

# Appendix D: Baseline and Endline Instruments

## Baseline Household (Mother) Survey

V001	Ques. SL	
V002	Child ID No.	

V003	Date of interview	Day:	Month:	Year:
V004	Name of interviewer		Code	

### A. Identification (to be filled by enumerator)

SI	Area	Name	Code
A001	Household Number		
A002	Para/sub-village		
A003	Village		
A004	Mauza		
A005	Union		
A006	Upazila		
A007	District		
A008	Distance to the <b>nearest</b> Community Clinic (to be filled by enumerator)	Distance in Km ____	
A009	Time (in minutes) required using normal mode of transportation		
A010	Mode of transportation		1 = Walking 2 = Rickshaw/van 3 = Boat 4 = Auto-rickshaw
A011	How long does it take to reach the nearest CC by walking		
A012	How long does it take to reach the nearest CC by using common mode of transport		

**B. Household Profile [Note: Demographic Information]**

										For members age 7 Years and above			
ID	Name of HH Member  (Start with the name of HH head)	Relationship to respondent (Use code)	Sex  1=Male 2=Female	Age (months/ years)		Is HH member currently attending school  1=Yes 2=No	Highest class passed (Use code)	Religion (Use code)	Ethnicity (Use code)	Marital Status (Use code)	Can write a letter?  1=Yes 2=No	Activity Status 1= Employed 2=Looking for job 3=Household work 4=Does not work	If employed, field of employment: 1=Agriculture 2=Industries 3=Services
				Years	Months								
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
B001													
B002													
B003													
B004													
B005													
B006													
B007													
B008													
B009													
B010													
B011													
B012													

<b>Relationship to intended respondent</b>	1=Intended respondent; 2=Spouse; 3=Son/Daughter; 4=Sibling; 5=Parent; 6=Daughter-in-law/Son-in-law;7=Sister-in-law/Brother-in-law; 8=Father-in-law/Mother-in-law;; 9 = Grandchild; 10 = Nephew/Niece; 11 = Others (specify); 12 = Grandparent
<b>Marital Status</b>	1=Unmarried; 2=Married; 3=Widowed; 4=Divorced /Separated; 99 = Not Applicable

<b>Religion</b>	1=Muslim, 2=Hindu, 3=Christian, 4=Buddhist, 5= Other
<b>Ethnicity</b>	1=Bengali 2=Tribal, 3=Non-Bengali, 4= Other (specify)
<b>Highest class passed</b>	0=No class, 1=Class 1; 2=Class 2; 3=Class 3; 4=Class 4; 5=Class 5; 6=Class 6; 7=Class 7; 8=Class 8; 9=Class 9; 10=SSC/ Dakhil pass;11=Class 11;, 12=HSC/ Alem pass; 14=Graduate/ Fazil; 16=Masters/Kami; 66=Pre primary school; 67= Qawmi madrasa; 68= Hafezi; 69 = Others (specify)

**C. Housing [Note: SES Information]**

Sl.	Questions and Filters	Coding Categories	Answer
C001	What is the main source of water for drinking for your household?	1=Deep tube well 2=Shallow tube well 3=Tape water supplied through pipes 4=Pond sand filter 5=Rainwater harvesting system 6=Rainwater 7=Pond 8=River/canal 9=Traditional well 10=Other (Specify)	
C002	What type of latrine does your household use? <b>(Bold type indicates hygienic types)</b>	<b>1=Ring-slab/offset latrine (waterseal)</b> <b>2=Pit latrine (covered)</b> 3=Ring-slab/offset latrine (water seal broken) 4=Pit latrine (uncovered) <b>5=Septic latrine</b> 6=Hanging/open latrine 7=No toilet facility	
C003	Is it your own latrine? <b>Interviewer: Observe the latrine</b>	1= Yes; 2= No	
C004	How many rooms in this household are used for sleeping?	Number	
C005	Does any member of this household own?		
C005a	Auto bike	1= Yes; 2= No	
C005b	Rickshaw	1= Yes; 2= No	
C005c	Bicycle	1= Yes; 2= No	
C005d	Motorcycle/scooter	1= Yes; 2= No	
C005e	Electricity	1= Yes; 2= No	
C005f	Radio	1= Yes; 2= No	
C005g	Television	1= Yes; 2= No	
C005h	Mobile phone	1= Yes; 2= No	
C005i	Non-mobile phone	1= Yes; 2= No	
C005j	Refrigerator	1= Yes; 2= No	
C005k	Almirah/wardrobe	1= Yes; 2= No	
C005l	Table	1= Yes; 2= No	
C005m	Chair	1= Yes; 2= No	
C005n	Electric fan	1= Yes; 2= No	
C005o	DVD/VCR	1= Yes; 2= No	
C005p	Water pump	1= Yes; 2= No	

Sl.	Questions and Filters	Coding Categories	Answer
C006	Does this household own any livestock, herds, other farm animals, or poultry?	1= Yes; 2= No	
C007	How many of the following animals does this household own?		
C007a	Buffaloes	Number	
C007b	Cows	Number	
C007c	Horses/Donkeys/Mules	Number	
C007d	Goat	Number	
C007e	Sheep	Number	
C007f	Chicken	Number	
C008	Does your household own this homestead?	1= Yes; 2= No	
C009	If NO, probe: Does your household own homestead in any other places?	1= Yes; 2= No	
C010	Does your household own any land (other than the homestead land)?	1= Yes; 2= No	
C011	How much land does your household own (other than the homestead land)? (Decimal)	Decimal	
C012	Main material of the floor (record observation)	1=Concrete 2=Brick 3=Wood 4=Clay/Sand 5=Tiles 6=Other (Specify)	
C013	Main material of the roof (record observation)	1=Concrete 2=Wood 3=Thatch 4=Bamboo 5= Straw/jute/stick/leaves 6=Thatched/polythene 7=Tin 8=Other (Specify)	
C014	Main material of the wall (record observation)	1=Concrete 2=Brick 3=Wood 4=Mud	

Sl.	Questions and Filters	Coding Categories	Answer
		5=Bamboo 6=Straw/jute/stick/leaves 7=Tin 8=Other (Specify)	
C015	What type of fuel does your household mainly use for cooking?	1=Electricity 2=LPG 3=Natural gas 4=Biogas 5= Kerosene 6=Wood 7=Straw/Shrubs/Grass 8=Animal Dung 9=Wood dust/Char coal 10=Other (Specify)	

**D. Private Cost Data Questions for Mother**

**As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business**

Sl.	Questions	Code	Answer
D001	In the last seven days, have you done any of these things or any other work?	1= Yes; 2= No	
D002	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	1= Throughout the year 2= Seasonally/part of the year 3=Once in a while 4=Do not work	
D003	Are you paid in cash or kind for this work or are you not paid at all?	1=Cash only 2=Cash and kind 3=In kind only 4=Not paid	

**Now I will ask you about completely different issues.**

D004	How easy would you say it is for someone in your household to get 500 Taka in cash by tomorrow?	1=Very easy 2=Somewhat easy 3=Neither easy nor difficult 4=Somewhat difficult 5=Very difficult 6=Impossible 7=Other( Specify	
D005	If you are given an opportunity to decide on “receiving 500 Taka today” versus “waiting to receive 750 taka after exactly 7 days”, what would you prefer?	1=Receive 500 Taka today 2= Wait exactly 7 days to receive 750 Taka instead	

**E. Child Health and Nutrition**

SI	QUESTIONS AND FILTERS	CODING CATEGORIES	Answer
E001	Age of the youngest child (0-18 months)	Months	
E002	Did you ever breastfeed (NAME)?	1=Yes; 2=No; 3=No comment	
E003	How long did you exclusively breastfeed (Name)?	Number of months	
E004	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS.	HOURS	
E005	Did you give (NAME) the colostrum (the first milk which is yellow sticky fluid secreted the few days after delivery)?	1=Yes 2=No 3=Don't remember 4= No comment	
E006	Are you still breastfeeding (NAME)?	1=Yes 2=No 3=No comment	
E007	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS	
E008	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS	
E009	At any time yesterday or last night, was (NAME) given any liquid or solid food with breastfeeding?	1=Yes 2=No 3=Don't remember 4= No comment	
E010	How many times did you feed (NAME) yesterday or last night	Number of Times	
E011	How many times during last 24 hours (yesterday or last night), was (NAME) given any of the following:		
E011a	Plain water	Number of Times	
E011b	Sugar/honey water	Number of Times	
E011c	Baby formula (Iron)	Number of Times	
E011d	Fresh milk	Number of Times	
E011e	Any other liquid	Number of Times	
E011f	Tinned or powdered milk	Number of Times	
E011g	Rice/Porridge/wheat	Number of Times	
E0011h	Roots/Tubers (potatoes, sweet potatoes, plantains)	Number of Times	
E0011i	Oils, fats and butter (VitA)	Number of Times	



SI	QUESTIONS AND FILTERS	CODING CATEGORIES	Answer
E011j	Fruits (Mango, Papaya, orange, Jackfruits etc.)-VitA	Number of Times	
E011k	Green leafy vegetables (VitA) Iron	Number of Times	
E011l	Orange and yellow vegetables (Carrots/ pumpkins)-VitA	Number of Times	
E011m	Other fruit/vegetables	Number of Times	
E011n	Egg	Number of Times	
E011o	Fish	Number of Times	
E011p	Poultry	Number of Times	
E011q	Meat/offal/organs	Number of Times	
E011r	Pulse/pea nuts/beans/ground nuts (Iron)	Number of Times	
E011r	Hotchpotch (a preparation of rice and pulses together)	Number of Times	
E011s	Khichuri (a local dish)	Number of Times	
E012	Has (NAME) received a vitamin A capsule like this in the last 6 months? <i>[avoid if age not 12-23 months, skip to diarrhea]</i> <b>Interviewer: Show Vitamin A Capsule</b>	1=Yes 2=No 3= Don't know	
E013	Has (NAME) received ante-helminth (de-worming) within the last 6 months? <i>[avoid if age not 12-23 months, skip to 14]</i> <b>Interviewer: Show de-worming tablet</b>	1=Yes 2=No 3= Don't know	
E014	Has (NAME) had diarrhea (having loose stool) in the last 2 weeks?	1=Yes; 2=No 3= Don't know	
E015	Has (NAME) had diarrhea AND given Zinc and ORS	1=Yes; 2=No 3= Don't know	
E016	Has [NAME] had major illness in the last 2 weeks?	1=Yes; 2=No 3= Don't know	
E017	Did you seek advice or treatment for this major illness from any source?	1=Yes; 2=No 3= Don't know	
	<b>I will ask about your level of agreement with the following two statements</b>		
E018	Health of my children does not depend on my action but on our fate	1=Strongly disagree 2=Somewhat disagree 3=Neither agree nor disagree 4=Somewhat agree 5=Strongly agree	
E019	Health of my children does not depend on my action but on the wishes of almighty Allah/God	1=Strongly disagree 2=Somewhat disagree <b>3=Neither agree nor disagree</b> <b>4=Somewhat agree</b>	

SI	QUESTIONS AND FILTERS	CODING CATEGORIES	Answer
		5=Strongly agree	
E020	What do you and your family members usually use to wash your hands?	1=Soap or detergent (bar, liquid, powder, paste) 2=Ash, mud, sand 3=None / Water 4=Others (specify)	
E021	When do you wash your hands with soap? <i>Multiple responses possible.</i> <b>(DO NOT read the choices but probe and mark all that)</b>		
E021a	Before food preparation	1=Yes; 2=No	
E021b	Before eating	1=Yes; 2=No	
E021c	Before feeding children	1=Yes; 2=No	
E021d	After defecation	1=Yes; 2=No	
E021e	After cleaning babies bottoms	1=Yes; 2=No	
E021f	Others (specify)	1=Yes; 2=No	
E022	Do you use Iodized salt for cooking and with meals?	1=Yes; 2=No 99= Don't know	

**F. Pregnant and lactating mothers**

SI	QUESTIONS AND FILTERS	CODING CATEGORIES	Answer
F001	Are you pregnant now?	1=Yes; 2=No	
F002	If yes, how many months have you been pregnant for?	Month(s)	
F003	Did you have any antenatal check-ups during your <b>(current/ last)</b> pregnancy?	1=Yes 2=No	
F004	How many check-ups did you have during your <b>(current/last)</b> pregnancy?	Number of visits	
F005	Do you have an antenatal card for your <b>(current/last)</b> pregnancy? IF Yes: May I see it please?	1=Yes, Seen 2=Yes, Not Seen 3=No Card	
F006	Place of ANC	1=UHC 2=UH&FWC/FWC 3=CC 4=Satellite clinic 5=NGO facility 6=Others (Specify)	
F007	Have you taken Iron/Iron folate in the last 7 days? <b>(Interviewer: show her the iron/iron folate tablet or capsule)</b>	1=Yes 2=No	
F008	Did you receive Vita-A after delivery of the child? <b>(Interviewer: shows her the Vit-A capsule)</b>	1=Yes 2=No	
F009	After how many days of the delivery you received Vit-A?	Days	

**G. Stimulation knowledge/ Family influence**

Tell us if you “Agree”=1, “Disagree”=2 or “Not Sure”=3.

SI.	Statement	Answer
G001	A baby should not be held when he (she) is crying because this will make him (her) want to be held all the time	
G002	Babies do some things just to make trouble for their parents, like crying a long time or pooping	
G003	Infants understand only words they can say	
G004	It is important to talk and sing to your baby	
G005	Talking to a child about things he (she) is doing helps its mental development	
G006	Fathers are naturally clumsy when it comes to taking care of babies	
G007	It is important to teach the baby names of simple objects and colors	
G008	It is important to play games with the baby	

**H. Decision Making/Influence of Family Members**

Sl.	Who usually makes decisions about the following things: (In order of person most responsible for action; up to 3 responses)	1=Mother; 2=Husband/partner; 3=Respondent and partner jointly; 4= Mother and other family member jointly; 5= Husband and other family member jointly; 6=Mother in law; 7=Father in law; 8=Other		
		1	2	3
	<b>FOOD</b>			
H001	What food is prepared every day?			
H002	How much money the household spends on food			
	<b>MONEY</b>			
H003	Buying important things for the family?			
H004	Who decided how your earnings would be spent?			
	<b>HEALTH</b>			
H005	What to do when a child is seriously ill?			

