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QUESTIONNAIRE FOR CAREGIVERS

Instruction: *The interview should conducted with the* **primary caregiver of child**. *If the primary caregiver is absent from the village, the interview can be conducted with another adult member of the same household, provided they are* <u>in regular daily contact with the child</u>. *Where no suitable informant can be identified, the household will need to be revisited at a later time.*

Hello. My name is _____. I work for Save the Children. I would like to ask you some questions as part of an evaluation of our early childhood program. The goal of this evaluation is to improve the education, health and nutrition services that are being provided to your child. Any information that you give me will remain strictly confidential. This information will be used to better orientate the actions that Save the Children is implementing in your area. The interview will take about 1 hour. Participation in this survey is voluntary and you are free to decide if you accept to interviewed or not. You may also refuse to answer some questions. I would be very grateful if you could provide me with as much information as possible and in all sincerity.

Can we begin? |___| **1**=Agreed |___| **2**= Refused interview (**END**)

	QUESTIONS	RESPONSES
01	Time interview started	|___|___| hour |___|___| min
02	Questionnaire number	|___|___|___|___|
03	Date of interview	|___|___ / ___|___ / 2016
04	Name of interviewer	

A. Identifying Information

06	Cercle	
07	Commune	
A1.	Village name	
Ask the following questions to check you have the right child, before confirming the child's ID number		
A3.	**What is your child's name?**	
A4.	**What is the sex of your child?**	❏ Girl ❏ Boy
B1.	**What is the mother's full name?**	
B5.	**What is the father's full name?**	
A2	ID number of child	
N1 new	Is this the correct child?	❏ Yes (1) ❏ No (0) *Interviewer to confirm that all the identifying information (mother, father, age, sex etc) matches the child ID*
A5.	*If DOB is missing, ask:* **What is the Date of Birth of the child?**	Year:_____ Month_____ Day_____
N2 new	**Is child still resident in village in 2016?**	❏ Yes (1) ❏ No (0) ❏ Don't know (9)
N3 new	*If no,* **What has happened to the child?**	❏ Child has died/passed away (1) ❏ Child and family have left the village permanently (2) ❏ Child adopted by someone living in <u>another</u> village (3) ❏ Child currently lives elsewhere, but may come back (4) ❏ Child has gone away for school (5) ❏ Other reason (6) Specify (6A):_____

A7.	**What is your full name?**	
A8.	**How are you related to the child?**	❑ Mother (1) ❑ Grandmother (4) ❑ Father (2) ❑ Grandfather (5) ❑ Guardian (3) ❑ Other caregiver (6) Specify (6A):_____
N4 new	*If respondent is not the mother or father, ask* **Are you the main person responsible for the welfare of this child?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
N5 new	**Is interview being done in child's home?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
N6 new	*If yes*, **record GPS co-ordinates**	

B. Family Background

B2.	**What is the mother's age?**	|__|__| years ❑ Don't know (9)
N7 New	**Has the mother ever attended school?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
B3.	*If yes,* **What is the highest level of education that the mother has completed?**	|_____| ❑ Don't know (9) 0 = None 1 = Primary – dropped out 2 = Primary –completed 3 = Fondamental– dropped out 4 = Fondamental – completed 5 = Secondary 6 = Superieur (Uni/Higher Education)
B4.	**Can the mother read?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
B6.	**What is the father's age?**	|__|__| years ❑ Don't know (9)
N8 new	**Has the father ever attended school?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
B7.	*If yes,* **What is the highest level of education that the father has completed?**	|_____| ❑ Don't know (9) 0 = None 1 = Primary – dropped out 2 = Primary –completed 3 = Fondamental– dropped out 4 = Fondamental – completed 5 = Secondary 6 = Superieur (Uni/Higher Education)
B8.	**Can the father read?**	❑ Yes (1) ❑ No (0) ❑ Don't know (9)
	If Yes, **B8(A) Which languages?** *Tick all that apply*	❑ Bambara ❑ Shenara ❑ Mamara ❑ French ❑ Don't know (9) ❑ Other (specify) _____
B10.	**What is the main language spoken at home?** *Tick one response only*	❑ Bambara ❑ Shenera ❑ Mamara ❑ French ❑ Don't know (9) ❑Other (specify) _____

