

REGISTRATION FORM FOR THE *RECIPE CREATION EXERCISE*

1. Meeting date: _____
day month year
2. Meeting place:

3. Nutritionist's or assistant's name and code: _____
3. _____
4. Age group: _____
01= 6-11.9 months
02= 12-23.9 months
4. _____
5. Recipe code: _____
5. _____
(Supervisor should complete)

6. Names of mothers:

7. Starting time: _____:_____
8. Weight of the container where recipe will be prepared (grams): _____
9. Name of the preparation: _____

10. Recipe content:

10.1 Ingredients	10.2 Amount used (household measure)	10.3 Amount used (grams)	10.4 Edible portion (Yes or No)	10.5 Cooked (Yes or No)

11. Cooking method: (record all the steps taken by the mothers to prepare the recipe)

12. Observations during the preparation: (reactions, comments, relevant actions):

15.1 Total weight (grams)	15.2 Weight of container (grams)	15.3 Net weight (grams)

01= liquid
02= semi-liquid
03= thick
04= solid
77= other, specify _____

16.1. _____
16.2. _____
16.3. _____
16.4. _____
16.5. _____

01= liquid
02= semi-liquid
03= thick
04= solid
77= other, specify _____

17. _____

[illegible]

19. Complementary information (discussion after the tasting):

- Mothers' opinions about the recipes. Is it possible to prepare it at home?
- Reasons why mothers chose specific foods/combinations
- Opinions about taste, smell, appearance, consistency
- Suggestions to improve/modify the preparation

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

GUIDE FOR EXPLORATORY IN-DEPTH INTERVIEW

This is a conversation guide; thus, the questions should not be read as in a survey. To conduct a more fluid and natural interview, the Field Worker should know the topics and questions (adapting them to the child's age) to conduct the interview fluently.

Good morning/ afternoon, my name is _____ and I come from a research organization that is conducting a study on mothers' child feeding practices and young children's eating patterns. Our conversation with you will take about 45 minutes of your time, but please be assured that your responses to the questions we pose will be treated in complete confidence. Would you have the time to help us with our study?

I. GENERAL INFORMATION

If possible, complete this section before the interview

1. Child's code
2. Child's name
3. Child's age (in months)
4. Mother/caregiver's name
5. Date of interview (dd/mm/yyyy)
6. Date notes completed (dd/mm/yyyy)
7. Field Worker's name and code
8. Village, commune, district, and province name and code

II. BREASTFEEDING

Ideal practice 1. Breastfeed for the first time within the first hour after birth.

9. Where did you give birth?
 - How long after birth did you breastfeed your baby for the first time?
SKIP TO Q#10 IF WITHIN FIRST HOUR.
IF IT TOOK MORE THAN 1 HOUR:
 - Why did it take that long?
 - Would it have been possible to breastfeed within the first hour after birth?
 - What would have needed to happen to make it possible for you to breastfeed for the first time within the first hour after birth?

*Ideal practice 2. Do **not** feed with pre-lacteals.*

10. Was the baby given (by you or somebody else) anything to eat/drink before you first breastfed her/him?
 - (YES) What was given to the baby?
 - Why was it given to her/him.....? (ASK FOR EACH FOOD/DRINK THAT WAS GIVEN TO THE BABY)
 - How did they give her/him this....? (UTENSIL USED. ASK FOR EACH FOOD/DRINK THAT WAS GIVEN TO THE BABY)
 - Who advised you to give this to the baby? (ASK FOR EACH FOOD/DRINK THAT WAS GIVEN TO THE BABY)
 - ASK ALL MOTHERS: If a friend told you she was not going to give this (NAME ANY PRELACTEAL THAT SHE OR SOMEONE HAS GIVEN TO A BABY) to her baby before breastfeeding first, what advice would you give your friend?

Ideal practice 3. Feed colostrum.

11. When did you first get your first milk (COLOSTRUM)?

- Did you give that first milk to your baby?
- (IF YES) Why?
- (IF NO) What did you do with that first milk?
 - Why didn't you give it to your baby?
 - If you knew that "to give the colostrum" would make "the child get sick less often", and that "not to give colostrum" would make "the child get diarrhea and cough more often"; would you be willing to change your practice if you had another child?
 - Is there anything that would make you change this practice?
 - How could this change be easier for you?

Ideal practice 4. Breastfeeding on demand, during the day and night.

12. Are you currently breastfeeding your baby? SKIP TO Q#13 IF NOT CURRENTLY BREASTFEEDING.

- (IF YES) How often do you breastfeed?
 - How do you know your child likes the breast milk?
 - How do you know your child is hungry or thirsty?
 - How do you know that the child has received enough breast milk during one feeding?
 - Do you breastfeed on a fixed schedule or each time your baby asks to be fed? Why?
 - What conditions would be necessary for you to breastfeed only when your baby wants to feed and not on a fixed schedule?

Ideal practice 5. Exclusive breastfeeding until 6 months of age.

13. What do you think about feeding a baby with only breastmilk (without water and other liquids) for the first 6 months of life?

- If you were to have another baby, would you be willing to only feed her/him with breastmilk for the first 6 months of life, that is, until s/he turns 6 months?
- Why? Why not?
- Is there anything that would convince/permit/help you to be able to feed you baby with only breastmilk for the first 6 months of life?

Ideal practice 6. Breastfeed until 24 months of age.

14. FOR MOTHERS CURRENTLY BREASTFEEDING: Until what age do you plan to breastfeed your baby?

- Why that age?
- Could you breastfeed until your baby turns 2 years old?
- Why? Why not?

15. FOR MOTHERS WHO HAVE STOPPED BREASTFEEDING: At what age did you stop breastfeeding?

- Why did you stop at that age?
- Is there anything that would convince/permit/help you to be able to continue breastfeeding until your baby turns 2 years of age?

III. COMPLEMENTARY FEEDING

Ideal practice 7. Begin complementary feeding at 6 months of age with semi-solid foods.

16. Have you given any food to your baby?

- What was the first thing you gave your baby to eat?
- Why did you decide to start with this particular food?
- How old was your baby when you gave her/him this particular food for the first time?

SKIP TO Q#17 IF ANSWER IS 6 MONTHS.

- (ASK IF CHILD WAS FED BEFORE 6 MONTHS) If you knew that “to exclusively breastfeed for 6 months” would make “the child get sick less often and grows up more”, and that “to give other liquids and solid food before 6 months” would make “the child get diarrhea and cough more often and s/he would remain small and thin”; would you be willing to change your practice?
- Is there something that would make you carry out this change?
- How could this change be easier for you?
- (ASK IF CHILD WAS FED AFTER 6 MONTHS) If you knew that “to exclusively breastfeed for 6 months and to initiate semi-solid foods at that age” would make “the child grow up more”, and that “to give other liquids and semi-solid until the child is older than 6 months” would make “the child remain small and thin”; would you be willing to change your practice if you had another child?
- Is there something that would make you carry out this change?
- How could this change be easier for you?

Ideal practice 8. Feed the child the amount necessary to meet her/his recommended daily energy requirements.

17. If it were necessary to increase the amount of food that you give your child, would you be able to do this?

- Why? Why not?

Ideal practice 9. Feed the child with high energy and nutrient density foods

18. Do you prefer to feed your child more liquid or more solid (thicker) foods?

- When should thicker, more solid foods be given to a child?
- What would you say to a friend who is thinking of giving thicker, more solid foods to her 6 month old baby?

Ideal practice 10. Feed the child with the recommended daily frequency.