H006	In the past year, how long has the father been away from the house for work?	(enter 0 for none)	Days	
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### I. Responsive Feeding

Sl.	Questions	Coding Categories	Answer
I001	When you feed (NAME) and he refuses to eat, do you usually do something to make him/her eat?	1= Yes; 2= No	
I002	When (NAME) refuses to eat, what do you usually do to encourage him/ her to eat? Tell me certain things that you usually do? There can be multiple responses here, so each response must have a yes/no category.		
I00a	Force him to eat	1= Yes; 2= No	
I00b	Beat	1= Yes; 2= No	
I00c	Threaten	1= Yes; 2= No	
I00d	Caress	1= Yes; 2= No	
I00e	Play with him	1= Yes; 2= No	
I00f	Entertainment	1= Yes; 2= No	
I00g	Give other types of food	1= Yes; 2= No	

I00h	Other (specify)	1= Yes; 2= No	
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<b>J. MODIFIED HOME INVENTORY: INFANT TODDLER VERSION</b>			
<i>If no response for any question, write NA as response.</i>			
<b>Caregiver Promotes Child Development</b>			
J001	Do you talk to your child while doing housework? What do you say to him/her? (Note to interviewer: talking/speaking to child means something is said to the child from which he/she can learn something, speaking does not include 'scolding,' or saying 'do this' or 'don't do that.' )	Yes=1, No=2	
J002	Do you believe the child's behavior can be changed/ modified or influenced by the parents' behavior?	Yes=1, No=2	
<b>Organization of Physical and Temporal Environment</b>			
J003	Who usually looks after the child when mother is not around? (note: 'not around' is understood to be away from the home for at least more than two hours )	>2 different people = 0 never leaves/ always the same person or no more than 2 different people=1	
J004	A person under 12 years of age sometimes looks after the baby.	Yes, sometimes left alone or with a child <13yrs =0 No always left with someone >12yrs =1	
J005	How often in a week does someone usually take the child to any store?	Less than once a week =0 Once a week or more =1	
J006	Do you regularly take the child to the health clinic to be weighed or to be immunized? (Note to interviewer: regularly means if the child gets the immunization shots at the appropriate ages.)	Yes=1, No=2	
J007	Does the child have a special specific place to keep his/her toys?	Yes=1, No=2	
<b>Opportunities for Variety in Daily Stimulation</b>			
J008	In the last 12 months how many times did your family move from their residing location or house?	More than once = 0 No/Once = 1	
J009	Do you receive any relatives at your home or take your child to their homes? (Note to interviewer: taking child to relatives' homes means to take them outside for at	None or less than twice a month =0 Twice a month or more =1	

	least 4 hours, it is not about taking them outside the house for a short while.)		
J010	Usually how many times in a month do your friends' come to your house, or how many times do you take them to their houses?  (Note to interviewer: taking child to friends' homes means to take them outside for at least 4 hours, it is not about taking them outside the house for a short while.)	None or less than twice a month =0  Twice a month or more =1	

### K. Play materials

Interviewer Say: "I am interested in learning about the things that [CHILD] plays with when he is at home. Say to the mother /caretaker: I want to know about the toys that [child] plays with at home. The toys may be home-made (like clay toys, dolls made of cloths, etc.), household materials (like pots and pans, crockeries, pillow, school bag, mobile phone etc.), bought toys, children books/ picture books (can be bought/received from school or someone free of charge) and the child should have access to play with at home during the last month.

Can you please bring me all toys that your child plays with?

**(Interviewer: Do not include play at playgroup)**

**Yes=1, No=2**

Sl.	Questions	Yes=1, No=2
K001	In the past 30 days, has [CHILD] played with toys that make or play music (e.g. Instrument, stuffed animals that play melodies or any other toy that make noise, but it should be given to child to play)?	
That makes music like make sound / music, not just noise for example e.g. instruments such as drum, piano, harmonica flute, harmonium, jory, etc. <b>Interviewer Instruction:</b> Instruments can be real instruments or toy instruments. Only included things that are played at home)		
K002	In the past 30 days, has the (CHILD) played with materials for drawing and writing (e.g. coloring picture books, crayons, pencils, pens etc.)?	
K003	In the past 30 days, has [CHILD] played at being using toys or objects something or someone else, such as a Mommy, doctor, teacher, hero using toys or objects (e.g. dolls, tea-set/ cups, toy kitchen set and plates for eating)?	
K004	In the past 30 days, has [CHILD] played with toys that (Gross Motor) encourage movement (e.g. balls, small car, skipping rope, bats, rope for swinging, pull-along, push along etc.)?	

K005	How many pictured books are there which are suitable for child? (Please do not include school books).	
K006	How many books are there in the house? (Please include school books but do not include the pictured books of the children). <b>If there are more than 10 books then record 11.</b>	
K007	How many magazines and newspaper are in the house? <b>If there are more than 10 magazines then record 11</b>	

Interviewer Say: "In the past 3 days did you spend doing the following activities with [CHILD]?" In the past 3 days, did you or any household member (over 15 years of age) engage in any of the following activities with the child (Name).		
If yes who engaged this activity with child?, Mother, Father, or any others adult family members of the household (including the Caregiver). <b>Scoring : Yes=1, No=2, Don't know=9</b>		
K008	Have you read books, including poem books to the child or showed pictured books to him or her? If yes, who engaged in this activity?	
K008a	Mother	
K008.b	Father	
K008c	Any elder household member (over 15 years of age)?	
K009	Have you told stories or nursery rhymes to the child? If yes, who engaged in this activity?	
K009a	Mother	
K009b	Father	
K009c	Any elder household member (over 15 years of age)?	
K010	Have you sung songs (including lullabies) to the child? If yes, who engaged in this activity?	
K010a	Mother	
K010b	Father	
K010c	Any elder household member (over 15 years of age)?	
K011	Have you played toys with the child? If yes, who engaged in this activity?	
K011a	Mother	
K011b	Father	
K011c	Any elder household member (over 15 years of age)?	
K012	Have you spent time with the child naming, counting, and/or drawing things? If yes, who engaged in these activities?	
K012a	Mother	
K012b	Father	
K012c	Any elder household member (over 15 years of age)?	



## L. Maternal Depression

Sometimes we feel good and unhappy other times we feel only good.

Now I want to ask you some questions about how you've been feeling this last week. We may not remember how we felt a long time ago. But we can remember recent feelings. Therefore, I will ask you about the last 7 seven days. Explain about the past week (e.g. today is Monday so I want to you tell me how you have been feeling in the past week, from Monday morning to last Sunday night). Whatever we ask you will be kept confidential and will only be used for research purpose.

Sl.	Question	Scoring 0-7days
L001	How many days did you feel so sad?	
L002	How many days did you feel lonely?	
L003	How many days did you feel like crying?	
L004	How many days did you feel enjoyed life?	
L005	How many days did you feel depressed?	
L006	How many days did you feel interest or pleasure in doing things?	

Sl.	Question	
M001	Household profile serial number	
M002	National ID number	
M003	Telephone number	

# Baseline Administrator Survey

**Introduction.** We are interviewers from Data International. We are currently doing a study together with the American Institutes for Research which aims to understand how community clinics operate in your region and understand your role. For that purposes we have created a small questionnaire. Thank you for your support.

<b>Ques. SL</b>	
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	Date of interview	Day:	Month:	Year:	<b>Code Interviewer</b>
	Name of interviewer				

## A. Identification (to be filled by enumerator)

Sl	Area	Name	Code
1	Name of the person		
2	Position		
3	Office Name		
4	District		
5	Upazila		
6	Union		
7	Distance to the <b>nearest</b> Community Clinic	Distance in Km _____ Minutes on foot _____ (to be filled by enumerator)	
8	Phone Number	Could we get your phone number to schedule a follow up conversation?	

## B. Description of Administrator Position

### 1. Description of the position and its relation with the regional community clinic. What roles do you play and how that affects the local community clinics?

- a) Role [describe]: \_\_\_\_\_
- b) Role [describe]: \_\_\_\_\_
- c) Role [describe]: \_\_\_\_\_

### 2. How would you describe the nature of your contact or role with the community clinic in the region?

- a) Direct- I have been assigned specific role/responsibility
- b) I play a supervisory role of staff involved in the clinic

- c) Indirect- no specific role but I am in some way attached to its functioning (e.g. committee)
- d) No role at all- I have no contact
- e) Other [describe]: \_\_\_\_\_

**3. How many Community Clinics do you supervise?** [Skip if answer “c” or “d” in Q2]

Number of CC	Located in How Many Wards?
a)	b)

**4. With what personnel do you have direct contact?** [Skip if answer “c” or “d” in Q2]

- a) Community Health Care Provider (CHCP)
- b) Health Assistant (HA)
- c) Family Welfare Assistant (FWA)
- d) Other [describe]: \_\_\_\_\_
- e) Other [describe]: \_\_\_\_\_
- f) Other [describe]: \_\_\_\_\_

**5. When you have contact with the personnel described in Q3 what kind of issues do you usually discuss with them?**

- a) Administrative issues like staffing
- b) Functioning like the matters related to government supply to the clinic
- c) Service delivery issues like if community people are getting the benefit they are supposed to get
- d) Service delivery issues like number of people served
- e) Other [describe]: \_\_\_\_\_
- f) Other [describe]: \_\_\_\_\_
- g) Other [describe]: \_\_\_\_\_

**6. Do you have any mechanism to determine whether Family Welfare Assistants and/or Health Assistants are visiting their assigned households?** [Mark all that apply]

- a) No [Go to Q8]
- b) Yes, for Family Welfare Assistants
- c) Yes, for Health Assistant

**7. If answer is YES in Q6, please describe the mechanism:**

- a) \_\_\_\_\_

b) \_\_\_\_\_  
\_\_\_\_\_

**8. What are the main reasons why Family Welfare Assistants cannot visit all their assigned households?** [Mark all that apply]

- a) All Family Welfare Assistants visit all their assigned households
- b) When the household is located very far from the Community Clinic
- c) When distance among households is too long
- d) Other [describe]: \_\_\_\_\_
- e) Other [describe]: \_\_\_\_\_
- f) Other [describe]: \_\_\_\_\_

**9. What are the main reasons why Health Assistants cannot visit all their assigned households?** [Mark all that apply]

- a) All Health Assistants visit all their assigned households
- b) When the household is located very far from the Community Clinic
- c) When distance among households is too long
- d) Other [describe]: \_\_\_\_\_
- e) Other [describe]: \_\_\_\_\_
- f) Other [describe]: \_\_\_\_\_

**10. In this office, are there other government officials that play an important role at the local community clinics?**

- a) No
- b) Yes [Write Position, Name]: \_\_\_\_\_
- c) Yes [Write Position, Name]: \_\_\_\_\_
- d) Yes [Write Position, Name]: \_\_\_\_\_

**NOTE.** Please try to interview other government officials that play an important role at the local community clinics.

**11. Are there other government offices or government officials (outside this office), that also play an important role at the local community clinics?**

- a) No
- b) Yes [Write Position, Name]: \_\_\_\_\_
- c) Yes [Write Position, Name]: \_\_\_\_\_
- d) Yes [Write Position, Name]: \_\_\_\_\_

**NOTE.** Please try to interview other government officials that play an important role at the local community clinics.

# Baseline Service Provider Survey

The data collected here will be handled as confidentially as possible. If the results of this study are published or presented, individual names and other personally identifiable information will not be used. Information that could be used to identify villages or community clinic will not be presented.

## A. Identification

A001	Service Provider Name	
A002	Gender: 1=Male; 2=Female	
A003	Religion: 1=Islam; 2=Hindu; 3=Christian; 4=Buddhist; 5=Other (specify)	
A004	Age	
A005	Service Provider Position 1=FWA; 2=HA; 3=CHCP	
A006	Service Provider ID number	
A007	Service Provider Mobile/Phone We would like to contact you again to learn more about your work, could you give us your mobile?	
A008	Place of current residence	
A009	Community Clinic where the Service Provider works?	
A010	Name of Union	
A011	Name of Upazila	

## B. Education, Experience and Training

B001. Highest class passed (Use code): \_\_\_\_\_

<b>Highest class passed</b>	0=No class, 1=Class 1, 2=Class 2, 3=Class 3, 4=Class 4, 5=Class 5, 6=Class 6, 7=Class 7, 8=Class 8, 9=Class 9, 10=SSC pass, 11=Class 11, 12=HSC pass, 14=Graduate, 16=Masters, 66=Pre primary school
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### 2. Degree and Name of the Degree

		Code	Answer
200a	Do you have any professional degree/diploma?	1=Yes 2=No	
200b	If yes, name the professional degree/diploma?	Name	

### 3. Working experience

		Year
300a	Total years of working experience as FWA/HA/CHCP?	
300b	Total years of working experience as FWA/HA/CHCP in this Union?	

## 4. What are your three primary tasks?

	Task	Check box
400a	Provide family planning services	
400b	Supervise the work of other service providers (FWA, HA)	
400c	Look after general well-being of pregnant mothers and children under 3	
400d	Provide health services to children under 5	
400e	Look after malnourished children	
400f	Take care of immunizations	
400g	Take care of diarrhea and fever problems	
400h	Other specify:	
400i	Other specify:	
400j	Other specify:	

## 5. Have you ever received training on ...:

	Training type	1=Yes 2=No
500a	Early Childhood Development?	
500b	Child health?	
500c	Child feeding and nutrition?	
500d	Other child-related training? (specify)	
500e	Other child-related training? (specify)	

## C. Workload

1. Now we would like to know more about your workload and the number of Households you are assigned to visit.

I am not assigned to visit households → skip question E.

C100a	How many households are you <b>assigned</b> to visit each month?	No. of HH	
C100b	How many households are you supposed to visit each day?	No. of HH	
C100c	How many <b>days</b> per week are you <b>supposed</b> to work?	Days	
C100d	How many <b>hours</b> per day are you <b>supposed</b> to work?	Hours	

2. We understand that due to several reasons you may end up visiting less households or working less or more days/hours per week/day if so, please answer:

C200a	Approximately how many households were you able to visit <b>last month</b> ?	No. of HH	
C200b	Approximately, how many households were you able to visit <b>in your last day of work</b> ?	No. of HH	
C200c	How many <b>days</b> per week do you <b>normally</b> work?	Days	

C200d	How many <b>hours</b> per day do you <b>normally</b> work?	Hours	
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3. What are the **main three reasons** that explain why you usually cannot visit all assigned households?

	Reasons	Check box
C300a	I have more households than I can handle	
C300b	Distance among households is too long	
C300c	Households do not cooperate because (specify)	
C300d	Reschedule visit to particular household because (specify)	
C300e	I have other responsibilities in satellite clinics	
C300f	I have other responsibilities in Family Welfare Centers (FWC)	
C300g	I have other responsibilities in Expand Promotion of Immunizations (EPI) Center	
C300h	Other specify:	
C300i	Other specify:	
C300j	Other specify:	

#### D. Time Spent With Each Household

D001. **Remember your last working day when you had to visit households;** on average how many minutes did you spend with each household?

