

End line Assessment Report

Comprehensive End-line assessment to identify the facilitators and barriers in demand and supply of nutrition provisions (as proposed under the government run programs) for adolescent girls

Smile Foundation

Aug-20

To:
Mr. Vivek Asreker,
Manager - Special Projects & Institutional Partnerships
Smile foundation

Subject-Submission of the End line Assessment report on **“Comprehensive End-line assessment to identify the facilitators and barriers in demand and supply of nutrition provisions (as proposed under the government run programs) for adolescent girls”**

Dear Ms Nirmala Mishra,

As a part of our engagement to provide services to Smile Foundation for **“Comprehensive End-line assessment to identify the facilitators and barriers in demand and supply of nutrition provisions (as proposed under the government run programs) for adolescent girls”** we hereby submit the final assessment report for your kind perusal. The report has been prepared in accordance with our engagement agreement, our kick-off meeting and our planning and work products were adhered to those described in that agreement. As a part of the overall scope of work, the assessment report has been prepared by consultant to ensure that there is a clear and common understanding between the Smile Foundation and consultant with regards to:

- ▶ Project overview and scope
- ▶ Project work plan and deliverables
- ▶ Sample Size and survey methodology
- ▶ Data collected from the study area (qualitative and quantitative)
- ▶ Data Analysis Plan
- ▶ Report writing framework

This Assessment Report is based on interactions and discussions with Smile Foundation project team, the results of the data collected (qualitative and quantitative) from the study area and the feedback received from the Smile foundation technical team. This Assessment Report is intended solely for the information and use of the Smile Foundation and is not intended to be and should not be used by anyone other than the specified party. We appreciate the cooperation and assistance provided to us during the preparation of this report. If you have any questions, you can contact any person listed in key contacts section.

We remain,

Yours sincerely,

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Document control

Project name:	Comprehensive End line assessment to identify the facilitators and barriers in demand and supply of nutrition provisions (as proposed under the government run programs) for adolescent girls
Client representatives:	Mr. Vivek Asreker, Manager - Special Projects & Institutional Partnerships
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Key project team members

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Disclaimer

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Executive Summary

Executive Summary

India is home to 253 million adolescents, comprising of 20% of the world's total adolescent population (Census 2011). The prevalence of anaemia among adolescent girls was 56% which means an average 64 million girls at any point in time are anaemic. In addition, they are highly vulnerable to a multiple health risks ranging from nutritional anaemia, violence, early marriages, pregnancies, recurrent pregnancy loss and other reproductive and sexual health problems. In its policy response, the country has taken cognizance of the adolescent nutrition at all levels and undertaken several programmes to improve nutritional outcomes for children, pregnant women and lactating mothers while Banaskantha district is part of the central government's flagship programmes namely SABALA and RKSK.

Key strategies and activities undertaken post baseline study by Smile Foundation

- Formation and strengthening of groups of adolescent girls and community engagement activities in project area
- A cascaded approach for knowledge, life skills and vocational skills development to improve the capacities of the target group
- Orientation of the Front-Line Workers (FLWs) for their active participation and involvement in the project leading to improvement in their knowledge as well as motivation to serve the adolescent girls regularly

Objective and Methodology for the End line study

The objective of this end line assessment is to understand key knowledge, behaviour, attitude and practices of adolescent girls and other factors such as socio- economic standard of living, caste system, provision of government facilities etc. and their impact on the nutritional status and prevalence of anaemia through qualitative discussions and quantitative analysis undertaken during the study.

Findings and Impact

The study captured the demographic profile and socio-economic status of the adolescent girls in terms of living standard status, household characteristics, food consumption patterns, media exposure, water, and sanitation facilities, working status and health seeking behaviour.

Nutrition

The quantitative analysis supplemented by qualitative discussion with multiple stakeholders including program and technical leads, community leaders, district level officials and others highlighted a significant improvement in the nutritional status due to various interventions implemented by Smile Foundation. Some of these majorly contributed such as; rigorous training sessions focusing on orientation of adolescent girls on the nutritional needs, food pyramid, anaemia and its management and importance of balanced diet supplemented by interventions such as distribution and consumption of IFA tablets, nutritional laddoos, orientation of family

members specifically mothers by the front line workers on food consumption pattern, behaviour change, reinforcement of healthy feeding habits.

Menstrual Hygiene

The menstrual hygiene interventions including provision of sanitary napkins and counselling of mothers during FGDs highlighted a significant rate increase in the usage of sanitary napkins was observed. Also, the % of girls missing school due to menstruation has reduced.

Findings from other stakeholders including Primary caregivers, Institutional stakeholders, and Community Leaders

IDIs with the stakeholders highlighted that the adolescent girls in the village showed significant improvement in the nutritional status, sanitation and hygiene practices and livelihood status. Front line workers such as AWWs (Anganwadi workers) have significantly contributed in implementing the interventions devised by Smile Foundation by conducting regular sessions with the girls. A two-pronged approach involving the community leaders/workers/influencers as well as the household members of the adolescent girls has been really effective in driving the program and reaping its benefits.

Overall, the group praised the efforts made by the Smile Foundation in the village highlighting the effectiveness in improving the health status of the girls. From the sustainability point of view, the leads expressed that majority of the girls are implementing the practices they learnt during the sessions such as using sanitary napkins and eating nutritious food etc.

Program facilitators and barriers

The program leads shared that initially, due to preconceived notions of the people living in the village it was difficult to implement the interventions and scaling them up. With support from the government authorities and local community leaders, increasing no. of girls and their family members were encouraged and participated in the program.

Few challenges at the community level that came up during IDIs included early child marriage leading to early pregnancies, weak financial conditions, non-availability of facilities like education and limited livelihood options.

Way Forward

According to the program leads, areas such as provision of education needs to be further strengthened wherein hostel facilities shall be provided for girls so that they can safely live there and study and move ahead in life. In addition to this, household facilities including water and sanitation etc. need to be further strengthened, and provision of more livelihood options need to be created.

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Project Overview

1. Project Overview

1.1 Adolescent Health in India

India is home to 253 million adolescents, comprising of 20% of the world's total adolescent population (Census 2011). Adolescents in India, especially girls which are almost of the young population, are highly vulnerable to a multiple health risks ranging from nutritional anaemia, violence, early marriages, pregnancies, recurrent pregnancy loss and other reproductive and sexual health problems. The prevalence of anaemia among adolescent girls was 56% which means an average 64 million girls at any point in time are anaemic. (Aguayo et al, 2013). In its policy response, the country has taken cognizance of the adolescent nutrition at all levels, linking it to pregnancy and childbirth outcomes and subsequently to child survival through its Reproductive, Maternal, New-born Child and Adolescent Health (RMNCH +A) strategy (MoHFW-India, 2013). Further, the National Adolescent Health Strategy, on which the Rashtriya Kishor Swasthya Karyakram is based, clearly outlines the need and approaches to address malnutrition among young boys and girls. The National Nutrition Mission or Poshan Abhiyan is another flagship programme to improve nutritional outcomes for children, pregnant women, and lactating mothers. While Banaskantha district is part of the central government's flagship programmes namely SABALA and RKSK.

1.2 Initiatives by Government improving Adolescent Health in Gujarat



- Reproductive, Maternal, Newborn, Child and Adolescent Health, MoHFW
- The National Adolescent Health Strategy (Rashtriya Kishor Swasthya Karyakram), MoHFW
- Nutrition Mission or Poshan Abhiyan, ICDS, MoWCD
- Kishori Shakti Yojana, ICDS, MCWD
- Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, "SABLA", ICDS, MoWCD

1.3 Adolescent Health in Banaskantha

Banaskantha is the second largest district in Gujarat, with a population of 3.12 Million. The district performs poorly in most development indicators; with 6.8% women aged 15-19 reported being pregnant or already mothers in age group 15-19 (NFHS 4). The literacy rate of women (15-49) is 56% but only 14.6% women peruse schooling for 10 or more years. According to NFHS 4, about 50% of the women (15-49) reported were anaemic (both pregnant and non-pregnant). Almost 45% of Anganwadi going children were reported undernourished suffering from malnutrition (2013-2014)

The district is divided into 14 blocks wherein Amirgarh is one of the tribal and lesser developed blocks (Census 2011) which encompasses 69 villages with a total population of 0.13 Million

(census 2011) and sex ratio of 972. Two third of the population is dependent on agriculture sector while 50% of BPL families are in the very poor category. The overall literacy rate of the block is only 50.8% however, female literacy rate is at 38.2%. According to a recent UNDP (District Human Development report) report, out of all 14 blocks in Banaskantha, Amirgarh has the lowest institutional deliveries, further about 40% of Anganwadi going children are malnourished. The school enrolment of girls in the block is lesser than the boys i.e. only 45% for girls and 55% for boys.

1.4 Details of the baseline study conducted

A baseline study was conducted by Smile Foundation in 38 villages of the Amirgarh block to assess the nutritional status of adolescent girls (14 to 19 years) in the region, revealed that 78% of adolescent girls are anaemic (varying from mild to severe), with 50% girls being moderately anaemic and about 13% being severely anaemic. The survey also revealed that only 17.6% were attending school, with most respondents (49%) dropping out of school after Class 6 or 8. The study further revealed that around 84% of the respondents have never consumed any multi-vitamin or iron folic acid supplements, and most of them having no awareness of anaemia or ever having checked their anaemic status.

1.5 Key strategies and activities

- Formation and strengthening of groups of adolescent girls and community engagement activities in project area. These activities were in alignment with Government sponsored welfare and development schemes (programs) which anticipate to provide nutrition supplements, ensuing IFA tablets supply from AWC to them as well the ones related to life-skills and vocational training for adolescent girls
- A cascaded approach for knowledge, life skills and vocational skills development to improve the capacities of the target group resulting in the desirable shift in IFA and nutrition intake pattern, and eventually establish the desirable practice.
- Orientation of the Front-Line Workers (FLWs) for their active participation and involvement in the project leading to improvement in their knowledge as well as motivation to serve the adolescent girls regularly.

Key Activities	Description
Conducting Sessions for the Identified Adolescent Girls	15 topics pertaining to aspiration, nutrition & growth, balanced diet, food pyramid, anaemia and its management, menstrual cycle, and menstrual hygiene, understanding social norms, attitude and gender roles gender and life skills have been completed. Total 540 sessions have been done in all 36 groups.
Refresher training	Two- day's refresher training was planned to reorient the facilitators. The objective of refresher training was to address the gap areas in regard to technical understanding and reporting of the session. The sessions around balanced diet, anaemia and its management, and gender norms were given special focus
Consumption of IFA and Testing Haemoglobin	Quarter wise Hb test of all the identified girls were conducted. The girls with mild and moderate anaemia were given IFA through Mamta Diwas for improving and

	<p>maintaining Hb level. Those who were severely anaemic were being referred to nearest health facility and were followed up for the advice given. Improvement in Hb levels were actively observed over two quarters.</p> <p>Approx. 64896 IFA tablets have been consumed by 1014 adolescent girls</p>
Distribution of Nutritious Snacks and Kitchen gardening	<p>Knowledge enhancement among girls and community pertaining to food and nutrition and several activities like kitchen gardening, distribution of nutritious food (laddoos), which enforced the importance of healthy eating habits and balanced diet, there was a positive improvement observed in the level of BMI among adolescent girls.</p> <p>Over a period of ...</p> <p>Total 130246 Laddoos have been distributed and consumed by 1014 girls.</p> <p>Total 617 and 397 kitchen gardens established at community and household levels, respectively.</p>
Strengthening government linkages and leveraging AWW efforts for implementing the activities	<p>Linkages with district level officials were ensured to leverage AWWs in conducting VHND/ Mamta Diwas at the Anganwadi center. Continuation of Mamta Diwas ensured tracking of Haemoglobin, Height & Weight (BMI) and regular weekly consumption of IFA by the adolescent girls.</p>
Home Visits and Meetings with Frontline Workers	<p>Regular home visits and meetings with frontline workers and the sessions with girls and their mothers on a regular basis reinforced healthy eating habits among adolescent girls and their families.</p> <p>Total of 4706 home visits and 1046 meetings with frontline workers and school principals have been done in intervention villages in the entire project duration. This lead to improvement of HB level and positive shift in BMI of the target girls.</p>
Leveraging Community resource centres for conducting activities	<p>Leveraged community resource centre with support from panchayat, school, Anganwadi etc. for conducting the sessions with the girls. At the centre activities like cook and win competitions were also organised including drawing competition on different sessions conducted on weekly basis. Awarded posters were mounted on the walls.</p> <p>Maps were made for all the 10 villages and 36 groups.</p> <p>A total 180 cook and win competitions were conducted and total 367 healthy recipes were recognized.</p>
Distribution of Sanitary Napkins	<p>The distribution of sanitary napkins was undertaken to ensure the menstrual hygiene and inculcate healthy habits. The sensitization of the same was done as a part of regular sessions which were conducted with the girls at the community level.</p> <p>Total of 18912 sanitary napkin packets were distributed.</p>

Dissemination of Livelihood Trainings	<p>Linkages with suitable livelihoods programmes were explored. Linkages were built with the government’s initiatives to address skill development programmes. These linkages were used to provide exposure to the girls, in order to encourage them to explore their aspirations as well provide livelihood options.</p> <ul style="list-style-type: none"> • 17 girls trained for 10 days on sewing skill • 25 girls trained on making door mats and table mats • 267 girls trained to enhance bakery skills • 35 girls trained on khakra, papad and pickle making
Entrepreneur Development	<p>In partnership with SCORE Livelihood Foundation 13 girls from 5 villages (Balundra, Jeti, Karja, Kakwada and Dungarpura) were identified to train them as entrepreneur. SCORE supported them in establishing their interest and start-up. These girls are running their micro enterprise from their homes and able to earn reasonable amount.</p>

Table 1: Key interventions undertaken by Smile Foundation

1.6 Need for the End-line Assessment

Nutrition Enhancement Program supported by PepsiCo was implemented by Smile foundation in Amirgarh block of Banaskantha district in the year 2019. The foundation now intends to understand the current improved situation of nutrition in the adolescent girls by studying a valid sample in the selected villages of the intervention block. The End-line evaluation would serve to analyse the impact of intervention in improving the anaemia situation, its ability to strengthen Government linkages for tackling malnutrition and improved livelihoods for adolescent girls. The results of the study would largely inform future interventions for both the Government as well the Smile foundation.



Methods

2 Methods

Objectives

The objective of the Comprehensive End-line assessment is to identify the facilitators and barriers in demand and supply of nutrition provisions for adolescent girls in the study area.

The specific objectives of the assessment are:

- To assess the improvements (actual nutritional status and prevalence level of anemia) and changes in the nutritional needs of the adolescents in the project area
- To understand the government linkages established and community participation strengthened to address prevailing malnutrition among the adolescent girls of age 14 to 19 yrs.
- To assess the livelihood and entrepreneurial initiatives undertaken for the adolescent girls

Study Area

The study was set in a rural context, and was carried out in Amirgarh block of Banskantha district in Gujarat state. The study adopted a qualitative approach to explore responses from adolescent girls, primary caregivers, institutional stakeholders and community leaders supplemented by findings from households.

Data collection methods

The data collection methods included in-depth interviews with adolescent girls, institutional stakeholders, community leaders and members and program leads of smile foundation. 386 households were also covered to gain an understanding on the socio economic standard of living for both intervention and non-intervention villages.

2.1 Objectives of the study

The objective of this end line assessment is to understand key knowledge, behaviour, attitude and practices of adolescent girls and other factors such as socio- economic standard of living, caste system, provision of government facilities etc. and their impact on the nutritional status and prevalence of anaemia. The evidence-based findings from this study will be further used to improve the utilization of existing services for all adolescent girls, reduce anaemia, improve nutritional status, enhanced skills to ensure improved livelihood and improve menstrual hygiene practices.