19. How many times a day do you feed your child? (ASK ABOUT MAIN MEALS AND SNACKS)?

- If a health professional asked you to increase the number of times you feed your child each day would you be able to do this? Why? Why not?

Ideal practice 11. Feed the child meat, fish or poultry daily.

20. How many times a day do you feed your child meat, fish, or poultry?

- IF LESS THAN THREE TIMES: What conditions would have to be present for you to increase the number of times a day you serve these foods to your child?

Ideal practice 12. Support and motivate the child to eat.

21. If your child stops eating, and you think she is still hungry or did not eat enough, what do you do?

- How do you motivate her/him to eat?

Ideal practice 13. If child is sick, continue or increase frequency of breastfeeding. Continue feeding regular foods or switch to soft foods. Provide special foods or more food for several days once child feels better.

22. If your child is ill, how do you feed your child differently? How do you feed the child?

- How do you try to get her/him to eat?
- What special foods do you feed your child when she/he is ill?

MATRIX FOR THE SUMMARY OF THE REASONS FOR CERTAIN PRACTICES, AND KNOWLEDGE AND ATTITUDE TOWARDS THE IDEAL PRACTICES, BY MOTHER

Interviewee's name	
Date of interview	
Child's age (in months)	
IDEAL PRACTICE	

ACTUAL PRACTICE	REASONS, KNOWLEDGE AND ATTITUDE

MATRIX FOR THE SUMMARY OF THE BARRIERS TO AND FACILITATORS OF THE IDEAL PRACTICES

IDEAL PRACTICE:	
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BARRIERS		FACILITATORS	
INTERNAL	EXTERNAL	INTERNAL	EXTERNAL

TRIALS OF IMPROVED PRACTICES INITIAL VISIT: INTERVIEW GUIDE

Date of Interview		Province:	
Name of Interviewer		District:	
Time interview started		Commune:	
Time interview ended		Village:	

Household Number		Number of children between 0-23 months in the household	
Name of Mother		Name of child chosen for the study	
Age		Child Code	

INTRODUCTION

Good morning/afternoon, my name is _____ and I am working for a research organization on an infant and child feeding research project. Could I ask you some questions regarding the feeding of **(NAME OF CHILD)**? The information that you provide will be 100% confidential. If you want to be interviewed for this research study, I will ask you to agree for a verbal consent form. (**Read the consent letter and give the mother a copy**)

INFORMED CONSENT

I, _____ of legal age, and the mother of _____, agrees to participate in this interview regarding the feeding practices of my child. I attest that the objectives of this study have been clearly explained and defined to me by the undersigned interviewee. I attest that it is by my own will that I participate in this interview and no force of any forms has been done for me to agree to be interviewed.

I understand that the information I give will be treated confidential and will only be used for research purposes.

Agreed to be interviewed: ☐ Yes ☐ No

	Field Editing	Office Editing	Encoding
Name			
Date			
Remarks			

BLOCK A: CHILD INFORMATION

BLOCK A: CHILD INFORMATION			Response Code								
A1	When was your child born? (mm/dd/yyyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
A2	How old is your child? Age (in months)										
A3	Is your child male or female?	01- Male 02- Female									

BLOCK B: DEMOGRAPHIC PROFILE			Response Code
B1	Who is the primary caregiver of (<u>CHILD'S NAME</u>)? SINGLE RESPONSE <u>DO NOT READ THE RESPONSES</u>	1- Mother of child 2- Father of child 3- Female Relative (Grandmother, aunt, etc.) 4- Male Relative (Grandfather, uncle, etc.) 5- Neighbor 6- Household Help 7- Others (specify) _____	
B2	How old are you?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Age in years	
B3	Do you know how to read and write?	1- Yes 2- No	
B4	How many years of school did you <u>complete</u> ? <u>SINGLE RESPONSE ONLY</u>	0- No schooling 1- Did not finish elementary _____ no. of yrs. 2- Elementary graduate 3- Did not finish highschool _____ no. of yrs. 4- Highschool graduate 5- Did not finish college _____ no. of yrs. 6- College graduate 7- Vocational course graduate 8- Does not know/remember/answer	
B5	Are you involved in any income-generating activities?	1- Yes 2- No	
B6	In what store or markets do you buy food? MULTIPLE RESPONSES <u>DO NOT READ THE CHOICES</u>	1- nearby stores 2- wet market 3- stalls 4- others (specify) _____	

B7	Where is it located?	(1) Nearby stores	(2) Wet market	(3) Stalls	(4) Others (specify)
	Within the village				
	Another village				
	Within the province				
	Another province				
	Others, specify _____				

BLOCK C: HEALTH AND GROWTH PATTERN OF CHILD		Response Code						
C1	How is the child's over-all health? Any problems? (PROBE FOR FREQUENT ILLNESSES AND MOTHER'S GENERAL IMPRESSION OF THE CHILD'S HEALTH) _____ _____ _____							
C2	Ask for permission to weigh the child. Record the child's weight: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> Weight of child <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> <div style="width: 45%;"> Nutritional status of the child <table border="1" style="display: inline-table; text-align: center; width: 40px;"> <tr><td> </td></tr> </table> <div style="display: flex; justify-content: space-between; width: 100%;"> 1 – Normal 2 – Underweight </div> </div> </div>							

BLOCK D: BREASTFEEDING PRACTICES		Response Code
Now I am going to ask you some questions regarding the feeding patterns of (CHILD'S NAME)		
D1	What was the first liquid the child consumed after birth? SINGLE RESPONSE ONLY	01- Breast milk > GO TO D3 02- Tea 03- Water 99- Does not know/remember/answer 77- Others, specify: _____
D2	Did you ever breastfeed _____ (CHILD'S NAME)?	01- Yes 02- No > GO TO E1 88- Does not apply
D3	How many hours after birth did you breastfeed your child for the first time ? SINGLE RESPONSE ONLY	01- Less than 1 hour after birth 02- From 1 to 3 hours after birth 03- More than 3 hours after birth 04- After 24 hours (after 1 day) 05- After 48 hours (after 2 days) 06- Others, specify _____ 88- Does not apply 99- Does not know/remember/answer
D4	Did you feed colostrum (the first breast milk) to your child? <i>(EXPLAIN TO THE MOTHER THAT COLOSTRUM IS THE BREAST MILK THE FIRST FEW DAYS AFTER BIRTH, IT IS MORE YELLOW AND TENDS TO BE MORE LIQUID AND LESS THICK THAN MATURE BREAST MILK)</i>	01- YES 02- NO 88- Does not apply 99- Does not know/remember/answer
D5	Are you currently breastfeeding your child?	01- Yes 02- No > GO TO D9 88- Does not apply

D6	When do you normally breastfeed your child?	00- When the child asks, whenever the child wants 01- On a fixed schedule 02- Others, specify _____ 88- Does not apply 99- Does not know/remember/answer	
D7	Generally, when the child is healthy, how many times does s/he breastfeed during the day ?	00- 0 times 01- 1 to 3 times 02- 4 to 6 times 03- 7 to 9 times 04- 10 or more times 88- Does not apply 99- Does not know/remember/answer	
D8	Generally, when the child is healthy, how many times does she/he breastfeed during the night ?	00- 0 times 01- 1 to 3 times > GO TO E1 02- 4 to 6 times > GO TO E1 03- 7 to 9 times > GO TO E1 04- 10 or more times > GO TO E1 88- Does not apply 99- Does not know/remember/answer	
D9	How old (in months) was the child when s/he stopped breastfeeding?	____ age in months 00- less than one month 88- Does not apply 99- Does not know/remember/answer	
D10	Why did you stop breastfeeding?		

