**MNP Questionnaire template**

Questions, coding categories and skips can be modified, deleted and customized for specific settings

| **Q #** | **Questions and Filters** | | **Coding Categories** | **Skip** |
| --- | --- | --- | --- | --- |
| 1 | Has anyone ever *talked to you* about why and how to give MNP micronutrient powders to (Child’s name?)  SHOW EXAMPLE | | Yes 1  No 2  Don't know 98  Refuse to answer 77 |  |
| 2 | From what sources of information have you ever *heard of* MNP micronutrient powders?  **(Multiple answers apply, Probe for “any other source” until respondent indicates none.**  **If they say “Never heard of MNP, then skip to Section X)** | | NEVER HEARD OF MNP 1  FCHV 2  MNP social mobilization event 3  Radio 4  TV 5  Staff of health facility, centre 6  Community leader 7  Neighbours/village members 8  Poster/Leaflet 9  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 | 14 |
| 3 | What is MNP?  **(Multiple answers possible)** | | Sachet of vitamins and minerals 1  Something added to the food of young  children 2  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 4 | At what age should you start giving a child MNP? | | Month (Completed)  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 5 | At what age does a child no longer need to consume MNP? | | After 23 months/2 years completed 1  Before 2 years 2  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 6 | How many sachets of MNP should a child consume in a day? | | 1 sachet a day 1  Half a sachet………………………………………………..2  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 7 | To what size/portion of food should MNP be added? | | Small portion a child can eat all of 1  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 8 | Should MNP be added to food that is cooking or hot? | | Yes 1  No 2  Don't know 98  Refuse to answer 77 |  |
| 9 | One sachet of MNP is meant for how many children? | | One child 1  More than one child 2  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 10 | Should MNP be added to liquids? | | Yes 1  No 2  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 11 | What are the benefits of using MNP?  **(Multiple answers possible)** | | No benefits 1  Increased appetite 2  Increased energy and activity 3  Mental development/Make child  clever/smarter 4  Increased immunity (less sick) 5  Make child healthy 6  Make child stronger 7  Physical growth 8  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 12 | To what types of food should MNP be added?  **(Multiple answers possible)** | | Soft foods 1  Porridge 2  (add local food options)  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 13 | Within what time after adding MNP to food should it be feed to the child? | | Feed immediately 1  Feed within 30 minutes 2  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| **MNP Experiences and Practices** | | | | |
| 14 | Did you EVER get MNP sachets for your child (Name)? | Yes 1  No 2  Don't know 98  Refuse to answer 77 | | 133 |
| 15 | Why did you not get MNP sachets for your child (Name)?  **(Multiple answers possible)** | I did not know I was supposed to get  MNP for my child 1  My child does not need MNP 2  I heard MNP causes side effects  (e.g., stool changes, nausea) 3  I do not know enough about MNP 4  My family does not want me to give  MNP to my child 5  I do not know where to get MNP 6  I lack transportation to the health  facility 7  The health facility 8  Stock out at the HF when I  went to get MNP 9  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 | | 41 |
| 16 | **The last time** you got MNP sachets, from where did you get them? | Health Facility (SHP, HP, PHC) 1  Health Facility outreach clinic/EPI  clinic 3  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 | |  |
| 17 | **The last time** you got MNP sachets, how long did it take you to get to (the location mentioned in previous question) to pick up the sachets from the time you left your house?  **(Write in minutes if it took less than one hour)** | Hours  Minutes  Don't know 98 | |  |
| 18 | How many times have you ever gotten MNP sachets for the child (Name)? | 1 time 1  2 times 2  3 times 3  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 | |  |
