Knowledge, Attitude and Practice Survey

Mukjar

Central Darfur

Dec 2014

Conducted by: IMC in collaboration with MoH

By: Mohammed Zakaria Mohammed

ACKNOWLEDGEMENTS

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EXECUTIVE SUMARRY

International medical corps conducted KAP survey in mukjar in order to ascertain the knowledge, attitude and practice of health and nutrition related messages among mothers of under five children enrolled in IBSFP, a survey was conducted in Mukjar in Central Darfur state of Sudan. The survey was carried out by IMC in collaboration with the Ministry of Health (MoH) from 15th to 21st Dec2014.

ENA for SMART and Epi info 3.5.1 software packages were used for sample size calculation and data analysis respectively. The standard two stage cluster sampling procedure was used for sampling and data collection. In total, 211 mothers of children under five were interviewed.

The purpose of the study was to gain a good understanding on the common practices, attitudes, beliefs and the level of knowledge of mothers/caretakers on the infant and young child feeding and caring. This information will be used as a basis for improving and or strengthening the current health and nutrition education strategy

The survey finds the knowledge and practice on Infant and Young Child Feeding remaining good 50.7%(n=107) of care takers put the breast within the first thirty minutes after delivery, (n=120) 61.5% of care givers thinking colostrum is the first milk, (n=164)77.7% of interviewed mothers reported they know about the exclusive breastfeeding, care givers started complementary food after child reached six months reported (n=158) 74.9%. 54.5 %(n=115) of respondents know types of malnutrition. (n=195) 93.8 of respondents reported give ORS when their children have diarrhea. However, efforts to reach out to more mothers and caretakers must be made towards increasing knowledge and improving attitudes and practices on nutrition. Key messages must be focused on specific topics on infant and young child feeding practices and the prevention of malnutrition. Communication strategies must also be reviewed for more effective and wider coverage of health and nutrition education by community volunteers and nutrition workers.

1 INTRODUCTION

IMC, Sudan has been implementing a nutrition interventions programme in (mukjar, umdukhun, wadisalih and zalingei) localities of central Darfur state in response to the conflict in the region. The programme currently addresses malnutrition through the Community Based Management of Acute Malnutrition (CMAM) strategy for moderately and severely malnourished children and pregnant and lactating women. It provides targeted supplementary feeding for moderately malnourished children under five, pregnant and lactating women and an Outpatient Therapeutic Programme for severely malnourished children in additional to raising community awareness on malnutrition and IBSFP.

Health and nutrition education by community volunteers and nutrition workers to target populations, specifically mothers and care givers is a fundamental component of the CMAM approach. The success of a CMAM programme can be largely determined by the effectiveness of its community mobilization strategy. This strategy can provide valuable contextual understanding and insights into the community where the programme is being implemented.

Nutrition and mortality surveys conducted by IMC in its programme areas for the past several years have indicated that the high malnutrition rates found in the areas of operation can be largely attributed not only to household food insecurity but also to poor infant and young child feeding and hygiene practices. IMC is addressing this issue by strengthening community involvement in the dissemination of health and nutrition education messages through nutrition workers in the distribution sites and community volunteers at community level. In order to assess the impact and identify issues and learning on health and nutrition educations. A Knowledge, Attitude and Practice (KAP) survey was held in Dec 2014 among a sampled population of 211 households' targeted mothers of children under 5. A KAP survey is essential

to inform what key health and nutrition messages and forms of communication and or types of awareness-raising activities can effectively contribute to behavior change,

2 General Objective:

- To identify knowledge, attitudes and practices that are harmful to the normal growth of children such as; cultural taboos on food items which are nutritious for pregnant/lactating women and children, less than optimal feeding frequencies, less than adequate amounts of food given to young children

Specific Objectives:

- To assess the perception of how different the food and feeding habits of the Mukjar community
- To assess the infant and young child feeding practices

Study area and period

- Study period: Dec 14-21, 2014
- Study areas: Representative villages and caretakers in Mukjar

3 METHODOLOGY

Two stage random cluster sampling methodology was used following stages of a standardized monitoring and assessment in Relief and Transition (SMART according national nutrition survey guidelines SUDAN. ENA for smart software was used for the 1st stage of selection (selection of clusters), and random selection for the second stage (selection of households).

Clusters were assigned from the listed villages/sectors according to the population. The probability of cluster selection was proportion to population size in each sector. The second level of sampling (selection of households) was done randomly through "spinning pencil method" to select the first household to be surveyed. A total of 30 cluster with minimum of 7 households per cluster were required. The target group for the study was 210 households and the sample universe was the entire population of mukjar. The trained data collectors carried out this survey are six teams of two people.

3.1 Training

2 days training was given for enumerators on the methodology, target groups, interview techniques and on the questionnaires. Pilot test of the questionnaires was made after the training with all the survey teams and supervisors in the areas which was not part of the actual survey

3.2 Data collection

The data collection was completed in 4 days from 18 – 21 of Dec 2014

4 STUDY FINDINGS

4.1 General information from the findings

- From the total respondents (n=119)56.4% are male and 43.6% (n=92)are female were head of households
- The head of household education level (n=104)49.8% reported illiterate
- Mean family size from the sampled households is 7.1 people
- 86.3%(n=182) of households reported received GFD ,(n=27)12.8% received from from SFP
- Average of care givers is 32 year
- The respondents reported (n=188)89.5% shared the ration
- The reasons for sharing 41.7 %(n=88) of the respondents reported no one can eat alone.

- Average liters of water consumption per day is 58 liter

Distribution of age and sex of sample

	Boys		Girls		Total		Ratio
AGE (mo)	**no.**	**%**	**no.**	**%**	**no.**	**%**	**Boy:girl**
6-17	14	53.8	12	46.2	26	10.4	1.2
18-29	57	57.6	42	42.4	99	39.8	1.4
30-41	39	44.8	48	55.2	87	34.9	0.8
42-53	19	57.6	14	42.4	33	13.3	1.4
54-59	3	75.0	1	25.0	4	1.6	3.0
Total	132	53.0	117	47.0	249	100.0	1.1

: Population age and sex pyramid

Table 3.2: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) and by sex

	All n = 221	**Boys** n **=** 115	**Girls** n **=** 106
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(38) 17.2 % (12.8 - 22.7 95% C.I.)	(24) 20.9 % (14.4 - 29.2 95% C.I.)	(14) 13.2 % (8.0 - 21.0 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(22) 10.0 % (6.7 - 14.6 95% C.I.)	(16) 13.9 % (8.7 - 21.4 95% C.I.)	(6) 5.7 % (2.6 - 11.8 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(16) 7.2 % (4.5 - 11.4 95% C.I.)	(8) 7.0 % (3.6 - 13.1 95% C.I.)	(8) 7.5 % (3.9 - 14.2 95% C.I.)