BLOCK E: CHILD FEEDING PRACTICES			Response Code
E1	Who decides what the child should and should not eat/drink?	1- Mother of child 2- Father of child 3- Female Relative (Grandmother, aunt, etc.) 4- Male Relative (Grandfather, uncle, etc.) 5- Neighbor 6- Household Help 7- Others (specify) _____	
E2	At what age was the child given liquids other than breast milk for the first time ?	____ age in months 00- less than one month 88- never gave any other liquid, only breast milk > GO TO E6 99- does not know/remember/answer	

E3	What was the first liquid other than breast milk that was given to the child on a regular basis ? (WRITE ONLY THE FIRST LIQUID THAT THE MOTHER GAVE TO THE CHILD ON A REGULAR BASIS) <hr/>		
E4	What (utensil) did you use to give this first liquid to the child? SINGLE RESPONSE ONLY DO NOT READ THE ANSWERS	01- Spoon 02- Bottle 03- Dropper 04- Cup 05- Syringe 77- Others, specify: _____ 88- Does not apply 99- Does not know/remember/answer	
E5	Since this time yesterday, has (CHILD'S NAME) had anything to drink from a bottle with a nipple?	01- Yes 02 - No	
E6	At what age did you feed the child her/his first food (solid or semi-solid)? (PLEASE NOTE THAT THE LIQUID PART OF SOUPS OR BROTHS IS NOT CONSIDERED A SOLID OR SEMI-SOLID FOOD. SOUP WITH MASHED VEGETABLES IS CONSIDERED A SEMI-SOLID FOOD.)	_____ age in months 00- Less than one month 88- Has never given the child any solid or semi- solid food > GO TO E8 99- Does not know/remember/answer	
E7	What was the food or preparation that you first gave to your child?	Note: Specify the food. If a mixed food was given, ask the mother which food was given first. _____ 88- Does not apply/Does not feed 99- Does not know/remember/answer	
E8	Generally speaking, how is (CHILD'S NAME) appetite when s/he is healthy?	01- Eats/breastfeeds too much 02- Eats/breastfeeds well 03- Eats/breastfeeds a little 99- Does not know/ remember/ answer	
Now I want to ask you some questions about your child's appetite when s/he is sick.			
E9	Is appetite a problem when the child is sick? What do you do about it? <hr/> <hr/> <hr/> <hr/>		

10	How is child's intake of _____ when sick? (SINGLE RESPONSE ONLY)	CHILD'S INTAKE			If intake is LESS , WHY? <i>(State the reasons why the intake of the food item is less when the child is sick)</i>
		LESS	SAME	MORE	
	Breastmilk				
	Water and fluids				
	Borbor and soft foods				
	Solid foods				

E11	<p>If your child stops eating and, and you think she is still hungry or did not eat enough, what do you do?</p> <p>MULTIPLE RESPONSES <u>DO NOT READ THE RESPONSES</u></p>	<p>01- motivate the child (with gestures, games, words)</p> <p>02- does not motivate the child</p> <p>03- others, specify _____</p> <p>88- does not apply (does not give solid foods)</p> <p>99- does not know/remember/answer</p>	
E12	<p>How do you decide when to feed <u>(CHILD'S NAME)</u>? <i>(PROBE TO FIND OUT WHETHER CHILD MUST DEMAND FOOD OR EXPRESS HUNGER BEFORE S/HE IS FED)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

E13	How do you know when <u>(CHILD'S NAME)</u> has had enough to eat?	

E14	If <u>(CHILD'S NAME)</u> refuses to eat – either spits, vomits, or has no appetite – what can be done in these situations? What do you do to improve appetite?	

E15	In general, can you tell me why some children are fussy eaters? Can these children be changed?	

So far, we've discussed what foods (name of child) eats, and how s/he is fed. Now let's talk about WHY some foods are given to young children but others are not.

First, can you tell me if there are some foods that are considered unhealthy for children below 2 years old?

FILL IN MATRIX, ASKING THE FOLLOWING QUESTIONS:

Guide questions: What are they?
 How do you know or who told you they are unhealthy?
 What happens if these foods are eaten? (i.e., why are they bad?)
 Is this the same for older children? Both boys and girls?
 What happens when they are eaten by sick children?

PROBE TO UNCOVER WHETHER FOODS ARE CONSIDERED UNHEALTHY ON THE BASIS OF DIGESTIBILITY, SPICINESS, OR OTHER FOOD CLASSIFICATIONS. FIND OUT IF THERE ARE OTHER FOOD TABOOS.				
Unhealthy Food	Source of Information	Why/ Effect	Age & Sex Difference	Difference for sick

FILL IN MATRIX, ASKING THE FOLLOWING QUESTIONS:

What about healthy foods – are some foods considered healthy for young children?

What are they? How do you know (source of information)? Why are they good? What happens if these foods are eaten?

Is this the same for older children? Both boys and girls? What happens when they are eaten by sick children

Good Food	Source of Information	Why/ Effect	Age & Sex Difference	Difference for sick

BLOCK F. HEALTH SERVICES

Response Code

F1	During the past 6 months , since _____ (MONTH), did your child ever take vitamin A supplement or syrup? NOTE: IF CHILD IS < 6 months, SKIP TO BLOCK G	01- Yes 02- No > GO TO G1 99- Does not know/remember/answer	
F2	From where did you get the vitamin A capsule?	01- Hospital 02- Community health center 03- Outreach/Mission 04- Private doctor's office or clinic 05- Bought with prescription 06- Bought without prescription 77- Others, specify _____ 88- Does not apply (did not give any in the past 6 months) 99- Does not know/remember/answer	

(Pause briefly to indicate a change in the topic to be discussed.)

BLOCK G. HEALTH COMMUNICATION

Response Code

G1	Is there a radio in the home?	01- Yes 02- None	
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G2	Do you ever listen to the radio?	01- Yes 02- No > GO TO G7 88- Does not apply	
G3	How often do you listen to the radio? <u>SINGLE RESPONSE ONLY</u>	01- Daily (7 days a week) 02- 2 to 6 days a week 03- Once a week 04- Once every two weeks 05- Once a month 06- Rarely 77- Other, specify _____ 88- Does not apply 99- Does not know/ remember/ answer	
G4	What radio stations do you listen to the most ? (WRITE THE TWO MOST IMPORTANT ONES)	01- _____ 02- _____ 88- Does not apply 99- Does not know/ remember/ answer	
G5	What kind of radio programs do you listen to most often ? <u>SINGLE RESPONSE ONLY</u> <u>DO NOT READ RESPONSES</u>	01- News 02- Music 03- Children's program 04- Religious program 05- Sports 06- Soap opera 07- Healthy/ disease programs 77- Other, specify _____ 88- Does not apply 99- Does not know/ remember/ answer	
G6	Generally, when do you listen to the radio? (MULTIPLE ANSWERS. CHOOSE ALL THAT APPLY)	01- Morning 02- Noon 03- Afternoon 04- Night 88 - Does not apply 99 - Does not know/ remember/ answer	
G7	Is there a television in the home?	01- Yes 02- None	
G8	Do you ever watch television?	01- Yes 02- No > go to G13	
G9	How often do you watch television? <u>SINGLE RESPONSE ONLY</u> <u>DO NOT READ RESPONSES</u>	01= Daily (7 days a week) 02= 2 to 6 days a week 03= Once a week 04= Once every two weeks 05= Once a month 06= Rarely 77= Other, specify _____ 88= Does not apply	