B11.	What other languages are spoken at home? *Tick all that apply*	❏ Bambara ❏ Shenera ❏ Mamara ❏ French ❏ Don't know (9) ❏Other (specify) _____		
B12.	Does your child recognize or speak any words in French?	❏ Yes (1)	❏ No (0)	❏ Don't know (9)
I1	How many children does the mother have at present? (including this child)	|__|__| children ❏ Don't know (9)		
B9.	How many children does the father have, in total (include children of co-wives)?	|__|__| children ❏ Don't know (9)		
If the respondent is __not__ the mother or father of the child, go directly to question I8.				
I2	How many children, in total, would you like to have?			
I4	If there was a method of contraception available at no cost, how many children would you like to have?			
I8	Do you have any children already in school? *If no, go to question I13*	❏ Yes (1)	❏ No (0)	❏ Don't know (9)
I9	*If yes,* How many?	|__|__| children		
I10	*If yes,* Are they in primary or secondary school? *Tick all that apply*	❏ Primary (1) ❏ Secondary (2)		
I11	*If has children in primary school,* How much do you pay in total each year to educate one child at primary school (including enrollment fees, pens, books, and other expenses)?			
I12	*If has children in secondary school,* How much do you pay in total each year to educate one child at secondary school (including enrollment fees, pens, books, and other expenses)?			
I13	Would you like to educate __this__ child when they reach the age to begin primary school?	❏ Yes (1)	❏ No (0)	❏ Don't know (9)
I14	*If yes,* How much are you willing to pay each year for the education of this child?			
I15	*If no,* How much money would you need each year to be able to educate this child?			
B13.	Do you expect that your child will complete primary school?	❏ Yes (1)	❏ No (0)	❏ Don't know (9)
B14.	Do you expect your child will complete secondary school?	❏ Yes (1)	❏ No (0)	❏ Don't know (9)

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C. Home and Literacy and Math Background

C1.	**Do you have any of these types of reading materials available in your home?**			
	a. Storybooks / picture books for young children?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	b. Textbooks?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	c. Newspapers / Magazines?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	d. Booklets / pamphlets?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	e. Religious books?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	f. Coloring books?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	g. Comics?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	f. Others (specify)? _____	❑ Yes (1)		
C2.	**I am interested in knowing about the things that your child plays with when s/he is at home. Does she play with:**			
	a. Homemade toys, such as stuffed dolls, cars, or other toys made at home?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	c. Toys bought from a shop or manufactured toys (plastic toys)?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	d. Household objects, such as bowls or pots?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	e. Objects found outside, such as sticks, rocks, animal bones or leaves?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	f. Materials for drawing or materials for writing?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	g. Puzzles/brain teazers?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	h. Toys that teach about colors, shapes, numbers or sizes?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	i. Toys that teach about letters (such as alphabet games, wooden letters)?	❑ Yes (1)	❑ No (0)	❑ Don't know (9)
	j. Others (specify) _____	❑ Yes (1)	*If yes, specify* _____	

C3.	**In the past 7 days, did you, or another adult in the family, or a schoolchild, engage in the following types of activities with** <<insert child's name>>**?** *Note: ask "who?" if the answer is "yes". – tick as many as appropriate*						
	NB: For EACH question 1=Yes; 2=No; 9=Don't know	**Mother**	**Father**	**Grand-mother**	**Grand father**	**Other Adult**	**Older child**
	a. Read books or look at pictures books with child?						
	b. Told stories to the child?						
	c. Sung songs to or with the child, including lullabies?						
	d. Took the child outside the home? (For example, to the market, visit relatives)						
	e. Played with the child?						

f. Named objects for or with the child?							
g. Drew things for or with the child?							
h. Showed or taught your child something new, like a new word, or taught child how to do something?							
i. Taught alphabet or encouraged child to learn letters? To learn to write words?							
j. Played a counting game or taught numbers to the child?							
k. Hugged or showed affection to your child?							
l. Spanked your child for misbehaving?							
m. Hit your child for misbehaving?							
n. Criticized or shouted at your child?							