The prevalence of oedema is 1.4 %

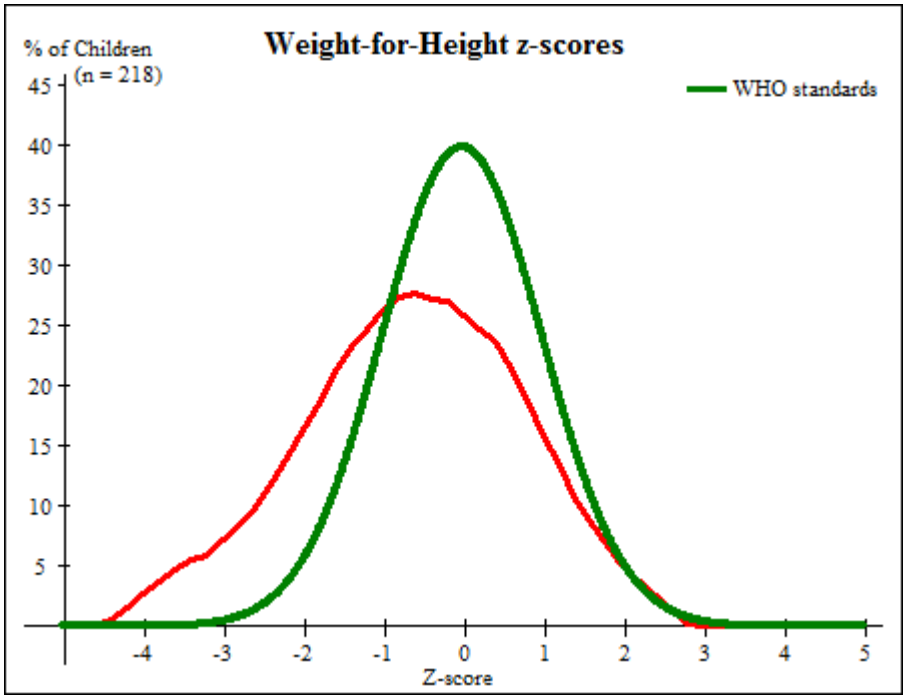


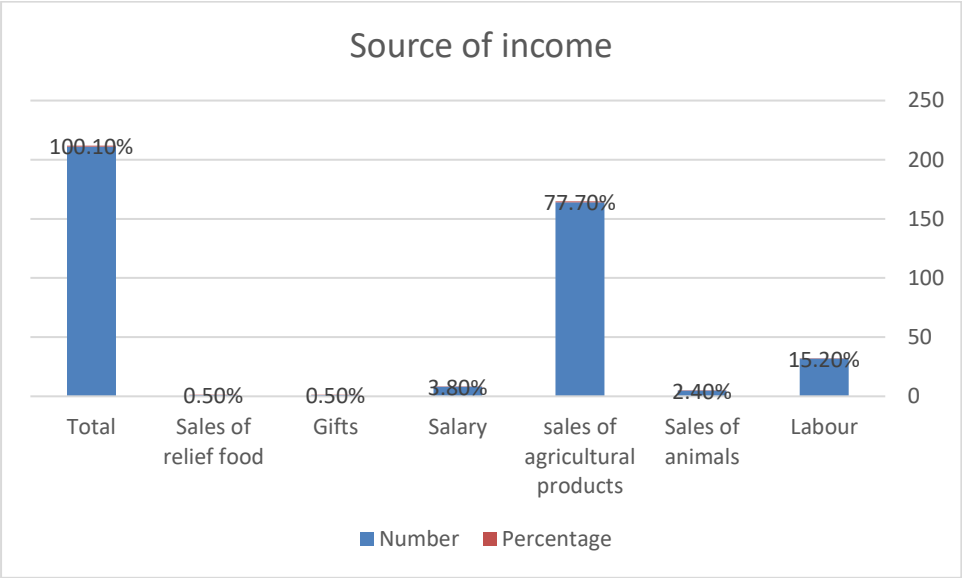
Table 1: Main Source of Income

Source	Number	Percentage
Labour	32	15.2%
Sales of animals	5	2.4%
sales of agricultural products	164	77.7%
Salary	8	3.8%
Gifts	1	0.5%

Sales of relief food	1	0.5%
Total	211	100.10%

From the total respondents (n=164 77.7% reported sales of agricultural products is main source of their income

Figure 1:



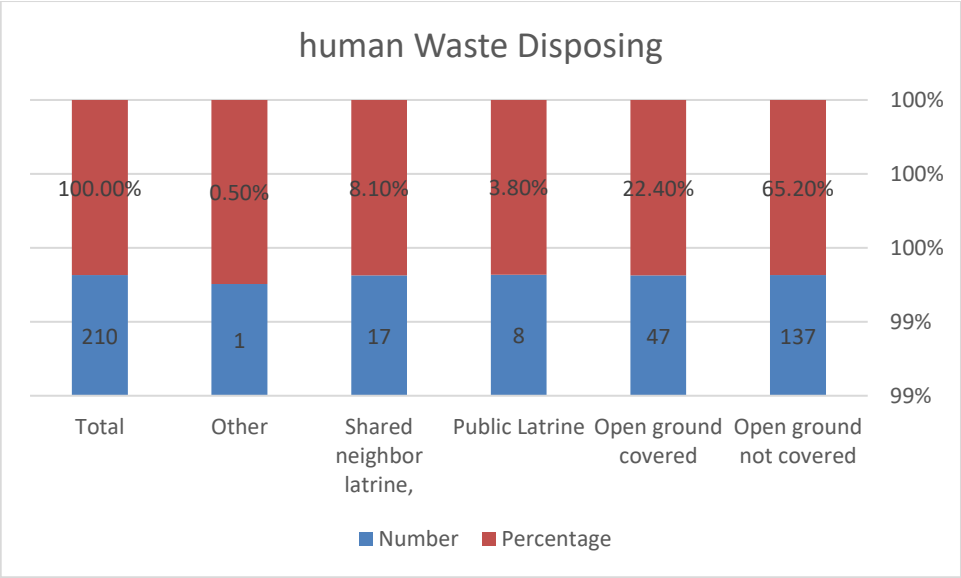
Water Treatment and hygiene

The respondents asked if they treat the water before using only 43.6 %(n=92) reported treating , 55.5%(n= 117) not treating and the remaining 0.9%(n=2) not answered.