G10	<p>What television channels do you watch most often?</p> <p>(WRITE THE TWO MOST IMPORTANT ONES)</p>	<p>01- _____</p> <p>02- _____</p> <p>88- Does not apply</p> <p>99- Does not know/ remember/ answer</p>	
G11	<p>What type of television program do you listen to most often?</p> <p>SINGLE RESPONSE ONLY <u>DO NOT READ RESPONSES</u></p>	<p>01= News</p> <p>02= Music</p> <p>03= Children's program</p> <p>04= Religious program</p> <p>05= Sports</p> <p>06= Soap opera</p> <p>07= Healthy/ disease programs</p> <p>77= Other, specify _____</p> <p>88= Does not apply</p> <p>99= Does not know/ remember/ answer</p>	
G12	<p>Generally, at what time do you watch television?</p>	<p>01- Morning</p> <p>02- Noon</p> <p>03- Afternoon</p> <p>04- Night</p> <p>88- Does not apply</p> <p>99- Does not know/ remember/ answer</p>	
G13	<p>Do you remember having ever heard or read a message on television, radio, newspaper, poster or magazine about how to feed your child, including breastfeeding?</p> <p>(IF THE MOTHER SAYS NO, INSIST ASKING HER TO TRY TO REMEMBER...REPEAT THE QUESTION)</p>	<p>01 - Yes</p> <p>02 - No > go to G17</p> <p>99- Does not know/ remember/ answer</p>	
G14	<p>Where did you hear it or read it?</p> <p>(MULTIPLE ANSWERS. CHOOSE ALL THAT APPLY)</p>	<p>01- Radio</p> <p>02- Television</p> <p>03- Newspaper</p> <p>04- Magazine</p> <p>05- Poster</p> <p>06- Other communication channel, specify, _____</p> <p>88- Does not apply</p> <p>99- Does not know/ remember/ answer</p>	
G15	<p>Do you remember what the message(s) said?</p> <p>(IF THE MOTHER ANSWERS NO, ASK HER TO TRY TO REMEMBER, REPEAT THE QUESTION AND WAIT FOR A REASONABLE AMOUNT OF TIME)</p>	<p>01 - Yes</p> <p>02 - No > go to G17</p> <p>99 - Does not know/ remember/ answer > go to G17</p>	

G16	What did the message(s) say? (WRITE EVERYTHING THE MOTHER SAYS)		
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
G17	Do you remember if a relative, friend or health worker talked to you about child feeding	01 - Yes 02 - No > go to G22 99 - Does not know/ remember/ answer > go to G22	
G18	Who has talked to you the most about child feeding? SINGLE RESPONSE ONLY <u>DO NOT READ RESPONSES</u>	01- A family member 02- A neighbor 03- Health personnel (doctor, nurse, health promoter, etc.) 04- Midwife, healer 05- Teachers 77- Other, specify _____ 88- Does not apply 99- Does not know/ remember/ answer	
G19	Where did they talk to you about this?	01- At home 02- At the hospital, clinic, health center, doctor's office or mobile unit 03- At school 77- Other, specify _____ 88- Does not apply 99- Does not know/ remember/ answer	
G20	Do you remember what they said? (IF THE MOTHER SAYS NO, ASK HER TO TRY TO REMEMBER, REPEAT THE QUESTION AND WAIT FOR A REASONABLE TIME)	01 - Yes 02 - No > go to G22 88 - Does not apply	
G21	What did they say? (WRITE EVERYTHING DOWN)		
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
G22	Do you (the mother) participate in any community organizations? (MENTION EXAMPLES: COMMUNITY KITCHENS, PARENT ASSOCIATIONS, CREDIT ASSOCIATIONS, HEALTH COMMITTEES, ETC.)	01- Yes 02- No > END OF INTERVIEW 99- Does not know/remember/answer	

G23	In which organizations do you participate? (WRITE ALL THE ORGANIZATIONS THE MOTHER MENTIONS)	01- _____ 02- _____ 03- _____ 88- Does not apply	
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END OF INTERVIEW

Thank the mother for her time. Ask permission to continue in her home to conduct observations.

EXPLAIN THAT YOU WILL RETURN THE NEXT DAY TO TALK ABOUT HER CHILD FEEDING PRACTICES. MAKE AN APPOINTMENT FOR THE FOLLOWING DAY.

TIME OF APPOINTMENT: _____

TRIALS OF IMPROVED PRACTICES COUNSELING VISIT

Date of Observation/Interview:		Province:		
Name of Observer:		District:		
		Commune:		
		Village:		

Household Number		Child Code	
Name of Mother/Caregiver		Name of Child	
Age of person feeding child		Sex of Child	1- Male 2- Female

Child is sick: <input type="checkbox"/> YES <input type="checkbox"/> NO	Child is underweight: : <input type="checkbox"/> YES <input type="checkbox"/> NO
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IDENTIFY FEEDING PROBLEMS:

1. Analyze the dietary information you collected during your interview/observations and identify any feeding problems based on the assessment and counseling guide, according to the child's age and health status. When analyzing the child's diet, take into account the following criteria:

I. BREASTFEEDING PRACTICES: <i>Question guides for summary of information:</i>	
Is the mother currently breastfeeding?	
When does the mother normally breastfeed the child?	
How many times during the night?	
How many times during the day?	
Does the mother breastfeed to satiety?	
Does the mother pay attention to the child during breastfeeding??	
Was there any other liquid given to the child aside from breastmilk?	
Is breastfeeding a problem when the child is sick?	
Does the baby take less breastmilk when sick? If less, why?	
II. FEEDING PRACTICES <i>Question guides for summary of information:</i>	
Is the child fed other foods other than breastmilk?	
How many meals was the child fed?	
Was the food (ex. borbor) thick or watery?	
Did the child finish all the food given?	
How much was eaten by the child? (ex. ½ bowl)	
Did the mother give any snacks?	
Did the diet include any meat, fish, egg, or poultry?	
Was vegetable given to the child?	
Did the mother motivate the child to eat?	

2. Fill out the following table with the corresponding information once you have analyzed the child's diet, using the assessment and counseling guide.

Problems Identified	Recommendations	Motivations

DISCUSSION OF DIETARY ASSESSMENT

- Explain your assessment of the child's diet to the mother. Remember to praise her for any positive practices. For example: "Your child has/has not been receiving breast milk..." "In addition, your child is getting.....(note frequency, quantity and thickness for mother)". "Your child takes this from a bottle/cup/by hand, etc.". "As you have told me, your child seems to be healthy/ill in the past/frequently/today...".
- Add any other important information the mother has mentioned. Ask if she agrees with your summary.
- Ask the mother if she would be willing to try something new to improve the diet for the child's health and strength.
- Ask if she has any ideas-make general suggestions and try to get her to come up with some possible improvements.
- Discuss the appropriate recommendations for the child's age and current feeding patterns, based on the Assessment and Counseling Guide.
- On the following forms, record as much detail as possible about the mother's responses to the recommendations (how does she react, why is she willing or unwilling to try?)
- Negotiate with the mother so that she chooses one new practice she would be willing to try for a few days. Explain that you will be coming back to get her opinion on the new practice.

RECOMMENDATION:

Recommendation#		:
Specific food options suggested:		
Mother's initial response:		
Willing or try? Why or why not?		
Any other circumstances under which she would try the recommendations? When? What modifications?		

