

Community Stakeholders for Vitamin A program
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

**All questions are related to routine Vitamin-A
Supplementation Program only**

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 him / 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 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? Which ones?

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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 place where immunization 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. **Where** did you **get Vitamin-A** for your child?

18. How long did you have to **wait at the clinic** to get Vitamin-A for your child?

19. 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**?

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 Vitamin-A)

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

0. Do not know 1. Yes 2. No

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 centre?

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

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	

III. Facilitating Factors

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

27. Have you heard any negative things about the Vitamin-A program?

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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28. 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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29. What do you think are the **reasons for** some people **not utilizing** the Vitamin-A program services?

30. 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

31. What is your **perception** about the **quality of Vitamin-A** syrup given at health services?

32. Is it acceptable in the form given (syrup)?

33. Did your child have **any problems** when Vitamin-A syrup was given?

0. Do not know 1. Yes 2. No

If YES, what?

34. If Vitamin-A is given in **gelatin capsule form**, will it be **acceptable** to you (Show gelatin capsule to mother)?

35. Now that you have utilized the Vitamin-A supplement program services for your child, **how do you feel?**

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

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

V. Suggestions

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

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