In particular, the assessment has sought to understand the following from the stakeholders thereby encompassing both the demand-side and supply-side dimensions:

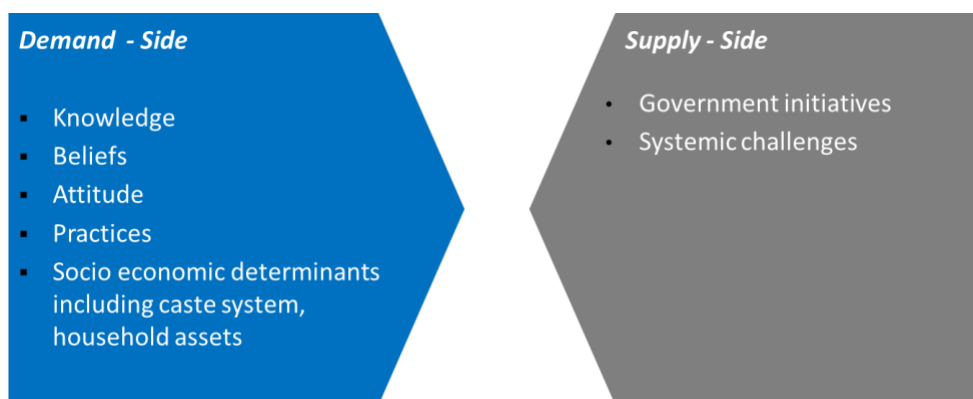


Figure 1 - Dimensions of the Endline assessment

This assessment covered primary interactions with a variety of stakeholders and a quantitative survey covering households both from intervention and non-intervention villages. This included adolescent girls, primary caregivers, institutional stakeholders at the district and block levels, community leaders and other community members (including formal and informal health service providers, AWWs, community platforms such as VHND etc.). This chapter entails the study tools, sampling design, and stakeholders met during the course of the study.

2.2 Study Tools

For each type of stakeholder and depending on type of interview, interview guides and focus group discussion guides were prepared mostly comprising semi-structured questions and structured questions to capture the details. The tools were provided by Smile Foundation. The tools were further refined by consultant and CAPI software was leveraged to conduct end line assessment to ensure that essence of the questions was not lost.

Stakeholder	Type of Interview	Type of Tool	Themes covered in the Study Tool
Adolescent girls	Face to Face Interview	Structured interview guide with close ended questions	Knowledge, attitudes, beliefs, practices among adolescent girls towards Nutrition, hygiene practices, health seeking behaviour, education, decision making. Perceived barriers faced by adolescent girls in general, primary decision makers and awareness of Government initiatives taken to enhance the nutrition status, develop employment opportunities, vocational trainings etc. and practices of communities

			such as VHND and AWC activities
Mothers of adolescent girls	Focus Group Discussion	Group	FGD guide with open-ended questions
			Knowledge, attitudes, beliefs, practices among mothers towards adolescent girls in general, barriers faced by them in enhancing the overall nutrition and health status of girls, providing education, allowing them to work and earn, early marriage etc. Awareness of Government initiatives for adolescent girls including nutrition programs, vocational trainings, and employment opportunities. Experiences with health systems, health-seeking practices of communities.
Officials at the District and Block level	Face to Face Interview	Face	Interview guide with open-ended questions
			Programme overview and benefits, convergence mechanisms with other healthcare and nutrition programs, implementation and scale up of programs in future, good practices/ innovations, and implementation challenges
Front line workers (AWWs)	Face to Face Interview	Face	Interview guide with open-ended questions
			Awareness about water and sanitation facilities in the block, health and nutrition status of girls, availability of health services for adolescent girls, status of nutrition interventions undertaken, challenges faced in implementation of these interventions. Programme overview and benefits, convergence mechanisms with other healthcare and nutrition programs, implementation and scale up of programs in future, good practices/ innovations, and implementation challenges

Formal and Informal groups (Panchayat members, VHND and SHG members)	Face to Face Interview	Face to Face Interview	Interview guide with open-ended questions	Key perceptions, social norms, and societal attitudes on upliftment of adolescent girls including nutrition, availability of health services, livelihood, vocational studies, education. Awareness and their role in provision of water and sanitation facilities, education infrastructure. Programme overview and benefits, convergence mechanisms with other healthcare and nutrition programs, implementation and scale up of programs in future, good practices/innovations, and implementation challenges
Project team, Smile Foundation	Face to Face Interview	Face to Face Interview	Interview guide with open ended questions	Program objectives, awareness levels, benefits and challenges faced during implementation, identified areas of improvement, future interventions, Sustainable approach

Table 2: Stakeholders interviewed, and themes covered for each stakeholder category

2.3 Pre- test of study tools

The pre-test of the study tools was conducted in two villages covering 15 households of Amirgarh block. During the pre-test, the consultant met with the adolescent girls in the sample households. A two-day training session was organised for the field staff including one day training on the CAPI tool and another day training for the pre-test.

2.3.1 The key insights during the pre-test included:

Reduction in length of the interview guide: The time taken during interviews was high leading to a lot of respondent fatigue, decreasing the quality of responses. Given the sensitivities involved in dealing with adolescent girls, the team sought to remove the repetitive questions that eventually was not leading to improvement in the depth of responses.

Testing the efficacy of using a vignette: The story of a fictional caregiver ('Kamla') with a daughter who had poor nutritional status, suffered from ailments and got married early to understand caregiver and community perceptions and norms, based on the responses of the caregiver to the story. This method was found to be successful in ascertaining social norms, and was especially useful in understanding various social issues and nuances, such as the role of the mother in determining health seeking behaviours and how the gender of the child influences

these community perceptions. Statements following the vignette were refined to reduce usage of strong ‘emotional language’.

Placement of questions: Question placement was carefully observed during the pre-test as it could potentially impact the quality of the data collected.

Addition of non-response choices: Wherever applicable, non-response choices such as ‘don’t know’, ‘not applicable’, etc. was added to account for unwillingness to answer or inability to comment/ answer questions.

HB measurement strips: The pre-test helped in optimising the usage of the HB strips.

2.4 Sampling Design and Methodology

2.4.1 Quantitative Survey

A number of pointers that exemplifies the proposed evaluation indicators can be used for calculation of sample size for quantitative survey for each category. The baseline value of any indicator is assumed to be 0.51 that provides maximum sample size. So here, $p=.5$, because the value for any category for which the intervention is planned is not available.

$$\text{Formula: } n = \frac{Z^2 * p * (1-p)}{d^2}$$

Where,

$Z = 1.96$ (at 95% confidence level)

$p = 0.5$

$d =$ (margin of error) $.05$

Total Sample Size: 384

Based on the above equation, the minimum sample sizes are 384 households.

2.4.1.2 Selection of Intervention villages

The below list of intervention villages with the baseline status was shared by Smile Foundation team which was applicable for End-line assessment:

S.No	Intervention Village	Block	Number of HHs
1	Balundra -Baseline	Amirgarh	24
2	Deri	Amirgarh	24
3	Dhanpura- Baseline	Amirgarh	24
4	Dhanpura- Baseline	Amirgarh	24
5	Dungarpura	Amirgarh	24

¹ This means that baseline value of any evaluation indicator is 50%. Source: Cochran, W. G. 1963. *Sampling Techniques*, 2nd Ed., New York: John Wiley and Sons, Inc.

6	Gavara- Baseline	Amirgarh	24
7	Jethi- Baseline	Amirgarh	24
8	Karaza- Baseline	Amirgarh	24
9	Khapara- Baseline	Amirgarh	24
10	Kidotar- Baseline	Amirgarh	24
Total			240

Table 3-Intervention villages

Later, three villages from the above-mentioned list had to change because lesser number of intervention girls present in those villages which could affect the sampling size. Hence the updated list of intervention villages with baseline status where end-line assessment was completed is as tabulated below:

S.No	Intervention Village	Block	Number of HHs
1	Balundra -Baseline	Amirgarh	24
2	Deri	Amirgarh	24
3	Kakawda- Baseline	Amirgarh	24
4	Dhanpura- Baseline	Amirgarh	24
5	Jodhpur	Amirgarh	24
6	Gavara- Baseline	Amirgarh	24
7	Jethi- Baseline	Amirgarh	24
8	Karaza- Baseline	Amirgarh	24
9	Lokniketan- Baseline	Amirgarh	24
10	Kidotar- Baseline	Amirgarh	24
Total			240

Table 4-Intervention villages revised

After the identification of intervention village, we selected the non-intervention village with the help of Probability Proportional to Size (PPS).

2.4.1.3 Selection of non-intervention villages

Taking into consideration of availability of time, and other resources, six non-intervention village i.e. one-sixth of all 40 non-intervention village in Amirgarh block were selected.

Non-intervention village were selected based on Probability to Proportionate Size Sampling (PPS). The non-intervention village are arranged in ascending order based on population. An interval (N/n) factor has been calculated by dividing the number of total non-intervention village (N) in the block by the number of village (n) to be selected. After selecting first village randomly,

every (N/n)th village is selected until we get the required number of villages. The block wise selected non-intervention village name is mentioned below in a tabular format.

S.No	Village Name	Block	Population	HHs
1	Dabhchatra	Amirgarh	550	24
2	Juni Roh Sarotri	Amirgarh	1386	24
3	Juni Roh (Baseline)	Amirgarh	1508	24
4	Khara (Baseline)	Amirgarh	1572	24
5	Ghanghu (Baseline)	Amirgarh	1634	24
6	Chikanvas (Baseline)	Amirgarh	1758	24
Total HHs				144

Table 5-Non-Intervention villages

Total Sample Size (intervention village and selected non-intervention village) = 384 HHs

Selection of the respondents were done from the list of 1000 girls provide by the Smile foundation in intervention villages. Randomly 10 villages (List of the villages as provided above) have been selected and 24 girls will be covered from all 10 intervention villages.

For non-intervention 6 villages have been selected and 24 household for every village will be covered under the study. Household will be selected randomly starting from 1st household and then every 10th household in the village.

2.4.2 Qualitative Survey

2.4.2.1 Focused Group Discussions

- 1- FGD with mothers (15-49) Card sorting method will be used as prop as to facilitate some of the discussions during FGDs.
- 2- FGD with facilitators

2.4.2.2 In-depth Interviews

- 1- In depth interview with AWW, PRI representative
- 2- In-depth interviews with district (DC, DEO), Project Office -WCD and block level (MoIC) government authority
- 3- Technical advisor of the Project from Smile Foundation team
- 4- Programme Lead from Smile Foundation team
- 5- Representative from Pepsi Co.

S. No	Method	Respondent Type	Quantity
1	In-depth Interview	District Collector	1
2	In-depth Interview	District Education Officer	1
3	In-depth interview	Project Office-WCD	1
4	In-depth Interview	MoIC	1

5	In-depth interview	Representative Pepsi co.	1
6	In-depth interview	Technical Advisor	1
7	In-depth interview	Program Lead	1
8	FGD	Mothers	2 (1 from intervention village and 1 from non-intervention village)
9	FGD	Facilitators (Project team)	1
10	In-depth Interview	AWW	4*
11	In-depth Interview	PRI	3*

Table 6-Qualitative interviews details

S.No	Intervention Village	Baseline Villages			Non-Baseline Villages			Total	
		# Villages	In Depth Interview w AWW	In Depth Interview w PRI	# Villages	In Depth Interview w AWW	In Depth Interview w PRI	# Villages	# in-depth Interviews
1	Intervention Villages	8	2	1	2	1		10	4
2	Non-Intervention Villages	4	1	1	2		1	6	3
Total		12	3	2	4	1	1	16	7

Table 7-FGD distribution

2.5 Data Collection

As mentioned previously, data collection methods included:

- **Interviews** with adolescent girls for the quantitative survey
- **In-depth interviews (IDIs)** with government officials at district and block level, AWW and PRI representatives at community level, project team from Smile Foundation and Representative from Pepsi Co.
- **Focus group discussions (FGDs) with mothers of adolescent girls**

Consultant's team conducted face-to-face interviews with government officials at district and block-levels and a few community interviews. Given the need for local language speaking investigators, stringent timelines to conduct community in-depth interviews, focus groups and sensitivity of study consultant inducted female field investigators with social research experience

and resources to handle qualitative and quantitative data collection in the study block. Further, the consultant team conducted a one-day classroom training for all field investigators, local supervisors, and transcribers. The training session covered research ethics, informed consent, programme details, goals and objectives of the study, and interview guides to be administered. It also covered ways to handle possible emotional reactions due to sensitivity of the questions, and tips on interviewing, probing, confidentiality, etc.

2.6 Monitoring quality of data collection

To ensure that quality of field study was maintained, the consultant team led as well as monitored a sample of field interviews. Daily and weekly status updates sent by the field agency were used to monitor progress on the field study and to implement any mid-course corrections. All community-level in-depth interviews were conducted in local language, in the form of written notes and audio recordings (wherever applicable)

2.7 Ethical Considerations

Participation was voluntary and the informed consent form was read out to the respondents and their verbal and written consent was sought. All the photographs used in the report have been taken by consultant’s team after obtaining verbal consent from the respective individuals.

2.8 Data Analysis

Qualitative data collected through in-depth interviews and focus groups was collated by converting audio recordings into English transcripts. In addition, notes made by the interviewers were also transcribed and added to enrich the transcripts. Further, a few rounds of data cleaning activities were conducted to streamline the analysis of transcripts. Each of the transcripts was checked for accuracy, consistency, completeness, and cohesiveness. All the analysis and coding were done using Microsoft Excel.

consultant’s team read and re-read the transcripts and identified key variables for coding. A codebook was prepared for key variables with definition of the codes. Similar codes were grouped to form themes. Content analysis was also done in the form of counting frequencies. The relevant quantitative data was extracted and analysed using appropriate statistical techniques using univariate, bivariate and multivariate analysis synthesized into graphs and charts. Findings have been analysed and presented in the subsequent chapters

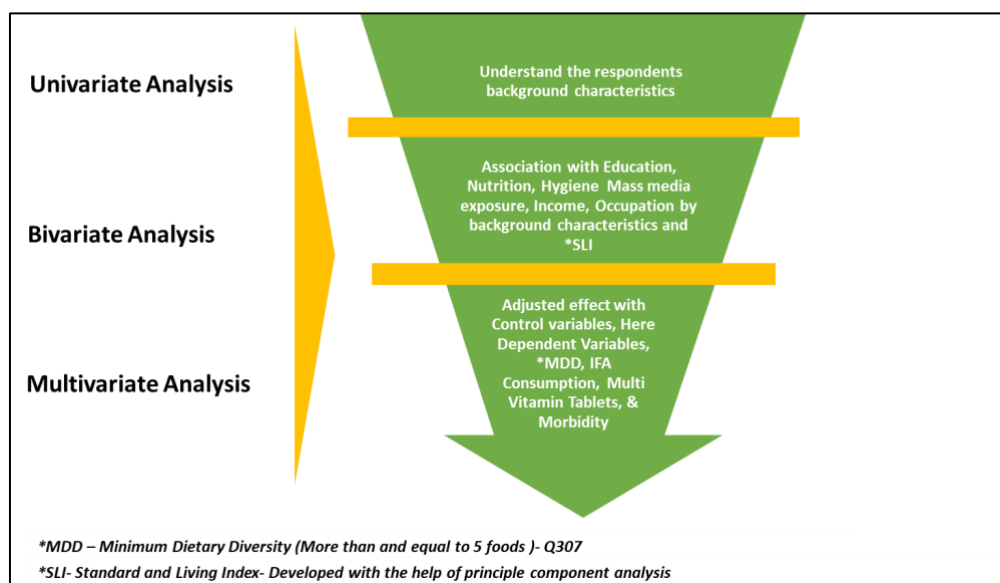


Figure 2- Data analysis plan



Key Findings- Adolescent Girls

3. Key findings from Adolescent Girls and Households

This chapter provides the key findings from IDIs with 384 adolescent girls. These findings have been organised into a KABP (Knowledge, Attitudes, Beliefs, and Practices) framework. The findings conclude with the key barriers faced by these girls and enablers or facilitating factors that will allow them to overcome these barriers.

3.1 Socio Demographic Profile of Adolescent Girls

3.1.1 Demographic profile of adolescent girls

A total of 387 adolescent girls were covered during the study across the block. In terms of demographic profile, 80% of the girls were in the age bracket of 13-17 years while 20% in the bracket of 18-19 years.

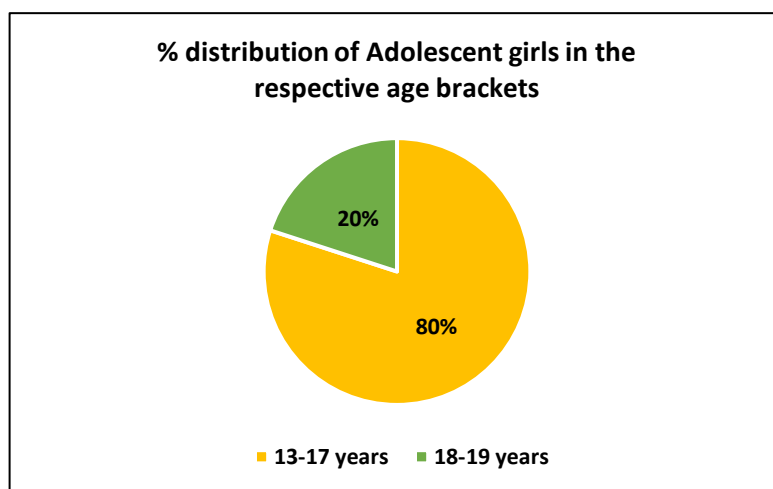


Figure 3- Distribution of adolescent girls(%)

3.2 Socio Economic Status of Households

3.2.1 Living standard status of households covered under the assessment

The assessment also captured the socio- economic details of the households to understand the association between the standard of living of the girls with hygiene practices, decision making, working status, education, and nutrition levels. The standard and living index of the households was ascertained based on the data captured including the household assets like land, type of house (kachcha/pucca), electronic assets like television, refrigerator, fan, cooler etc., internet connectivity, mode of transport such as cycle, motorcycle, car etc.