| 19 | How long ago was **the last time** you got MNP sachets for the child (Name)?  **(Write in days if it is less than a week, write in weeks if less than 2 months, otherwise write in months)** | Days  Weeks  Months  Don't know 98 | |  |
| 20 | Did anyone **EVER** tell you to go and pick up a batch of MNP sachets for the child (Name)? | Yes 1  No 2  Don't know 98 | | 22 |
| 21 | Who **EVER** told you to go and pick up a batch of MNP sachets for the child (Name)?  **(Multiple answers possible)** | Health facility staff 1  Family member 3  Friend/Neighbour 4  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98 | |  |
| 22 | **The last time** you got MNP sachets for the child (Name), did anyone remind you to go collect the next batch of MNP sachets for the child (Name)?  **(If the age of the child is less than 1 year circle option 3)** | Yes 1  No 2  Not applicable (Child is less than  12 months 3  Don't know 98 | | 24 |
| 23 | **The last time** you got MNP sachets for (Child’s name), who reminded you to go collect the next batch of MNP sachets for (Child’s name)?  **(Multiple answers possible)** | Health facility staff 1  Family member 3  Friend/Neighbour 4  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98 | |  |
| 24 | The last time you got MNP sachets for (Child’s name), how many sachets of MNP were you given? | 60 (2 boxes)………………………………………………...1  30 (1 box)………………………………………………...….2  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...............3 | |  |

| **S.No.** | **Questions and Filters** | **Coding Categories** | **Skip** |
| --- | --- | --- | --- |
| 25 | How easy has it been for you to get (Child’s name) batches of MNP sachets? | Very easy……………………….. 1  Easy……………..……………… 2  Sometimes difficult………..…… 3  Very difficult…………………… 4  Never collected it ........................ 5  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don’t know…………………… 98  Refuse to answer………............ 77 |  |
| 26 | From where would you prefer to get MNP sachets?  **(Multiple answers possible)** | Health Facility (SHP, HP, PHC) 1  Outreach clinic/EPI clinic 3  During Biannual Vitamin A  distribution campaign days 4  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 27 | Did a health facility staff ever talk to you about how and why to give (Child’s name) MNP? | Yes 1  No 2  Don't know 98  Refuse to answer 77 |  |
| 28 | Have you received information about MNP while attending a mother's group meeting led by a community health volunteer? | Yes 1  No 2  Don't know 98  Refuse to answer 77 |  |
| 29 | Have you ever been given a MNP reminder card? | Yes 1  No 2  Don't know 98  Refuse to answer 77 | 32 |
| 30 | If yes, may I see the reminder card please?  **(Observe the date documented on the reminder card and write the date)**  **(99/99/99 if left blank)** | Date of MNP receipt on front of reminder card:  \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  DD MM YY  No reminder card shown 0 | 32 |
| 31 | **Observe the inside of the reminder card on the bottom row, observe month marked.**  **(Document the month ticked on the inside of the reminder card on the bottom row)** | **Month marked inside of MNP card on the bottom row:**  January 1  Feb 2  March 3  April 4  May 5  June 6  July 7  August 8  Sept 9  Oct 10  Nov 11  Dec 12  Not marked 13  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |  |
| 32 | Have you ever been given a MNP brochure?  **(Show the brochure)** | Yes 1  No 2  Don't know 98  Refuse to answer 77 |  |
| 33 | Have you ever heard jingle about MNP in the radio? | Yes 1  No 2  Don't know 98  Refuse to answer 77 | 155 |
| 34 | Did you hear the MNP jingle in the radio yesterday? | Yes 1  No 2  Don't know 98  Refuse to answer 77 | 155 |
| 35 | What did the radio jingle say?  **(Multiple answers possible)** | MNP is for brain development 1  MNP makes child active/strong 2  MNP increase appetite 3  MNP reduce anemia 4  MNP is for free 5  MNP is for 6-23 months age child 6  MNP is available from FCHV  and HF 7  MNP contains Vitamins and  Minerals 8  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  |
| 36 | Has the child (Name) EVER consumed any of the MNP? | Yes 1  No 2 | 167 |
| 37 | When you mixed the MNP into food for your child, did you or your child ever notice a change in (\_\_\_\_\_\_\_):  (**Read options to participants**) | **Yes No**  A. Color 1 2  B. Taste 1 2  C. Smell 1 2 |  |