Table 2: disposing Point

Disposing point	Number	Percentage
Open ground not covered	137	65.2%
Open ground covered	47	22.4%
Public Latrine	8	3.8%
Shared neighbor latrine,	17	8.1%
Other	1	0.5%
Total	210	100.00%

Figure 2:



As appeared in the table2 and figure 2 the respondents used not open ground not covered more .

Infant and Young Child Feeding Practice:

Out of 211respondent 95.3 %(201) have been breast their children only 4.3 %(9) not been breast fed and 0.5 %(1) from the care givers reported don't know whether the child has been breastfed or no .

50.7(n=107) of care takers put the breast within first thirty minutes after delivery,40.3%(n=85) more than thirty minutes after delivery and 8.1%(17) don't know when they started put the first milk to the their children. The knowledge of the care givers about colostrum (n=120) 61.5% of respondents thinking colostrum's is the first milk, 14.4(28) their knowledge is healthy for the baby, 23.6 %(46) of respondents answered Nutritious. The majority of care givers started complementary food after child reached six months (n=158) 74.9%,only 21.8% (46) started after four months ,2.4%(5) before four months and the remaining 1%(2) starting in deferent ages . (n=164)77.7% of interviewed mothers reported the exclusive breastfeeding is breastfeeding from breast only, 20.8 %(44) it means Not to give any food except the breast-milk,1.4%(3) reported exclusive breastfeeding means Not to give or add any fluids even water

The respondents answered during first six months of child age only 9.2%(15) no food given to the child ,75.5%(123) give liquid ,12.3%(20) give semi solid food ,2.5%(4) give only family food and 0.6%(1) give water .

The respondents asked if the child within six month or more how many times they feed 63%(133) reported three to five times meals ,21.3%(45) reported one to two times ,12.3%(26) reported five to eight time ,3.3%(7) reported no meal given to child .

86.1%(155) of respondents Keeping food in clean containers and covered before and after feeding the children,11.7%(21 by re-heating the food,1.7%(3) putting food in the refrigerator and the remaining 0.6%(9) using deferent ways to preserve the children food before and after feeding .

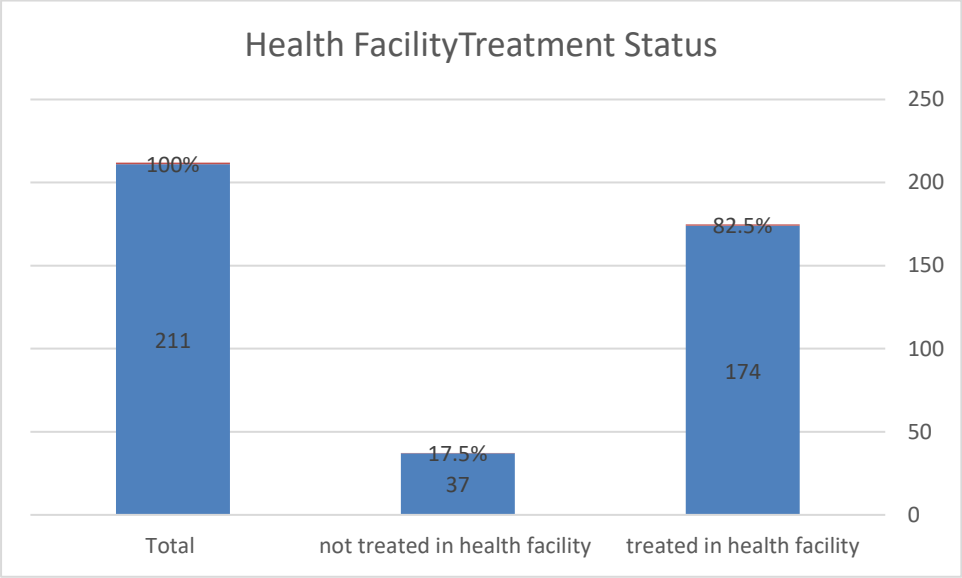
As general 65.9%(139) feed their children under five three times per day,23.2%(49) two times a day,5.7%(12) four times and more per day and 4.3%(9) one time per day respectively .

The respondents asked what makes you stop the breastfeeding 61.2%(126)reported weaning age ,17.5%(36) reported pregnancy ,7.3%(15) don't have enough milk,8.7%(18) illness and 5.3%(11) when baby refused .

Only 42.7 %(90) of respondents stop the breastfeeding when the child reached 24 month, 6.6 %(14) after 24 months and 50.7 %(107) stop breastfeeding before reaching 24 months accordingly.

The care givers asked How do you prepare your child food 42.1%(88) reported two times separately a day, 28.7%(60) answered two time a day with the family food, 17.2%(36) answered more than two according to the need, 12%(25) reported one time per day with family food .