Average number of minutes: \_\_\_\_

D002. Do you spend more time with certain types of households; if so with which type of households are you likely to spend more time? Mark the three main types of households and the average number of minutes.

	Descriptors of the household	Check Box	Average Number of minutes
		Q1	Q2
D200a	Household with a sick child		
D200b	Household with multiple children		
D200c	Household with depressed mother		
D200d	Poorer households		
D200e	Household with pregnant women		
D200f	More friendly households		
D200g	Other specify:		
D200h	Other specify:		
D200i	Other specify:		

### E. Perceptions about the importance of Early Childhood Development (ECD)

For mothers with children under 3 years old, how important do you think is to?

		1=Unimportant 2=Important 3=Not Sure
E001	Teach mothers how to talk with their children and how to respond to children's attempt to talk?	
E002	Teach mothers how to care for their children's health?	
E003	Teach mothers what food they should feed their children?	
E004	Teach mothers how to respond to children's cues?	
E005	Teach mothers how to play games with their children?	

### F. Understanding how community clinics operate

Who supervises your job?

		Mark all that apply
F001	Community Health Care Provider (CHCP)	
F002	Family Planning Inspector (FPI)	
F003	Health Inspector (HI)	
F004	Family Welfare Visitor (FWV)	
F005	Sub Assistant Community Medical Officer (SACMO)	
F006	Assistant Health Inspector (AHI)	
F007	Other specify:	



**G. Job Satisfaction**

	Question	Code	Answer
G001	How satisfied are you with the work you are doing?	1 2 3 4 5 1=Very dissatisfied 5=Very satisfied	
G002	What value do you think the community puts on your service?	1 2 3 4 5 1=None 5=Very great	
G003	In your daily work, how free are you to make decisions and to act on them?	1 2 3 4 5 1=Not at all 2=Very free	
G004	How much recognition does your supervisor show for a job well done?	1 2 3 4 5 1=None 5=Great deal	

V001	Date of interview	Day:	Month:	Year:
V002	Name of interviewer		Code	

# Baseline Community Leader Questionnaire

V001	Date of interview	Day:	Month:	Year:
V002	Name of interviewer			Code

## A. Identification of Area

	Area	Name	Code
A001	Para/sub-village		
A002	Village		
	Mauza		
A003	Union		
A004	Upazila		
A005	District		
A006	Distance to the <b>nearest</b> Community Clinic (to be filled by enumerator)	Distance in Km ____	
	Community clinic		

## B. Identification of Respondent

B001	Name of respondent		
B002	Age	Years	
B003	Gender	1 = Male; 2 = Female	
B004	Religion	1=Islam; 2=Hindu; 3=Christian; 4=Buddhist; 5=Other (specify)	
B005	Length of time resident in community	Years	
B006	Main occupation		
B007	Terminal degree (education)		
B008	Mobile phone number		

**C. Basic infrastructure of the Community**

	Question	Code	Answer
C001	What is the main access route to this village/mohalla?	1=all weather road/ pacca road/motor able; 2=seasonal road/earthen; 3=waterway; 4=path; 5=other	
C002	Is electricity available here?	1= Yes; 2=No	
C003	How many hours per day on average is there electricity?	Hours	
C004	How many days is there electricity in an average month?	Days	
C005	Is there mobile service?	1= Yes; 2=No; 3=Don't know	
C006	Is there internet service?	1= Yes; 2=No; 3=Don't know	
C007	What is the primary source of water for the majority of people in this village?	1=Piped 2=Public tap 3=Well 4=Tube well 5=River/stream/lake 6=Rainwater 7=Other	

**D. Major Economic Activities**

D001. What are the usual main economic activities—that is, the main source of people's livelihoods—in this community? [Circle all mentioned]

- a) Agriculture
- b) Livestock
- c) Fishing
- d) Commerce
- e) Manufacturing
- f) Day labor
- g) Service
- h) Other

D002. What is the average daily wage for men and women doing casual labor in the community this season? [Emphasize this wage should not include food whilst working, should be for 100% pay-in-cash (not paid in-kind) and be for someone in no debt to the employer.]

- a) For Men: \_\_\_\_\_
- b) For Women: \_\_\_\_\_

**E. Community assets**

	Facility	Where is xxx located?	What is xxx's operating authority?	How far in miles/km is xxx located from the center of the village?	How many minutes does it take to go to xxx using the most common type of transportation?	What did xxx first open?	Is the xxx location in this union?
		Q1	Q2	Q3	Q4	Q5	Q6
E001	Hospital						
E002	Upazila Health Center						
E003	Family Welfare Center						
E004	Maternal and Child Welfare Center (MCWC)						
E005	Private clinic						
E006	NGO clinic						
E007	Community Clinic						
E008	Rural dispensary						
E009	Satellite Clinic						
E010	Mosque						

**F. Migration Put in RANGE (Test first to get the ranges)**

	Question	Answer
F001	How many households moved into this community in the last 2 years? (Number)	
F002	How many households moved into this community in the last 1 year? (Number)	
F003	How many households moved out of this community in the last 2 years? (Number)	
F004	How many households moved out of this community in the last 1 year? (Number)	
F005	How many households currently have a household member working outside of the community? (Number)	
F006	Among those, what percentage has a migrant who left the country? (%)	
F007	In the last two years, were there ever large flows of labor migration – people that left this community to seek economic opportunities elsewhere out of this community? 1=Yes; 2=No; 3=Don't know	
F008	In what month and year did the most important episode of labor migration take place?	Month: Year:
F009	In the year(s) of most important migration episode how many community members left this community to seek economic opportunities elsewhere? (Number)	

## Baseline Non-Compliers Survey

The questions below should be asked to households that do not want to participate in this study. This lack of interest could be reflected in different ways:

- a) The respondent outright rejects participation in the survey
- b) Does not want to participate in the household survey after the initial introduction about the nature of survey
- c) The respondent shows disinterest mid- way and or refuse to answer many questions ( resulting in an incomplete survey
- d) Respondent refuses to answer more than 20 percent of the questions which were not at all of sensitive type(such as income or extremely personal)
- e) Other [describe]: \_\_\_\_\_
- f) The actual respondent was not found/home:

Date

V002	Ques. SL	
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	Date of interview	Day:	Month:	Year:	<b>Code Interviewer</b>
	Name of interviewer				

**A. Identification (to be filled by enumerator)**

SI	Area	Name	Code
a1	Unique child ID		
a2	Census Number		
a3	Para/sub-village		
a4	Village (Mauza)		
a5	Union		
a6	Upazila		
a7	District		
a8	Number of minutes it takes <u>on foot</u> to reach the nearest community clinic	Minutes on foot _____	

a9	Number of minutes it takes by <u>rickshaw or the most common means of transportation</u> to reach the nearest community clinic	Minutes on rickshaw/other transportation _____	
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## B. Characteristics of the Household

### 1. What is the reason(s) you do not want to participate in the study/or answer the majority of the questions?

[Mark all that apply]

- a) My husband will not approve this participation and I may face trouble
- b) I may face trouble in my courtyard/neighborhood if I would participate
- c) I am not sure how I will benefit answering the survey
- d) I think I cannot afford the time needed to complete the survey as I have other things to do
- e) I think it will take longer than and I could not finish my work( household)
- f) I have more important thing to do than answering your questions
- g) My previous experience with similar survey was not very pleasant
- h) I think you might ask questions that are too sensitive for me
- i) Surveys are useless as they do not benefit poor
- j) Whether anticipate any trouble or criticism for participation
- k) Reason not known (respondent did not want to talk at all)
- l) Other [describe]: \_\_\_\_\_

### 2. Level of Education:

Years of schooling completed by \_\_\_\_\_

The mother:

The father:

**NOTE.** N of years of education counting from the first grade of Primary

### 3. Are any children in the household suffering from any illness (e.g. diarrhea, fever, cough, rapid breathing, etc.)?

- a) Yes
- b) No
- c) No response
- d) Parent does not know

### 4. Are all children aged 5 above enrolled in school?

- a) Yes
- b) No
- c) No response
- d) Parent does not know

### 5. Have you participated in any kind of survey in the past?

- a) Yes
- b) No
- c) No response

d) Does not know/remember

**NOTE. Enumerators should observe/gather the following information without asking the respondent.**

**6. Was the husband home at the time of the survey?**

e) Yes

f) No

g) No response

**7. How many household members live in this household?**

If unknown enter 99

**8. Number of rooms in the household:**

If unknown enter 99

## Baseline Anthropometric Measurement

AM001	Mother's and Child weight together	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG
AM002	Mother's weight	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG
AM003	Child's weight (Who stand properly)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG
AM004	Child's height/length	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> CM
AM005	Head Circumference	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> CM



# Endline Household (Mother) Survey

V001	Ques. Sl. No.		HH Profile ID	
V002	Child ID No.			
V003	Name of the Child tested in baseline			
V004	Date of interview	Day:	Month:	Year:
V005	Name of interviewer		Code	

## A. IDENTIFICATION (to be filled by enumerator)

Sl	Area	Name			Code
A001	Household Number				
A002	Para/sub-village				
A003	Village				
A004	Mauza				
A005	Union				
A006	Upazila				
A007	District				
A008	Community Clinic (based on baseline)				
A008b	Community Clinic that HH frequently go	UHC=1	CC=2	NONE=3	
A009	Distance from the house to the <b>nearest</b> Community Clinic ( <i>to be filled by enumerator</i> )	Distance in Km _____			
A010	Time (in minutes) required to get to the Community Clinic using usual mode of transportation	Time in minutes _____			
A011	Mode of transportation: 1 = Walking 2 = Rickshaw/van 3 = Boat 4 = Auto-rickshaw 5 = Bicycle	Code _____			
A012	GPS Location of the house	Latitude _____ Longitude _____			
A013	Mobile Phone Number	Mother:  Father:			

**B1. HOUSEHOLD PROFILE**

										Q10- Q13 For members age 7 years and above			
ID	Name of HH Member (Start with the name of respondent)	Relationship to respondent (use code)	Sex 1 = Male 2 = Female	Age		Is HH member currently attending school?  1 = Yes 2 = No	Highest class passed (use code)	Religion (use code)	Ethnicity (use code)	Marital Status (use code)	Can write a letter?  1 = Yes 2 = No	Activity Status  1 = Employed 2 = Looking for job 3 = Household work 4 = Do not work	If employed, field of employment  1 = Agriculture 2 = Industries 3 = Services
				Years	Months								
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13
B001													
B002													
B003													
B004													
B005													
B006													
B007													
B008													
B009													
B010													
B011													
B012													

Relationship to intended respondent	1 = Intended respondent (mother) 2 = Spouse 3 = Son/Daughter 4 = Sibling	5 = Parent 6 = Daughter-in-law/Son-in-law 7 = Sister-in-law/Brother-in-law 8 = Father-in-law/Mother-in-law	9 = Grandchild 10 = Nephew/Niece 11 = Others (specify)
Marital Status	1 = Unmarried 2 = Married	3 = Widowed 5 = Divorced /Separated	
Religion	1 = Muslim 2 = Hindu 3 = Christian	4 = Buddhist 5 = Other	
Ethnicity	1 = Bengali 2 = Tribal	3 = Non-Bengali 4 = Other (specify)	

Highest class passed	0 = No class	7 = Class 7	16 = Masters/Kami
	1 = Class 1	8 = Class 8	66 = Pre-primary
	2 = Class 2	9 = Class 9	school
	3 = Class 3	10 = SSC/Dakhil pass	67 = Qawmi madrasa
	4 = Class 4	11 = Class 11	68 = Hafezi
	5 = Class 5	12 = HSC/Alem pass	69 = Others (specify)
	6 = Class 6	14 = Graduate/Fazil	

		Code	Answer
B013	In the past year, how long has the father of the [child] been away from the house for work?	Number of Days (enter 0 if the father has not been away)	
B014	Where was the father working? [ more than one response allowed]	1= Working in a different country (specify): _____ 2= Working in a different area Bangladesh 3= Other (specify):	

**B2. DEATHS IN THE HOUSEHOLD AND SHOCKS**

B013	Have there been any deaths in the household (of usual members) since we last spoke with you?		1 = YES 2 = NO >>NEXT SECTION		
B014	How many people died since we last spoke?		<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <b>[ASK QUESTIONS BELOW FOR EACH DECEASED MEMBER]</b>		
B015	B016	B017	B018	B019	
How old was the deceased when s/he died?  (Age in years, if less than a year enter '00')	What was his/her sex?  1 = Male 2 = Female	Had deceased been continuously sick for at least 3 months prior to his/her death?  1 = YES 2 = NO	What was the main cause of death?  01 = Fever/Malaria 02 = Cerebral malaria 03 = Cough/Cold/Chest infection 04 = Bronchitis 05 = Pneumonia/Chest pain 06 = Diarrhea (with or w/o blood) 07 = Liver infection/Side pain 08 = Boils 09 = Suicide 10 = Accident 11 = Diabetes/Sugar disease 12 = Cancer of any kind 13 = Meningitis 14 = Drowning 16 = Maternal death during delivery 17 = Still birth 15 = Other	If the deceased was a household member during baseline data collection, enter the relationship to intended respondent  (Use RIR from 2013 listing)	
			_ _ _		
			_ _ _		
			_ _ _		
			_ _ _		

Since we last spoke, was your household or any member of your household affected by any of the following events?		1 = YES 2 = NO >> NEXT EVENT	
B021	Natural disaster ( Drought/flood/storm)		
B022	Loss from agriculture related activities		
B023	Loss from business /non-farm activities		
B024	Job loss		
B025	Accident		
B026	Illness		
B027	Political unrest		
B028	Others ( specify)		

## C. HOUSING

Sl.	Questions	Code	Answer
C001	What is the main source of water for drinking for your household?	1 = Deep tube well 2 = Shallow tube well 3 = Tape water supplied through pipes 4 = Pond sand filter 5 = Rainwater harvesting system 6 = Rainwater 7 = Pond 8 = River/canal 9 = Traditional well 10 = Other (Specify)	
C002	What type of latrine does your household use? ( <b>Bold type indicates hygienic types</b> )	<b>1 = Ring-slab/offset latrine (water seal)</b> <b>2 = Pit latrine (covered)</b> 3 = Ring-slab/offset latrine (water seal broken) 4 = Pit latrine (uncovered) <b>5 = Septic latrine</b> 6 = Hanging/open latrine 7 = No toilet facility ( <i>If 7 skip to C004</i> )	
C003	Is it your own latrine? ( <b>Interviewer:</b> Observe the latrine)	1 = Yes 2 = No	
C004	How many rooms in this household are used for sleeping?	Number of rooms	
C005	Does any member of this household own?		
C005a	Auto bike	1 = Yes 2 = No	
C005b	Rickshaw	1 = Yes 2 = No	
C005c	Bicycle	1 = Yes 2 = No	
C005d	Motorcycle/scooter	1 = Yes 2 = No	
C005e	Electricity/Solar Panel	1 = Yes 2 = No	
C005f	Radio	1 = Yes 2 = No	
C005g	Television	1 = Yes 2 = No	
C005h	Mobile phone	1 = Yes 2 = No	
C005i	Non-mobile phone	1 = Yes 2 = No	
C005j	Refrigerator	1 = Yes 2 = No	
C005k	Almirah/wardrobe	1 = Yes 2 = No	
C005l	Table	1 = Yes 2 = No	
C005m	Chair	1 = Yes 2 = No	
C005n	Electric fan	1 = Yes 2 = No	
C005o	DVD/VCR	1 = Yes 2 = No	
C005p	Water pump	1 = Yes 2 = No	
C006	Does this household own any livestock, herds, other farm animals, or poultry?	1 = Yes 2 = No ( <i>If 2 skip to C008</i> )	
C007	How many of the following animals does this household own?		