Applying the technique of principal component analysis (PCA), all household characteristics mentioned above were included and the standard and living index was constructed in three equal groups, which are defined as **Low, Medium, and High** categories, respectively.

3.3 Household characteristics

The assessment also captured additional indicators such as type of house, source of lightning and drinking water, type of fuel used etc. to determine the socio-economic propensity further and their impact. It was observed that all households had electricity provision which is used as the only source of lightning.

Most of the houses have a pipeline connection and regular water supply- ICDS Official

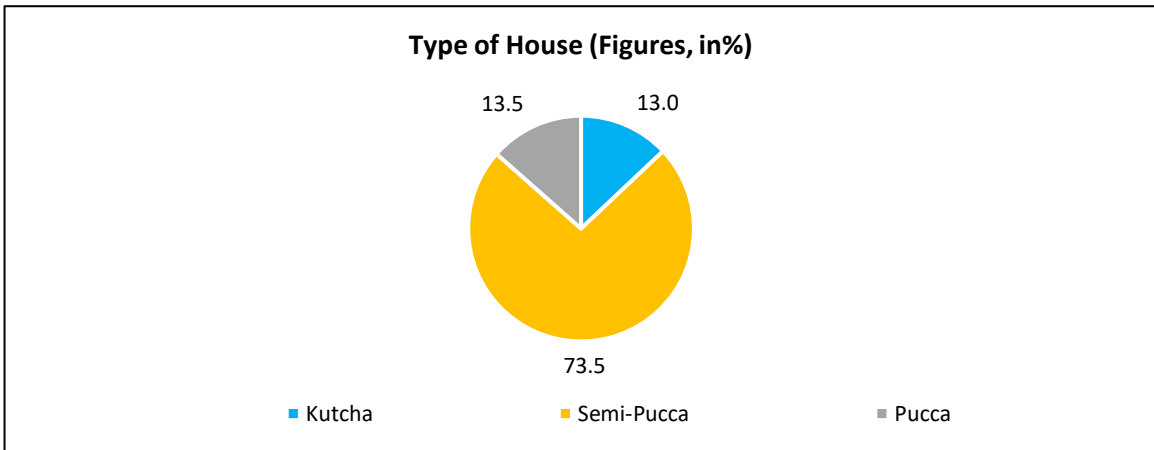


Figure 4-Type of House in the study area

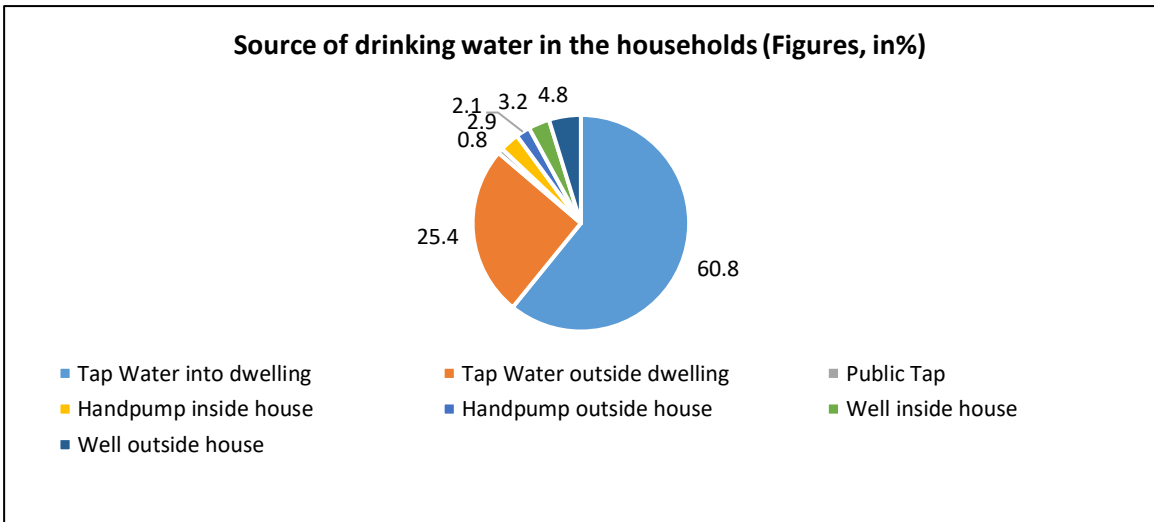


Figure 5- Source of drining water

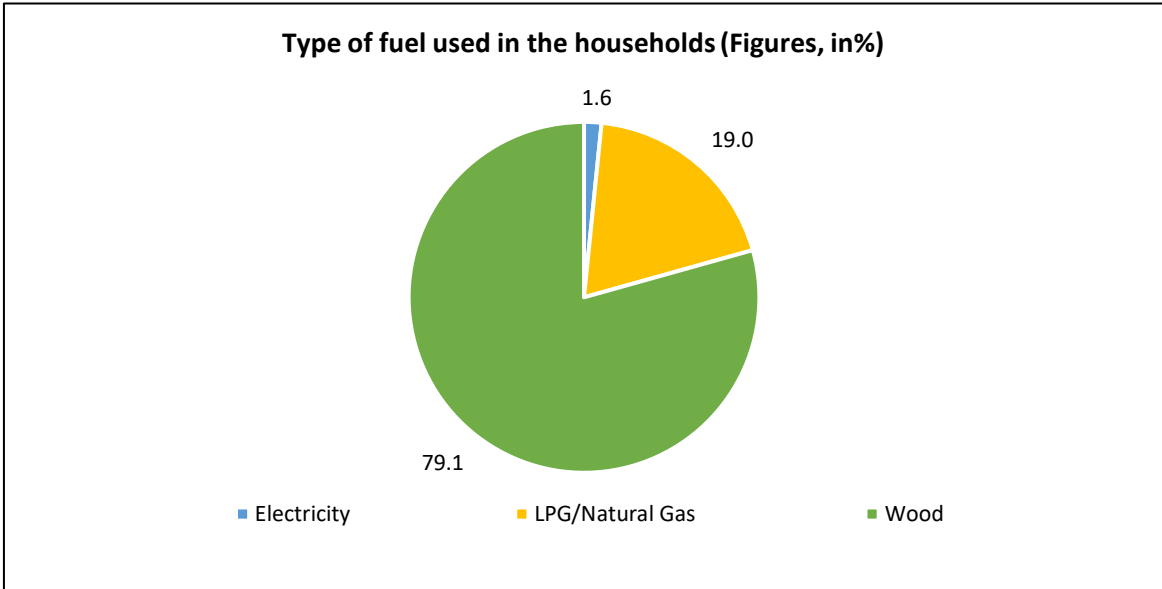


Figure 6- Type of fule used

3.4 Consumption patterns (Food materials)

It was observed during the assessment that majority of the household's consumption patterns are impacted due to affordability and availability of the food materials.

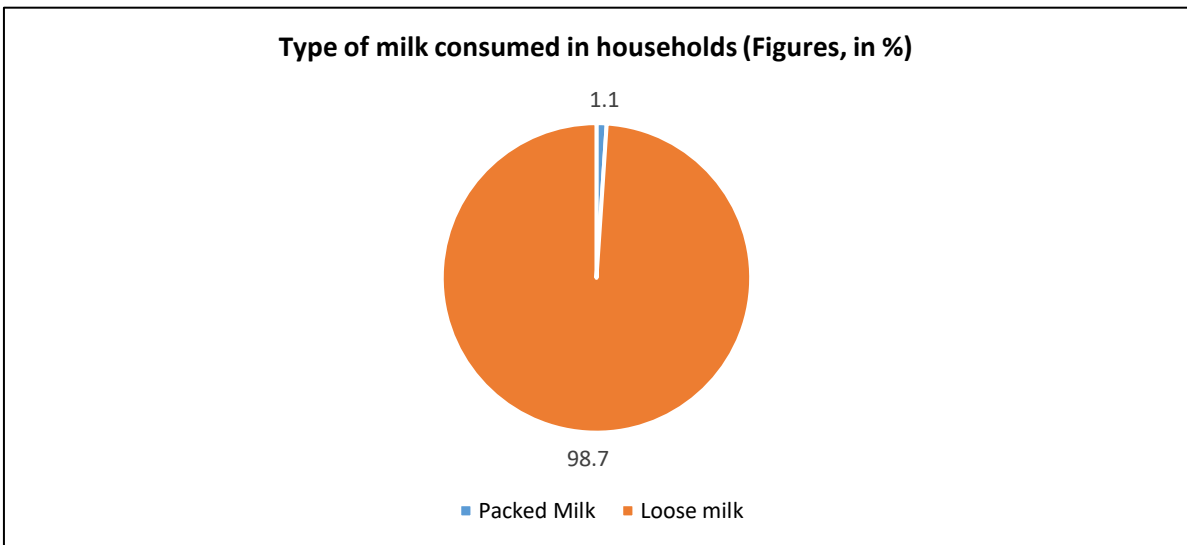


Figure 7- Type of milk consumed

Type of salt consumed in households (Figures, in %)

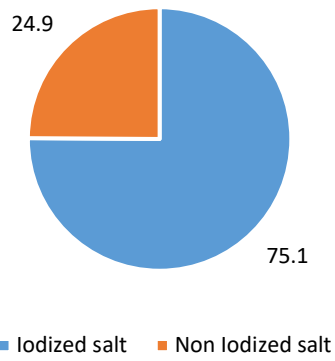


Figure 8- Type of salt consumed

Type of oil used in the households (Figures, in %)

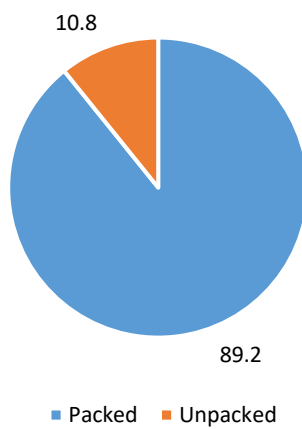


Figure 9- Type of oil consumed

Packed oil labelled as fortified oil or not (Figures, in %)

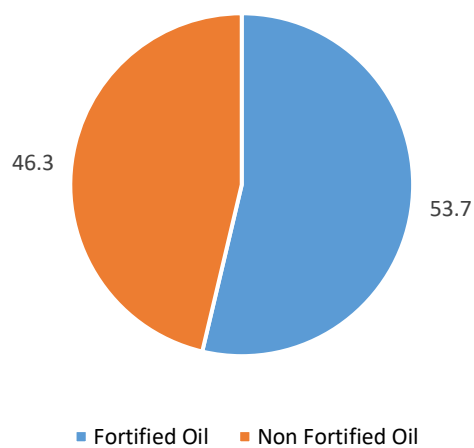


Figure 10- Fortified Vs Non-fortified

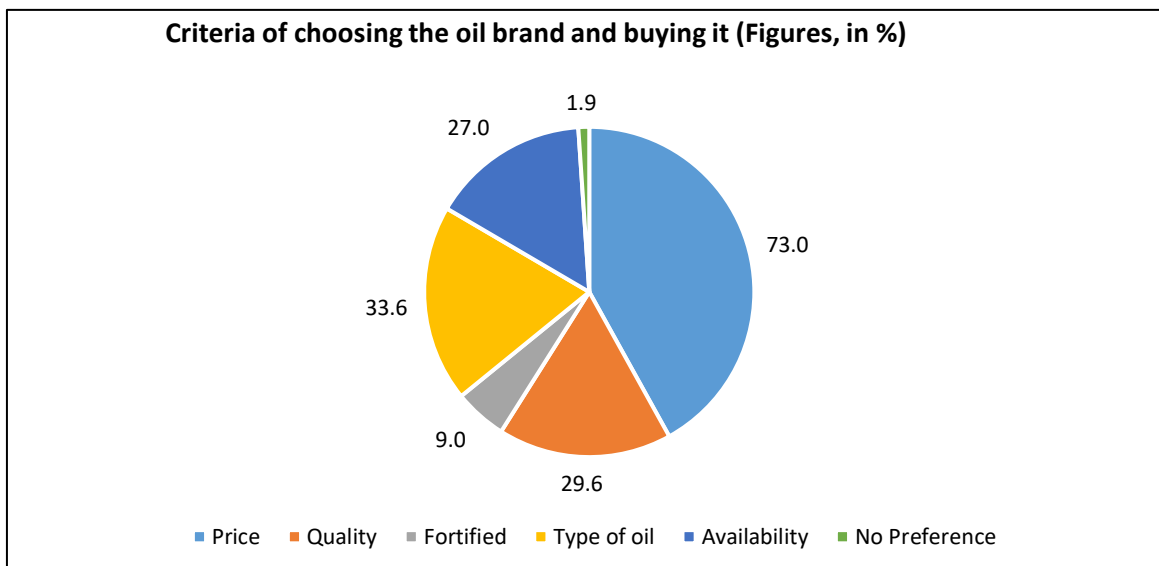


Figure 11- Criteria of choosing the oil

3.5 Media Exposure

The assessment also covered the media exposure to ascertain the awareness levels of the households through communication mediums like TV, mobiles, newspapers, magazines etc. It is important to understand the communication mediums used in majority of the households which could be leveraged to create awareness about the programs/interventions and their benefits undertaken in future in the block. It was observed that television and mobile phones are majorly used as communication mediums and can be leveraged in future.

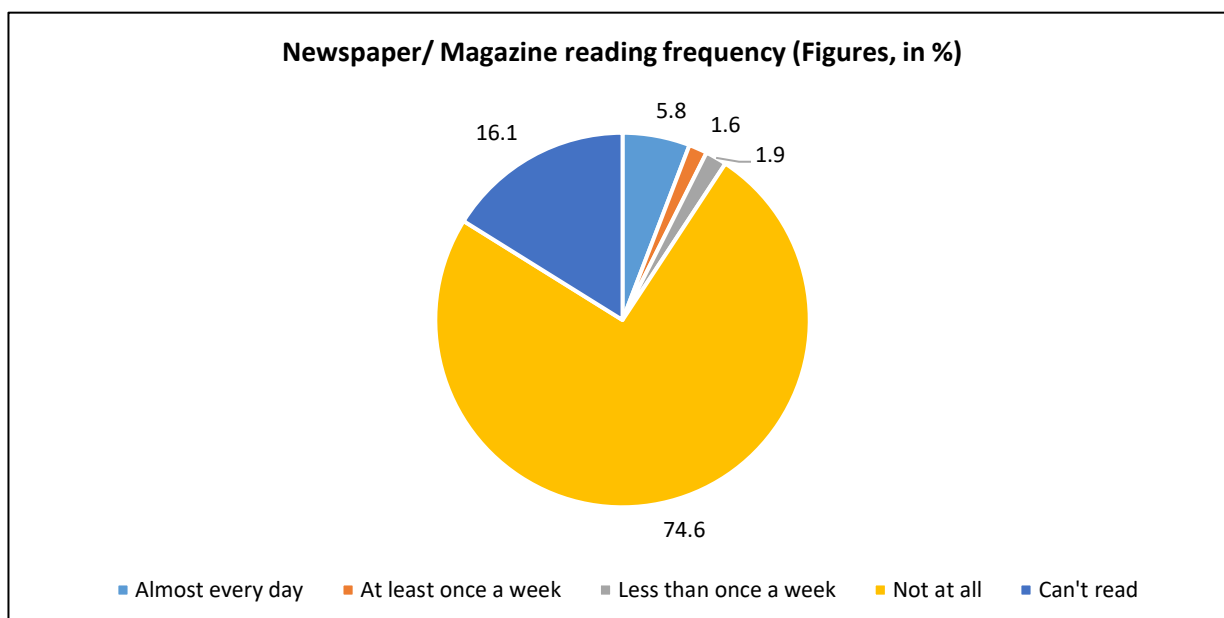


Figure 12- Reading frequency(Newspaper/Magazine)

Radio listening frequency in households (Figures, in %)