From total of 211 respondents only 55%(116) have children treated for malnutrition and the rest 45%(105) haven't malnourished children treated before .The respondents answered that 82.5%(174) their children treated in health facility and 17.5%(37 answered not treated in health facility . figure bellow



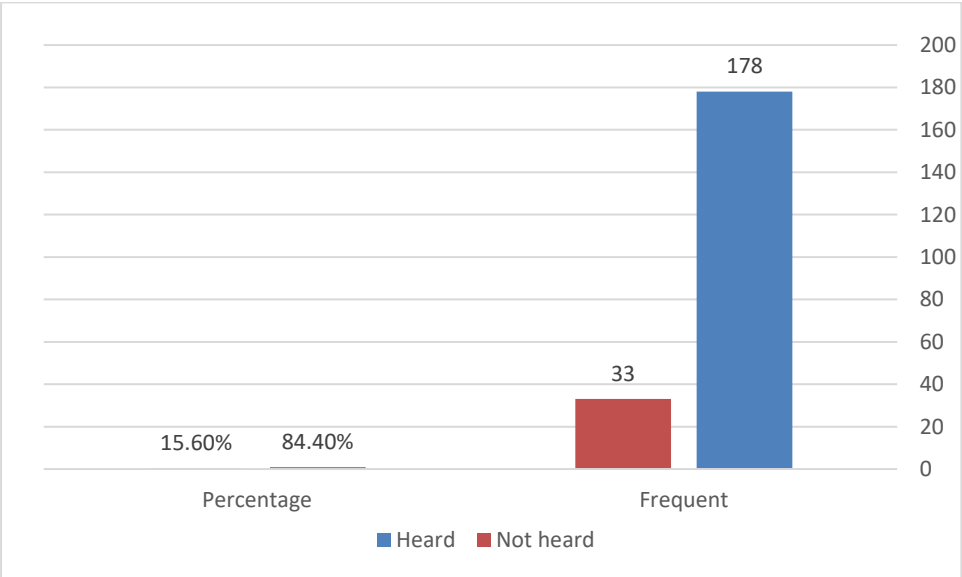
The care givers asked when they give ORS to their children 93.8 %(195) reported when their children have diarrhea, 5.8 %(12) reported when their children have fever

Care givers asked if they know whether their children malnourished 55%(116) reported they know ,37%(78) reported no and 8.1%(17) don't know .54.5%(115) know types of malnutrition and 45.5%(96) don't know .

Table 3: Have you heard about iodized salt

Respondents Answer	Frequent	Percentage
Heard	178	84.4%
Not heard	33	15.6%

Figure 3: Heard about iodized salt

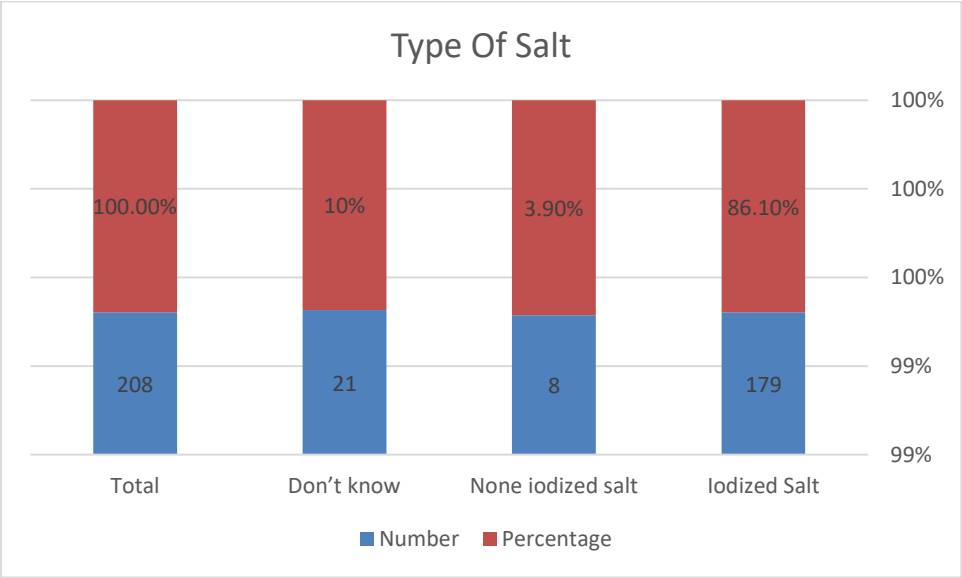


Majority of care givers 84.4% heard about iodized salt only few of them did not heard 15.6%

Table 4: What type of salt that you usually use:

Type of salt	Number	Percentage
Iodized Salt	179	86.1%
None iodized salt	8	3.9%
Don't know	21	10%
Total	208	100.00%

Figure 4

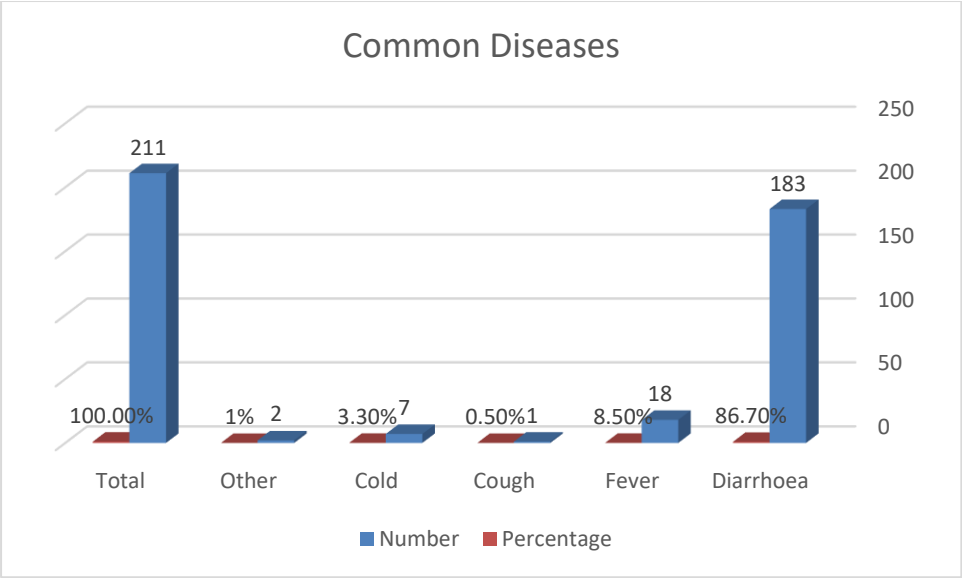


About 86.1% of the respondents answered used iodized salt, 3.9% used none iodized salt and the rest 10% (21)of care givers don't know whether the salt they used iodized or not.