Sl.	Questions	Code	Answer
C007a	Buffaloes	Number	
C007b	Cows	Number	
C007c	Horses/Donkeys/Mules	Number	
C007d	Goats	Number	
C007e	Sheep	Number	
C007f	Chicken	Number	
C008	Does your household own this homestead?	1 = Yes 2 = No	
C009	If NO, probe: Does your household own homestead in any other places?	1 = Yes 2 = No	
C010	Does your household own any land (other than the homestead land)?	1 = Yes 2 = No (If 2 skip to C012)	
C011	How much land does your household own (other than the homestead land)? (Decimal)	Decimal	
C012	Main material of the floor (record observation)	1 = Concrete 2 = Brick 3 = Wood 4 = Clay/Sand 5 = Tiles 6 = Other (Specify)	
C013	Main material of the roof (record observation)	1 = Concrete 2 = Wood 3 = Talies 4 = Bamboo 5 = Straw/jute/stick/leaves 6 = Thatched/polythene 7 = Tin 8 = Other (Specify)	
C014	Main material of the wall (record observation)	1 = Concrete 2 = Brick 3 = Wood 4 = Mud 5 = Bamboo 6 = Straw/jute/stick/leaves 7 = Tin 8 = Other (Specify)	
C015	What type of fuel does your household mainly use for cooking?	1 = Electricity 2 = LPG 3 = Natural gas 4 = Biogas 5 = Kerosene 6 = Wood 7 = Straw/Shrubs/Grass 8 = Animal Dung 9 = Wood dust/Char coal 10 = Other (Specify)	

**D. PRIVATE COST DATA QUESTIONS FOR MOTHER**

As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.			
Sl.	Questions	Code	Answer
D001	In the last seven days, have you done any of these things or any other work?	1 = Yes 2 = No	
D002	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	1 = Throughout the year 2 = Seasonally/part of the year 3 = Once in a while 4 = Do not work (If 4 skip to D004)	
D003	Are you paid in cash or kind for this work or are you not paid at all?	1 = Cash only 2 = Cash and kind 3 = In kind only 4 = Not paid	
Now I will ask you about completely different issues.			
D004	How easy would you say it is for someone in your household to get 500 Taka in cash by tomorrow? (Interviewer: Please read answer choices to respondent)	1 = Very easy 2 = Somewhat easy 3 = Neither easy nor difficult 4 = Somewhat difficult 5 = Very difficult 6 = Impossible 7 = Other(Specify)	
D005	If you are given an opportunity to decide on “receiving 500 Taka today” versus “waiting to receive 750 taka after exactly 7 days”, which option would you choose?	1 = Receive 500 Taka today 2 = Wait exactly 7 days to receive 750 Taka instead	

**E. CHILD HEALTH AND NUTRITION**

Sl.	Questions	Code	Answer
E001a	How many times did you feed [CHILD] yesterday or last night?	Number of Times	
E001b	Are you still breast feeding the child?	1 = Yes 2 = No 99 = Don't know	
E002	How many times during last 24 hours (yesterday or last night), was [CHILD] given any of the following:		
E002a	Rice/Porridge/wheat?	Number of Times	
E002b	Roots/Tubers (potatoes, sweet potatoes, plantains)?	Number of Times	
E002c	Oils, fats and butter (VitA)?	Number of Times	
E002d	Fruits (Mango, Papaya, orange, Jackfruits etc.)- VitA?	Number of Times	
E002e	Green leafy vegetables (VitA) Iron?	Number of Times	
E002f	Orange and yellow vegetables (Carrots/ pumpkins)- VitA?	Number of Times	
E002g	Other fruit/vegetables?	Number of Times	
E002h	Egg?	Number of Times	
E002i	Fish?	Number of Times	

Sl.	Questions	Code	Answer
E002j	Poultry?	Number of Times	
E002k	Meat/offal/organs?	Number of Times	
E002l	Pulse/pea nuts/beans/ground nuts (Iron)?	Number of Times	
E002m	Khichuri (a local dish)?	Number of Times	
E002n	Cow milk	Number of Times	
E002o	Powder milk	Number of Times	
E003	Has [CHILD] received a vitamin A capsule like this in the last 6 months? (Interviewer: Show Vitamin A Capsule)	1 = Yes 2 = No 99 = Don't know	
E004	Has [CHILD] received ante-helminth (de-worming) within the last 6 months? (Interviewer: Show de-worming tablet)	1 = Yes 2 = No 99 = Don't know	
E005	Has [CHILD] had diarrhea (having loose stool) in the last 2 weeks?	1 = Yes 2 = No (If 2 skip to E008) 99 = Don't know	
E006	Has [CHILD] had diarrhea AND given Zinc?	1 = Yes 2 = No 99 = Don't know	
E007	Has [CHILD] had diarrhea AND given ORS?	1 = Yes 2 = No 99 = Don't know	
E008	Has [CHILD] had major illness in the last 2 weeks?	1 = Yes 2 = No (If 2 skip to E010) 99 = Don't know	
E009	Did you seek advice or treatment for this major illness from any source?	1 = Yes 2 = No 99 = Don't know	
<b>I will ask about your level of agreement or disagreement with the following two statements:</b>			
E010	Health of my children does not depend on my action/ but on our fate (Interviewer: Please read answer choices to respondent)	1=Strongly disagree 2=Somewhat disagree 3=Neither agree nor disagree 4=Somewhat agree 5=Strongly agree	
E011	Health of my children does not depend on my action but on the wishes of almighty Allah/God (Interviewer: Please read answer choices to respondent)	1=Strongly disagree 2=Somewhat disagree 3=Neither agree nor disagree 4=Somewhat agree 5=Strongly agree	
E012	What do you and your family member usually use to wash hand?	1=Soap or detergent (bar, liquid, powder, paste) 2=Ash, mud, sand 3=None / Water 4=Others (Specify)	
E013	When do you wash your hands with soap: <i>Multiple responses possible.</i> (Interviewer: DO NOT read the choices but probe and mark all that apply)		
E013a	Before food preparation?	1 = Yes 2 = No	
E013b	Before eating?	1 = Yes 2 = No	
E013c	Before feeding children?	1 = Yes 2 = No	
E013d	After defecation?	1 = Yes 2 = No	
E013e	After cleaning babies bottoms?	1 = Yes 2 = No	
E013f	Others (specify):	1 = Yes 2 = No	



Sl.	Questions	Code	Answer
E014	Do you use Iodized salt for cooking and with meals?	1 = Yes 2 = No 99 = Don't know	
E015	Do you have a GMP/NNS Growth Development Card for [THIS CHILD]? ( <b>Interviewer:</b> Please ask the mother to show you the Card)	1 = Yes, shown 2 = No 3=yes , not shown 99 = Don't know	
E016	Write Number of Times [CHILD] had a Growth Monitoring Check Up	Number of Times	

## F. PREGNANT AND LACTATING MOTHERS

Sl.	Questions	Code	Answer
F001	Are you pregnant now?	1 = Yes 2 = No (If 2 skip to section G)	
F002	If yes, how many months have you been pregnant for?	Month(s)	

## G. STIMULATION KNOWLEDGE

Sl.	Statement	Answer
Tell us your level of agreement Regarding the following statements...		4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree 99 = Don't Know
G001	Fathers are naturally clumsy when it comes to taking care of children	
G002	Parents can teach things to their children by playing with them	
G003	Children understand only words they can say	
G004	Singing to child is good for him/her development	
G005	Talking to young children (under 3 years old) is NOT important because they do not understand words yet	
G006	Teaching your child the names of simple objects is good for him/her development	
G007	Children should only play with toys not with household utensils	
G008	Parents can teach things to their children by reading to them	
G009	The more you soothe your crying child by talking to him/her, the more you spoil him/her	
G010	Mothers can teach things to the child while doing household chores	
G011	Young children (under 3 years old) can learn things from picture books	
G012	Children can learn several things while playing	
G013	Children benefit from books only when they learn how to read	
G014	Children learn more from the TV than from parents	
Educational Aspiration		1 = Yes 2 = No
G015	Do you expect that [CHILD] will enroll in preschool?	
G016	Do you expect that [CHILD] will complete primary school?	
G017	Do you expect that [CHILD] will complete secondary school?	

**H. DECISION MAKING/INFLUENCE OF FAMILY MEMBERS**

Sl.	Questions	Code		
	<b>Who usually makes decisions about the following things:</b>	<b>A:</b> 1 = Respondent 2 = Husband 3 = Respondent and husband jointly 4 = Respondent and other family member jointly 5 = Husband and other family member jointly 6 = Mother-in-law 7 = Father-in-law 8 = Other	<b>B:</b> Have you discussed this decision with someone in your household in the last month?  1 = Yes 2 = No	<b>C:</b> Do you feel you can make your own decision regarding [things] if you wanted to?  1 = Yes 2 = No
<b>FOOD</b>				
H001	What food is prepared every day?			
H002	How much money the household spends on food?			
H003	What food is bought for household consumption?			
H004	The food the child is fed with?			
<b>MONEY</b>				
H005	Buying important things for the family?			
H006	How earnings would be spent?			
<b>HEALTH</b>				
H007	What to do when your child is seriously ill?			
H008	When to take your child to a health facility for monitoring checks or to be immunized?			
<b>ACTIVITIES WITH THE CHILD</b>				
H009	Buying toys or any play material for the child? ( <b>Interviewer:</b> Please write NA if parents do not buy toys/materials)			
H010	Taking the child outside the house to visit family or friends?			

**I. RESPONSIVE FEEDING**

Sl.	Questions	Code	Answer
I001	When you feed ([CHILD] and he refuses to eat, do you usually do something to make him/her eat?	1 = Yes 2 = No (If 2 skip to J001)	
I002	When [CHILD] refuses to eat, what do you usually do to encourage him/her to eat? Tell me certain things that you usually do. <i>There can be multiple responses here, so each response must have a yes/no answer.</i>		
I002a	Force [CHILD] to eat	1 = Yes 2 = No	
I002b	Beat [CHILD]	1 = Yes 2 = No	
I002c	Threaten [CHILD]	1 = Yes 2 = No	
I002d	Caress [CHILD]	1 = Yes 2 = No	
I002e	Play with [CHILD]	1 = Yes 2 = No	
I002f	Entertain [CHILD]	1 = Yes 2 = No	
I002g	Give [CHILD] other types of food	1 = Yes 2 = No	
I002h	Other (Specify):	1 = Yes 2 = No	

**J. MODIFIED SHORT HOME INVENTORY: INFANT TODDLER VERSION**

<p><i>The child in these questions refers to the [CHILD] tested during baseline. If no response for any question, write NA as response.</i></p>			
<b>Responsivity (observation)</b>			
Sl.	Questions	Code	Answer
J001	The mother responds verbally to child's talk.	1 = Yes 2 = No	
J002	Mother begins talking to interviewer about anything. <i>(not only responds to your questions)</i>	1 = Yes 2 = No	
J003	Mother permits child to play freely. <i>(includes mess, noise)</i>	1 = Yes 2 = No	
J004	Mother spontaneously praises child without prompt.	1 = Yes 2 = No	
J005	After visitor praises child, mother responds positively. <i>(e.g. mother nods, smiles, thanks, agrees)</i>	1 = Yes 2 = No	
<b>Acceptance (observation)</b>			
Sl.	Questions	Code	Answer
J006	Mother shouts at child.	1 = Yes 2 = No	
J007	Mother complains about child, or says child is bad.	1 = Yes 2 = No	
J008	Mother hits, pushes, or shakes child during visit.	1 = Yes 2 = No	
J009	Have you had to hit or shake child in past week to discipline? <i>(ask about circumstance)</i>	1 = Yes 2 = No	
J010	Mother threatens punishment or criticizes child during visit.	1 = Yes 2 = No	

Involvement			
Sl.	Questions	Code	Answer
J011	When you are busy with housework, do you talk with your child?	1=Always 2=At times 3=No	
J012	This past week, did you show or teach your child something new like teach a new word, or help child do something difficult?	1 = Yes 2 = No	
J013	Did you find/make something new for your child to play with?	1 = Yes 2 = No	
J014	When did child get the newest toy?	1=Past month 2=Past six months 3=Past year 4=No	
J015	In the past week, did you look at pictures in a book or magazine with child?	1 = Yes 2 = No	

## K. PLAY MATERIALS

**Interviewer Say:** "I am interested in learning about the toys that [CHILD] plays with at home. The toys may be: a) home-made (like clay toys, dolls made of cloths, etc.), b) household materials (like pots and pans, crockeries, pillow, school bag, mobile phone etc.), c) bought toys, d) children books/ picture books (can be bought/received from school or someone free of charge) and the child should have access to play with at home during the last month."

Can you please bring me all toys that your child plays with?