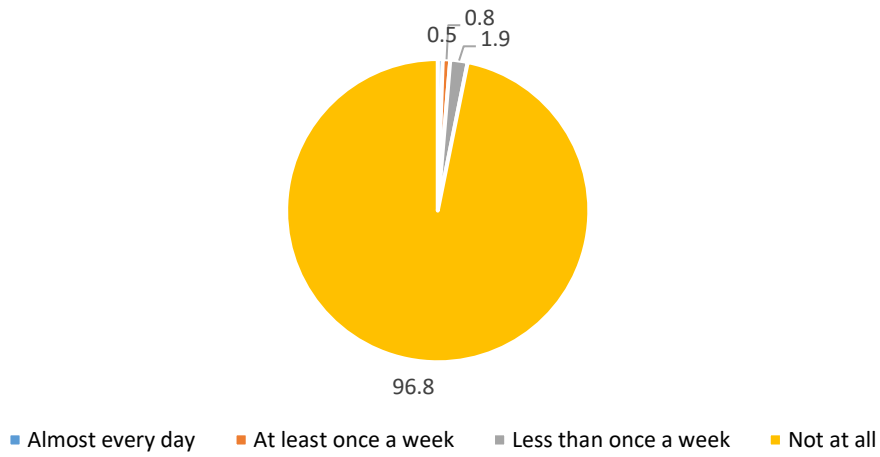


Figure 13- Radio listening frequency

Television watching frequency (Figures, in%)

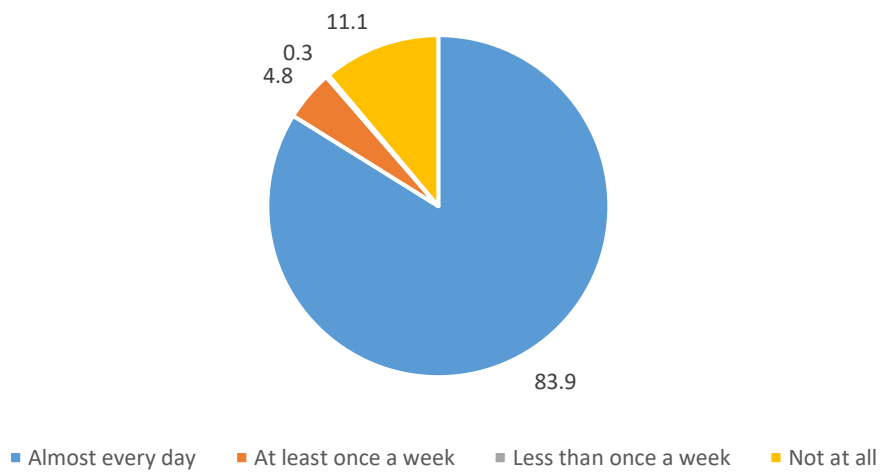


Figure 14- Television watching frequency

Access to mobile phones in households (Figures, in %)

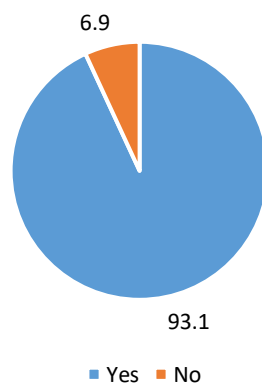


Figure 15- Access to Mobile phones in households

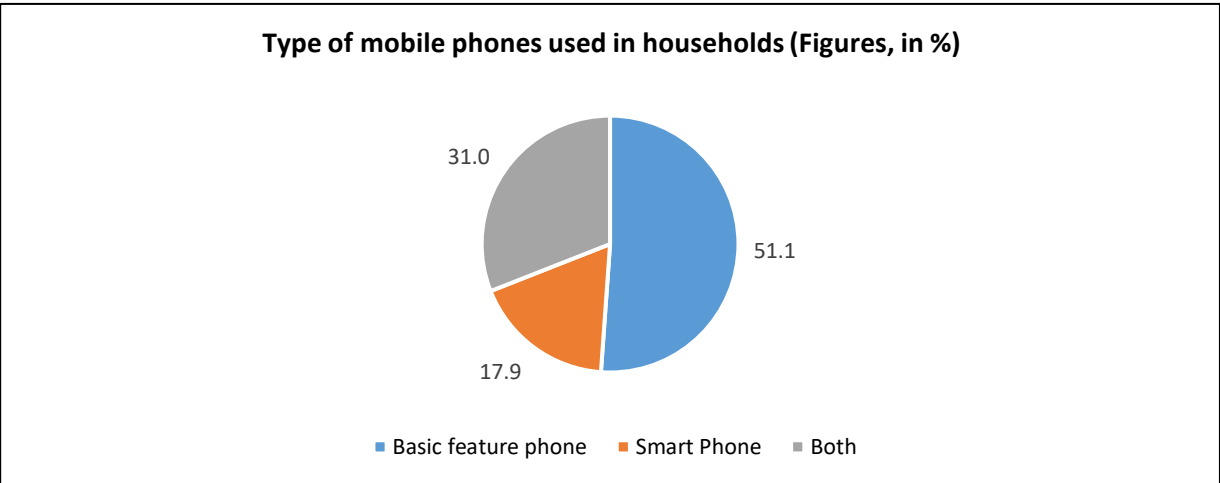


Figure 16- Type of Mobile phones

3.6 Type of Insurance in the households

It was observed during the assessment that the major source of livelihood in the households is farming comparatively to other options such as skilled jobs, government, and private jobs. Nearly, 94% of the households have bank accounts and almost all households have some insurance facility either in the form of NREGA or BPL cards.

No career options available other than farming- PRI Member

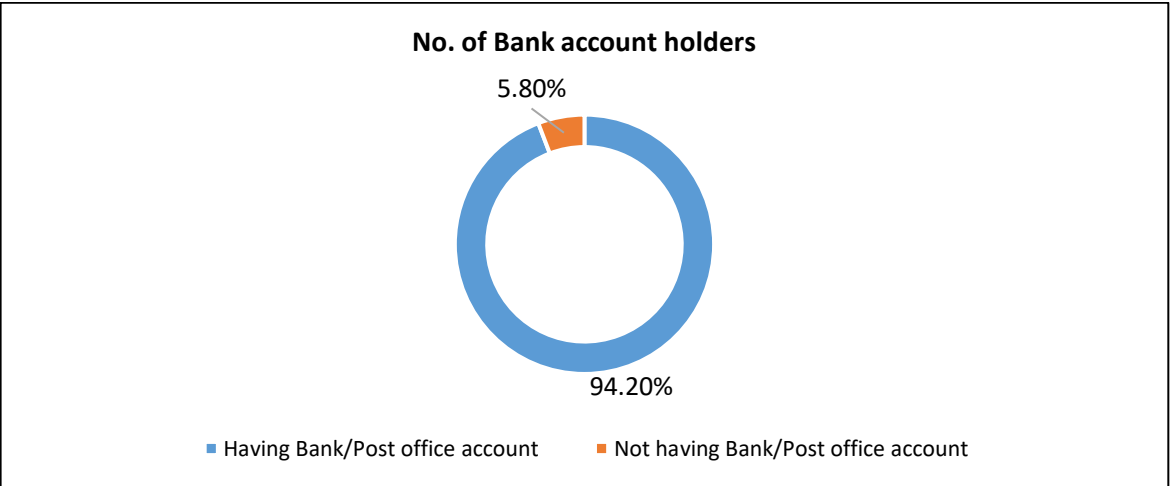


Figure 17- Bank Account holders

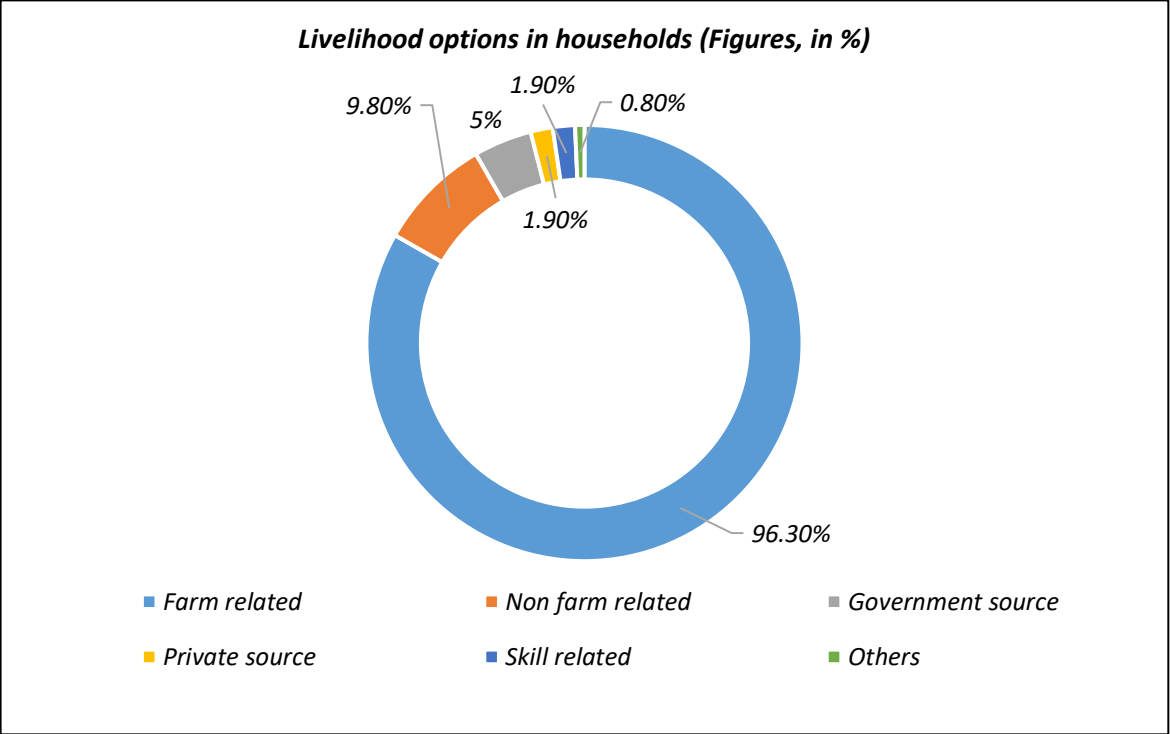


Figure 18- Livelihood option

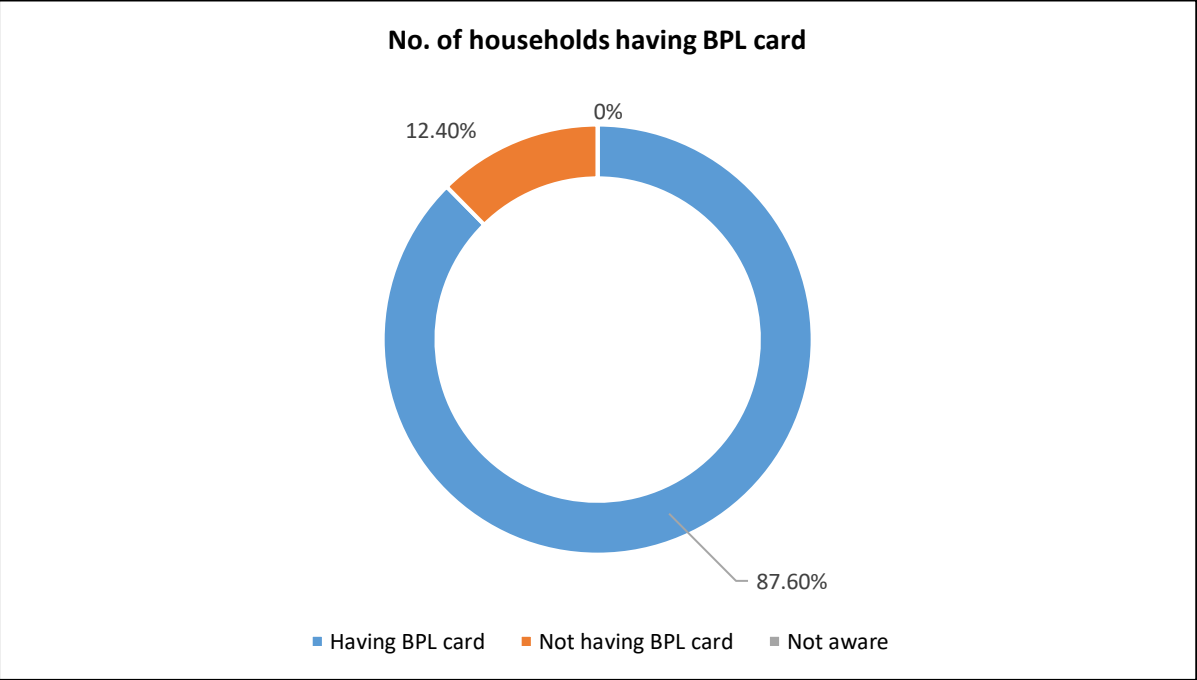


Figure 19- Households with BPL card

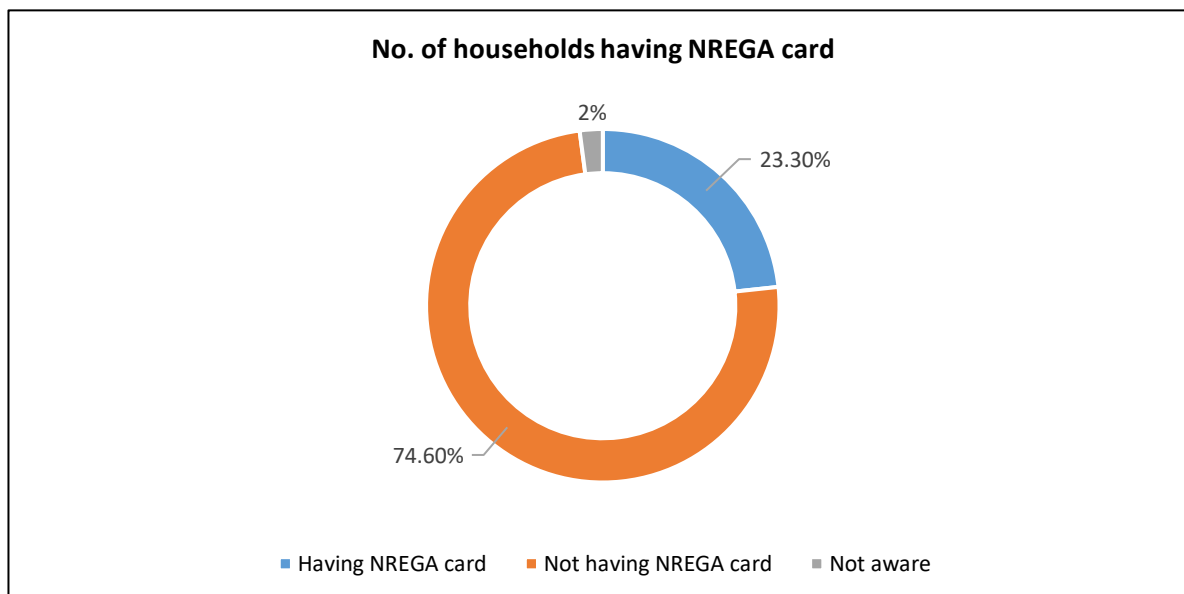


Figure 20- Households with NREGA card

3.7 Health seeking behaviour in households

It was observed during the assessment that majority of the households prefer public facilities for treatment over private facilities, probably due to availability of the primary health care centres and NGO healthcare facilities in the village or nearby villages. The private hospitals/private practitioner clinics' services are availed in case of chronic ailments for which treatment is not available at the government facilities. Affordability can be given due consideration impacting the health seeking behaviour.

There is only a government hospital, AWC also provides healthcare service- PRI Member

% of Households availing treatment in the Healthcare facilities

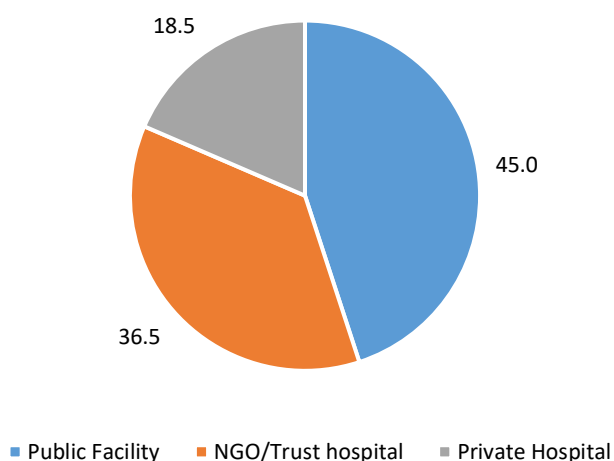


Figure 21- Public Vs Private health facilities

% distribution of households availing treatment in public facilities		% distribution of households availing treatment in private facilities	
Govt./ Municipal Hospital	4.12	Private Hospital	44.9
CHC	0.59	Replace with Private Practitioner	50.7
UHC/ UHP/ FWC	0.00	RMP	0.0
PHC/ Additional PHC/Government Dis	94.71	Traditional Healer	0.0
Sub-centre/ANM	0.00	Pharmacy/ Drugstore	-
Ayush	0.00	Untrained Dai	-
Anganwadi Centres/ VHND	0.00		
ASHA	0.59		

Table 8-FGD distribution

3.8 Education status of the Adolescent girls

With respect to educational qualifications, nearly 95% of the girls attended school. While 77% of the girls are willing to complete their secondary high school/graduation, mere 38% of them had either completed high school/higher secondary school and only 1.3% had a graduation degree. It was observed that 48.5% of the girls dropped out majorly due to involvement in the household work, lack of interest in studies, and the school location (distance), the rest are currently pursuing their education majorly from government schools. Moreover, close to 50% of the girls missed school in last one week for maximum two days due to household work and sickness. About 77% of the girls were aware and participated in the school health program and enrolled majorly for eye, general and dental health check-ups.