[Insert additional sheets for as many recommendations as are planned for this counseling session.]

Ask the mother to explain to you the new practice she will try. Make sure she understands and agrees. Summarize (in her own words) what the mother has agreed to try:

Ask if she has any questions or comments (record them). Make sure that all the details of preparation are clear.

Arrange a date for follow-up in about 7-10 days (see schedule). Ask the mother when is a convenient time of day to meet her and try to arrange that she will be home when you come.

Follow-up visit arranged for: _____

Thank mother for spending time answering your questions and encourage her to really try the new practice.

Time finished: ____ ____: ____ ____

TRIALS OF IMPROVED PRACTICES FOLLOW-UP VISIT: INTERVIEW GUIDE

Date of Interview	
Name of Interviewer	
Time interview started	
Time interview ended	

Province:	
District:	
Commune:	
Village:	

Household Number	
Name of Mother	
Child Sick:	1 - YES 2- NO

Child Code	
Name of child chosen for the study	
Age	

STEP 1. DIETARY ASSESSMENT: 24-HOUR RECALL

Begin with a 24-hours recall, following the same approach as during the first visit. Probe for all foods, beverages, and snacks consumed by the child in the previous day and night. Explain the questionnaire to the mother before beginning. Help her to remember the previous day, based on the times when the child woke up, the activities the child had, etc. Go slowly. Write all the foods or preparations consumed the day before that the mother/caregiver mentions. Do not forget to ask: *What is the name of that meal time (for example, breakfast, lunch, dinner, snack)?*

STEP 2. ANALYZE THE DIETARY INFORMATION and note any differences since the first visit. Is there any indication that the mother has added the new practices that were recommended? How is the adequacy of the diet now?

I. BREASTFEEDING PRACTICES:***Question guides for summary of information:***

Is the mother currently breastfeeding?

How many times did the mother breastfeed the child? day? night?

Was there any other liquid given to the child aside from breastmilk?

Did the baby take more breastmilk?

II. FEEDING PRACTICES***Question guides for summary of information:***

Was the child fed other foods besides breastmilk?

How many meals was the child fed?

Was the food (ex. borbor) thick or watery?

Did the child finish all the food given?

How much was eaten by the child? (ex. ½ bowl)

Did the mother give any snacks?

Did the diet include any meat, fish, egg, or poultry?

Was vegetable given to the child?

STEP 3. OUTCOME OF TRIAL:

Refer to summary of the agreement made with the mother during the second visit (after counseling). Using the following forms, note each practice she agreed to try, and ask the questions listed. Probe for reasons why and make detailed notes.

Fill in separate forms for each practice she agreed to try, or for what she tried instead.

Recommendation #1:

3. 1 Has the mother tried it? _____ Y/N

3. 2 If no, what are her reasons? Probe why not.

3.3 If yes, did she like it? _____ Y/N

3.4 What did she like about it?

3.5 What didn't she like about it?

3.6 How does she feel the child responded?

3.7 Did she modify the recommendation? How? Why?

3.8 Did other people say anything about it? Who? (Husband, in-laws, friends) What did they say?

3.9 Will she continue the recommended practice? Why or why not? Will it be every day?

3.10 Would she recommend it to others? How would she convince them to try it? (In her own words)

Recommendation #2:

3. 1 Has the mother tried it? _____ Y/N

3. 2 If no, what are her reasons? Probe why not.

3.3 If yes, did she like it? _____ Y/N

3.4 What did she like about it?

3.5 What didn't she like about it?

3.6 How does she feel the child responded?

3.7 Did she modify the recommendation? How? Why?

3.8 Did other people say anything about it? Who? (Husband, in-laws, friends) What did they say?

3.9 Will she continue the recommended practice? Why or why not? Will it be every day?

3. 10 Would she recommend it to others? How would she convince them to try it? (In her own words)

Recommendation #3:

3.1 Has the mother tried it? _____ Y/N

3.2 If no, what are her reasons? Probe why not.

3.3 If yes, did she like it? _____ Y/N

3.4 What did she like about it?

3.7 What didn't she like about it?

3.8 How does she feel the child responded?

3.9 Did she modify the recommendation? How? Why?

3.10 Did other people say anything about it? Who? (Husband, in-laws, friends) What did they say?

3.11 Will she continue the recommended practice? Why or why not? Will it be every day?

3.12 Would she recommend it to others? How would she convince them to try it? (In her own words)

[Insert additional sheets as needed].

Closure: Encourage mother to continue practice and ask if she has any questions or comments. Provide counseling or information as needed. Thank her for her participation in the study.

MATRIX – TIPS ANALYSIS

RECOMMENDATION	REMEMBERED	EXECUTION	MODIFICATION	FACILITATORS	OBSTACLES	INTENTION TO CONTINUE

MATRIX FOR THE COMPLIANCE AND FEASIBILITY ANALYSIS OF THE RECOMMENDATIONS TESTED
(FORM II-2.6)

CRITERIA		RECOMMEND- ATION 1	RECOMMEND- ATION 2	RECOMMEND- ATION 3	RECOMMEND- ATION 4	RECOMMEND- ATION 5	RECOMMEND- ATION 6	RECOMMEND- ATION 7
COMPLIANCE	% who put recommendation into practice							
	# of times/week they put it into practice							
	# of times/day they fed it to the child							
	Child's acceptability							
FEASIBILITY	Perceived positive consequences							
	Compatibility with beliefs and knowledge							
	Cost in economic resources							
	Cost in time and effort							
	Complexity							

ទំរង់ប្រែប្រួលសម្រាប់ការកត់ត្រាទិន្នន័យរបបអាហារសម្រាប់២៤ម៉ោង (ទំរង់ I-4.1)

REGISTRATION FORM FOR THE 24-HOUR DIETARY RECALL (FPOMR I-4.1)

អរុណសួស្តី ខ្ញុំឈ្មោះ ហើយខ្ញុំធ្វើការអោយគំរោងចិញ្ចឹមបីបាច់កុមារសម្រាប់.....

Good morning, my name is _____ and I'm working on a child feeding project for the _____.

តើខ្ញុំអាចសួរអ្នកនូវសំណួរខ្លះបានដែរទេដែលទាក់ទងទៅនឹងអាហារដែលកូនអ្នកបានញ៉ាំពីម្សិលមិញ? ព័ត៌មានដែលអ្នកផ្តល់អោយនឹងត្រូវរក្សាទុកជាការសម្ងាត់ ។

Could I ask you some questions regarding what your child ate yesterday? The information that you provide will remain confidential.

ទំរង់ : កាលបរិច្ឆេទសំភាសន៍ : ថ្ងៃទី..... ខែ..... ឆ្នាំ..... ទីកន្លែង (លេខកូដ) :Date of interview: Day/Month/Year

Location:

លេខកូដអ្នកធ្វើការ:.....

Field's worker code:

ក្មេងឈ្មោះ (នាមត្រកូល និងនាមខ្លួន) :.....

Child's name: Last name First name

ម្តាយឈ្មោះ (នាមត្រកូល និងនាមខ្លួន) :.....

Mother's name: Last name First name

លេខកូដក្មេង : ភេទក្មេង (1 =ប្រុស, 2=ស្រី) :.....

Child's code: Child's sex: (1=M, 2=F)

ថ្ងៃខែឆ្នាំកំណើត: ថ្ងៃទី.....ខែ.....ឆ្នាំ.....

