Community Stakeholders for IFA Supplementation Program
Utilizers (Women)

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

THE INCLEN TRUST

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:

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST

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 in the family** or neighborhood?

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

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST

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. Where do you go for **checkups** during pregnancy?

14. Is the **location** of the pregnancy check up (PHC / Sub-centre / Dispensary / Anganwadi / any other location where pregnancy check up is done) **acceptable** to you?
    0. Do not know / Not sure 1. Yes 2. No

    If NO, Why?

15. How **convenient** are the **timings** of the pregnancy check up clinic for you?

THE INCLEN TRUST

16. **Where** did you **get Iron Folic Acid tablets** for yourself?

17. How long did you have to **wait** at the **pregnancy check up clinic** to get IFA tablets?

18. Has it ever happened that you went to the centre for **IFA tablets** (for yourself), but you **could not get** it?

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

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

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

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

20. When the health worker visits, **what does he/she do**? (Probe: talking about / administering IFA tablets)

THE INCLEN TRUST

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

0. Do not know 1. Yes 2. No

22. (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?

23. Did the Anganwadi worker **tell** you **about IFA supplements**?

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

If Yes, what?

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

	Impression about Behavior
Anganwadi Worker	
Health Worker	

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST

III. Facilitating Factors

25. What are the benefits of **IFA tablets** for you?

26. Have you heard any **negative things** about the / IFA tablets?
    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

27. 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 Attendent	

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST

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

29. 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

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

31. Is it **acceptable** in the form (tablets) given?

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

    If YES, what?

33. Of the **tablets** received, how many did you **consume**?

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

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST

34. Did you have any **problems** when you **consumed** the Iron Folic Acid **tablets**?
0. Do not know / Not sure 1.Yes 2.No

If YES, what?

35. Now that you have utilized the IFA tablets, **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 your area to participate in the IFA supplementation program in future?

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

All questions are related to routine IFA Supplementation Program only

THE INCLEN TRUST