**(Interviewer:** Do not include play at playgroup. Count all the toys and register the number in different questions)

Sl.	Questions	1 = Yes 2 = No
K001	In the past 30 days, has [CHILD] played with toys that make or play music (e.g. Instrument, stuffed animals that play melodies or any other toy that make noise, but it should be given to [CHILD] to play)?	
That makes music like make sound/music, not just noise for example e.g. instruments such as drum, piano, harmonica flute, harmonium, jory, etc. <b>(Interviewer:</b> Instruments can be real instruments or toy instruments. Only included things that are played at home)		
K002	In the past 30 days, has [CHILD] played with materials for drawing and writing (e.g. coloring picture books, crayons, pencils, pens etc.)?	
K003	In the past 30 days, has [CHILD] played at being something or someone else, such as a mommy, doctor, teacher, or a hero using toys or objects (e.g. dolls, tea-set/ cups, toy kitchen set and plates for eating)?	
K004	In the past 30 days, has [CHILD] played with toys that encourage (Gross Motor) movement (e.g. balls, small car, skipping rope, bats, rope for swinging, pull-along, push along etc.)?	
K005	In the past 30 days, has [CHILD] played with homemade toys such as dolls, cars, or other toys made at home?	
K006	In the past 30 days, has [CHILD] played with household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?	
K007	How many <b>pictured books</b> are there which are suitable for [CHILD]? (Please do not include school books).	

K008	How many <b>books</b> are there in the house? (Please include school books but do not include the pictured books of the children).	
K009	How many <b>magazines</b> and newspaper are in the house?	
<b>Interviewer Say:</b> "In the past 3 days did you or any household member (over 15 years of age) engage in any of the following activities with [CHILD]":  If yes, who engaged in this activity with [CHILD]?		
		1 = Yes 2 = No 99 = Don't Know
K010	Have you read books, including poem books to the child or showed pictured books to him or her? If yes, who engaged in this activity?	
K010a	Mother	
K010b	Father	
K010c	Any elder household member (over 15 years of age)	
K011	Have you told stories or nursery rhymes to the child? If yes, who engaged in this activity?	
K011a	Mother	
K011b	Father	
K011c	Any elder household member (over 15 years of age)	
K012	Have you sang songs (including lullabies) to the child? If yes, who engaged is this activity?	
K012a	Mother	
K012b	Father	
K012c	Any elder household member (over 15 years of age)	
K013	Have you played with toys with the child? If yes, who engaged is this activity?	
K013a	Mother	
K013b	Father	
K013c	Any elder household member (over 15 years of age)	
K014	Have you spent time with the child naming, counting, and/or drawing things? If yes, who engaged in these activities?	
K014a	Mother	
K014b	Father	
K014c	Any elder household member (over 15 years of age)	
K015	Interviewer count the number of <b>toys</b> that the mother brought to you ( <b>Interviewer.</b> Do not count children books/picture books)	
K016	[Observation] Interviewer indicate whether the toys are kept within the reach of the child ?	

## L. MATERNAL DEPRESSION

Interviewer say: “Sometimes we feel unhappy other times we feel good. Now I want to ask you some questions about how you’ve been feeling this **LAST WEEK**. We may not remember how we felt a long time ago. But we can remember recent feelings. Therefore, I will ask you about the last 7 seven days. Explain about the past week (e.g. today is Monday so I want to you tell me how you have been feeling in the past week, from Monday morning to last Sunday night). Whatever we ask you will be kept confidential and will only be used for research purpose.”

Sl.	Question	Code 0-7 days
L001	How many days did you feel sad?	
L002	How many days did you feel lonely?	
L003	How many days did you feel like crying?	
L004	How many days did you feel that you enjoyed life?	
L005	How many days did you feel depressed?	
L006	How many days did you feel like you have interest or pleasure in doing things?	

## M. ABOUT EARLY CHILDHOOD STIMULATION PROGRAM

Please ask the mother to show you the early childhood stimulation materials. If the mother does not remember the exact month please ask her to report the proxy month.

Sl.	Question				
M001		Have you received any materials (related to how to stimulate your children) from FWA, HA, or at the community clinic?			
	If Yes, which materials?	1 = Yes 2 = No	If Yes, when?	Did the person who gave it to you, go over the material with you?  1= Yes 2= No	If yes, condition? 1= Material is almost new, in great condition. 2= Material is ok, maybe some pages are missing. 3= Material is in bad condition, several pages are missing. 4= received it but lost it.
M001a	The child development card?		Month:      Year:		
M001b	The household picture book?		Month:      Year:		
M001c	The nature picture book?		Month:      Year:		
M001d	The key message booklet?		Month:      Year:		
M001e	Other (Specify):		Month:      Year:		
				1 = Yes 2 = No	
M002	How did you get the materials:				
M002a	During visit to community clinic?				
M002b	During visit to Expand Program on Immunization (EPI)?				

M002c	FWA brought them to your household?			
M002d	HA brought them to your household?			
M002e	During Growth Monitoring Checkup?			
M002f	Other (Specify):			
M002g	How many times did you receive counselling on early child stimulation?		Number of times	

**(Interviewer:** Should have a copy of all the Save the Children Materials. The caregiver should respond to the following questions if she received any of the child development materials)

Sl.	Question	1 = Yes 2 = No
M003	Have you used the child development card with [CHILD]? If yes, who used it?	
M003a	Mother	
M003b	Father	
M003c	Mother-in-law	
M003d	Other (specify):	
M004	Have you used the household/nature picture book with [CHILD]? If yes, who used it?	
M004a	Mother	
M004b	Father	
M004c	Mother-in-law	
M004d	Other (specify):	
M005	Have you used the key messages booklet with [CHILD]?	
M005a	Mother	
M005b	Father	
M005c	Mother-in-law	
M005d	Other (specify):	
M006	Have you implemented any of the recommendations included in the Child Development Card with [CHILD]? <i>Show the card to mother and include the code below related to the activity</i>	
M006a	If Yes, which ones? ( <i>add the codes from child development card</i> )	
M007	Have you used the child development card with [CHILD]'s siblings?	
M008	Have you used the household/nature picture with [CHILD]'s siblings?	
M009	Currently, Do you still use the early childhood stimulation materials?	
<b>Interviewer.</b> <i>If the mother is no longer using the materials, ask her for the period she used to used them</i>		

M011	How many days in the <b>week</b> do you and your children usually use the SC materials? (Record 99 if mother and child do not use the materials at least once week)	Number of days in a week:
M012	When you use the SC materials, for how long, on average, do you use them?	_____ hours _____ minutes
M013	How useful do you think are the early childhood stimulation materials? ( <b>Interviewer:</b> Please read answer options to respondent)	1 = Not useful 2 = Somewhat useful 3 = Useful 4 = Very useful
M014	Have you made any toys in the last six months?	1 = Yes 2 = No

## N. ABOUT FAMILY WELFARE ASSISTANTS HOUSEHOLD VISITS

Sl.	Question	
N001	In the last <b>SIX MONTHS</b> , how many visits have you received from a FWA?	Number of visits: _____ (If none mark 0)
N002	When was the <b>LAST</b> visit you received from a FWA?	Month: _____ Year: _____
N003	In the <b>LAST</b> FWA visit, approximately how many minutes did she spend in your house?	Minutes: _____
		1 = Yes 2 = No
N004	In the <b>LAST</b> FWA visit...	
N004a	Did she speak with you about how to play with your child?	
N004b	Did she speak with you about how to talk to your child?	
N004c	Did she speak with you about the Child Development Card?	
N004d	Did she speak with you about the Picture Books?	
N004e	Did she speak with you about the Key Messages Booklet?	

## O. ABOUT HEALTH ASSISTANTS HOUSEHOLD VISITS

Sl.	Question	
O001	In the last <b>SIX MONTHS</b> , how many visits have you received from an HA?	Number of visits: _____ (If none mark 0)
O002	When was the <b>LAST</b> visit you received from a HA?	Month: _____ Year: _____
O003	In the <b>LAST</b> HA visit, approximately how many minutes did she spend in your house?	Minutes: _____
O004	In the <b>LAST</b> HA visit...	
O004a	Did she speak with you about how to play with your child?	
O004b	Did she speak with you about how to talk to your child?	
O004c	Did she speak with you about the Child Development Card?	
O004d	Did she speak with you about the Picture Books?	
O004e	Did she speak with you about the Key Messages Booklet?	



**P. ABOUT VISITS TO COMMUNITY CLINICS**

Sl.	Question	
P001	In the <b>LAST SIX MONTHS</b> , how many visits have you done to the Community Clinic?	Number of visits: _____ (If none mark 0)
P002	When was your <b>LAST</b> visit to the CC?	Month: ____ Year: ____
P003	In your <b>LAST</b> visit to the CC, approximately how many minutes did you spend there?	Minutes: _____
<b>Regarding your last visit to the CC...</b>		1 = Yes 2 = No
P004	Why did you go to the CC?	
P004a	[CHILD] was sick	
P004b	[CHILD]'s sibling was sick	
P004c	For immunization	
P004d	For Growth Monitoring Checks	
P004e	You were sick	
P004f	You heard about the Early Childhood Development Card	
P004g	Other (specify):	
P005	In your <b>LAST</b> visit to the community clinic...	
P005a	Did you see the child development poster?	
P005b	Did someone speak with you about how to play with your child?	
P005c	Did someone speak with you about how to talk to your child?	
P005d	Did someone speak with you about the Child Development Card?	
P005e	Did someone speak with you about the Picture Books?	
P005f	Did someone speak with you about the Key Messages Booklet?	

**Q. FOR INTERVENTION HOUSEHOLDS** [open questions]

(Interviewer: Write NA if household did not receive the early childhood stimulation materials)

**Q1. Does the early childhood stimulation materials changed the way you interact with your children? If yes, How?**

--

**Q2. If you received the early childhood stimulation materials but haven't used them, please tell us why?**

--

**Q3. If you received the early childhood stimulation materials, used them for a while, but STOP using them, please tell us why?**

**Q4. Have you shared what you learned through the early childhood stimulation materials with other women? If yes, what have you shared with them?**

**R. FOR INTERVENTION HOUSEHOLDS – QUESTIONS FOR MOTHER IN LAW**

**(Interviewer:** Write NA if household did not receive the early childhood stimulation materials or if mother in law is not present during the interview)

		1 = Yes 2 = No
R001	Have you seen the early childhood stimulation materials?	
R002	Have you used the early childhood stimulation materials?	
R003	Do you support the messages related to the importance of communication and play of the child development card?	
R004	If no, why not?	

**End of the survey**

# Endline Service Provider Survey

V001	Date of interview	Day:	Month:	Year:
V002	Name of interviewer		Code	

## A. IDENTIFICATION

A001	Service Provider Name	
A002	Gender: 1 = Male 2 = Female	
A003	Religion: 1 = Islam 2 = Hindu 3 = Christian 4 = Buddhist 5 = Other (specify):	
A004	Age in years	
A005	Service Provider Position: 1 = FWA 2 = HA 3 = CHCP	
A006	Service Provider ID number	
A007	Service Provider Mobile Number	
A008	Place of current residence	
A009	Name of the Community Clinic where the Service Provider works	
A010	Community Clinic Code	
A011	Name of Union	
	Code of Union	
A012	Name of Upazila	
	Code of Upazila	
A013	Distance from your home to the <i>nearest</i> Community Clinic (distance in kilometers)	
A014	GPS Location of the community clinic	Latitude _____ Longitude _____

List Villages **FWA** is assigned to (separated by commas):

--

**B. EDUCATION, EXPERIENCE AND TRAINING****1. Highest Grade Attained (use code): \_\_\_\_\_**

100a	Highest class passed	0 = No class 1 = Class 1 2 = Class 2 3 = Class 3 4 = Class 4 5 = Class 5	6 = Class 6 7 = Class 7 8 = Class 8 9 = Class 9 10 = SSC pass 11 = Class 11	12 = HSC pass 14 = Graduate 16 = Masters 66 = Preprimary school
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**2. Degree and Name of the Degree**

		Code	Answer
200a	Do you have any professional degree/diploma?	1 = Yes 2 = No	
200b	If yes, name the professional degree/diploma?	Name	

**3. Working Experience**

		Number of years
300a	Total years of working experience as FWA/HA/CHCP?	
300b	Total years of working experience as FWA/HA/CHCP in <i>the current working place (Union)?</i>	
300c	Total years of working experience as FWA/HA/CHCP in <i>the current working place (Community Clinic)?</i>	

**4. What are your three primary tasks?**

	Task	Please rank relevant options as 1, 2 or 3
400a	Provide family planning services	
400b	Supervise the work of other service providers (FWA, HA)	
400c	Look after general well-being of pregnant mothers and children under 3	
400d	Teach mothers about how to stimulate their children	
400e	Provide health services to children under 5	
400f	Look after malnourished children	
400g	Take care of immunizations of children	
400h	Take care of diarrhea and fever problems of children	
400i	Other specify:	
400j	Other specify:	
400k	Other specify:	

## 5. Training and Implementation

	Training type	1 = Yes 2 = No	If Yes, when? (Please begin with the most recent)
500a	Have you attended a Save the Children's training on early childhood stimulation?		Month_____ Year_____ Month_____ Year_____ Month_____ Year_____
500b	Have you attended training on child health?		Month_____ Year_____ Month_____ Year_____ Month_____ Year_____
500c	Have you attended training on child feeding and nutrition?		Month_____ Year_____ Month_____ Year_____ Month_____ Year_____
500d	Have you attended any other child-related training? (specify): _____		Month_____ Year_____ Month_____ Year_____ Month_____ Year_____

## 6. Regarding Save the Children's materials on early childhood, did you receive...

		1 = Yes 2 = No	If Yes, when?
600a	The child development card?		Month _____ Year_____
600b	"My House" picture book?		Month _____ Year_____
600c	"My Nature" picture book?		Month _____ Year_____
600d	The key message booklet?		Month _____ Year_____
600e	Any nutrition materials related to NNS?		Month _____ Year_____

## 7. How did you distribute the Save the Children materials to beneficiaries?

	Means of distribution of materials	1 = Yes 2 = No	Please rank relevant options as 1, 2 or 3
700a	In the household during a routine visit		
700b	In the community clinic during routine health visit		
700c	In the Expand Program on Immunization (EPI)		
700d	Other (specify):		
700e	Other (specify):		

## C. WORK ACTIVITIES

Now we would like to know more about your work activities and the number of households you are assigned to visit.

### 8. Activities. How do you normally distribute your week?

**Interviewer:** Add “NA” if Service Provider does not work that day of the week. Include the number of hours dedicated to each of the listed activities.

	Activity	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
800a	Visit HHs	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
800b	Work in CC	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
800c	Vaccination place	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
800d	Other (specify):	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
800e	Other (specify):	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
800f	<b>Total</b> service hour (add all hours and confirmed total with SP)						

## 9. Household Visits[ Actual Number of household visit].

**Interviewer.** If the service provider is not assigned to visit households skip to **Section E**.

Try to check the HA, CHCP & FWAs registers, and validate the information provided in this section.