Very less number of girls are allowed to go for the higher education due to far distance of school from the village- School Principal

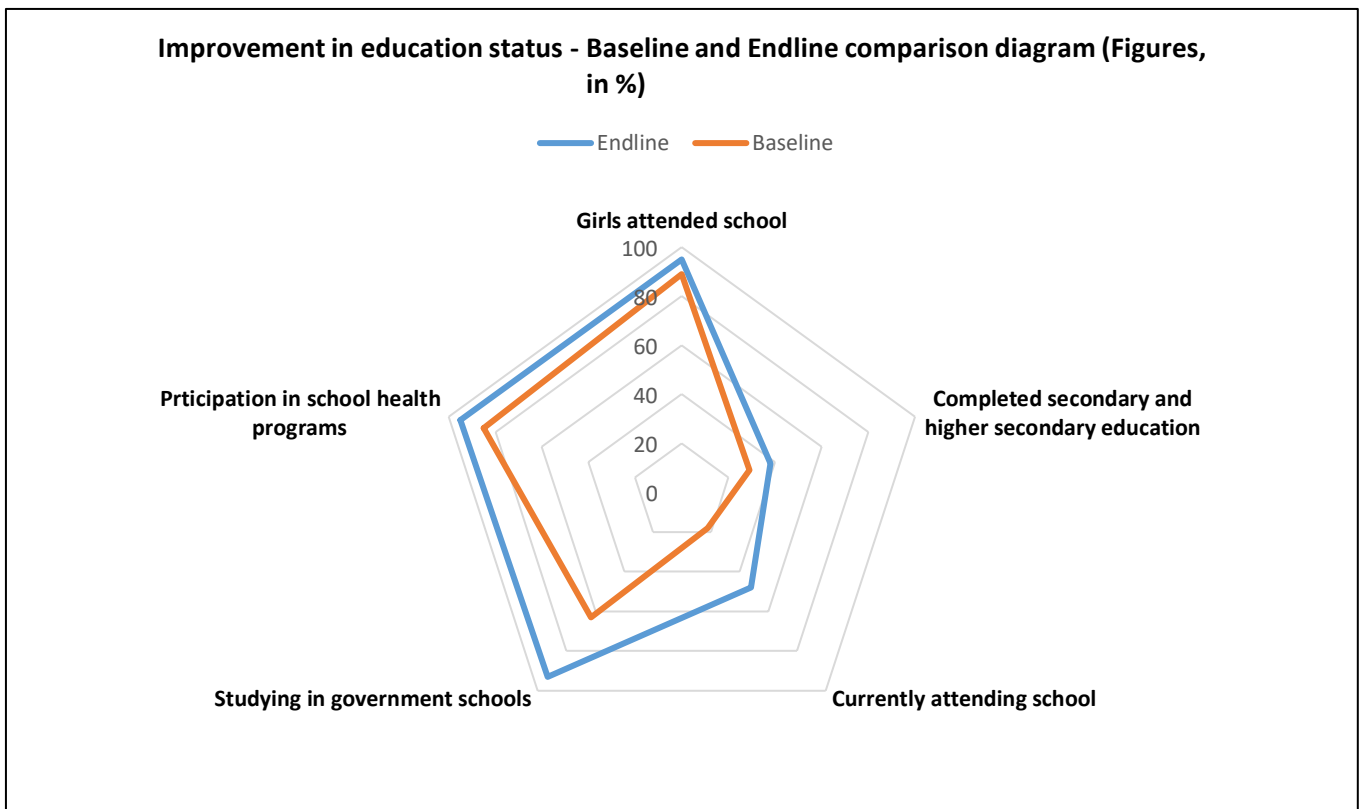


Figure 22- Education Status(Baseline Vs Endline)

3.9 Working status

50% of the girls interviewed started working from the age of 13 of which only 3.1% are involved in a full-time job. Majority of them are involved as domestic and agriculture workers.

Majority of the girls are involved in household work and help family in farming and animal husbandary- School Principal

As an impact of the livelihood and entrepreneurial initiatives taken by Smile foundation, 89 girls heard about the vocational training courses of which 37 girls attended the vocational courses both inside and outside village (duration one – two months) including beauty parlour and sewing trainings. Almost, 50% of the girls opted for private/government job over other options like running their own business etc. A 10% increase in no. of girls having career aspirations was observed.

Vocational courses such as sewing and beautician courses were organized by Smile Foundation, girls participated in them and use it now for livelihood- ICDS Official

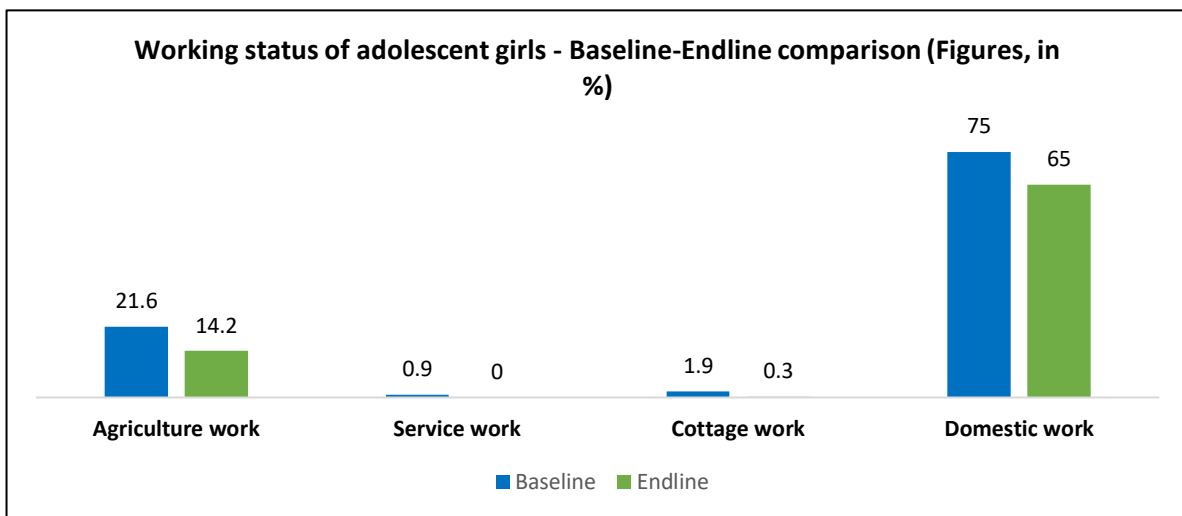


Figure 23- Working status of adolescent girl(Baseline Vs End Line)

3.10 Media Exposure of Adolescent Girls

One of the focus areas of the study tools was to assess the media exposure of the adolescent girls to ascertain the awareness levels of the government programmes etc. it is essentially critical from the communications perspective, in order to target awareness generation activities appropriately. The survey data highlighted that the girls were not fully but partially exposed to both print and

Around 25% population boils water before drinking and few of them uses cloth piece to filter water- Anganwadi worker

electronic media. Exposure to radio and television (electronic) was the maximum comparatively to the newspapers/Magazines (print) etc.

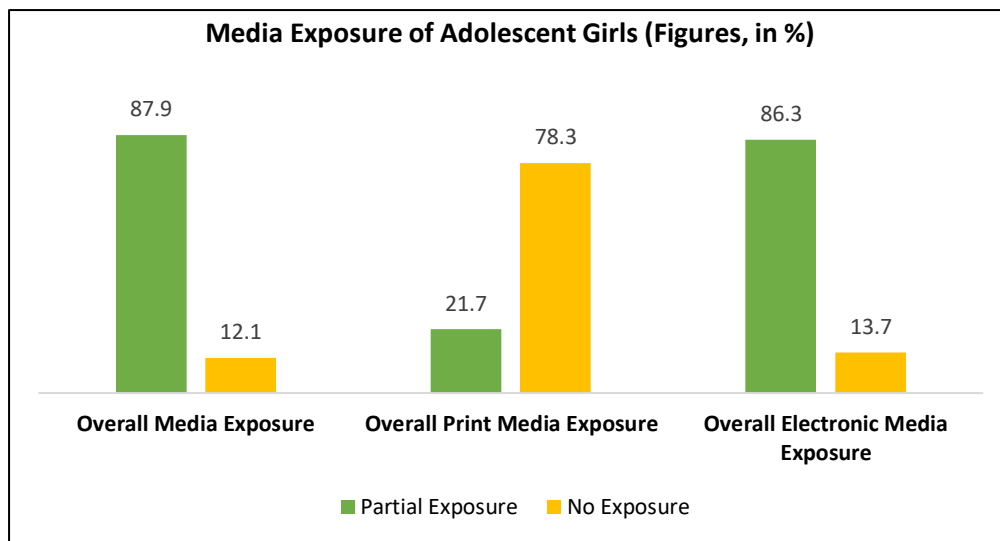


Figure 24- Media Exposure of Adolescent Girls

3.11 Hygiene Practices and Sanitation facilities

The assessment indicated high knowledge levels of the girls about hand hygiene and defecation practices. Moreover, the data revealed high rate of hand washing practices and use of toilets for defecation in comparison to the baseline indicators. This can be attributed to the training sessions provided as part of the interventions at the Anganwadi centres.

As far as the sanitation facilities are concerned, 85% of the households have toilet facilities with running water and open defecation is practiced by few people due to absence of toilets in few households. 93% of the households have handwashing area with water and soap/detergent availability. However, the village has an open drainage system, only 3.2 % of the households connected with the sewage system.

Majority (around 75%)of the houses use toilet facility available- Anganwadi Worker

While it was observed that majority of the adolescent girls and their families were aware about the hygiene practices and implementing them, only 43.7% respondents in the households mentioned that they ensure water safety before consumption. Out of the total respondents ensuring water safety, 91.5 % use cloth for water filtration and rest 9% boil water or use agents like bleach and alum.

Anganwadi workers conducted demos to promote hand washing among people and people follow hand washing. Now girls wash hands before cooking food, after toilet visit- ICDS Official

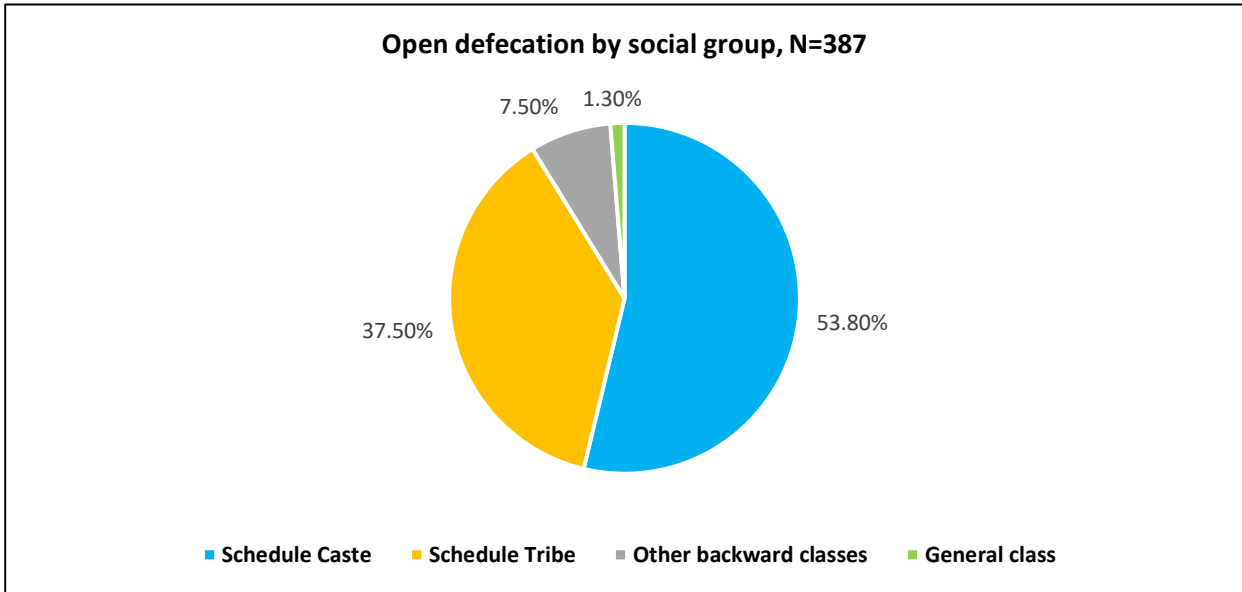


Figure 25- Open defecation by social group

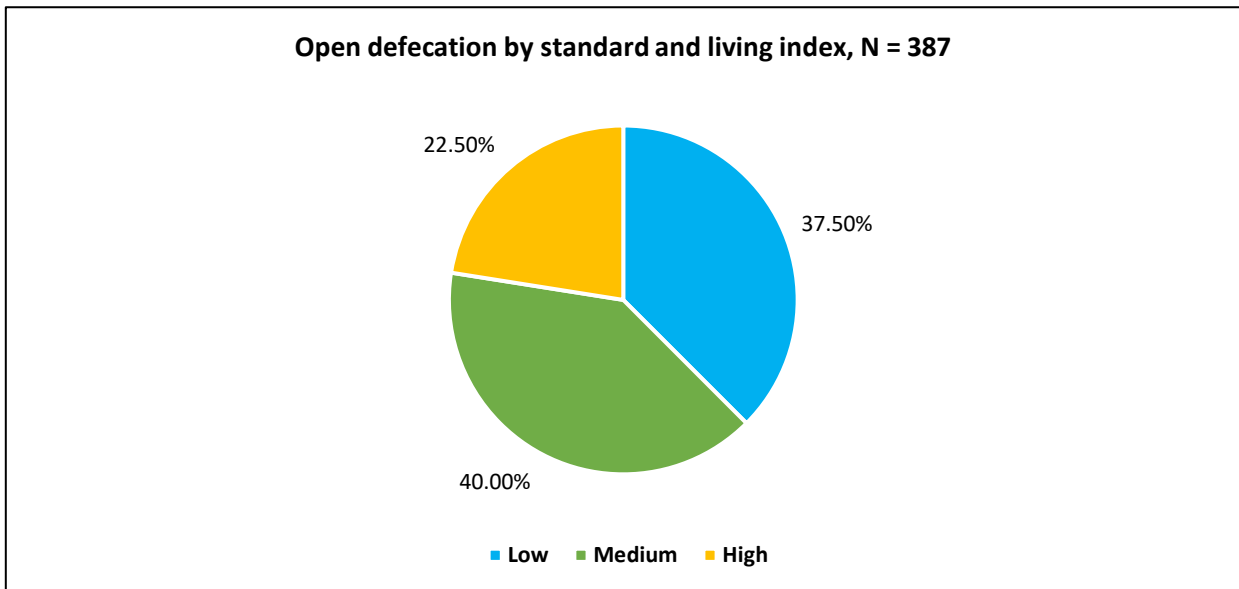


Figure 26- Open defecation by standard and living index

Improvement in the hand hygiene practice post regular training sessions conducted at the AWW centres is highlighted below:

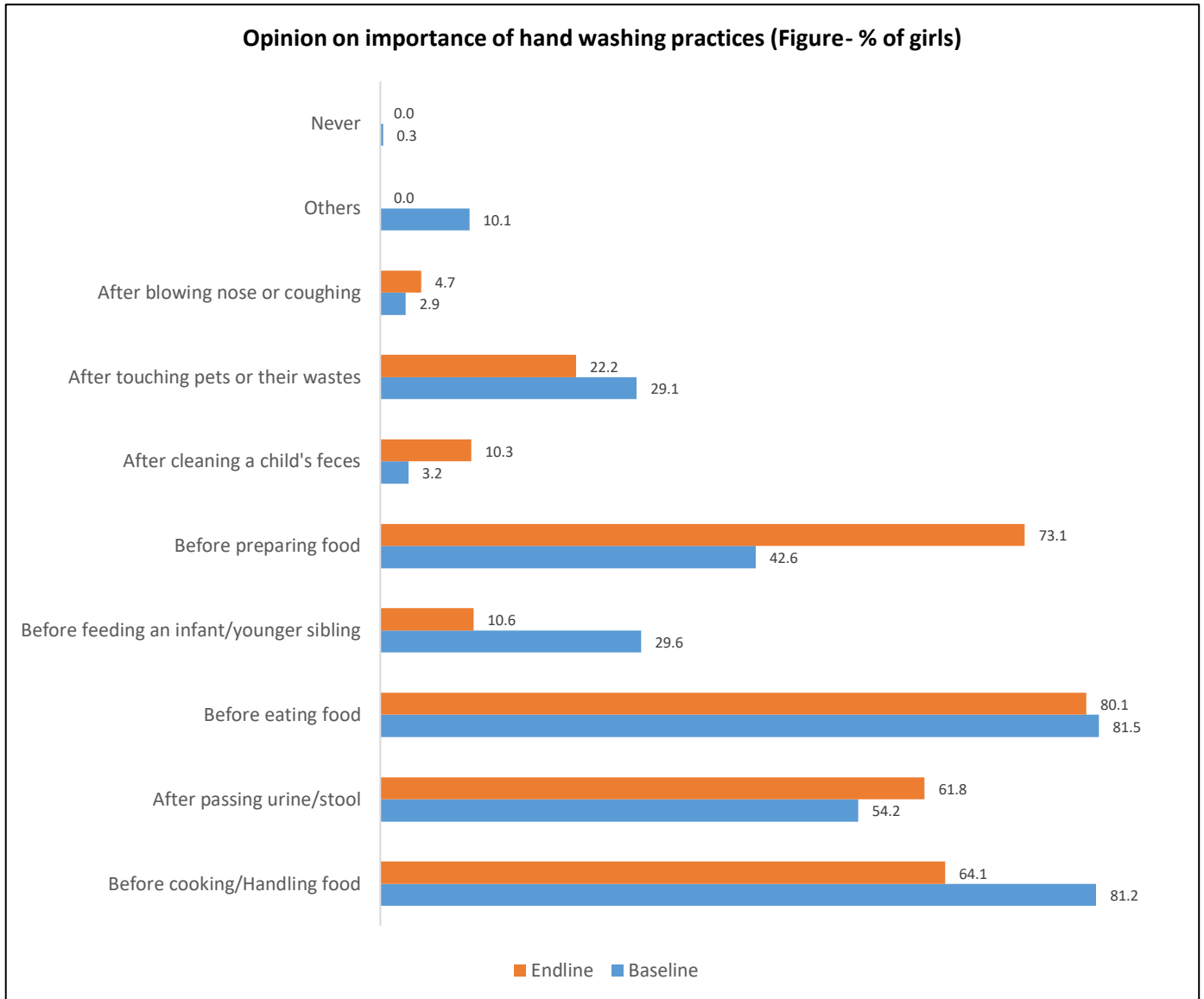


Figure 27- Opinion on hand washing practices

Comparison of hand hygiene indicators captured during baseline and end-line assessment, respectively.

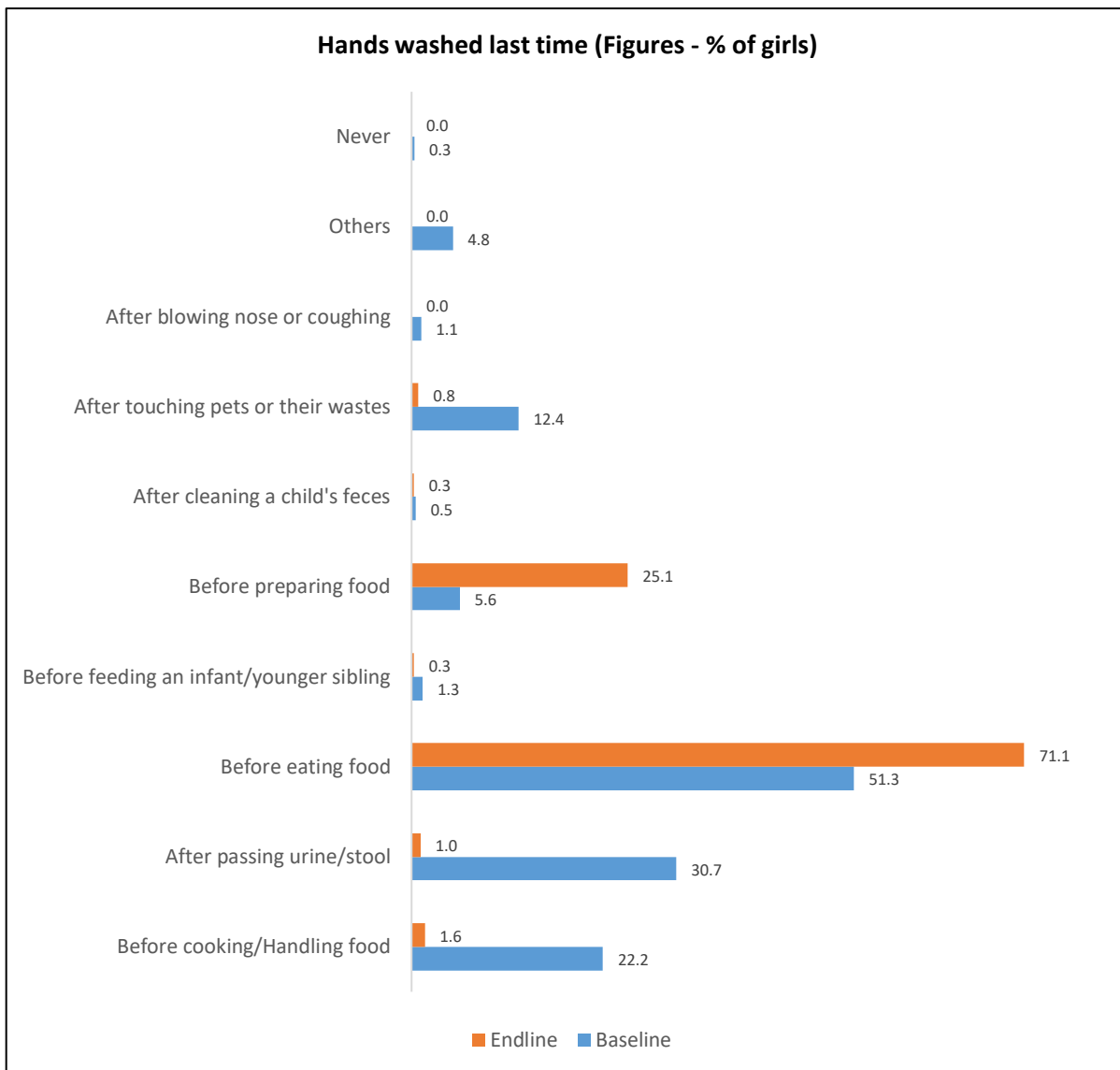


Figure 28- Hand washing last time

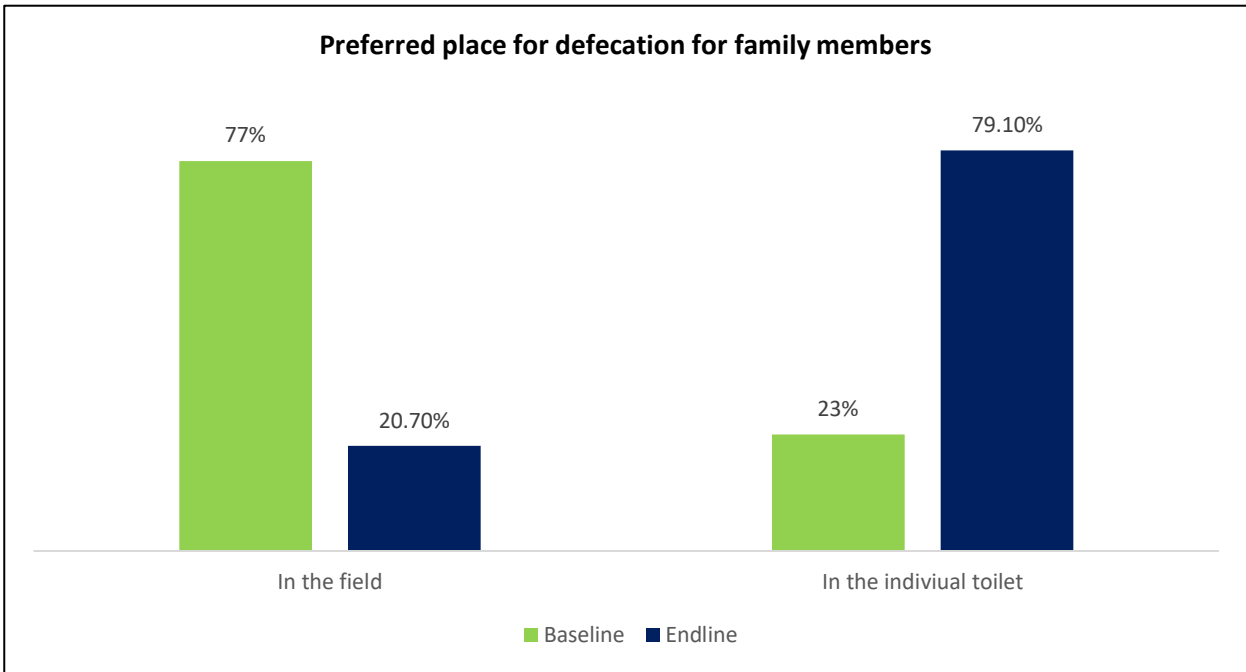


Figure 29- Preferred place for defecation for family members

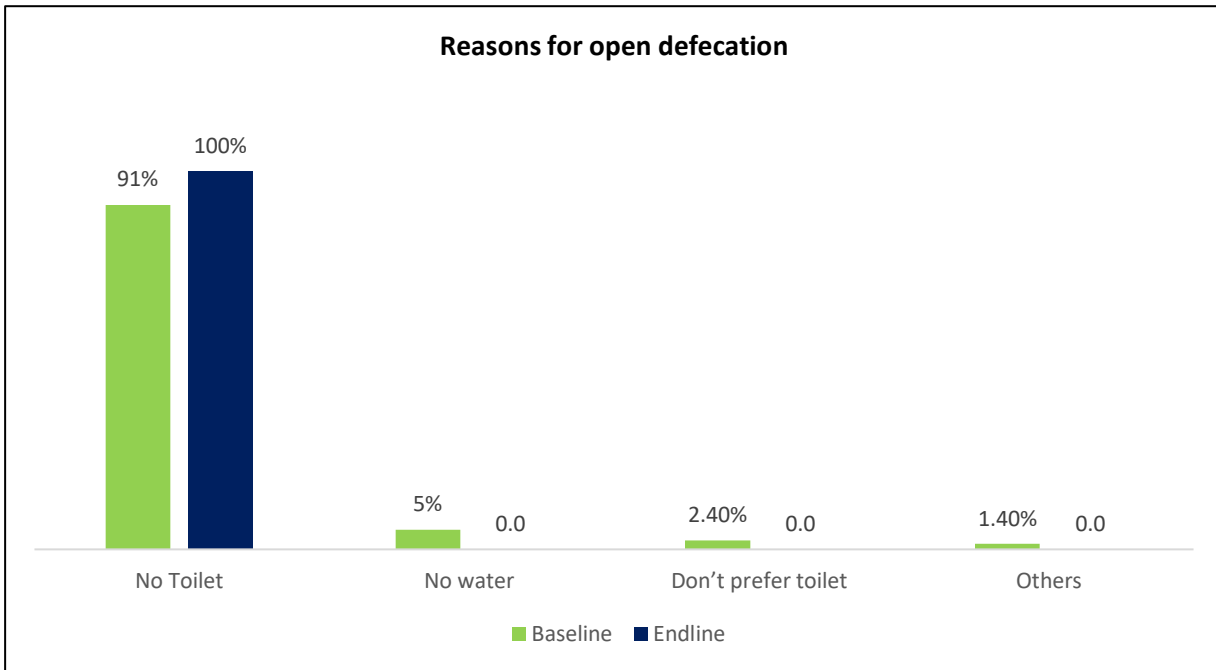


Figure 30- Reason for open defecation

3.12 Nutritional Morbidity

The key objectives of the program was to improve knowledge amongst the adolescent girls in the age group of 14-19 years for encouraging consumption of weekly Iron Folic Acid tablets and local food grains of high nutrition value, which will result in reduction in iron deficiency (anemia), strengthen government linkages for continuous supply of nutritional supplements through the system and expanding choices for the adolescent girls to break the cycle of poor health and nutrition by providing them life-skills and vocational training for livelihoods linked to local opportunities.

Rigorous training sessions focusing on orientation of adolescent girls on the nutritional needs, food pyramid, anaemia and its management and importance of balanced diet supplemented by interventions such as distribution and consumption of IFA tablets, nutritional laddoos, orientation of family members specifically mothers by the front line workers on food consumption pattern, behaviour change, reinforcement of healthy feeding habits lead to significant improvement in the nutritional status of adolescent girls.

Iron IFA tablets consumption reduces anemia cases among girls- FGD Mothers

We used to educate girls about anemia, about the problems that arises in the body and tell them that IFA tablet does not have side effects on the body- Program Lead Smile Foundation

Moreover, interventions such as kitchen garden activity in the households or farming lands further sensitized the girls on benefits of green leafy vegetables and were encouraged to consume the same on regular basis. Weekly activities like cooking competitions further encouraged girls to cook nutritious food and share recipes which enhanced their knowledge on nutrition.

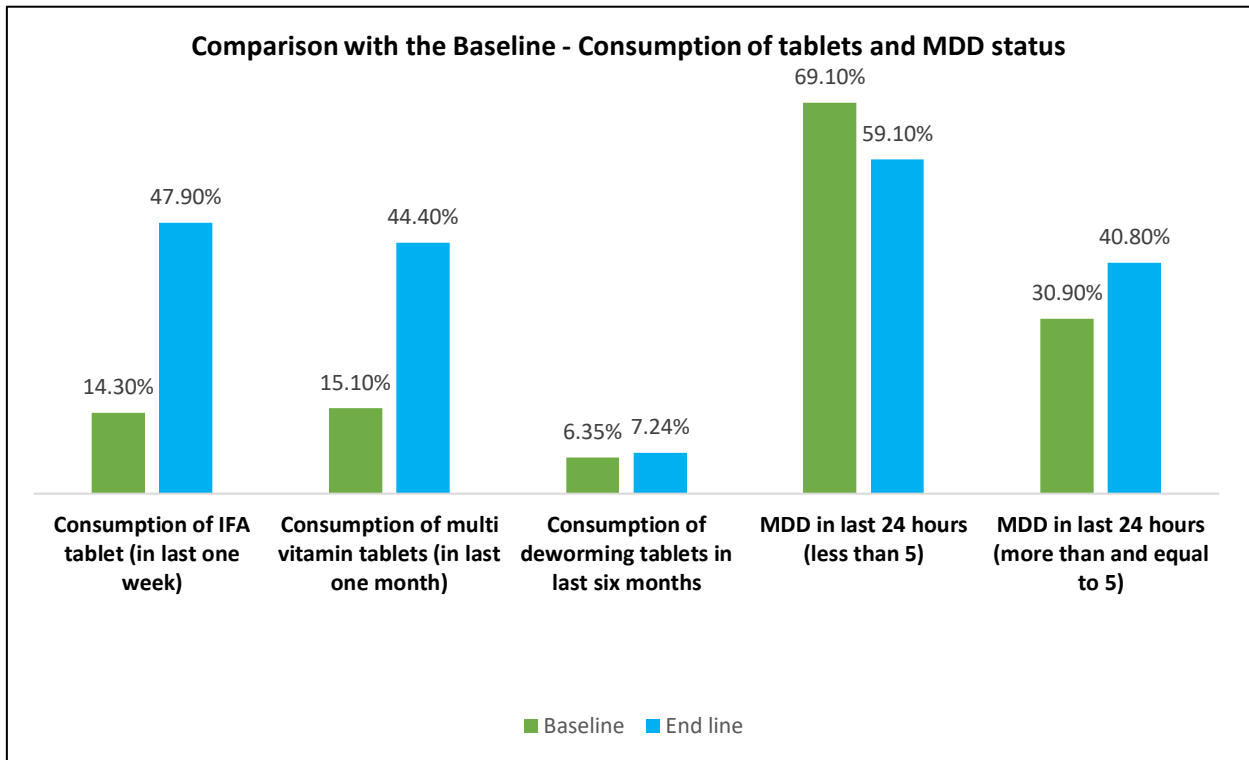


Figure 31- Consumption of IAF tablets and MDD(Baseline Vs Endline)

A bivariate analysis was done, comparing the baseline and end line indicators on consumption of IFA tablets, multi vitamin and deworming tablets. Additionally, Minimum diet diversity in adolescent girls was also analysed. The survey tool included questions on the diet diversity levels of individual under 17 categories i.e. Cereals, Milk or milk products, Pulses or beans, green leafy vegetables, Roots and tubers, other vegetables, Fruits, Eggs, Fish, Chicken or Meat, Nuts and oilseed, Fats and oils, Sugar & Jaggery, Fried foods, Junk foods, Sweets, Aerated drinks. However, the data was standardised and classified under ten broad categories: Cereals Roots & tuber, Milk or milk products, Pulses or beans, Green leafy vegetables, other vegetables, Fruits, Eggs, fish & chicken/meats, Nuts Fats and oilseed and others (sugar & jaggery, fried foods, junk foods, sweets, aerated drinks). For the effective analysis, the MDD has been further classified into two broad categories: Less than 5 foods and More than equal to 5 foods.