Date of birth: Day/Month/Year:

អាយុក្មេង (ខែ) : (បើក្មេងមានអាយុតិចជាង៦ខែ ឬមានអាយុលើស ២៤ខែ មិនត្រូវសួរទៀតទេ)

Age (months):

តើសព្វថ្ងៃអ្នកកំពុងបំបៅដោះកូនទេ? (0 =ទេ, 1 =បាទ) :.....

Are you currently breastfeeding? (0=No, 1=Yes)

តើម្សិលមិញមានប្រារព្ធធ្វើអ្វីទេនៅក្នុងគ្រួសារ? (0 =ទេ, 1 =បាទ) :.....

Yesterday, was there a celebration in the family? (0=No, 1=Yes):

កត់ត្រាបន្ថែមចំនួនប៉ុន្មានដងដែលម្តាយបានបំបៅដោះអោយកូន :.....

Add the number of times the mother reported in this form that she breastfeeds the child:

ទំងន់កុមារគិតជាគីឡូក្រាម :.....

Child's weight in kilograms:

ម្សិលមិញជាថ្ងៃឈប់សំរាកនៅក្នុងសហគមន៍របស់អ្នក? (0 =ទេ, 1 =បាទ) :.....

Yesterday, was there a celebration in the community? (0=No, 1=Yes):

តើម្សិលមិញកូនមានគ្រុនក្តៅ ក្អក ឬរាករុះដែរទេ? (0 =ទេ, 1 =បាទ) :.....

Yesterday, was the child sick with fever, cough or diarrhea? (0=No, 1=Yes):

ទំព័រចុះឈ្មោះសម្រាប់ការអភិវឌ្ឍន៍វិញ្ញាបនបត្ររបបអាហារសម្រាប់២៤ម៉ោង (ទំព័រ I-4.1)

REGISTRATION FORM FOR THE 24-HOUR DIETARY RECALL (FORM I-4.1)

ចូរពន្យល់ពីកំរងសំណួរទៅម្តាយមុនពេលចាប់ផ្តើម ។

Explain the questionnaire to the mother before beginning.

ជួយរំលឹកម្តាយអោយនឹកឃើញឡើងវិញកាលពីថ្ងៃមុន នៅពេលណាដែលក្មេងភ្ញាក់ពីដំណេក និងសកម្មភាពនានារបស់ក្មេងដែលបានលេង ។ល ។

Help her to remember the previous day, based on the times when the child woke up, the activities the child had, etc.

សូមចាប់ផ្តើមសួរដោយយឺតៗ

Go slowly.

ចូរសួរម្តាយ : សូមប្រាប់ខ្ញុំ នូវអ្វីដែលទាក់ទងទៅនឹងអាយុកូនរបស់អ្នក និងបានផឹកអ្វីកាលពីម្សិលមិញ ។

Please tell me all that your child ate and drank yesterday

បន្ទាប់ពីក្មេងក្រោកពីដំណេក តើអាហារអ្វី ដែលអ្នកបានអោយវាញាំ ឬផឹកមុនគេបង្អស់?

After the child woke up, what was the first thing you gave him/her to eat or drink?

បន្ទាប់មកទៀត តើអាហារអ្វីផ្សេងទៀត ដែលអ្នកបានផ្តល់អោយទៅក្មេង?

After that, what other food did you offer the child?

ចូរកត់ត្រារាល់ឈ្មោះអាហារ ឬការរៀបចំម្ហូបអាហារ ដែលបានបរិភោគមួយថ្ងៃ មុនពេល (មួយថ្ងៃកន្លងមក) ដែលម្តាយឬអ្នកថែទាំរៀបរាប់បញ្ជាក់ប្រាប់ ។

Write all the foods or preparations consumed the day before that the mother/caregiver mentions.

កុំភ្លេចសួរ តើញាំអាហារនោះ ជាអាហារពេលណា? (ឧទាហរណ៍ ពេលព្រឹក ថ្ងៃត្រង់ ល្ងាច ឬអាហារសំរឹង)?

Do not forget to ask: What is the name of that meal time (for example, breakfast, lunch, dinner, snack)?

ទំព័រចុះឈ្មោះសម្រាប់ការកត់ត្រាទិន្នន័យបរិភោគអាហារសម្រាប់២៤ម៉ោង (ទំព័រ I-4.1)
 REGISTRATION FORM FOR THE 24-HOUR DIETARY RECALL (FPOMR I-4.1)

ពេលវេលាអាហារ MEAL TIME		ឈ្មោះអាហារដែលបានរៀបចំ NAME OF FOOD PREPARATION
កំណត់ដោយម្តាយ DEFINED BY MOTHER	លេខកូដ CODE	

ទំព័រចុះឈ្មោះសំរាប់ការអភិវឌ្ឍន៍វិញ្ញាណប័ណ្ណរបបអាហារសំរាប់២៤ម៉ោង (ទំព័រ-4.1)

ពេល ញាំអាហារ		ឈ្មោះ អាហារ ឬ ការរៀបចំម្ហូបអាហារ	គ្រឿងផ្សំ (លក្ខណៈពិសេស)	ការិយាល័យ								ការវាស់វែងដែលបានធ្វើឡើងនៅផ្ទះ					ការិយាល័យ								
				លេខកូដអាហារ ឬ ការរៀបចំម្ហូបអាហារ								បានបំរើ អាហារ	មិនបាន បរិភោគ	បាន បរិភោគ	ថ្លង់ទំងន់ ១=ទំងន់អស់ ២=ពិតប្រាកដ	បានបរិភោគ ១=ផ្ដុំ ២=នៅ	គណនា ជាក្រាម	ទំងន់ពិត ជាក្រាម							
																		បានបំរើអាហារ				បានបរិភោគ			
ពេលញាំអាហារ : ទឹកដោះម្តាយ : ០០ អាហារពេល : ១០ ពេលព្រឹក ២០ ពេលថ្ងៃត្រង់ ៣០ ពេលល្ងាច																									

អាហារសរីរៈ : ១, ២, ៣....ពេលព្រឹក (មុនពេលអាហារពេលព្រឹក) ១១, ១២, ១៣.....ពេលព្រឹក (បន្ទាប់ពីអាហារពេលព្រឹក) ២១, ២២, ២៣....រសៀល ៣១, ៣២, ៣៣..ល្ងាច																	
ការរៀបចំ				ទំងន់សរុបនៃគ្រឿងផ្សំដែលចម្អិន					ការរៀបចំម្ហូបអាហារ				ទំងន់សរុបនៃគ្រឿងផ្សំដែលចម្អិន				
គ្រឿងផ្សំ	បរិមាណ ដែលបានប្រើ	ផ្ទះទំងន់ ១=ទាំងអស់ ២=ពិតប្រាកដ	បានប្រើ ១=ឆ្អិន ២=ឆៅ	គណនាអាហារ បានចម្អិន Conversion to cooked	បានចម្អិន ជាក្រាម				គ្រឿង ផ្សំ	បរិមាណ បានប្រើ	ផ្ទះទំងន់ ១=ទាំងអស់ ២=ពិតប្រាកដ	បានប្រើ ១=ឆ្អិន ២=ឆៅ	គណនាអាហារ បានចម្អិន Conversion to cooked	បានចម្អិន ជាក្រាម			

២. ការវាយតម្លៃចំណុចកំណត់

បង្កើតការវាយតម្លៃចំណុចកំណត់នៃចំណីអាហារអំពី ភេសជ្ជៈ អាហារក្រៅពេល និងអាហារផ្សេងៗទៀត ដែលក្មេងទទួលបានជាធម្មតា (ញ៉ាំ) "ចំណី អាហារក្រៅពីរបៀបរាប់ខាងលើ" ។