900a	How many households are you <i>assigned</i> to visit on an average working <i>month</i> ?	No. of HH	
900b	How many households are you <i>assigned</i> to visit on an average working <i>week</i> ?	No. of HH	
900c	How many households are you <i>supposed</i> to visit on an average working <i>day</i> ?	No. of HH	

We understand that due to several reasons you may end up visiting fewer households or working fewer or more days/hours per week/day. If so, please answer:

900d	Approximately how many households were you able to visit <i>last month</i> ?	No. of HH	
900e	Approximately how many households were you able to visit <i>last week</i> ?	No. of HH	
900f	Approximately, how many households were you able to visit in your <i>last day of work</i> ?	No. of HH	
900g	Approximately how many families could you reach during the last day of work?	No of family	

		1 = Yes 2 = No	
10.	Can you usually visit all assigned households?		If Yes, skip to section D

**What are the main three reasons that explain why you usually cannot visit all assigned households?**  
**[Please do not read the options to the respondent]**

	Reasons	Please rank relevant options as 1, 2 or 3
1000a	I am assigned more households than I can handle	
1000b	Household visits are time-consuming because I have too many messages to deliver	
1000c	Distance among households is too long	
1000d	Households do not cooperate because (specify):	
1000e	I often have to reschedule household visits because of (specify):	
1000f	I have other responsibilities in satellite clinics	
1000g	I have other responsibilities in Family Welfare Centers (FWC)	
1000h	I have other responsibilities in Expand Promotion of Immunizations (EPI) Center	
1000i	Other (specify):	
1000j	Other (specify):	
1000k	Other (specify):	

**E. TIME SPENT WITH HOUSEHOLDS**

I will now ask you about your LAST WORKING DAY when you had to visit households.

**11. Remember your LAST WORKING DAY when you had to visit households; on average how many MINUTES did you spend with each household?**

Average number of minutes: \_\_\_\_\_

**12. Approximately, how did you distribute the total number of minutes spent within each household?**

	Topics	Number of minutes
1200a	Talking about family planning	
1200b	Talking about general nutrition	
1200c	Talking about early childhood stimulation	
1200d	Providing information on EPI	
1200e	Health services and advice to pregnant women	
1200f	Child health	
1200g	Other (specify):	
1200h	Other (specify):	
	TOTAL (add the different tasks included in question 12)	

*Depending on household characteristics - such as household size, number of children, and presence of a sick person - some household visits may take longer than others.*

		1 = Yes 2 = No	
13.	Do you spend more time with certain types of households?		If No, skip to section E

**14. With which type of households are you likely to spend more time?**

Mark the three main types of households that you spend more time with and the average number of minutes that you spend with each of these households.

	Descriptors of the household	Check Box	Average number of minutes
		Q1	Q2
1400a	Household with a sick child		
1400b	Household with multiple children		
1400c	Household with depressed mother		
1400d	Poorer households		
1400e	Household with pregnant women		
1400f	More friendly households		
1400g	Other (specify):		
1400h	Other (specify):		
1400i	Other (specify):		



**F. PERCEPTIONS ABOUT EARLY CHILDHOOD DEVELOPMENT**

**15. For mothers with children under 3 years old, how important do you think is to:**

		5 = Very Important 4 = Important 3 = Neither Important nor unimportant 2 = Unimportant 1 = Very unimportant 99 = Don't know
1500a	Teach mothers how to talk with their children and how to respond to children's attempt to talk?	
1500b	Teach mothers how to care for their children's health?	
1500c	Teach mothers what food they should feed their children?	
1500d	Teach mothers how to respond to children's cues?	
1500e	Teach mothers how to play games with their children?	

**G. UNDERSTANDING HOW COMMUNITY CLINICS OPERATE**

**16. Who supervises your job?**

		Mark all that apply
1600a	Community Health Care Provider (CHCP)	
1600b	Family Planning Inspector (FPI)	
1600c	Health Inspector (HI)	
1600d	Family Welfare Visitor (FWV)	
1600e	Sub Assistant Community Medical Officer (SACMO)	
1600f	Assistant Health Inspector (AHI)	
1600g	Other (specify):	

**H. JOB SATISFACTION**

1700a	How satisfied are you with the work you are doing?	1 2 3 4 5 1 = Very dissatisfied 5 = Very satisfied	
1700b	What value do you think the community puts on your service?	1 2 3 4 5 1 = Not at all 5 = Very great	
1700c	In your daily work, how free are you to make decisions and to act on them?	1 2 3 4 5 1 = Not at all 5 = Very free	
1700d	How much recognition does your supervisor show for a job well done?	1 2 3 4 5 1 = None 5 = Great deal	

**FOR INTERVENTION SERVICE PROVIDERS**

1700e	How satisfied are you with the addition of delivering ECD messages to your scope of work?	1 2 3 4 5 1 = Very dissatisfied 5 = Very satisfied	
1700f	How satisfied are you with the training you received from Save the Children to deliver ECD messages?	1 2 3 4 5 1 = Very dissatisfied 5 = Very satisfied	

**I. FOR INTERVENTION SERVICE PROVIDERS** [open questions]**18. What do you think about the Save the Children early childhood stimulation program?**

		1 = Yes 2 = No
1800a	Do you think the materials are appropriate?	
1800b	Do you think the materials are of good quality?	
1800c	Do you think the trainings were appropriate?	
1800d	Do you think you received enough training?	
1800e	Do you think you received enough support from Save the Children?	
1800f	If answer to 1800e is NO, what else could SC have done to provide you with more support?	

**19. What were the THREE main challenges that you encountered implementing the SC program?**

*Interviewer. Write NA if service provider experienced no challenges.*

1.	
2.	
3.	

**20. What do you think are the main attributes of the SC program?**

--

**21. WHAT and HOW would you improve the SC program?** *E.g. Would you improve the training? materials? logistics? Other? And how?*

<b>What?</b>
<b>How?</b>

**22. Do you think the SC program will improve mother's knowledge on early childhood stimulation?**

1 = Yes, 2 = No	
Why?	

**23. Do you think the SC program will improve children's cognitive and language skills?**

1 = Yes, 2 = No	
Why?	

**24. What needs to be done to keep this sort of program running in the future?**

--

**End of the survey. Thank you!**

# Endline Community Leader Survey

## Interviewer.

*This questionnaire is intended to capture community-level information. Community is defined as the CC's catchment area for this survey. Please interview at least three (3) knowledgeable resource persons in the village and ask them to answer the following questions in a group setting. Please ask these questions in front of all of these resource persons and write those answers in agreement to all. Identify the parishad chairman/member and request his/her help in identifying 3 community leaders and arranging a meeting with them at a convenient place and time.*

### Community leaders may be:

- Senior School teacher(s)
- Imam of mosque
- Elderly person (over 50 years) that has lived in the village for a long time
- Union Parishad chairman/members
- Representative officer of local health facility
- Any elderly public official

V001	Date of interview	Day:	Month:	Year:
V002	Name of interviewer		Code	

## A. IDENTIFICATION AREA

	Area	Name	Code
A001	Para/sub-village		
A002	Village		
A003	Union		
A004	Upazila		
A005	District		
A006	Community clinic		

**B. IDENTIFICATION RESPONDENT****Enumerator:**

Record the following information for each of the community leaders you are interviewing.

		Leader 1	Leader 2	Leader 3
B001	Name of respondent			
B002	Age			
B003	Gender: 1 = Male 2 = Female			
B004	Religion: 1=Islam 2=Hindu 3=Christian 4=Buddhist 5=Other (specify)			
B005	Length of time resident in community: How many years have you been living in this village?	_____ years	_____ years	_____ years
B006	How far (in k.m) is the nearest community clinic located from the center of your village	_____ k.m	_____ k.m	_____ k.m
B007	Main occupation:			
B008	Leadership role: 1 = Senior School teacher(s) 2 = Imam of mosque 3 = Elderly person (over 50 years) 4 = Union Parishad chairman/members 5 = Representative of local health facility 6 = Any elderly public official 7 = other (specify)			

B009	Highest Grade Attained: 0 = No class 1=Class 1 2=Class 2 3=Class 3 4=Class 4 5=Class 5 6=Class 6 7=Class 7 8=Class 8 9=Class 9 10= SSC pass 11=Class 11 12=HSC pass 14=Graduate 16=Masters 66=Preprimary school			
B010	Mobile number			

### C. BASIC INFRASTRUCTURE OF THE COMMUNITY

*(Interviewer: please check these questions for knowledgeable person(s) in their respective community)*

	Question	Code	Answer
C001	What is the main access route to this village/mohalla?	1= All weather road/ pacca road/motor able 2= Seasonal road/earthen 3= Waterway 4= Path 5= Other	
C002	Is electricity available here?	1 = Yes 2 = No	
C003	How many hours per day on average is there electricity?	Number of hours	
C004	How many days is there electricity in an average month?	Number of days	
C005	Is there mobile service?	1= Yes 2 = No	
C006	Is there internet access within the community?	1= Yes 2= No	
C007	What is the primary source of water for the majority of people in this community?	1=Piped 2=Public tap 3=Well 4=Tube well 5=River/stream/lake 6=Rainwater 7=Other	

### D. MAJOR ECONOMIC ACTIVITIES

Question	Answer
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D001	What are the main economic activities—that is, the main source of people’s livelihoods—in this community:	Describe Main Economic Activities
D001a	Agriculture	
D001b	Livestock	
D001c	Fishing	
D001d	Commerce	
D001e	Manufacturing	
D001f	Day labor	
D001g	Service	
D001h	Remittances	
D001i	Other (specify):	

	Question	Answer	
		Peak season wage	Off-season wage
D002	What is the average daily wage for <b>MEN</b> doing casual labor in the community this season?		
D003	What is the average daily wage for <b>WOMEN</b> doing casual labor in the community this season?		

**E. COMMUNITY ASSETS**

(Interviewer: please check these questions for knowledgeable person(s) in their respective community. If there are many we ask for the nearest)

	Facility	Where is [FACILITY] located? 1=In community (as defined by CC catchment area)  2=Outside community, but in nearby community  3=Outside community, but in nearby large town  4= Outside community, not nearby  99=Don't know	Is the facility functional or not?  1= Yes 2 = No	How far in km is [FACILITY] located from the community clinic?	How many minutes does it take to go from CC to [FACILITY] using the most common type of transportation?	Mode of transportation.  1=walking 2=rickshaw /van 3= boat 4=auto-rickshaw 5=bicycle	Is the [FACILITY] location in this Union?  1=Yes 2=No
		Q1	Q2	Q3	Q4	Q5	Q6
E001	Upazila Health Center						
E002	Family Welfare Center						
E003	Maternal and Child Welfare Center (MCWC)						
E004	Private clinic						
E005	NGO clinic						
E006	Rural dispensary						
E007	Satellite Clinic						
E008	Homeopathy dispensary						
E09	Traditional medicine practitioner						

**F. MIGRATION**

	Question	Code	Answer
F001	What proportion of households currently has household member working outside of the community (within Bangladesh)?	% of HH	
F002	What proportion of households has a household member working outside of Bangladesh?	% of HH	
F003	Among those that are working outside Bangladesh, Where are they mostly working? Write the country name		



**G. EXTERNAL SHOCKS**

*(Interviewer: please check these questions for knowledgeable person(s) in their respective community)*

We now would like us to talk about the important events that have taken place in this community since November 2013/January 2014 until today. We are specifically interested in events that have changed the well-being of people in this community for better or for worse. Examples of events that might have made people worse off are disease epidemics, crop failures, natural disasters, price fluctuations, or the loss of key social services. Examples of events or projects that may have made people better off are new schools or medical facilities, new employment opportunities, or the construction of a new road.				
		Q1	Q2	Q3
Events that made people <b>worse</b> off		Has [EVENT] taken place in this community in the last two years?  1=Yes 2=No >>NEXT EVENT	In how many of the past two years has [EVENT] taken place?  1=2014 2=2015	What proportion (%) of the community was affected by [EVENT]?  [USE PROPORTIONAL PILING]
G001	Natural disaster (drought/flood/storm)			
G002	Crop disease/pests			
G003	Livestock disease			
G004	Human epidemic disease			
G005	Unusual increase in overall prices			
G006	Political unrest			
G007	Other (specify)			
		Q1	Q2	Q3
Projects that made people <b>better</b> off		Has [PROJECT] been constructed/taken place in this community in the past two years?  1=Yes 2=No >>NEXT EVENT	In the past two years, how many of these [PROJECTS] have been constructed/taken place?	What proportion (%) of the community was affected by [PROJECT]?  [USE PROPORTIONAL PILING]
G008	Development project (e.g. LGSP)			
G009	New employment opportunity (eg. Kabikha, TR)			
G010	New health facility			
G011	New road			
G012	New preprimary center (or ECD center) – <b>government</b>			
G013	New preprimary center (or ECD center) – non-government			

G014	New primary school – - <b>government</b>			
G015	New primary school – non- government			
G016	New secondary school – <b>government</b>			
G017	New secondary school – non- government			
G018	New nutrition program – <b>government</b>			
G019	New nutrition program non- government			
G020	Other (specify)			

## H. CRIME PROBLEMS

Please compare today's living conditions with those of the previous two years, and tell me if the following types of crimes have:

	Question	Answer
	Type of Crime	1=Significantly increased 2=Increased 3=Remained the same 4=Decreased 5= Significantly decreased 6=Don't know
H001	Personal property crime	
H002	Dowry	
H003	Drug abuse / use	
H004	Sexual violence / harassment	
H005	Women / child trafficking	
H006	Domestic violence	
H007	Extortion	
H008	Political violence	
H009	Land grabbing	
H010	Ethnic / religious violence	
H011	Other (specify):	

## I. ABOUT THE LOCAL COMMUNITY CLINIC

*(Interviewer: please check these questions for knowledgeable person(s) in their respective community)*

	Question	Code	Answer
I001	Number of days (per week) that the community clinic is open:	Days per week	
I002	Number of hours per day that the community clinic is open:	Hours per day	
I003	Number of Family Welfare Assistant (FWA) that work in the community clinic:	Number of FWA	

I004	Number of Health Assistants (HA) that work in the community clinic:	Number of HA	
I005	Number of Community Health Care Provider (CHCP) that work in the community clinic:	Number of CHCP	
I006	Since when did the CC start operating from its own building?	1. Year 2. Operating from another building	

## J. ABOUT SAVE THE CHILDREN PROGRAM

J001	How do people in your area view the early childhood stimulation program?	1 = Positively 2= Negatively 99= Don't know about this program – End survey	
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### Only in Intervention Communities:

#### J002. What are the main positive features of the SC program to your knowledge?

1.	
2.	
3.	

#### J003. What are the THREE main challenges of implementing the SC early childhood program?

1.	
2.	
3.	