Table 5:common diseases :

Disease	Number	Percentage
Diarrhoea	183	86.7%
Fever	18	8.5%
Cough	1	0.5%
Cold	7	3.3%
Other	2	1%
Total	211	100.00%

Figure 5



Care givers during this survey asked about the common diseases in their areas 86.7% reported most common disease is diarrhea , second common disease is fever 8.5% ,third common disease is cold 3.3%, forth common disease is other 1% and cough diseases reported one 0.5%.

The respondents asked what types of food pregnant women should eat 61.1%(129) reported cereal ,15.2%(32) reported milk and milk products ,13.7%(29) reported legumes ,8.5%(18) reported fruits and vegetables and 1.4%(3) reported tubers and roots .
About a half of the respondents 42.7%(90) reported the pregnant eat 4 times a day ,35.6%(75) reported eat three times/day ,7.6%(68) reported to eat five times a day and same eat two times a day,1%(2) reported six times a day

Table 6: When do you Wash Your Hands

	Number	Percentage
Before feeding a child	140	66.3%
Before and after eating	15	7.1%
After going to the toilet	26	12.3%
. After cleaning a child from feaces	5	2.4%
before preparing food	12	5.7%
Other	13	6.2%
Total	211	100.00%

In the table above about 66.3%of respondents reported wash their hands before feeding a child.

When the child have diarrhea 48.8%(103) of the care givers reported get the child to health facility ,26.1%(55)give mixed salt and sugar with water ,13.7%(29) reported give ORS ,6.2%(13) provide medicines from the market ,4.7%(10)provide traditional consultations and 0.5%(1) no action taken .

5 CONCLUSIONS

Health and nutrition education has been provided to the community covering topics such as: hygiene, importance of breast feeding, complementary feeding, causes of malnutrition, types of malnutrition, causes of diarrhoea, prevention and treatment at home etc. However, the knowledge and practice of Infant and Young Child Feeding slightly good 50.7%(107)) of care takers put the breast within first thirty minutes after delivery.The majority of care givers started complementary food after child reached six months (n=158) 74.9% . (n=164)77.7% of interviewed mothers reported they know about the exclusive breastfeeding as breastfeeding from breast only. 42.7 %(90) of respondents stop the breastfeeding when the child reached 24 months. 93.8 %(195) of care givers give ORS when their children have diarrhea. 55%(116) know if their children malnourished. This indicates the need to strengthen the health and nutrition education specifically on targeting mothers being the main responsible for feeding and caring of children in the family. A large part of the health and nutrition information dissemination continues to be done by IMC's nutrition team and community volunteers. The role of the Community Volunteers should

be expanded as well as more efforts should be made towards engaging the wider community for them to take on themselves the task of health and nutrition education.

(n=164) 77.7% of respondents reported sales the agriculture products is main source of their income, According to the mother's knowledge and attitude the right foods to give to children for their growth and development are: cereals, Dry okra, dry tomatoes, dry onions groundnuts ,Meat/eggs/fish, Milk//yoghurt/cheese powdered milk, fresh vegetables, fruits and sugar. Most of the listed foods are source of carbohydrates except meat and milk. The consumption of plant protein (beans, lentils and nuts), eggs and fruits and vegetables are very limited. This is mainly due to fruits and vegetables not being available in the area. For this reason, promotion of vegetable garden through the livelihoods programme for those who have water access to produce vegetables for household consumption is vital. Feeding eggs for children is not common in the area, as many mothers still believe in a superstition about children not being able to learn how to speak when they eat eggs this is general knowledge.

Majority of care givers 93.2% heard about iodized salt and 95% of respondents used iodized salt that mean their knowledge improved.

In this survey the prevalence of GAM was reported as 17.2% (12.8-22.795% CI) , severe acute malnutrition is 7.2% (4.5- 11.4 95% CI) and moderate acute malnutrition is 10.0% (6.7- 14.6 95% CI)this results showed the prevalence of GAM rate above emergency threshold .CMAM programme should continue

6 RECOMMENDATIONS

- Mothers of children under 5 and pregnant women should be given priority to attend the health and nutrition education sessions through the mother lead groups education programme to help on the good feeding and caring practices.

- Education sessions should be conducted in each sector (close to the community) to create access and opportunity for mothers and promote their attendance as mothers are highly engaged with different responsibilities in the household

- Focus on the dissemination of Infant and Young Child Feeding (IYCF) practices and caring such as exclusive breast feeding for the first 6 months of child's age and weaning foods at 6 months diarrhoea treatment at home as this play an important role to improve the sub optimal practices.

- MoH and other NGO's working in the this area should strengthen the health and nutrition education in the hospital/clinics for the patients and co patients

- IMC should strengthen the health and nutrition education in the feeding centres through nutrition team and at community level through community coordinators

- Follow up and capacity building of community volunteers should be addressed through comprehensive trainings and strengthening the structure of chain of command using the existing community structures.

- IMC to conduct a follow-up KAP survey at least after one year to track and measure change and or improvement using the results of this survey

- Strengthen the current CMAM program during and until next harvest and include all malnourished children to the program

7 ANNEXES

NATIONS WORLD FOOD PROGRAMME

الأمم المتحدة برنامج الغذاء العالمي

8.1.1.1.1 KNOWLEDGE, ATTITUDE AND PRACTICE SURVEY QUESTIONNAIRE

استبيان المسح الاسري لتقيم المعرفه والممارسات والسلوك الخاص بتغذيه الاطفال والنظافه الشخصيه

11. GENERAL INFORMATION (fill in prior to the interview) معلومات عامة (يملأ قبل المقابلة).

State الولاية		Locality المحلية		Admin unit الوحدة الإدارية	
Visit Date تاريخ الزيارة	day اليوم الشهر	month	year السنة	Household No. رقم المنزل	
Name and agency of Interviewالإسم والمنظمة التي تجري المقابل	Agency _____ _____ المنظمة _____ Name الاسم				