| 38 | Did the change in (previous answer(s)) bother either you or your child?  **(Read each options answered Yes I previous question to participant. If they said No to any option in previous question then select NA =**  **Not applicable)** | **Mom Child**  **Color**  Yes 1 1  No 2 2  NA 3 3  **Test**  Yes 1 1  No 2 2  NA 3 3  **Smell**  Yes 1 1  No 2 2  NA 3 3 |  |
| 39 | From **the last batch** of MNP sachets received, has the child (Name) consumed any of them? | Yes 1  No 2  Don't know 98  Refuse to answer 77 | 160 |
| 40 | From **the last batch,** how many of the MNP sachets did the child (Name) consume? | Number of sachets consumed  Don't know 98  Refuse to answer 77 |  |

| **S.No.** | **Questions and Filters** | **Coding Categories** | | **Skip** |
| --- | --- | --- | --- | --- |
| 41 | Does the (Child’s name) like to eat food mixed with MNP? | Yes, all the time 1  Yes, sometimes 2  Rarely …………………………….…… 3  Never likes 4  Child does not know BV in food….….. 5  I don’t know if child likes MNP 6  Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Refuse to answer 77 | |  |
| 42 | What were any positive effects in (Child’s name) after using MNP?  **(Multiple answers possible)** | Increased appetite 1  Increased energy and activity 2  Mental development/Make child  clever/smarter 3  Increased immunity (less sick) 4  Make child healthy 5  Make child stronger 6  Physical growth 7  No positive effects 8  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  | |
| 43 | What were any negative effects in (Child’s name) after using MNP?  **(Multiple answers possible)** | Black stool 1  Loose stool 2  Constipation 3  Vomiting 4  Nausea 5  No negative effects 6  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  | |
| 44 | Some mothers/caregivers experience challenges or barriers to give all sachets of MNP to the child from every batch, please tell me about any difficulties you had trying to give 1 sachet to (Child’s name) everyday?  **(Multiple answers possible)** | None 1  Need to put in small quantity of food 2  Causes loose stools 3  Cause dark (black) stools 4  Causes vomiting 5  Child rejects food/dislikes taste 6  Need to share with other children 7  Difficult preparation 8  Difficult to remember to use/I forgot 9  Don't trust MNP 10  I don't know enough about MNP 11  Increased appetite is a problem 12  Family doesn't support use of  MNP 13  Stock out at HF or FCHV 14  FCHV not available when I went to  get it or HF closed 15  I’m lazy……………………………… 16  Change in my routine caused me to  stop giving (e.g., travel, sickness) 17  Got MNP less than 60 days ago… 18  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  | |
| 45 | Did you feel pressure to share MNP with children other than (Child’s name)? | Yes, a lot 1  Sometimes………………………………2  No 3  Don't know 98  Refuse to answer 77 |  | |
| 46 | Please show me any MNP sachets you have in your house right now.  **(Observe and write the number of unopened/unused sachets and the number of opened/used sachets)** | No. of unopened sachets  No. of opened/used sachets……….  Don't know 98  Refuse to answer 77 |  | |
| 47 | From **the last batch** of MNP sachets received, please describe any supports and motivations that helped you give the sachets to (Child’s name)?  **(Multiple answers possible)** | Increased appetite 1  Increased energy and activity 2  Mental development/make child  clever/smarter 3  Increased immunity (less sick) 4  Make child healthy 5  Make child stronger 6  Physical growth 7  Child did not experience side effects 8  Child liked MNP 9  Support from husband 10  Support from mother-in-law 11  Support from friends/neighbors 12  Support from health staff 13  Child did not refuse food with MNP…….…….14  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  | |
| 48 | What would help to support or motivate you to start or continue giving MNP to the child (Name)?  **(Multiple answers possible)** | Observing positive effects in other  children 1  Approval from my husband or in-laws 2  My child not rejecting the food with  MNP 3  Information about the benefits of  MNP/Why my child needs 4  Information about how to use MNP 5  Information about how to resolve  side effects of MNP 6  Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96  Don't know 98  Refuse to answer 77 |  | |