#### J004. What needs to be done to keep this sort of program running in the future?

--

#### J005. Do you have any other comments related to the SC early childhood program?

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**End of the survey. Thank you!**

# Endline Focus Group Protocol with Mothers and Fathers

This protocol is intended to foster conversation rather than to be used like a survey with content-specific items. Separate meetings should be organized with mothers and fathers who are household members with potentially different perceptions of events/ who may see things from different perspectives. The intervention Group receives all questions. Control Group only receives questions denoted by (C).

## Confidentiality

- All participants need to sign confidentiality agreement.
- Data will not be shared with anyone outside of the research team.
- Data will only be shared as themes—there will be no attribution of data to any specific person.

## Guidelines for Facilitator:

- Please keep the group on track, both in terms of topic and time limits.
- Remain neutral as a facilitator.
- Encourage quiet respondents to speak up, and gently redirect if one person dominates the discussion.
- Listen actively, and paraphrase if necessary to clarify responses.
- Probe deeper where appropriate, including by asking people to help you understand what they mean or asking them to give an example.
- Be comfortable with pauses if they give participants a chance to think and respond.

## Purpose of the Meeting

The purpose of this meeting is to gather data to understand:

- How parents received the information about the Early Childhood Stimulation Program (ECSP).
- Whether the ECSP help increased parents' knowledge about early childhood stimulation.
- How parents interact with their children.
- Parents' perception and opinions regarding the program messages and the program materials.
- Parents' perception and opinions regarding the program delivery mechanism.
- What is working and what could be improved.
- Factors facilitating or inhibiting the implementation of the program.

## Participants

- Six to eight individuals, preferably who do not know each other (this encourages free and open discussion).

## Number of Focus Groups

- By group, district and condition:

	Treatment Group (T)			Control Group (C)	
Groups	Muladi	Kulaura	Satkania	Muladi	Kulaura or Satkania
Fathers	1	1	1	1	1
Mothers	1	1	1	1	1

**Opening:** The moderator should introduce herself, briefly explain the study, distribute and collect the consent forms, and offer an opportunity for questions before the focus group begins. The intervention Group receives all questions. Control Group only receives questions denoted by (C).

**Engagement Questions:** Briefly tell us your name, how many children you have, what ages are your children (C)

**Receiving materials**

1. How did you learn about the ECSP? (C)
2. How did you receive the ECSP materials?
3. Did the [service provider] go over the material with you, when you received them?
4. Did the [service provider] provide counselling about Early Childhood Stimulation when giving the materials? If Yes, Do you remember what they told you?

**Using the materials**

5. How did you use the materials?
6. If you received them, but haven't used them, please tell us why.
7. If you received them, used them for a while but stop using them, please tell us why.
8. Did someone talk to you about the ECSP messages? Who? Where?
9. What did he/ she tell you regarding ECSP?
10. What do you think about the usefulness of ECS materials?

**Questions Testing Theory of Change: Knowledge and Practices**

**[These questions are related to smaller children up to 5 years old]**

**Parent's knowledge**

11. What have you learned from the ECSP materials and/or service providers' visits?
12. Do you think playing with your child is important? If Yes, Why? If No, Why Not? (C)
13. Do you think talking to your child is important? If Yes, Why? If No, Why Not? (C)
14. Do you think singing or telling story to your child is important? If Yes, Why? If No, Why Not? (C)
15. Do you think reading to your child is important? If Yes, Why? If No, Why Not? (C)

**Parent's Behavior**

16. What activities do you do with your child (beyond basic caregiving)? (C)
17. Do you play with your child? How do you play your child? (C)
18. Do you talk to your child? What do you talk(C)
19. Do you sing or tell story) to your child? What do you sing(C)
20. Do you read anything to your child? What do you read to your child? (C)
21. Have the early childhood stimulation materials changed the way you interact with your child, including how you play and communicate with them?
  - a. If so, why? If not, why not? (note: please probe this question in particular)

**Empowerment** (Note: these questions only apply to the mothers' focus groups)

22. Who is the person in your household that knows most about early childhood development?
23. Has the knowledge gained through the program allowed you more decision making ability related to your children and household matters? For example, which food should be bought, when to take the child to a health facility, or what things to buy for the child? If yes, Please explain how.
24. Have you shared what you learned through the early childhood stimulation materials with other women? If yes, what have you shared? If no, why not?

**Ending Question.**

25. How do you think the services, related ECD that were provided to you, could be improved?

**Conclusion:** Thank everyone for participating.



# Monitoring Instruments

## SIEF: Program Monitoring Questions for TREATMENT Households (Mother)

V001	Ques. Sl. No.:			
V002	Unique Child ID:			
V003	Date of interview:	Day:	Month:	Year:
V004	Interviewer:	Name:	Code:	
V005	Starting time of visit:	Hour:		
A001	Household:	Name:	Code:	
A002	Village:	Name:	Code:	
A003	Community Clinic name:	Name:		
A004	Mother's name:	Name:		
A005	Date of birth of the child:	Day:	Month:	Year:

Q001 Have you seen the Save the Children Poster in the community clinic? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q001 Have you received any materials from FWA, HA, or at the community clinic? Yes ☐<sub>1</sub> No ☐<sub>2</sub> (If No, skip to Q 43)

If Yes, which materials?

Q002/3	A child development card?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month: Year:
Q004/5	A household picture book?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month: Year:
Q006/7	A nature picture book?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month: Year:
Q008/9	A key message booklet?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month: Year:
Q010/11	Other materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month: Year:
Q012	If Yes, please specify what other materials:		

Note. If Yes please ask the mother to show the material to you. Yes = received it AND have it.

### How did you get the Save the Children materials?

Q011	During visit to community clinic	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q012	During visit to Expand Program on Immunization (EPI)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q013	FWA brought them during last visit	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q014	HA brought them during last visit	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>

Q015	I received them in another way:	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q016	If Yes, please specify what other way:	<div style="border: 1px solid black; height: 40px;"></div>
Q016	Have you used the child development card?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q018
Q017	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q018	Have you used the household picture book with [child name]?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q020
Q019	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q020	Have you used the nature picture book with [child name]?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q022
Q021	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q022	Have you used the key messages booklet?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q024
Q023	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q024	Have you implemented any of the recommendations included in the child development card with [child name]?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If No, skip to Q026
Q025	If Yes, which ones?	Codes: <div style="border: 1px solid black; height: 20px;"></div> Skip to Q027
Q026	If you didn't implement any of the recommendations, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q027	Have you talked to your <b>husband</b> about the SC materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q028	Have you talked to your <b>mother-in-law</b> about the SC materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>
Q029	Have you talked to anyone else in the household about the SC materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If No, skip to Q031
Q030af	If Yes, to whom? (Mark all that apply)	Son/daughter <input type="checkbox"/> <sub>a</sub> Sibling <input type="checkbox"/> <sub>b</sub> Parent(s) <input type="checkbox"/> <sub>c</sub> Sister in law/brother in law <input type="checkbox"/> <sub>d</sub> Father in Law <input type="checkbox"/> <sub>e</sub> Others <input type="checkbox"/> <sub>f</sub>
Q031	Does your <b>husband</b> support the use of the SC materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q033
Q032	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q033	Does your <b>mother-in-law</b> support the use of the SC materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> If Yes, skip to Q03X
Q034	If No, why not?	<div style="border: 1px solid black; height: 30px;"></div>
Q033	How many days in the week do you and your child usually use the SC materials?	<div style="border: 1px solid black; height: 30px; position: relative;"> <span style="position: absolute; bottom: 5px; left: 5px; color: red;">_____ number of days in a week</span> </div>



(record 99 if mother and child **do not** use the SC materials at least **once a week**)

Q034 When you and your child use the SC materials, for how long do you usually use them?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

Q037 Do you find the SC materials useful?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q038 If No, why not?

Q039 Have you talked to other women **inside** your community about the SC materials?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q040 Have you talked to other women **outside** your community about the SC material

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q041 If Yes to either Q039 or Q040, what did you talk about?

Q040 Have you participated in a court-yard meeting(s) with service providers?

Yes ☐<sub>1</sub> No ☐<sub>2</sub> (If No, skip to Q XX)

Q040 In how many court-yard meeting have you participated?

\_\_\_\_\_ number of court-yard meetings

Q041 What did you talk about in the court-yard meeting(s)?

**About Family Welfare Assistant visit:**

Q042 In the last **six** months, how many visits have you received from your FWA?

Number of visits:

If 0, skip to Q055

Q043 In the last FWA visit, approximately how many minutes did she spend in your household?

Number of minutes:

During the last FWA visit:

Q044 Did she talk about **how to talk** to your child?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q045 Did she talk to you about **how to play** with your child?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q046 Did she speak with you about the SC child development card?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q047 Did she speak with you about the SC books?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q048 Did she speak with you about the key message booklet?

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

During the last FWA visit, what was the overall topic that she talked about the most? Please rank the top three topics in order of most-discussed and provide the approximately number of minutes spent in each topic:

		Rank (1-3)	Approx. number of minutes
Q049	Family planning		
Q050	General well-being of you and children under 3 years old		
Q051	Nutrition		
Q052	Early childhood stimulation		
Q053	Other (specify):		
Q054	Other (specify):		

Q040 Have you heard about any of these topics/messages from someone else? Yes ☐ 1 No ☐ 2

Q040 If Yes please specify who?

#### About HA visit:

Q055	In the last <b>six</b> months, how many visits have you received from your HA?	Number of visits:	If 0, skip to Q062
Q056	In the last HA visit, approximately how many minutes did she spend in your household?	Number of minutes:	

#### During the last HA visit:

Q057	Did she talk about <b>how to talk</b> to your child?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Q058	Did she talk to you about <b>how to play</b> with your child?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Q059	Did she speak with you about the SC child development card?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Q060	Did she speak with you about the SC books?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
Q061	Did she speak with you about the key message booklet?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

During the last HA visit, what was the overall topic that she talked about the most? Please rank the top three topics in order of most-discussed and provide the approximately number of minutes spent in each topic:

		Rank (1-3)	Approx. number of minutes
Q050	General well-being of you and children under 3 years old		

Q051	Nutrition	<input type="text"/>	<input type="text"/>
Q052	Early childhood stimulation	<input type="text"/>	<input type="text"/>
Q053	Other (specify):	<input type="text"/>	<input type="text"/>
Q054	Other (specify):	<input type="text"/>	<input type="text"/>

Q040 Have you heard about any of these topics/messages from someone else? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q040 If Yes please specify who?

**About CC visits:**

Q062 In the last **six** months, did you visit a community clinic? Yes ☐<sub>1</sub> No ☐<sub>2</sub> If No, survey ends here

During your last community clinic visit:

Q063	Did someone talk with you about the SC child development card?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
Q044	Did someone talk with you about <b>how to talk</b> to your child?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
Q045	Did someone talk with you about <b>how to play</b> with your child?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
Q047	Did someone talk with you about the SC books?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
Q048	Did someone talk with you about the booklet?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>

**Thank you for your participation!**

**SIEF: Program Monitoring Questions for CONTROL Households (Mother)**

V001	Ques. Sl. No.:			
V002	Unique Child ID:			
V003	Date of interview:	Day:	Month:	Year:
V004	Interviewer:	Name:	Code:	
V005	Starting time of visit:	Hour:		
A001	Household:	Name:	Code:	
A002	Village:	Name:	Code:	
A003	Community Clinic name:	Name:		
A004	Mother's name:	Name:		
A005	Date of birth of the child:	Day:	Month:	Year:

Q001 Have you received any materials from FWA, HA, or at the community clinic? Yes ☐<sub>1</sub> No ☐<sub>2</sub> (If No, skip to Q 43)

If Yes, which materials?

Q002/3	A child development card?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month:	Year:
Q004/5	A household picture book?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month:	Year:
Q006/7	A nature picture book?	Yes <input checked="" type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month:	Year:
Q008/9	A key message booklet?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month:	Year:
Q010/11	Other materials?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	If Yes, when? Month:	Year:
Q012	If Yes, please specify what other materials:			

Note. If Yes please ask the mother to show the material to you. Yes = received it AND have it.

**About Family Welfare Assistant visit:**

Q042	In the last <b>six</b> months, how many visits have you received from your FWA?	Number of visits:	If 0, skip to Q055
Q043	In the last FWA visit, approximately how many minutes did she spend in your household?	Number of minutes:	

During the last FWA visit, what was the overall topic that she talked about the most? Please rank the top three topics in order of most-discussed and provide the approximately number of minutes spent in each topic:

		Rank (1-3)	Approx. number of minutes
Q049	Family planning		
Q050	General well-being of you and children under 3 years old		
Q051	Nutrition		
Q052	Early childhood stimulation		
Q053	Other (specify):		
Q054	Other (specify):		

About Health Assistants visit:

Q055	In the last <b>six</b> months, how many visits have you received from your HA?	Number of visits:	If 0, skip to Q062
Q056	In the last HA visit, approximately how many minutes did she spend in your household?	Number of minutes:	

During the last HA visit, what was the overall topic that she talked about the most? Please rank the top three topics in order of most-discussed and provide the approximately number of minutes spent in each topic:

		Rank (1-3)	Approx. number of minutes
Q050	General well-being of you and children under 3 years old		
Q051	Nutrition		
Q052	Early childhood stimulation		
Q053	Other (specify):		
Q054	Other (specify):		

Q062 In the last **six** months, did you visit a community clinic? Yes ☐ 1 No ☐ 2 If No, survey ends here

**Thank you for your participation!**

## SIEF Bangladesh Study

## Service Provider Monitoring Questionnaire (Treatment)

V001	Service Provider ID	
V002	Service Provider name	
V003	District name	
V004	Community clinic ID	
V005	Date of the visit	Hour:      Day:      Month:      Year:
V006	Position	FWA    HA    CHCP

## Objective 1: Training and Implementation

Q001/2	Did you attend Save the Children's training on early childhood stimulation?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q003)	If Yes, when? Month:      Year:
Q003	Have you participated in any other meeting/training led by Save the Children personnel?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q009)	
Q004	If yes, when was meeting 1? (Please begin with the most recent)		Month:      Year:
Q005	If yes, when was meeting 2?		Month:      Year:
Q006	If yes, when was meeting 3?		Month:      Year:
Q007	Other		Month:      Year:
Q008	What have you learned in this/these meetings/trainings?		
Q009	If you have a question regarding SC materials do you know who to ask or how to resolve it?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to QXX)	
Q010	What do you think about the SC materials and training?		
Q010	Have you seen the child development poster in the community clinic?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	

Regarding the Save the Children materials, Did you receive

Q011/12	The child development cards?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q013)	If Yes, when? Month:      Year:
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Q013/14	The household picture books?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q015)	If Yes, when? Month: Year:
Q015/16	The nature picture books?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q017)	If Yes, when? Month: Year:
Q017/18	The key message booklets?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> (If No, skip to Q023)	If Yes, when? Month: Year:

Note. If Yes please ask the interviewee to show you the materials. Yes = received it AND have it.