HELLO, MY NAME IS _AND I AM COLLECTING DATA FOR SMOH/WFP AS PART OF PROGRAMME DESIGN, I WOULD LIKE TO ASK YOU SOM QUESTIONS ABOUT YOUR HOUSEHOLD AND TAKE SOME MEASUREMENTS ON YOUR CHILD WHO IS ENTERED BELOW THREE YEARS OF AGE. THE INTERVIEW SHOULD TAKE ABOUT 30 MINUTES. YOUR PARTICIPATION IN THE STUDY IS COMPLETELY VOLUNTARY, AND YOUR BENEFITS OF SFP WILL NOT CHANGE AS A RESULT OF YOUR PARTICIPATION (OR REFUSAL TO PARTICIPATE) IN THE STUDY. THE ANSWERS YOU PROVIDE ARE CONFIDENTIAL AND YOUR NAME WILL NOT BE USED IN THE FINAL REPORT. DO YOU AGREE TO PARTICIPATE IN THE STUDY

VERBAL CONSENT OBTAINED FROM PRIMARY CARETAKER

هل تمت الموافقة الشفهية من الشخص الراعى للطفل ؟ YES ☐ نعم NO ☐ لا

مرحبا ، أنا اسمى :..... أقوم بجمع هذه البيانات لصالح وزارة الصحة وبرنامج الاغذية العالمى جزءأصيل من المشروع . وأود ان أسأل أسئلة متعلقة بالاسرة

وأخذ بعض القياسات الخاصة بالاطفال الذين تقل أعمارهم عن خمسة سنوات ستسغرق هذه المقابلة حوالى نصف الساعة . مشاركتكم فى هذه الدراسة طوعية وحقوقكم من خلال برنامج التغذية الاضافية لن تتأثر البتة نتيجة مشاركتكم واجاباتكم فى هذه الدراسة .كما ان اجاباتكم ستكون موضع سر ولن تظهر اسمائكم فى التقرير النهائى . فهل توافقون على المشاركة فى هذه الدراسة ؟

If the eligible primary care- taker is not present, schedule another visit to the household

كان رب الأسرة المسؤول غير موجود, حدد زيارة أخرى الى المنزل

لا, أريد السؤال عن الأطفال المسجلين في برنامج التغذية الإضافية الشاملة , اللذين هم أقل من ثلاث سنوات من العمر ويعيشون معكم في المنزل

FIRST, I WOULD LIKE TO ASK QUESTIONS ABOUT THE CHILD ENROLLED IN UNDER THREE YEARS OF AGE IN THIS HOUSEHOLD

2. معلومات عامة **2. General Information**					
	How many children under three years of age live in this household?**كم عدد الاطفال أقل من ثلاثة سنوات اللذين يعيشون في هذا المنزل؟**				
2.1	**الرقم المتسلسل** S.NO				
	الاسم Name				
2.2	**كم عمر الطفل (اسم الطفل) استخدم التقويم الموسمي أو كرت التحصين (اكتب التاريخ إذا وجد يوم/شهر/سنة, إذا استخدم التقويم الموسمي اكتب الشهر/السنة** How old is (*name of child)*? **Use seasonal calendar or EPI cards (write date if available DD/MM/YY, if seasonal calendar is used write - - and then MM/YYYY*				
2.3	كم عمر الشخص الذي يعتني بالطفل معظم الوقت؟What is the age of the person who takes care of this child most of the time?	**السنوات** Years	**السنوات** Years	**السنوات** Years	**السنوات** Years
2.4	Who is the head of household? (Circle the answer) من هو رب المنزل؟ (ضع دائرة حول الإجابة)	**الرجل** 1 Man……			
		المرأة 2 Woman……			
		الطفل 3 Child ……			
		أخرى (حدد.....) 4 Other (Specify ----------) ……			

2.5	What is the education level of the care taker? ماهو المستوى التعليمي للشخص الذي يقوم برعاية الطفل؟	1. illiterate **أمي** 2. Quranic school **تعليم خلوة** 3. primary school **تعليم أساسي** 4. Above primary school **فوق التعليم الأساسي**
2.6	How many people are currently living in your household? (Eating from the same pot) كم عدد الناس اللذين يعيشون في هذا البيت حاليا؟ (يأكلون من نفس البرمة)	
2.7	What is the main source of income? ما هو المصدر الأساسي للدخل؟	1. labour **العمل** 2. sales of animal **بيع البهائم والحيوانات** 3. sales of agricultural products **بيع المحصول الزراعي** 4. Salary **مرتب** 5. gifts **هدايا** 6. loans**قروض** 7. sales of relief food **بيع مواد الإغاثة الغذائية** 8. illegal acts**الأعمال غير المشروعة** 9. Others Specify (----------)**أخرى وضح (.....)**

3. Relief Food المواد الغذائية		
3.1	Has the family received any relief food during this month? هل استلمت الاسرة اى مساعدات غذائية خلال هذا الشهر؟	**توزيع الغذاء العام**General Food Distribution..1 **برنامج تغذية إضافية (طفل)**SFP (Child)……2 **برنامج تغذية إضافية (حوامل/مرضعات)**SFP (PLW) ……3 **برنامج تغذية إضافية (تغذية أساسية)**SFP (Institutional feeding) ……4 **برنامج تغذية علاجية (مرافقين)**TFP (Care Takers)……5 **أخرى (وضح _____)**Other (Specify_____)…6 **لاأعرف**Don't know……7 **لم تستلم أي مساعدات غذائية**No Food Received…… 9999
3.2	? For SFP ration, is it shared by all members of the family rather than being consumed by the malnourished individual? بالنسبة لحصة برنامج التغذية الإضافية, هل تشارك بين كل أعضاء الأسرة بدلا من اعطائها للمستفيد فقط	**1.نعم** **2. لا**
3.3	If SFP ration are shared – what are the main reasons for sharing? إذا كانت الحصة تشترك بينهم _ ماهو السبب الرئيسي للمشاركة؟	1. No one can eat alone **لا أحد يستطيع أن يأكل لوحده** 2. It is enough for more than one person **لأنها تكفي لأكثر من شخص واحد** 3. No other foods available **ليس لديهم طعام غيره** 4. SFP ration has a better quality than family food **حصة برنامج التغذية الإضافية أفضل نوعا من الطعام المنزلي** 5. Other (Specify _____) **أخرى (وضح_____)**