D. ECCD Experience

D1.	**Is your child currently enrolled at a preschool or any other early learning program?**	❒ Yes (1) ❒ No (0) ❒ Don't know(9)
	Note: If the child is **not** enrolled at a preschool, ask question "**D2**", and then move to Section E. *Family socioeconomic background*; if the child **is enrolled**, ask questions "**D3 to D8**", and then move to the next section; if the respondent **doesn't know** whether the child is enrolled, move directly to the next section E.	
D2.	*If no,* **Why is your child not enrolled at a preschool?** *Let parent respond freely and tick as many options as appropriate.* *Prompt:* **Any other reasons?**	❒ Child is still too young (0) ❒ There is no preschool near our home (1) ❒ Not interested; Did not want to enroll him/her (2) ❒ Children only have fun there (3) ❒ I have no means to pay the fees (4) ❒ Not enough space at CDPE (5) ❒ Child is already at primary school (6) ❒ Other (8): specify _____ ❒ Don't know (9)
	IF CHILD IS NOT ENROLLED IN PRESCHOOL, PROCEED DIRECTLY TO NEXT SECTION (SOCIOECONOMIC BACKGROUND). IF CHILD IS ENROLLED IN A PRESCHOOL, ASK QUESTIONS D4 and D6	
D4.	*If yes,* **How long has your child been in this preschool/program?**	❒ First year in program (0) ❒ Second year in program (1) ❒ Third year in program (2) ❒ Don't know (9)
D6.	**In the last week, how many days did he/she go to ECCD?**	❒ Daily (1) ❒ 3 to 4 days a week (2) ❒ Once or twice a week (3) ❒ Less than once a week (4)

E. Family Socioeconomic Background

E1.	What kind of roof does your house have?	❏ Thatch (1) ❏ Cement (4) ❏ Mud/Terre battue (2) ❏ Tiles (5) ❏ Metal sheets (3) ❏ Don't know (9) ❏ Other (8) (specify) _____
E2.	What kind of walls does your house have?	❏ Mud (1) ❏ Wood (5) ❏ Mud Bricks (2) ❏ Cement (6) ❏ Fired Bricks (3) ❏ Don't know (9) ❏ Bamboo (4) ❏ Other (8) (specify) _____
E3.	What kind of floor does your house have?	❏ Soil (1) ❏ Tiles (3) ❏ Cement (2) ❏ Don't know (9) ❏ Other (8) (specify) _____
E4.	What is the main source of lighting in your home?	❏ Firelight/candles (1) ❏ Solar panel (5) ❏ Pocket torch (2) ❏ Mains electricity (6) ❏ Paraffin lamp (3) ❏ Chinese wall torch (7) ❏ Hurricane lamp (4) ❏ Don't know (9) ❏ Other (8) (specify) _____

E5.	Does anyone in your household own a:
	  a. Radio?
	  b. Television?
	  c. Motorcycle?
	  d. Motor vehicle (car/tractor/lorry)?
	  e. Mobile phone?
	  f. Solar panel?
	  g. Cows?
	  h. Goats / Sheep?
	  i. Horse / Donkey?
	  j. Cart?
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)
		❏ Yes (1) ❏ No (0) ❏ Don't know (9)

E6.	What is the household's main source of livelihood?	❏ Subsistence agriculture (1) ❏ Cash crops (2) ❏ Petty trading (3) ❏ Own business/Self-employed (4) ❏ Salaried employment (5) ❏ Other (8) (specify)_____ ❏ Don't know (9)
E7.	During the past 7 days, did the mother of the child do any kind of paid work?	❏ Yes (1) ❏ No (0) ❏ Don't know (9)
E8.	During the past 7 days, did the father of the child do any kind of paid work?	❏ Yes (1) ❏ No (0) ❏ Don't know (9)