- a) How do you know whether a household has received the four materials from Save the Children?
- b) How do you keep track of which materials the household has received?
- c) How do you track when a household receives each of the four materials?

How did you distribute the Save the Children materials to beneficiaries?

			What is the primary form of distribution? Rank 1, 2 or 3
Q019	In the household during a routine visit	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	
Q020	In the community clinic during a routine health visit	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	
Q021	In the Expand Program on Immunization (EPI)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub>	
Q022	Other way (specify):		

## Objective 2: Workload, coverage and crowding out

Q023 This **month**, how many households are you visiting approximately? Number of visits: If 0, skip to Q026

**Yesterday or the last day you worked:**

Q024 How many households did you visit? Number of households:

Q025 How many hours did you work? Number of hours:

What did you do during those working hours?

Q026 Worked in the community clinic Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q027 Visited households Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q028	Other (specify):	
Q029	Other (specify):	
Q030	How many minutes did you spent with each household approximately?	<div>Number of minutes:</div>



**YESTERDAY or the last day you worked**, approximately  
how did you distribute the minutes within each household?

		Number of minutes:
Q031	Talking about family planning	<input type="text"/>
Q032	Talking about nutrition	<input type="text"/>
Q033	Talking about early childhood stimulation	<input type="text"/>
Q034	Talking about another topic (specify):	<input type="text"/>
Q035	Talking about another topic (specify):	<input type="text"/>
Q036	Total:	<input type="text"/> <i>This should match line Q030</i>
Q037	In general, which of the tasks listed above is the most time-consuming?	<div> 1=Family planning  2=Nutrition  3= Early childhood stimulation  4=Other topic from Q034  5=Other topic from Q035 </div>
Q038	Why?	<input type="text"/>
Q039	In general, which of the tasks listed above is the least time-consuming?	<div> 1=Family planning  2=Nutrition  3= Early childhood stimulation  4=Other topic from Q034  5=Other topic from Q035 </div>
Q040	Why?	<input type="text"/>
Q040	Do you know yesterday's operation schedule of the community clinic?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (If No, skip to QXX)
Q040	What was it?	____:____ am/pm to ____:____ am/pm

**Tomorrow**

Q041	How many households will you visit?	Number of households: <input type="text"/>
Q042	How many hours will you work?	Number of hours: <input type="text"/>

**Tomorrow, what will you do during those working hours?**

Q043 Work in the community clinic Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q044 Visit households Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q045 Other (specify):

Q046 Other (specify):

**Do you think...**

Q047 You have more households than you can handle? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q048 Your work is easy? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q049 You have to deliver too many messages? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q050 Your work is very demanding? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q051 What do you think is the most difficult aspect of your work?

## SIEF Bangladesh Study

### Service Provider Monitoring Questionnaire (Control)

V001	Service Provider ID	
V002	Service Provider name	
V003	District name	
V004	Community clinic ID	
V005	Date of the visit	Hour:      Day:      Month:      Year:
V006	Position	FWA    HA    CHCP

Q001    This **month**, how many households are you visiting approximately?    Number of visits:    If 0, skip to Q003

**Yesterday or the last day you worked:**

Q002    How many households did you visit?    Number of visits:

Q003    How many hours did you work?    Number of hours:

What did you do during those working hours?

Q004    Worked in the community clinic    Yes ☐ <sub>1</sub>    No ☐ <sub>2</sub>

Q005    Visited households    Yes ☐ <sub>1</sub>    No ☐ <sub>2</sub>

Q006    Other (specify):   

Q007    Other (specify):   

Q008    How many minutes did you spent with each household approximately?    Number of minutes:

**Yesterday** or the last day you worked, approximately how did you distribute the minutes within each household?

		Number of minutes:
Q009	Talking about family planning	<input type="text"/>
Q010	Talking about nutrition	<input type="text"/>
Q011	Talking about early childhood stimulation	<input type="text"/>
Q012	Talking about another topic (specify):	<input type="text"/>
Q013	Talking about another topic (specify):	<input type="text"/>
Q014	Total:	<input type="text"/> <i>This should match line Q008</i>

Q015	In general, which of the tasks listed above is the most time-consuming?	<div> 1=Family planning  2=Nutrition  3=Early childhood stimulation  4=Other topic from Q012  5=Other topic from Q013 </div>
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Q016	Why?	<input type="text"/>
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Q017	In general, which of the tasks listed above is the least time-consuming?	<div> 1=Family planning  2=Nutrition  3= Early childhood stimulation  4=Other topic from Q012  5=Other topic from Q013 </div>
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Q018	Why?	<input type="text"/>
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**Tomorrow**

Q019	How many households will you visit?	Number of households: <input type="text"/>
Q020	How many hours will you work?	Number of hours: <input type="text"/>

**Tomorrow, what will you do during those working hours?**

Q021 Work in the community clinic Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q022 Visit households Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q023 Other (specify):

Q024 Other (specify):

**Do you think...**

Q025 You have more households than you can handle? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q026 Your work is easy? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q027 You have to deliver too many messages? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q028 Your work is very demanding? Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q029 What do you think is the most difficult aspect of your work?

## Consent Forms

Child ID no.	
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### BANGLADESH MEDICAL RESEARCH COUNCIL

### SIEF Bangladesh Impact Evaluation

#### 6a. Informed Consent Form For Mothers

We are from Data International Ltd. (DI), Bangladesh and we are working with the American Institutes for Research (AIR), USA investigating parenting practices and early childhood stimulation. We are particularly interested in finding out what is happening with your child's development and how you care for him/her. We are asking if you would like to participate and help us understand more about how children learn and what factors affect their development.

If you participate in our study, we will interview you to find out how your child spends the day at home and some general characteristics of your household. The interview will take about 1 hour.

We will also ask you to bring your children to the community clinic tomorrow to measure his/her weight and length and test him/her using the Bayley Test. The Bayley test will take about 30 minutes.

You will not receive any money for participating in our study and no medications will be provided. Your participation and cooperation is entirely voluntary; it is your decision whether or not to participate. Also you have the right not to answer any questions you do not want to and you can withdraw from the study at any time, without giving a reason. Your decision to participate in the research will not in any way affect your participation in other community health activities.

There is no risk to you or your child if you decide to participate. Nothing harmful will come from it. The interviews will not give you any immediate benefit.

During the interviews and child observations we will write down some notes about what we see you and your child doing. You can fully rely on us to keep confidential your identity and the information you provide. The papers containing the information will remain at Data International Ltd. in a locked cabinet and no one except the people involved with this research and the Ethical Review Committee will be able to see the information. However, we would like to inform you that disclosure of such information is subject to the laws of the country.

If you have concerns or questions about your rights as a participant, you may contact DI at (8802) 895-2912 or you may contact AIR's Institutional Review Board (which is responsible for the protection of research/project participants) at IRB@air.org, call the IRB in the United States at +1 202 403 5542, or by postal mail: AIR c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007, USA.

If you have any question you can ask us without hesitation. I am ready to answer all your questions regarding this issue.

Do you have any questions?    Yes – Answer questions,   No - Go to next question.

Do you agree that you and your child will participate in the interviews?

No - Thank you. (Go to the next household)

Yes – Ask when it would be a good time to start the interview.

---

Signature or mark/thumbprint of mother \_\_\_\_\_

Date \_\_\_\_\_

Name of the mother: \_\_\_\_\_

The interviewer will complete this section:

This consent form was read to her and all the questions have been answered and she has agreed to give an interview herself and let her child participate. Date: \_\_\_\_\_

Signature of the interviewer: \_\_\_\_\_

Name of the interviewer: \_\_\_\_\_ Interviewer ID: \_\_\_\_\_

## **BANGLADESH MEDICAL RESEARCH COUNCIL**

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### **SIEF Bangladesh Impact Evaluation**

## **6b. Informed Consent Form Service Providers**

We are from Data International Ltd. (DI), Bangladesh and we are working with the American Institutes for Research (AIR), USA investigating parenting practices and early childhood stimulation. We are particularly interested in finding out something about the characteristics of your work, about some of the challenges you encounter doing your work, and in your perceptions about early childhood. We are asking if you would like to participate and help us assess the effectiveness of the program.

If you participate in our study, we will ask you some questions. The interview will take about 30 minutes, you are free to participate or not; it will not affect your job if you would rather not be interviewed. You can refuse to answer any question and you can stop the interview at any time without a reason. We want to assure you that your answers will be kept confidential and anonymous; that means your name is not put on the answer form so no one will know they are your answers. .

**There is no risk to you if you decide to participate in the interview and in the observation. Nothing harmful will come from it. The interviews will not give you any immediate benefit.**

During the interview and session observations we will write down some notes about what we see you and others are doing. You can fully rely on us to keep your identity and the information you provide confidential. The papers containing the information will remain at Data International Ltd. in a locked cabinet and no one except the people involved with this research and the Ethical Review Committee will be able to see the information. We would also like to inform you that disclosure of such information is subject to the laws of the country.

If you have concerns or questions about your rights as a participant, you may contact DI at (8802) 895-2912 or you may contact AIR's Institutional Review Board (which is responsible for the protection of research/project participants) at [IRB@air.org](mailto:IRB@air.org), call the IRB in the United States at +1 202 403 5542, or by postal mail: AIR c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007, USA.



If you have any question you can ask us without hesitation. I am ready to answer all your questions.

Do you have any questions?      Yes – Answer questions, No - Go to next question.

Do you agree that you will participate in the interview and observations?

No - Thank you. I'm sure you will do a good job during the sessions. Leave.

Yes.

Signature or mark/thumbprint of participant \_\_\_\_\_ Date \_\_\_\_\_

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Name of the participant: \_\_\_\_\_

The interviewer will complete this section:

This consent form was read to participant and all the questions have been answered and she has agreed to give an interview. Date: \_\_\_\_\_

Signature of the interviewer: \_\_\_\_\_

Name of the interviewer: \_\_\_\_\_

Community Clinic Name	
Community Clinic Code	

## BANGLADESH MEDICAL RESEARCH COUNCIL

### SIEF Bangladesh Impact Evaluation

## 6c. Informed Consent Form Community Leaders

We are from Data International Ltd. (DI), Bangladesh and we are investigating about parenting practices and early childhood stimulation. To better understand and contextualize the data we collect on parents, we are also gathering data of the community where parents live. We are interested in finding out about the characteristics of your community and aspects such as basic infrastructure, major economic activity, health services, as well as the cultural norms of the community. We are asking if you would like to participate in this study.

If you participate in our study, we will ask you some questions. The interview will take about 30 minutes, you are free to participate or not; it will not affect your job if you would rather not be interviewed. You can refuse to answer any question and you can stop the interview at any time without a reason. We want to assure you that your answers will be kept confidential and anonymous; that means your name is not put on the answer form so no one will know they are your answers. We would also like to ask for your collaboration organizing some focus groups with parents.

**There is no risk to you if you decide to participate in the interview. Nothing harmful will come from it. The interviews will not give you any immediate benefit. The hard copy questionnaire containing your answers will remain at Data International Ltd. in a locked cabinet and no one except the people involved with this research and the Ethical Review Committee will be able to see the information. However, we would like to inform you that disclosure of such information is subject to the laws of the country.**

If you have concerns or questions about your rights as a participant, you may contact DI at (8802) 895-2912 or you may contact AIR's Institutional Review Board (which is responsible for the protection of research/project participants) at [IRB@air.org](mailto:IRB@air.org), call the IRB in the United States at +1 202 403 5542, or by postal mail: AIR c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007, USA.

If you have any question you can ask us without hesitation. I am ready to answer all your questions.

Do you have any questions?    Yes – Answer questions, No - Go to next question.

Do you agree that you will participate in the interview and observations?

No - Thank you. Leave.

Yes.

Signature or mark/thumbprint of participant \_\_\_\_\_ Date \_\_\_\_\_

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Name of the participant: \_\_\_\_\_

The interviewer will complete this section:

This consent form was read to participant and all the questions have been answered and she has agreed to give an interview. Date: \_\_\_\_\_

Signature of the interviewer: \_\_\_\_\_

Name of the interviewer: \_\_\_\_\_

## **BANGLADESH MEDICAL RESEARCH COUNCIL**

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### **SIEF Bangladesh Impact Evaluation**

## **Informed Consent Form Focus Groups with Parents and Mothers in Law**

We are from Data International Ltd. (DI), Bangladesh and we are working with the American Institutes for Research (AIR), USA investigating parenting practices and early childhood stimulation. We are particularly interested in understanding your perceptions and opinions regarding the Save the Children early childhood stimulation program. We are asking if you would like to participate and help us understand more about what is working in the program and what could be improved.

The interview will take about 2 hours. You will not receive any money for participating in our study. Your participation and cooperation is entirely voluntary; it is your decision whether or not to participate. Also you have the right not to answer any questions you do not want to. Your decision to participate in the research will not in any way affect your participation in other community activities.

Nothing harmful will come from it. The interviews will not give you any immediate benefit.

During the interview we will write down some notes. You can fully rely on us to keep confidential your identity and the information you provide. The papers containing the information will remain at Data International Ltd. in a locked cabinet and no one except the people involved with this research and the Ethical Review Committee will be able to see the information. However, we would like to inform you that disclosure of such information is subject to the laws of the country.

If you have concerns or questions about your rights as a participant, you may contact DI at (8802) 895-2912 or you may contact AIR's Institutional Review Board (which is responsible for the protection of research/project participants) at [IRB@air.org](mailto:IRB@air.org), call the IRB in the United States at +1 202 403 5542, or by postal mail: AIR c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007, USA.

If you have any question you can ask us without hesitation. I am ready to answer all your questions regarding this issue.

Do you have any questions?    Yes – Answer questions, No - Go to next question.

Do you agree that you will participate in the interview and observations?

No - Thank you. I'm sure you will do a good job during the sessions. Leave.

Yes.

Signature or mark/thumbprint of participant \_\_\_\_\_ Date \_\_\_\_\_

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Name of the participant: \_\_\_\_\_

The interviewer will complete this section:

This consent form was read to participant and all the questions have been answered and she has agreed to give an interview. Date: \_\_\_\_\_

Signature of the interviewer: \_\_\_\_\_

Name of the interviewer: \_\_\_\_\_