4. Water, Environmental Sanitation and Hygiene المياه, اصحاح البيئة و النظافة الشخصية			
4.1	What is the main source of drinking water for your household? ما هو المصدر الرئيسي لمياة الشرب 8.1.2	1	Public tap/standpipe or piped water **حنفيه\ماسوره ثابتة**
		2	Borehole with hand pump/engine ***مضخه باليد او موتور***
		3	Protected dug well/ spring ***حفره مياه مغطيه***
		4	Unprotected well/spring ***حفرة مياه غير مغطيه***
		5	Water Bladder ***خرج (قربه)***
		6	Surface water (River, stream, dam, lake, pond, canal, irrigation channel) **مياه سطحيه(نهر,بحيره, بركه**
		7	Tanker truck **اه التنكر**
		8	Vendor **من بائع المياه**
		9	Cart with small tank or drum **مياه الكارو**

4.2	How many Jerry cans of water you use per day? N.B. (1 jerry can = 20 liters) كم جركانة ماء تستخدم في اليوم؟ ملحوظة (1 جركانة = 20 ليتر)	
4.3	Do you treat your water in any way to make it safer to drink? هل تعالج المياه بأي طريقة لتجعلها صالحة للشرب؟	Yes……1 **نعم** No……2 **لا** Don't Know……7 **لا إعرف**

	If no to this question skip to question 4.5 اذا كانت الإجابة بلا انتقل الى السؤال 4.5, إذا نعم, واصل (ضع دائرة حول الإجابة الصحيحة) If yes, continue (circle answer)	**رفض الإجابة** Answer Refused……9999
4.4	Where do you dispose human waste (fasces)? أين يقضي حاجته؟	.1 Open ground not covered(حفر مفتوحة) .2 Open ground coveredحفر مغلقة .3 Public Latrine, مراحيض عامة .4 Shared neighbor latrine, يتشاركون المراحيض مع الجيران .5 Others (specify_____) أخرى (وضح_____)

I WILL NOW ASK YOU SOME QUESTIONS ABOUT HOW YOU TAKE CARE OF *(NAME)*, FOR EXAMPLE, HOW LONG YOU HAVE BEEN BREAST FEEDING YOUR CHILD AND WHEN DID YOU START TO GIVE *(NAME)* COMPLEMENTARY FOOD.

5. Care practice_ ممارسات الرعاية		
	1. نعم 2. لا 8.=لاأعرف 9999= رفض الإجابة **1 = YES (Y) 2 = No (N) 8 = Don't Know (DK) 9999 = Answer Refused (Ref)**	
		الإسم:----------
5.1	Has *(Name)* ever been breastfed? *Tick ONLY ONE Answer If **No**, Jump To Question 5.5* **هل (الاسم) تلقى رضاعة طبيعية؟ أختر إجابة واحدة, إذا لا انتقل الى السؤال 5.5**	1 / 2 / 8 / 9999
5.2	After delivery, how long did the mother wait before giving the first breast milk? بعد الولادة كم استغرقت الأم قبل أن تعطي طفلها لبن الثدي الأول؟	1. Within 30 mins…….....خلال 30 دقيقة1 2. > 30 mins…….....أكثر من 30 دقيقة 2 3. Don't Know……..…..لاأعرف8 4. Answer refused ..9999 رفضت الإجابة
5.3	What do you know about Colostrums? **ماذا تعرف عن السرسوب (اللبا)**	1. First Milk أول لبن 2. Healthy for the baby صحي للمولود 3. Nutritious مغذي 4. Protective وقائي 5. Others (Specify_____)(_____) أخرى (وضح_____)
5.4	At what age did *(Name)* start eating complementary food? **في أي عمر (الاسم)بدأ ياكل الغذاء التكميلي؟** **الغذاء التكميلي أي طعام غير لبن الثدي والأدوية الطبية** *Complementary food is any food which is not breastmilk except medications*	☐☐ أشهر
5.5	(If child age => 6 months) How many times Did you feed (Name) yesterday **(إذا كان الطفل أكبر من أو يساوي 6 أشهر) كم مرة أطعمت (الاسم) بالأمس؟**	.1 No meals لا وجبة .2 1-2 times مرة – مرتين .3 3-5 times ثلاثة مرات – خمس مرات .4 5- 8 times خمس مرات – ثماني مرات 5. more than 8 times أكثر من ثماني مرات
5.5.1	What do you know about the exclusive breastfeeding **ماذا تعرف عن الرضاعة الطبيعية المطلقة؟**	1. Breastfeeding from breast only الرضاعة الطبيعية من الثدي فقط 2. Not to give any food except the breast-milk لاتعطي أي طعام ماعدا لبن الثدي 3. Not to **give or** add any fluids even water لاتعطي أو تضيف أي سوائل حتى الماء

5.5.2	During the first six month of the breastfeeding what type of food do you provide to your child **خلال الستة أشهر الأولى من الرضاعة الطبيعية أي نوع من الطعام تقدمين لطفلك؟**	1. No food لا طعام 2. Liquid food سوائل 3. Semi solid food غذاء شبه صلب 4. Family food طعام العائلة 5. Waterماء
5.5.3	When do you usually start the complementary feeding **متى تبدنين عادة الغذاء التكميلي؟**	1. After four months بعد أربعة أشهر 2. After six months بعد ستة أشهر 3. Before four months قبل أربعة أشهر 4. Others (Specify _____) أخرى (وضح_____)
5.5.4	How do you prepare your child food**كيف تحضرين طعام طفلك؟**	1. One time a day with the family food مرة في اليوم مع وجبة العائلة 2. Two time a day with the family food مرتين في اليوم مع وجبة العائلة 3. Two time separately during the day مرتين منفصلتين خلال اليوم 4. More than two time according to the need أكثر من مرتين وفقا للحاجة 5. Others (Specify _____) أخرى (وضح_____)
5.5.5	How do you preserve your child food before and after feeding **كيف تحافظين على طعام طفلك قبل وبعد إطعامه؟**	1. Keeping food in clean containers and covered يحافظ على الطعام في إناء نظيف وذو غطاء محكم 2. by re-heating the food إعادة تسخين الطعام 3. putting food in the refrigerator وضع الطعام في الثلاجة 4. Others (Specify _____) أخرى (وضح _____)
5.5.6.	How frequent do you feed your child per day**كم مرة تطعمين طفلك في اليوم؟**	1. One time مرة واحدة 2. Two times مرتين 3. Three times ثلاث مرات 4. Four times and above أربع مرات وأكثر
5.7	When did you completely stop breast feeding your Child (Name) **متى توقفت تماما عن إرضاع طفلك (الاسم)**	☐☐ شهور
5.8	What makes you stop breastfeeding?**ماالذي جعلك توقفين الرضاعة الطبيعية؟**	1. Do not have enough milk لا يوجد لبن كافي 2. Sickness مرض 3. Baby refuse الطفل التنع عن الرضاعة 4. Pregnancy الحمل 5. Weaning age سن الفطام