F. Nutrition and Micronutrient Powders

N9 new	**How many times did your child eat a meal or snack yesterday?**	❐ 5 times per day (5) ❐ 4 times per day (4) ❐ 3 times per day (3) ❐ 2 times per day (2) ❐ Less than 2 times per day (1)
G2	**Did your child eat any of the following foods yesterday?** a. Grains: millet, sorghum, maize, rice b. Roots: cassava, potato, yam c. Beans and nuts (arachides) d. Other vegetables e. Fruit f. Meat, Poultry or Fish g. Milk h. Eggs i. Palm oil j. Other oils and fats	❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9) ❐ Yes (1) ❐ No (0) ❐ Don't know (9)
N10 New	**In the past four weeks, did your child ever have to eat a limited variety of foods due to a lack of resources?**	❐ Yes (1) ❐ No (0) ❐ Don't know (9)
N11 new	**In the past four weeks, did your child ever go to sleep at night hungry because there was not enough food?**	❐ Yes (1) ❐ No (0) ❐ Don't know (9)
G3	**When do you usually wash your hands?** *Prompt:* **Are there any other times?** *Tick all that are mentioned*	❐ Before preparing food (1) ❐ Before breastfeeding or feeding a child (3) ❐ Before eating (6) ❐ After eating (2) ❐ After contact with faeces (cleaning baby faeces) (4) ❐ After using the latrine (5) ❐ Other (8): specify _____ ❐ Don't know/can't describe (9)
N12 new	**Have you participated in any sessions about feeding your child or about playing with or stimulating your child?**	❐ Yes (1) ❐ No (0) ❐ Don't know (9)
	If yes, **N13 (A) What were the three most important things you learnt during those sessions?** *Prompt:* **Anything else?** *Tick all that are mentioned*	❐ Hygiene practices (1) ❐ How to identify a malnourished child (2) ❐ Take a malnourished child to CSCOM for treatment (3) ❐ Kinds of food that are important for health of child (4) ❐ How to cook enriched meals (To or bouillie) (5) ❐ How to add MNP sachets to child's food (6) ❐ How to wean young children (7) ❐ How to play/talk/stimulate child (10) ❐ Not to hit/slap a child (11) ❐ Other: (8) specify _____ ❐ Don't know/Can't describe (9)
N13 new	**Have you ever shared or discussed what you learnt with anyone else living in this village (same village as you)?**	❐ Yes (1) ❐ No (0) ❐ Don't know (9)

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N14 new	Have you ever shared or discussed what you learnt with anyone else in living in another village?	☐ Yes (1) ☐ No (0) ☐ Don't know (9)
G5	*Show the MNP sachet:* **Have you ever added these to your child's food?**	☐ Yes (1) ☐ No (0) ☐ Don't know (9)
	IF NO OR DON'T KNOW, PROCEED DIRECT TO SECTION H. ACTIVITY LEVELS **IF YES, CONTINUE WITH QUESTIONS G6-14 BELOW.**	
G6	**On how many days in the last 7 days, were these sachets added to your child's food?**	☐ Never (0) ☐ Every day (1) ☐ 4-6 times per week (1) ☐ 2-3 times per week (2) ☐ Once per week (3) ☐ Don't know (9)
G7	**The days when the sachet was not added to your child's food, what were the reasons?** *Prompt:* **Any other reasons?** *Tick/List all reasons*	☐ This never happened; I gave the sachets every day (0) ☐ Child was away from home (1) ☐ I did not give sachet when my child was sick (2) ☐ Child became ill after taking MNPs and I stopped giving the sachets (3) ☐ No more sachets to give / I run out of sachets (4) ☐ I forgot to add the sachet (5) ☐ Others prepared the meal and child did not get MNPs (6) ☐ I did not have the right kind of food to add the MNPs to (7) ☐ Preparing a separate meal for child took too much time (10) ☐ Adding the MNPs to the food took too much time (11) ☐ The MNPs changed the colour or taste of the food (12) ☐ Child did not like/refused the food with MNPs added (13) ☐ I do not understand <u>why</u> I should give the sachets (14) ☐ I do not understand <u>how</u> I should give the sachets (15) ☐ My child does not need these MNP sachets (16) ☐ Other: (8) specify _____ ☐ Don't know/No reason (9)
N15 New	**Does your child like to eat the food with the sachet added?**	☐ Yes (1) ☐ No (0) ☐ Don't know (9)
G8	**To what kind of food/type of meals do you add the MNPs to?** *Prompt:* **Anything else?** *Tick/list all meals*	☐ Bouillie (1) ☐ Tô (2) ☐ Bean puree (3) ☐ Drinks/liquids (4) ☐ Hot food (5) ☐ Other foods: (8) specify _____ ☐ Don't know (9)
G10	**To what kind of foods should the MNPs <u>NOT</u> be added to?** *Prompt:* **Anything else?** *Tick/list all meals*	☐ Hot food (1) ☐ Liquid food (2) ☐ Tô (3) ☐ Bouillie (4) ☐ Other foods: (8) specify _____ ☐ Don't know (9)