សួរទៅកាន់ម្តាយអំពីចំណីអាហារដែលពេលខ្លះនាងផ្តល់អោយកូន ប៉ុន្តែមិនមែន ផ្តល់កាលពីម្សិលមិញនោះ ទេ ។ គោលគំនិតនេះ គឺសិក្សាអំពីចំណីអាហារផ្សេងទៀត ដែលមិនបានរាប់បញ្ចូលនៅក្នុងការរកនីក ២៤-ម៉ោង ប៉ុន្តែក្មេងអាចញ៉ាំយ៉ាងតិចណាស់ ១ដង ក្នុងមួយសប្តាហ៍ ។

អង្កេតរកមើលចំណីអាហារដែលបានទទួលទានតែម្តងប៉ុណ្ណោះក្នុងខណៈពេលណាមួយ ដូចជាពេលដែលឃ្លាតឆ្ងាយពីផ្ទះ នៅចុងសប្តាហ៍ ឬនៅពេល ណាដែលទំនេរប៉ុណ្ណោះ ។ ស្នើអោយម្តាយប៉ាន់ប្រមាណមើល តើកូនញ៉ាំអាហារហ្នឹងអស់ប៉ុន្មានតាមទំលាប់ ហើយញឹកញាប់ប៉ុន្មានដង ។ លើសពីនេះ ថែមទាំងសួរផងដែរចំពោះការទិញចំណីអាហារ និងអាហារសំរីងផ្សេងៗ ។

អាហារ/ភេសជ្ជៈ	គ្រឿងផ្សំ	ចំនួន	ចំនួនដងក្នុង១សប្តាហ៍

REGISTRATION FORM FOR THE *HOUSEHOLD OBSERVATION*

It is possible that not all the key points to be observed regarding breastfeeding and complementary feeding will be observed in a single mother-child pair or in a single home. However, whenever it is possible to observe the feeding of a child less than 2 years of age, refer to the key points below and record as much as possible.

Date of Observation:	
Name of Observer:	
Meal time observed:	

Province:	
District:	
Commune:	
Village:	

Household Number	
Name of Mother/Caregiver	
Age of person feeding child	

Child Code	
Name of Child	
Sex of Child	

TOPIC	OBSERVATION
II. Breastfeeding 1. Mother-child interaction: <ul style="list-style-type: none"> • Mother pays attention to the child? • Breastfed to satiety? • Difficulties? • Both breasts? 	

TOPIC	OBSERVATION
II. Complementary feeding	
<i>During the meal time</i>	
1. When serving the food: <ul style="list-style-type: none"> • Wash the child's hands? () Yes () No • Serves the child first? _____ • Anyone helps her serve the food? () Yes () No • Child eats () by herself () with other family members: _____ 	
2. Own plate? Uses a spoon, bottle or other utensil?	
3. Who feeds the child? Support from family.	
4. Location of the child in relation to caregiver	
5. Foods, preparations and drinks served to the child.	
6. Any food, preparation or drink served to the child and not to the rest of the family?	

TOPIC	OBSERVATION
7. Child served only a portion of a food, preparation or drink that is served to the rest of the family?	
8. Any food, preparation or drink served to the rest of the family but not to the child?.	
<i>Caregiver-child interaction</i>	
9. Caregiver <u>verbally encourages</u> the child to eat?	
10. Caregiver encourages the child while she/he is eating well?	
11. Caregiver ever <u>motivates</u> the child to eat more with <u>gestures, games,</u> or by <u>demonstrating</u> her/him how to eat?	

TOPIC	OBSERVATION
12. Caregiver ever <u>physically forces</u> the child to eat?	
13. Caregiver ever serves more food to the child?	
14. Child eats all the food that is served? What caregiver does with leftovers?	
15. Caregiver pays attention to the child?	
16. General observations about hygiene in the home.	
17. Other aspects related to the feeding.	

MATRIX FOR THE SUMMARY OF HOUSEHOLD OBSERVATIONS (FORM I-7.2)

IDEAL PRACTICE	ACTUAL PRACTICE	BARRIERS	FACILITATORS

TRIALS OF IMPROVED PRACTICES
PREGNANT WOMEN FIRST VISIT: COUNSELING ON BREASTFEEDING INITIATION

NOTE: Selected pregnant woman should be in the last stage of pregnancy (2 weeks before delivery)

BACKGROUND INFORMATION

DATE: _____ START TIME: _____

COMMUNITY: _____ CODE: _____

DISTRICT: _____ CODE: _____

PROVINCE: _____ CODE: _____

INTERVIEWER: _____ CODE: _____

NAME OF MOTHER: _____ Mother's occupation: _____

Expected date of birth/ due date: _____

Mother's educational level (specify number of years in schools & grade finished):

Other children (specify number of children, their names, and age):

If other children: IF NO OTHER CHILDREN OR CHILDREN ARE OLDER THAN 24 MONTHS OLD, SKIP TO QUESTION 7.

Explain to the mother that we want to learn about how she has fed her other children

BREASTFEEDING HISTORY [ONLY FOR MOTHERS WHO HAVE OTHER CHILDREN AGED UP TO 24 MONTHS]

1. Did you breastfeed your other children? _____ Y/ N
2. If yes, for how long _____
3. When your last child was born, what was the first thing you gave the baby?

4. Who recommended this? _____

5. How soon after birth did you put your baby to the breast? Why?

-
-
6. Did you give your baby colostrum? Why or why not?

IF THE MOTHER BREASTFED WITHIN ONE HOUR AFTER BIRTH, DISCONTINUE INTERVIEW

FOR ALL WOMEN

7. Where do you learn new information about child feeding?

8. Who is a good (trusted) source of information or help with child feeding problems? Why?

PROBE for Village Health Volunteer (VHV) Village Health Support Group, (VHSG), CBD, Traditional Birth Attendant (TBA), Health Center Staff

9. Do you listen to the radio? Y/ N

10. If yes, how often? _____

11. What do you like to listen to? _____

12. Have you heard any information about child health on radio? What messages?

13. What did you think about it? What about television? Same problem as for radio.

14. Do you watch the television? _____ Y/ N

15. If yes, how often? _____
16. What do you like to watch? _____
17. Have you heard any information about child health on television? What messages?
- _____
- _____
- _____
18. What did you think about it?
- _____
- _____
- _____

FOR ALL WOMEN:

19. How are you planning on feeding your new baby?
- _____
- _____
20. How soon after birth will you breastfeed your baby? Why do you choose to start at the time that you mention?
- _____
- _____

IF MOTHER SAYS IMMEDIATELY OR WITHIN ONE HOUR, DISCONTINUE INTERVIEW

Thank you for sharing with me what you plan to feed your new baby. You said you will start breastfeeding after birth. I know this is common practice among Cambodia mothers. However, some mothers have changed this practice and they found that they recovered from giving birth faster their babies are healthier than their old children. They started to breastfeed their babies right after the baby was born, within one hour after the birth. Starting breastfeeding right away after birth is very good for you and the baby. It helps prevent bleeding and helps mother's uterus to contract and return to normal faster. It keeps the baby warm and makes the baby feel very close to you and it also makes breast milk to flow in faster.

21. Would you like to try to start breastfeeding your new born right after birth? This will ensure that your baby will grow strong, and smart.
- 21a. Mother's initial response:
- _____

21b. Willing to try? Why or why not?

