**All questions are related to routine IFA
Supplementation Program only**

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

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:

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

Condition	Causes	Ill effects (what will happen if not treated?)	Prevention
a) Anemia in children			
b) Anemia in women			

7. Are you aware about the health program under which IFA tablets are given?
 0. Do not know 1. Yes 2. No

If YES, how did you come to know about the IFA supplementation program (**sources**)?

8. Have you **ever discussed** about IFA tablets with **someone else in the family** or neighborhood?

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

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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** drop?
14. Where do you go for the **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 / Not sure 1. Yes 2. No

If NO, Why?

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16. How **convenient** are the **timings** of this clinic for you?
17. **Where** did you **get Iron Folic Acid** for your child?
18. How long did you have to **wait** at the clinic to get **IFA tablets** for your child?
19. Has it ever happened that you went to the centre for **IFA tablets** for your child, but you **could not get** it?
0. Do not know 1. Yes 2.No

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

20. Is there a **health worker** for your village or area?
0. Don't know 1. Yes 2. No
21. When the health worker visits, **what does he/she do?** (Probe: talking about / administering IFA)
22. Is there an **Anganwadi** in your area?
0. Do not know 1. Yes 2. No

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23. (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?

24. Did the Anganwadi worker **tell you about IFA supplements** for your child?

0. Do not know / Not sure

1. Yes

2. No

If Yes, what?

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

	Impression about Behavior
Anganwadi Worker	
Health Worker	

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III. Facilitating Factors

26. What are the benefits of giving **IFA tablets** to children?

27. Have you heard any **negative things** about the / IFA tablets supplements?
 0. Do not know / Not sure 1. Yes 2. No

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

What was heard?	Sources

28. What **roles** are played by the following in the IFA supplementation program?

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

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29. What do you think are the **reasons** for some people **not utilizing** the IFA program services for their children?

30. Are there **any rumors/customs/beliefs** regarding **IFA** in your community? How did these influence utilization of services?

Socio-cultural beliefs / rumors / customs	Influences

IV. Perceptions

31. What is your **perception** about the **quality of IFA tablets** for children given at health services?

32. Is it **acceptable** in the form given (tablets) for your child?

33. Do you have **any problem** in storing the IFA tablets at home?
0. Do not know / Not sure 1. Yes 2. No

If YES, what?

34. Of the tablets received, **how many** did your child consume?

0. Do not know / Not sure 1. None 2. Some of them 3. Most of them

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35. Did your child have any **problems** when he / she **consumed** the Iron Folic Acid **tablets**?

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

If YES, what?

36. Now that your child has utilized the IFA tablets, **how do you feel**?

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

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

V. Suggestions

38. **What** do you think **should be done** to enable **non utilizers** in the area to participate in the IFA supplementation program for their children in future?

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

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