On further analysis, it was found that the impact on the Minimum Diet Diversity was higher in the intervention villages comparatively to the non- intervention villages. Additionally, impact of other factors such as social group, respondent's education status and standard of living was also analysed on MDD. Results showed that while respondents belonging to other social groups apart from schedule caste and schedule tribe had two times more diet diversity, no impact was observed on the MDD due to difference in the respondent's education, standard of living and media exposure. This highlights that the interventions undertaken by Smile foundation in terms of rigorous training sessions of the adolescent girls lead to the behaviour change of the girls and their family members making a significant impact on the MDD. The following table below highlights the results of logistic regression analysis exhibiting the behaviour determinants impacting the MDD.

Covariates	Odds Ratio	P>z	[95% Conf. Interval]	
Study Area				
Intervention®	1.00			
Non-Intervention	0.58 ^{††}	0.020	0.3779	0.9195
Caste				
Schedule Caste®	1.00			
Scheduled Tribe	0.67	0.103	0.4234	1.0822
Others	1.13	0.717	0.5723	2.2517
Respondent Education				
Less than secondary®	1.00			
Secondary and more than secondary	1.05	0.825	0.6792	1.6245
Standard and Living Index				
Low®	1.00			
Medium	0.58 ^{††}	0.044	0.3425	0.9843
High	0.24 [†]	0.000	0.1439	0.4152
Media Exposure				
Exposure®	1.00			
No Exposure	0.70	0.294	0.3739	1.3465
Pseudo R2	0.0737			
N	387			

Table 9-Results of logistic regression showing the determinants of behaviour impacting minimum diet diversity

Notes: Significance level-†p<0.01, ††p<0.05, €p<0.1; ®Reference category; Model I (Dependent variable: Diverse diet (more than and equal to 5 foods =1 =1; Less than 5 food =0)

The impact of similar determinants was also analysed on the IFA tablet consumption and it was found that the consumption was higher in the intervention villages comparatively to the non-intervention villages. Additionally, impact of factors such as social group, respondent's education status and standard of living was also analysed on IFA tablets consumption. Results showed that respondents belonging to lower socio-economic segment had higher consumption in comparison to the respondents having medium and high socio-economic status. No significant difference in the IFA tablet consumption was found in different social groups. Moreover, exposure to media also impacted the IFA consumption but not significantly. An increase in the consumption was observed in the girls exposed to media. The respondent's education also didn't have any impact on the consumption levels of IFA tablets.

The following table below highlights the results of logistic regression analysis exhibiting the behaviour determinants impacting the IFA consumption:

Covariates	Odds Ratio	P>z	[95% Conf. Interval]	
Study Area				
Intervention®	1.00			
Non-Intervention	0.58 ^{††}	0.020	0.3779	0.9195
Caste				
Schedule Caste®	1.00			
Scheduled Tribe	0.67	0.103	0.4234	1.0822
Others	1.13	0.717	0.5723	2.2517
Respondent Education				

Less than secondary [®]	1.00			
Secondary and more than secondary	1.05	0.825	0.6792	1.6245
Standard and Living Index				
Low [®]	1.00			
Medium	0.58 ⁺⁺	0.044	0.3425	0.9843
High	0.24 [†]	0.000	0.1439	0.4152
Media Exposure				
Exposure [®]	1.00			
No Exposure	0.70	0.294	0.3739	1.3465
Pseudo R2	0.0737			
N	387			

Table 10: Results of logistic regression showing the determinants of consumption of IFA

Notes: Significance level-†p<0.01, ++p<0.05, ‡p<0.1; ®Reference category; Model I (Dependent variable: IFA Consumption=1, otherwise;0)

The impact of similar determinants was also analysed on the multi-vitamin tablets consumption and it was found that the tablet consumption was higher in the intervention villages comparatively to the non- intervention villages. Additionally, impact of other factors such as social group, respondent's education status and standard of living was also analysed wherein the results showed that respondents belonging to lower socio- economic segment had higher consumption of tablets in comparison to the respondents having medium and high socio-economic status. No significant difference in the multi-vitamin tablet consumption was found in different social groups. Moreover, exposure to media also impacted the tablet consumption but not significantly. An increase in the consumption was observed in the girls exposed to media. The respondent's education also didn't have any impact on the consumption levels of the multi vitamin tablets.

The following table below highlights the results of logistic regression analysis exhibiting the behaviour determinants impacting the multi vitamin tablets consumption:

Covariates	Odds Ratio	P>z	[95% Conf. Interval]	
Study Area				
Intervention [®]	1.00			
Non-Intervention	0.36 [†]	0.000	0.2322	0.5697
Caste				
Schedule Caste [®]	1.00			
Scheduled Tribe	1.33	0.223	0.8394	2.1163
Others	0.95	0.878	0.4740	1.8928
Respondent Education				
Less than secondary [®]	1.00			
Secondary and more than secondary	1.08	0.729	0.7005	1.6639
Standard and Living Index				
Low [®]	1.00			
Medium	1.07	0.778	0.6361	1.8304
High	0.55 ⁺⁺	0.025	0.3291	0.9279
Media Exposure				

<i>Exposure</i> [®]	1.00			
<i>No Exposure</i>	0.26	0.203	0.0335	2.0618
<i>Pseudo R2</i>	0.1166			
N	387			

Table 11: Results of logistic regression showing the determinants of consumption of IFA

Notes: Significance level-†p<0.01, ††p<0.05, ‡p<0.1; ®Reference category; Model I (Dependent variable: Multi-Vit Consumption=1, otherwise;0)

The results of logistic regression analysis wherein the impact of multiple determinants was observed on the healthy consumption patterns (including MDD, IFA and multi vitamin tablets) of the adolescent girls, revealed that the interventions undertaken by Smile foundation in terms of rigorous training sessions of the adolescent girls focusing on benefits of maintaining a healthy diet lead to behaviour change of the girls and their family members making a significant impact on their health.

The tables below highlight the changes in Body Mass Index and Hemoglobin levels of the adolescent girls. While, the quantitative analysis doesn't showcase a significant difference in the respective BMI and Hemoglobin levels, the qualitative discussions with the stakeholders highlighted that the nutritional interventions undertaken helped in improving the awareness levels of the adolescent girls around nutrition and also impacted the overall nutritional status of the girls in the positive manner. The girls are still continuing with the interventions they learnt as part of the programme.

BMI for Age Z Score	Classification	End line		Baseline	
		%	N	%	N
> 3 SD	Obese	0.0	0	0.0	0
2 SD to 3 SD	Overweight	0.0	0	0.0	0
1 SD to 2 SD	Risk of Overweight	1.3	5	0.0	0
1SD to – 1 SD	Normal	52.2	194	42.7	161
-1 SD to - 2 SD	Mildly wasted	33.3	124	28.9	109
- 2SD to -3 SD	Moderately wasted	10.5	39	20.2	76
<-3 SD	Severely wasted	2.7	10	8.2	31

Table 12: BMI for Age Z Score

Height for Age Z Score	End line		Baseline	
	%	N	%	N
> =3	0	0	0.3	1
-1 SD to 3 SD	9.7	36	28.1	106
-1 SD to -2SD	47.6	177	37.1	140
- 2SD to -3 SD	34.7	129	24.1	91
< -3 SD	8.1	30	10.4	39
Total	100	372	100	377

Table 13: Height for Age Z Score

Haemoglobin Level (mg/l)				
	Baseline		End line	
	%	N	%	N
Normal >=12	12.0	42	1.6	6
Mildly Anaemic 11-11.9	17.2	60	5.5	21
Moderately Anaemic 8-10.9	57.9	202	79.2	305
Severely Anaemic <8=	12.9	45	13.8	53
Total	100	349	100	385

Table 14: Haemoglobin Level

3.13 Menstrual Hygiene

One of the interventions undertaken by Smile Foundation was distribution of sanitary napkins for one year to inculcate healthy habits and regular sessions were conducted on sensitization of adolescent girls on menstrual hygiene.

During the assessment, majority of the respondents highlighted that neither the family members nor the health workers ever discussed about puberty and menstruation. Moreover, almost all girls did not attend VHND days on importance of nutrition and supplementary foods in the villages. Despite the fact that the majority of the girls didn't attend sessions on menstrual hygiene after the interventions, a significant rate increase in the usage of sanitary napkins was observed, however, cloth is still used as an absorbent by girls during menstruation. Also, the % of girls missing school due to menstruation has reduced.

Usage of sanitary napkins during menstruation has improved hygiene among girls- FGD Mother

The counselling of the mothers during the FGDs lead to an overall reduction in the % of girls doing household work including bringing water from outside. The graphs below exhibit a comparison between the baseline and end-line indicators on menstrual hygiene

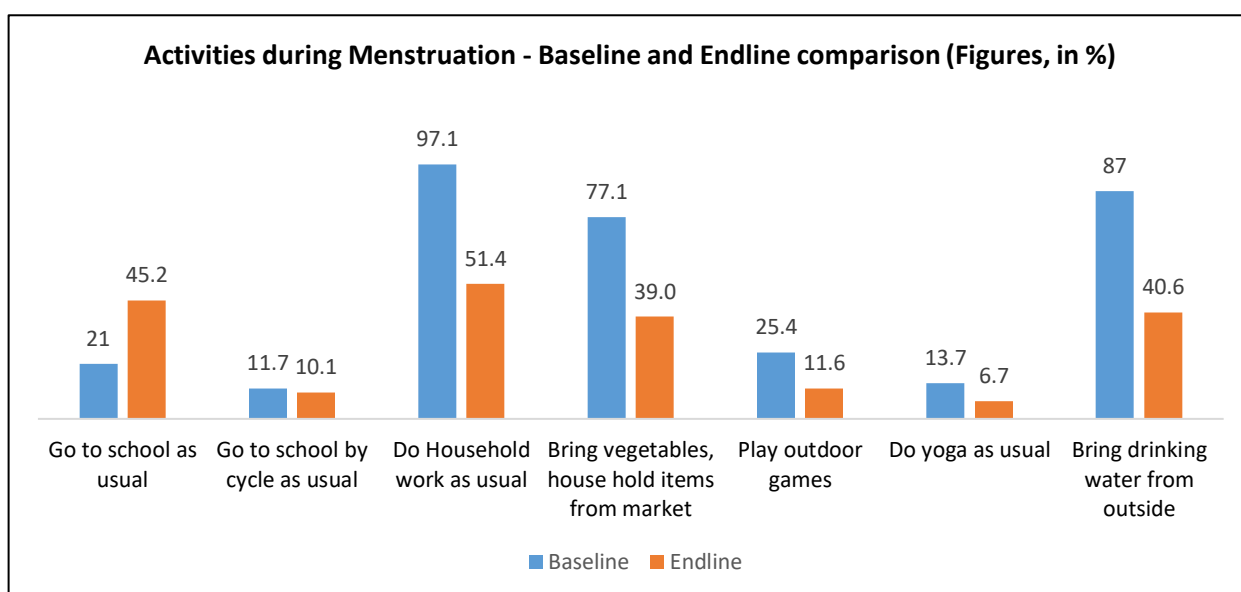


Figure 32- Activities during Menstruation (Baseline Vs Endline)

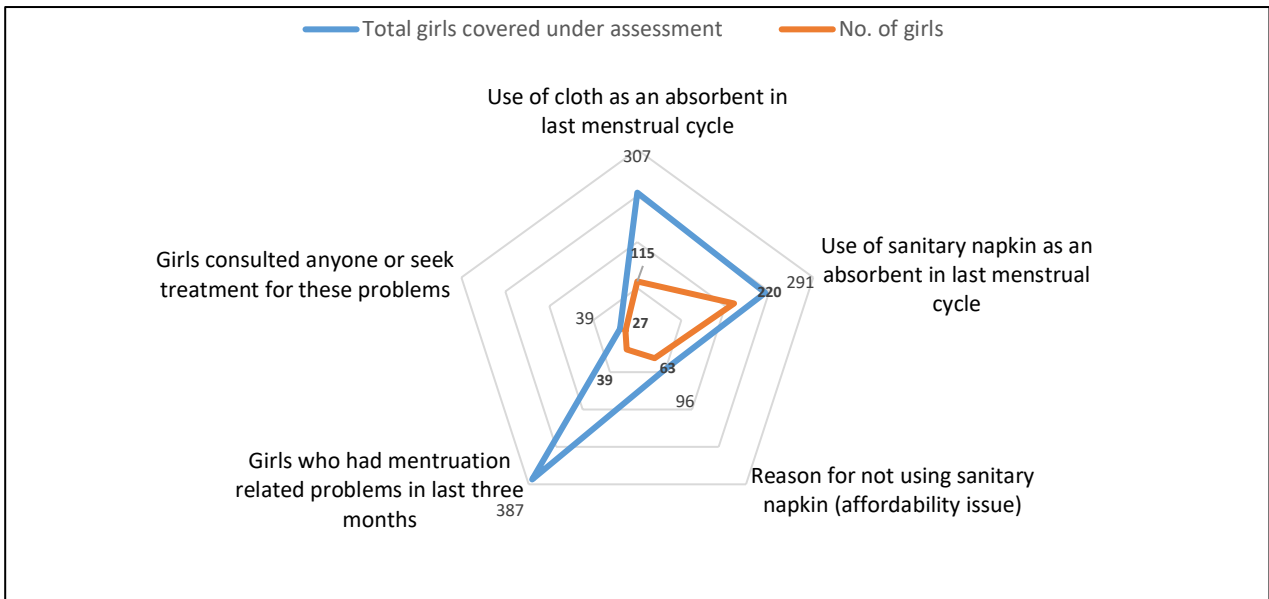


Figure 33- Use of cloth as an absorbent



**Key
Findings-
Service
Providers**

4. Key findings from other stakeholders including Primary caregivers, Institutional stakeholders, and Community Leaders

4.1 IDIs with Primary Caregivers

4.1.1 Water and Sanitation

Anganwadi workers highlighted that majority of the village population belongs to the schedule caste/tribe in comparison to the general class holders. While, efforts have been made by the government authorities and community leaders for the provision of water and sanitation facilities, very few people still practice open defecation due to unavailability of toilets in the household premises. Village has an open drainage system; however, Initiatives will be taken in future to build a closed system.

Regular sessions are conducted in the AWW centres to induct adolescent girls on hand hygiene practices and the impact of the same is visible in terms of the awareness levels of girls on benefits of hand washing and ensuring water safety.

Well, tap and hand pumps are the sources of water in the village. While majority of the people ensure water safety through various means such as boiling water, use of bleach and alum, using cloth for water filtration, very few boils the water before consumption. This might be attributed to the affordability of the villagers due to fuel requirements for boiling water.

4.1.2 Health Services

AWWs shared during the IDIs that majority of the girls are not anaemic or are mild anaemic. This has been made possible because of the awareness sessions conducted on anaemia and its management including orientation on nutritious foods and balanced diet. This was supplemented by regular monitoring of the Hb levels of the girls. Practice of IFA tablet consumption was found to be impressive as all of the girls are consuming IFA tablets regularly.

Initially, 40% of the girls in the village were anaemic and about 2% were severely anaemic. Upon sensitization of the girls about mild, moderate, and severe anemia using posters, and other conditions such as excess bleeding, sanitary napkin usage etc., a significant reduction in the anaemia rate was observed.