21c. Any other circumstances under which she would try the recommendations? When? What modifications?

22. Ask the mother to explain to you the new practice she will try. Make sure she understands and agrees. Summarize (in her own words) what the mother has agreed to try:

Thank mother for spending time answering your questions and encourage her to really try the new practice.

Tell the mother you will come for a follow-up visit after the baby is born.

TRIALS OF IMPROVED PRACTICES PREGNANT WOMEN: FOLLOW-UP VISIT

BACKGROUND INFORMATION:

DATE: _____ START TIME: _____

COMMUNITY: _____ CODE: _____

DISTRICT: _____ CODE: _____

PROVINCE: _____ CODE: _____

INTERVIEWER: _____ CODE: _____

NAME OF MOTHER: _____ Mother's occupation: _____

Expected date of birth/ due date: _____

Mother's educational level (specify number of years in schools & grade finished):

Other children (specify number of children, their names, and age):

OUTCOME OF TRIAL:

Refer to the agreement made with the mother during previous visit. Using the following forms, ask the questions listed. Probe for reasons why and make detailed notes.

Recommendation: **Breastfeed within one hour after birth**

1. Has the mother tried it? _____ Y/N

2. If no, what are her reasons? Probe why not.

3. If yes, did she like it? _____ Y/N

4. What did she like about it?

5. What didn't she like about it?

6. How does she feel the baby responded?

7. Did other people say anything about it? Who? (Husband, in-laws, friends) What did they say?

8. Will she continue the recommended practice if she has another baby? Why or why not? Will it be every day?

9. Would she recommend it to others? How would she convince them to try it? (In her own words?)

Thank the mother for her participation.

Time finished: ____ : ____

**QUESTION GUIDE AND REGISTRATION FORM – IN-DEPTH INTERVIEWS WITH COMMUNITY
HEALTH WORKERS, COMMUNITY LEADERS, TRADITIONAL BIRTH ATTENDANTS AND LOCAL
LEVEL HEALTH PERSONNEL**

1. General information

1.1. Interviewer data

Date	_____	Start time	_____
Village	_____	Code	_____
District	_____	Code	_____
Province	_____	Code	_____
Interviewer	_____	I.D.	_____

2. INTRODUCTION:

- Explain purpose, context and how interview will be used
- Assure confidentiality
- Ask if interviewee has questions

Ice-breaker question:

- 2.1. How long have you been working as a (community health worker, traditional birth attendant, nurse, leader/chief) in this village?

3. HEALTH PROBLEMS IN THE COMMUNITY:

Thank-you for sharing that information with me. Now I would like to talk to you a bit about the young children of this village. What are the main health problems of the children under 2 years of age?

PROBE

- 3.1.1. According to your experience, what do the small children die of in this village?

3.1.2. From your viewpoint, what could be done to solve the health problems of the small children?

3.1.3. What can be done to avoid child deaths?

4. YOUNG CHILD FEEDING

4.1. Please tell me, according to your own experience, what have you observed that mothers feed their babies less than 6 months of age, besides breastmilk?

4.2. What have you observed them feed children after 6 months?

4.3. What have you observed them feed children between 1 and 2 years?

4.4. How do mothers who work in the field or have other jobs manage to feed their children?

PROBE FOR CHILD LESS THAN 6 MONTHS, AND CHILD OVER 6 MONTHS

PROBE

4.4.1. What do you think could be done to improve this situation? Could you give me an example?

4.5. Feeding practices in relation to health problems in the village?

4.6. Does the CHV consider feeding practices as a problem? Why or why not?

4.7. What are the difficulties that mothers face in feeding their young children?

5. FOOD AVAILABILITY:

5.1. What do you think about food availability in this village?

PROBE:

5.1.1. What foods are always available in adequate amounts?

5.1.2. What foods are almost never available?

5.1.3. What foods are given to children?

5.1.4. What are the sources of food for the family (own production, buy, exchange, etc)?

5.1.5. How do the foods given to children or consumed by family vary with the seasons?

5.1.6. How has this situation changed in the last few years?

5.2. What do you think about the prices of foods in this village?

PROBE:

5.2.1. How have prices moved in this past year?

5.2.2. What foods do people think are most expensive and out of their reach?

5.2.3. What foods can almost everyone buy even if in small quantities?

5.3 What sort of experience has there been here with family gardens and animal raising? How does this help families? How could this be improved?

6. PARTICIPATION IN HEALTH, FOOD AND NUTRITION ACTIVITIES (& TRAINING RELATED TO IYCF) IN THE VILLAGE

Now I would like us to talk a bit about your involvement with activities related to health, feeding and nutrition in your community.

6.1. In what ways do you help people in the community who have problems with health, feeding or nutrition?

PROBE:

6.1.1. What type of activities do you carry out?

6.1.2. Where do you perform these activities most of the time? How often do you perform these activities? Among whom do you carry out these activities?

6.1.3. Who assists you?

6.2. What advice on feeding and nutrition do you provide to mothers of small children?

PROBE:

6.2.1. How does this advice vary from one mother to another?

6.2.2. What advice do you follow? Why do you follow this advice?

6.2.3. What advice do you not follow? Why do you not follow this advice?

6.2.4. On what basis do you vary the advice/ recommendations that you follow?

6.2.5. When do you recommend to mothers to start feeding foods to their babies other than breastmilk?

6.2.6. What foods do you recommend be given first?

6.2.7. What do you tell mothers about the amount of food they should serve their small children?

6.2.8. What do you tell them regarding the consistency of foods they should feed their small children? How does this vary according to age?

6.3. What kind of feeding advice do you give to a mother whose child is sick? (diarrhea/vomiting, cold/cough, malnutrition, fever)?

PROBE:

6.3.1. What foods do you advise for sick children to eat? Why?

6.3.2. What foods do you advise they should not eat? Why?

6.3.3. If a mother brings you a sick child, where or to whom do you refer this child?

6.4. When you do field work, how to you make contact with a mother and talk to her?

PROBE:

6.4.1. What procedure do you use to meet with a mother and talk to her (wait for her to come to you or just talk to mothers you encounter when you are in the field)?

6.4.2. How much time you spend on this community work to support mothers? Each month?
Each week?

6.5. What activities you perform when you make home visits?

PROBE:

6.5.1. How long does each visit last?

Now, I would like you to tell me about your observations when you talk to mothers in the community about the feeding and nutrition of their children.

6.6. How do you think the mothers feel about talking with you on those subjects?

PROBE:

6.6.1. What aspects of this activity are most enjoyable to you?

6.6.2. And which are not enjoyable?

7. Use of educational materials:

Now I would like us to talk about the educational materials on these subjects that are available in the community or health center to help you in your discussions with mothers.

7.1. Could you please describe to me what materials are available, what they contain, and where you obtain them?

PROBE: Posters, flipcharts, etc.

7.2. Which one do you like the most? Why?

7.3. Which one do mothers like the most?

8. Activities in other fields of health and feeding:

Finally, could you please tell me a bit about your activities in other fields related to health and nutrition?

8.1. What advice do you give mothers about hygiene?

PROBE :

8.1.1. Human waste disposal (excreta)

8.1.2. During food preparation

8.1.3. Handling and utilization of water

MAKE A BRIEF SUMMARY OF THE INTERVIEW AND VERIFY IF THE PERSON INTERVIEWED WOULD LIKE TO MAKE ANY CHANGES OR ADD ANYTHING. SAY THANK YOU AND SAY GOOD-BYE.