		6. Others (Specify _____) أخرى (وضح_____)
5.9	What makes you continue breast feeding after 24 months. **ماالذي يجعلك تستمرين في الرضاعة الطبيعية بعد 24 شهر؟?**	1. Don't have enough food ليس لديهم طعام كافي 2.. Baby refuse to eat other food الطفل لم يأكل أي طعام اخر 3. To be protected from new pregnancy ليحميك من حمل جديد 4. Others (Specify _____) اخرى (وضح_____)
5.10	Has (Name) ever been treated for malnutrition before? **هل عولج (الاسم) من سوء التغذية من قبل؟**	1 / 2 / 8 / 9999
5.11	Has (Name) ever been treated in a heath facility? **هل عولج (الاسم) من قبل في وحدة صحية؟**	1 / 2 / 8 / 9999
5.12	When do you give ORS to your child **متى أعطيت ملح التروية لطفلك؟**	1. When he has diarrhea عند اصابته بالإسهال 2. When he has fever عندما يصاب بالحمى 3. When he has cough عندما يصاب بالكحة
5.13	Do you know if (Name) of the child is malnourished **هل تعرفين إذا كان (الاسم) مصاب بسوء التغذية؟**	1 / 2 / 8 / 9999
5.14	Do you know the types of malnutrition diseases? **هل تعرفين أنواع أمراض سوء التغذية؟**	1 / 2 / 8 / 9999
5.15	Have you heard about iodized salt? **هل سمعت بالملح الميودن؟**	1/ 2 / 8 / 9999
5.16.	What type of salt that you usually use **ما نوع الملح الذى تستخدمينه؟**	Iodized الميودن None iodized غير ميودن **Don't know** لا أعرف
5.17	What are the common diseases in your area? **ما هى الامراض الشائعه فى منطقتك؟**	1. Diarrhoea الاسهالات 2. Fever الحمى 4. Cough الكحه 5. Cold برد 6. Other (Specify _____ اخرى وضح_)
5.18	What types of food should a pregnant woman eat? **ماهى انواع الغذاء الذى يجب ان تتناوله المرأة الحامل؟**	1. Cereals الحبوب 2. Legumes البقوليات 3. Milk and milk products الالبان ومنتجاتها 4. Fruits and Vegetables الفواكه والخضروات 5. Tubers and Roots الجزور والدرنيات

		6. Oil, butter or ghee الزيوت والزبدة والسمن 7. Other (Specify _____) اخرى وضح
5.19	How many times should a pregnant woman eat during the day?; **كم وجبه تتناولها المرأة الحامل فى اليوم؟**	☐☐
5.20	When do you usually wash your hands? **متى تغسلين يديك عادة؟**	1. Before feeding a child قبل اطعام الطفل 2. Before and after eating قبل وبعد الاكل 3. After going to the toilet بعد الذهب الى المرحاض 4. After cleaning a child from feaces بعد نظافه الطفل اذا التبرز 5. before preparing food بعد تحضير الاكل
5.21	What do you do if your child has diarrhea? ماذا تفعلين اذا اصيب الطفل بالاسهال	1.اعطائه ملح ممزوج مع السكر والماء 2. اعطائه دواء من السوق 3. علاج بلدى 4.أملاح التروية 5. لا علاج 6.زيارة المركز الصحى 7. Other (Specify اخرى (وضح_____) _____)

6	Feeding Practices In the last 24 hrs what did (name of child) eat **الممارسات التغذويه فى 24 ساعه, ماذا اكل (اسم الطفل)**	
1	Cereals (sorghum, millet, maize, wheat) الحبوب(القمح ,الدخن الذرة,الماريق)	|___|___|___|
2	Cooking oil زيت الطبخ	|___|___|___|
3	Meat/eggs/fish اللحم,البيض,السمك	|___|___|___|
4	Groundnuts/beans/pulses فول سودانى,فول مصرى ,الفاصوليا	|___|___|___|
5	Sugar، السكر	|___|___|___|
6	Milk/yoghurt/cheese اللبن,الزبادى,الجبنه	|___|___|___|
7	Dry okra, dry tomatoes, dry onions الويكه,الصلصه بودره,بصل مجفف	|___|___|___|
8	Cooked/processed food eaten at home or outside by the family تناول اكل مصنع ومطبوخ فى المنزل او بالخارج	|___|___|___|
9	Drinking water شرب الماء	|___|___|___|
10	Other food items (fresh vegetables, fruits, coffee, tea, pasta etc.) انواع اخرى من الطعام (خضروات ,فواكه,قهوه,شاى,مكرونة, الخ)	|___|___|___|

7. Anthropometric Information (first visit - Children 6-59 months)(معلومات القياسات الجسمانية (الزياره الاولى - الاطفال من 6-59 شهر					
		child الطفل 1	child الطفل 2	child الطفل 3	child الطفل 4
7.1	Weight (kgs)الوزن (باكيلوغرام)				
7.2	Height (cm)الطول (بالسنتيمتر)				
7.3	Sexالجنس	M , F ذكر/ أنثى	M , F ذكر/ أنثى	M , F ذكر/ أنثى	M , F ذكر/ أنثى
7.4	Oedema الورم	YES , NO نعم/ لا	YES , NO نعم/ لا	YES ,NO نعم/ لا	YES , NO نعم/ لا
7.5	MUAC (mm)محيط منتصف الذراع العلوي (مم)				

If child has MUAC <11.5 and/or Oedema refer to SC إذا كان محيط منتصف الذراع العلوي <11.5 سم و/أو متورم يحول الى مركز التغذية العلاجية

** If any of the measurements cannot be taken, indicate why إذا لم يؤخذ أي من القياسات, وضح لماذا