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G11	**On the whole, do you think that giving your child the MNPs was difficult to do?**	❐ It was never/rarely difficult ❐ Sometimes difficult ❐ Often difficult ❐ Always difficult
G12	**Have you noticed any changes in your child since you began giving him/her MNPs?**	❐ Yes (1)　　　　❐ No (0)　　　　❐ Don't know (9)
	If yes, ask **12(A) What changes have you noticed?** *Prompt:* **Anything else?** *Tick/list all changes*	❐ Child was more sick than normal (0) ❐ Child had fever and/or respiratory illnesses (10) ❐ Child sometimes vomited (11) ❐ Child sometimes had diarrhea (12) ❐ Child had black stools (13) ❐ Child was less sick than normal (1) ❐ Child's appetite increased (2) ❐ Child is more naughty (3) ❐ Child is more active/energetic (4) ❐ Child is less active/energetic (5) ❐ Other: (8) specify _____ ❐ Don't know/can't describe (9)
	If any illness is mentioned, ask: **13(B) Did you need to take the child for medical treatment at the CSCom or elsewhere?** Si maladie, a-t-elle nécessité une consultation médicale au centre de santé ?	❐ Yes (1) ❐ No (0) ❐ Don't know (9)
G14	**Do you want to give your child MNPs again, when the distribution starts again next year?**	❐ Yes (1) ❐ No (0) ❐ Don't know (9)

G. Malaria prevention and health

F5.	**Does your child sleep usually under a bed net?**	❐ Yes (1) ❐ No (0) - *Go to question F8* ❐ Don't know (9)
F6.	**Did your child sleep under a bed net last night?**	❐ Yes (1)　　　　❐ No (0)　　　　❐ Don't know (9)
F8.	**Did your child receive any tablets to protect them against malaria last year (2015)?**	❐ Yes (1)　　　　❐ No (0)　　　　❐ Don't know (9)
	If yes, **F8(A) How many times did they receive the tablets?**	❐ One time / one month (1) ❐ Two times / two months (2) ❐ Three times / three months (3) ❐ Other (8) specify _____ ❐ Don't know (9)

N16 new	Do you think the tablets have a good effect or a bad effect on your child's wellbeing ?	☐ Good effect (0) ☐ Bad effect (1) ☐ Good, but there are also small effects which are bad (2) ☐ Don't know (9)		
	If bad effects are mentioned, ask **N16 (A). What bad effects have you noticed ?** *Describe with the same words that the parent used*			
F14	Do you want your child to receive the tablets when the malaria treatment starts again in 2016?	☐ Yes (1)	☐ No (0)	☐ Don't know (9)

H. Activity Levels

I now want to ask you some questions relating to the health and behaviour of your child

F3	Has your child been sick at any time in the last two weeks?	☐ Yes (1) ☐ No (0) ☐ Don't know (9)
	If yes, **3(A) Describe your child's illness(es)** *Prompt:* **Anything else?** *Tick all that are mentioned*	☐ Malaria (1) ☐ Fever (2) ☐ Respiratory infection / cough (3) ☐ Vomitting (4) ☐ Diarrhoea (5) ☐ Abdominal pain (6) ☐ Abscess or skin infection (7) ☐ Other (8) à préciser: _____ ☐ Don't know/can't describe (9)
H1	In the last 7 days, how often has your child been well enough to play with other children or adults?	☐ Never/rarely well enough to play (0) ☐ Sometimes well enough to play (1) ☐ Often well enough to play (2) ☐ Always well enough to play (3) ☐ Don't know (9)
H2	In the last 7 days, how well has your child been sleeping?	☐ Never/rarely sleeps well (0) ☐ Sometimes sleeping well (1) ☐ Often sleeps well (2) ☐ Always sleeps well (3) ☐ Don't know (9)
H3	In the last 7 days, how often has your child been active/energetic?	☐ Never/rarely active/energetic (0) ☐ Sometimes active/energetic (1) ☐ Often active/energetic (2) ☐ Always active/energetic (3) ☐ Don't know (9)

We have reached the end of the interview.
Thank you for your time