AWWs reported that the girls regularly visit the centres and enthusiastically participate in the sessions. The girls never reported any kind of restrictions being imposed on them by their family during menstruation. AWWs also added that girls are provided with the nutritious take home ration for a healthy diet which is consumed by almost 60% of the girls, rest 40% used this ration to feed the animals. Moreover, VHND (Village Health Sanitation and Nutrition Day) sessions are being organized on every first Wednesday of every month providing information on sanitation practices, nutrition etc. and all the girls along with pregnant women participate in these sessions. The pregnant women also avail the Government scheme benefits like vaccination, medicine etc. at the AWCs.

4.1.3 Nutrition enhancement programme

AWWs highlighted that the regular sessions undertaken on various practices like toilet usage, hand hygiene practice, IFA tablet consumption, nutritious food etc. lead to the improvement of the health status of the adolescent girls in the village.

4.2 FGDs with the Mothers of the adolescent girls

The mothers were well aware of the government schemes under which the AWWs were providing the services. The group praised the government efforts of provision of water and sanitation facilities including majority of the households in the village have a toilet facility built inside the premises of the house. They acknowledged the fact that they were oriented by AWWs on the benefits of sanitary napkin usage and other interventions such as kitchen gardening, IFA tablets consumption, food packets and nutrition laddoos distributed at AWCs which considerably improved the health status of the girls. Additionally, it helped in changing the health seeking behaviour of the family members and removing few myths associated with girls.

Few of them also highlighted that the current take home ration is tasteless as compared to earlier supply. Concerns were raised on the quality of the IFA tablets since, post consumption it leads to stomach-ache, vomiting and black stool in majority of the girls.

Decision making aspect regarding the early marriage of the girls was also touched upon during the discussions, in response to which the mothers expressed their concerns, they are scared that their daughters might elope and thus, they think early marriage is the solution to prevent it.

Overall, the group praised the efforts made by the Smile Foundation in the village highlighting the effectiveness of the training sessions in improving the health status of the girls.

4.3 IDIs with Community Leaders

4.3.1 Water and Sanitation

The community leaders shared that village has sewer facilities, water pipeline and a toilet facility constructed inside the premises in each house of the village. Additionally, village has pipelines and submersible pumps as drinking water sources. Almost, all girls and women use in-house toilets and majority of them practice hand washing using soap. AWWs conduct various sessions to promote hand hygiene and as of now, nearly all girls are aware about it and practice hand washing before cooking food.

4.3.2 Health Services

The community leaders highlighted that there are around 6-7 handicapped girls in the village, 80% of the girls in the village are anaemic but was unaware of causes of anaemia and its effects. AWC caters to healthcare requirement of the village; in addition to the government hospital in the village. Also, pregnant women avail the government scheme benefits provided at AWC. All girls avail various services provided by AWC such as IFA tablets. Majority of the village girls get married at the age of 18.

4.3.3 Nutrition

Almost all girls in the village consume nutritious food. Take home ration is also been provided by the AWC to promote healthy eating habits among them.

4.3.4 Education

It was highlighted that the adolescent girls faced various challenges in pursuing education due to scarcity of schools in the village (there is one school in village till seventh grade) and very limited

high schools and colleges are located nearby or located more than 1 km far from the village. There is a feeling of fear in families regarding their girl's safety, 15-20 girls of the village go to school. Moreover, most of the boys attend higher school but the girls are not permitted by their family to continue their study. ST (Schedule tribe) families unlike the Darbar community allows their girls to continue their education by enrolling them to nearby village school for their higher education. Therefore, government must provide provisions regarding it so that girls can even go to far off schools safely. The interviewees also emphasized on requirement of spreading awareness by the Government and NGOs through educational drives among people in the village. Various caste and cultural obligations exist which hinders the girl's education.

4.3.5 Vocational Studies

The leaders expressed during the interviews that initially, vocational trainings were not available for the girls but now, with the availability of multiple vocational courses (sewing and beautician courses), the girls are attending these courses and few of them are utilizing it for livelihood. They emphasised on increasing the no. and variety of trainings in the village.

4.4 IDIs with Program and Technical Leads and CDPO

4.4.1 Program Awareness

During the IDIDs it was highlighted that initially, it was very difficult to convince the girls and their family members to participate in the various interventions undertaken. Multiple meetings were conducted to educate and orient them on the benefits of IFA tablets, nutritious food, anaemia ill effects and its management, quality of life, livelihood options, existing social myths, and their mitigation etc.

Rigorous training sessions were undertaken including refresher trainings to maintain the continuity and sustainability for achieving effective outcomes.

4.4.2 Program benefits

Program lead shared that program interventions led to various benefits such as enhancement in the knowledge on nutrition, anaemia effects and management etc., improvement in the health status and behaviour change. Also, the girls are now more self-confident and talk about the issues they face openly with their family members and AWWs. The program technical advisor emphasised that the kitchen garden activity was a major game changer since, the girls understood the nutritive value of green leafy vegetables etc. and started growing in the garden at a minimal cost. This significantly changed their food habits of eating only potatoes (majorly cultivated in the villages) as part of their daily meals.

From the sustainability point of view, the leads expressed that majority of the girls are implementing the practices they learnt during the sessions such as using sanitary napkins and eating nutritious food etc.

4.4.3 Way Forward

According to the program leads areas, such as provision of education needs to be further strengthened wherein hostel facilities shall be provided for girls so that they can safely live there and study and move ahead in life.

4.4.4 Program facilitators and barriers

The program leads shared that initially, due to preconceived notions of the people living in the village it was difficult to implement the interventions and scaling them up. With support from

the government authorities and local community leaders, increasing no. of girls and their family members were encouraged and participated in the program.

Few challenges at the community level that came up during IDIs included early child marriage leading to early pregnancies, weak financial conditions, non-availability of facilities like education and limited livelihood options.

5. Annexures

Annexure1: Health and Nutrition data form

Comprehensive Nutrition Survey in Gujarat
HEALTH AND NUTRITION DATA FORM
સ્વાસ્થ્ય અને પોષણની વિગતો માટેનું ફોર્મ

IDENTIFICATION		CODE
PSU NUMBER (NAME _____) પીએસયુ નંબર (નામ)		<input type="checkbox"/> <input type="checkbox"/>
HOUSEHOLD SERIAL NUMBER હાઉસહોલ્ડ સીરિયલ નંબર		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF GIRL: છોકરીનું નામ: _____		
AGE OF GIRL : (In completed years) છોકરીની ઉંમર : (પૂરા થયેલા વર્ષોમાં)		<input type="checkbox"/> <input type="checkbox"/>
HEALTH INVESTIGATOR NAME AND CODE હેલ્થ ઇન્વેસ્ટિગેટરનું નામ અને કોડ		<input type="checkbox"/>
<i>INS: After making several visits, if any of the following measurements were not taken. Please enter '0' in the boxes provided.</i> સૂચના : અમુક મુલાકાતો કર્યા પછી, અહીં જણાવ્યા છે તેમાંનાં કોઈપણ માપ/પ્રમાણ ના લેવામાં આવ્યા હોય તો. કૃપા કરી પૂરા પડાયેલા ખાનાઓમાં '0' લખો.		Reason for not taking measurement માપ નહીં લેવા માટેનું કારણ
WEIGHT (in kg) વજન (કિલોગ્રામમાં)	READING વાંચન	<input type="checkbox"/>
HEIGHT/LENGTH (in cm) ઉંચાઈ/ લંબાઈ (સેન્ટિમીટરમાં)		<input type="checkbox"/>
Hb Level એચબી લેવલ		<input type="checkbox"/>

<p>Codes of reasons for not taking measurements <u>from girl</u></p> <p><i>છોકરીના આ માપ નહીં લેવા માટેના કારણોના કોડ</i></p>	<p>REFUSED</p> <p><i>તે લેવા દેવાની ના પાડી</i></p> <p>.....1</p> <p>GIRL LEFT THE PSU</p> <p><i>છોકરીએ પીએસયુ છોડી દીધું</i></p> <p>.....2</p>	<p>GIRL NOT WELL</p> <p><i>છોકરીની તબિયત સારી નથી</i></p> <p>.....3</p> <p>OTHER REASON</p> <p><i>અન્ય કારણ</i>4</p>
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Comprehensive Community Need Assessment Study in Gujarat

HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

(For research

purpose only)

IDENTIFICATION		CODE
PSU NUMBER (NAME _____)		<input type="text"/> <input type="text"/>
HOUSEHOLD SERIAL NUMBER		<input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME AND CODE		<input type="text"/> <input type="text"/>
<p>RESULT CODES:</p> <p>COMPLETED..... 1 POSTPONED..... 5</p> <p>NO COMPETENT RESPONDENT AT HOME 2 OTHER..... 9</p> <p>HOUSEHOLD ABSENT 3 <input type="checkbox"/></p> <p>REFUSED 4</p>		
NAME OF INTERVIEWER		CODE <input type="text"/> <input type="text"/>
NAME OF SUPERVISOR		CODE <input type="text"/>

INTERVIEW TIME START

ઇન્ટરવ્યુ શરુ થયાનો સમયHOURSMINUTES

HOUSEHOLD MEMBER SHEET

હાઉસહોલ્ડ મેમ્બર શીટ

Now we would like some information about the people who usually live in your household or who are staying with you now.

હવે અમે એ લોકો વિશે કેટલીક માહિતી મેળવવાનું પસંદ કરીશું જેઓ સામાન્ય રીતે તમારા ઘરમાં રહે છે અથવા અત્યારે તમારી સાથે વસવાટ કરી રહ્યા છે.

<u>CODES FOR RELATIONSHIP TO HEAD</u> મુખ્ય વડીલ સાથે સંબંધ માટેના કોડ		<u>CODES FOR AGE</u> ઉંમર માટેના કોડ	<u>CODES FOR MARITAL STATUS</u> વિવાહીત જીવનસ્થિતિ માટેના કોડ	<u>CODES FOR Occupation</u> વ્યવસાય માટેના કોડ	<u>CODES FOR ILLNESS</u> માંદગી માટેના કોડ
01 HEAD મુખ્ય વડીલ	09 BROTHER-IN-LAW OR SISTER-IN-LAW દિયર/ જેઠ/ સાળો અથવા નણંદ//ભાભી/ સાળી	00 AGE LESS THAN ONE YEAR ઉંમર એક વર્ષથી ઓછી	1 CURRENTLY MARRIED હાલમાં વિવાહીત	01 Agriculture Labour ખેતમજૂર	1Dengue Fever. ડેન્ગ્યુ તાવ
02 WIFE OR HUSBAND પત્ની અથવા પતિ	10 NIECE/NEPHEW ભત્રીજો/ ભત્રીજી	99 AGE 99 YEARS OR MORE ઉંમર 99 વર્ષ અથવા વધુ	2 MARRIED, BUT GAUNA NOT PERFORMED વિવાહીત, પણ ગૌના નથી થયું	02 Wage Labourer વેતનભથ્થુ રળતા મજૂર	2Malaria. મેલેરિયા
03 SON OR DAUGHTER દિકરો અથવા દીકરી	11 OTHER RELATIVE અન્ય સંબંધી		3 WIDOWED વિધવા/ વિધુર	03 Service નોકરી	3Typhoid ટાઇફોઇડ
04 SON-IN-LAW OR DAUGHTER-IN-LAW જમાઈ અથવા વહુ	12 ADOPTED/FOSTER/STEP-CHILD દત્તક લીધેલું/ સાવકું બાળક		4 DIVORCED છૂટાછેડા લીધેલા	04 Business બિઝનેસ	4Hepatitis હેપેટાઇટિસ/ ચક્રતમાં સોજો
05 GRANDCHILD પૌત્ર/ પૌત્રી	13 DOMESTIC SERVANT ઘરઘાટી		5 SEPARATED અલગ થયેલા	05 Self Employed સ્વનિર્ભર	5Jaundice જોન્ડિસ/ કમળો
06 PARENT માતા/ પિતા	14 OTHER NOT RELATED અન્ય - સંબંધ નહીં ધરાવતા		6 DESERTED ત્યજી દેવાયેલા	06 Unemployed બેરોજગાર	6Leptospirosis લેપ્ટોસ્પાયરોસિસ
07 PARENT-IN-LAW સાસુ/ સસરા	98 DON'T KNOW ખબર નથી		7 NEVER MARRIED લગ્ન નથી કર્યા	07 Student વિદ્યાર્થી	7Diarrhoeal Diseases ઝડાને લગતા રોગો
08 BROTHER OR SISTER ભાઈ અથવા બહેન			8 DON'T KNOW ખબર નથી	08 Retired નિવૃત્ત	8 Cholera કોલેરા

		09 Home maker ઘર સંભાળનાર	9 Brucellosis બ્રુસીલોસીસ
		10 Other Specify અન્ય, જણાવો.....	10 Hookworm Infection હૂકવર્મ ઇન્ફેક્શન
			11 Influenza ઇન્ફ્લુએન્ઝા
			12 Filariasis ફિલેરિયાસિસ
			13 Tuberculosis. ટ્યુબરક્યુલોસિસ
			14 Diabetes ડાયાબીટીસ

RESPONDENT LINE NUMER

રીસ્પોન્ડન્ટ લાઇન નંબર

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101.	<p>What is the main source of lighting in your house? SINGLE CODE</p> <p>તમારા ઘરમાં લાઇટિંગનો મુખ્ય સ્ત્રોત કયો છે ? એક જ કોડ</p>	<p>Electricity.....01</p> <p>વીજળી</p> <p>Kerosene.....02</p> <p>કેરોસીન</p> <p>Gas03</p> <p>ગેસ</p> <p>Others Specify.....09</p> <p>અન્ય, જણાવો</p>	
102.	<p>What is the main source of drinking water? SINGLE CODE</p> <p>પીવાના પાણીનો મુખ્ય સ્ત્રોત કયો છે ? એક જ કોડ</p>	<p>Piped water into dwelling/yard/plot 01</p> <p>ઘર/ આંગણ/ પ્લોટમાં પાઇપ વાટે આવતું પાણી</p> <p>Piped water outside dwelling/ yard/plot 02</p> <p>ઘર/ આંગણ/ પ્લોટની બહાર પાઇપ વાટે આવતું પાણી</p> <p>Public tap/standpipe.....03</p> <p>જાહેર નળ/ સ્ટેન્ડપાઇપ(ડંકી)</p> <p>Hand pump inside dwelling/ yard/ plot 04</p> <p>ઘર/ આંગણ/ પ્લોટની અંદર હેન્ડ પમ્પ</p> <p>Hand pump outside dwelling/ yard/ plot 05</p> <p>ઘર/ આંગણ/ પ્લોટની બહાર હેન્ડ પમ્પ</p> <p>Well inside dwelling/ yard/ plot 06</p> <p>ઘર/ આંગણ/ પ્લોટની અંદર ફ્વો</p> <p>Well outside dwelling/ yard/ plot 07</p> <p>ઘર/ આંગણ/ પ્લોટની બહાર ફ્વો</p> <p>Protected spring 08</p> <p>આરક્ષીત ઝરણું</p> <p>River water 09</p>	<p>If option 1 or 2 ,4,5,6 is selected – go to 104</p>

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		નદીનું પાણી Pond water 10 તળાવનું પાણી Rainwater 11 વરસાદનું પાણી Other (Specify) 96 અન્ય (જણાવો)	
103.	Who usually goes to this source to fetch the water for your household? SINGLE CODE તમારા ઘર માટે પાણી લઈ આવવા માટે આ સ્ત્રોત પર સામાન્ય રીતે કોણ જાય છે ? એક જ કોડ	Adult Woman0 1 પુખ્ત મહિલા Adult Man02 પુખ્ત પુરુષ Female child under age 15 years03 15 વર્ષથી નાની ઉંમરની મહિલા બાળકી Male child under age 15 years04 15 વર્ષથી નાની ઉંમરનો પુરુષ બાળક Other (Specify).....09 અન્ય (જણાવો)	
104.	Do you do anything to the water to make it safer to drink? પાણીને પીવા માટે સુરક્ષીત બનાવવા માટે તમે તેને કશું કરો છો ?	Yes હા01 No ના02 Don't know ખબર નથી08	106
105.	What do you usually do to make the water safer to drink? PROBE: Anything else? INS: MULTIPLE RESPONSE POSSIBLE પાણીને પીવા માટે સુરક્ષીત બનાવવા માટે તમે સામાન્ય રીતે શું કરો છો ? પ્રોબ : બીજું કશું ? સૂચના : એકથી વધુ પ્રતિભાવ શક્ય	Boil ઉકાળવું A Use alum ફટકડીનો ઉપયોગ B Add bleach/chlorine tabletsC બ્લીચ/ ક્લોરિનની ટીકડીઓ નાંખવી Strain through a cloth D કપડા મારફત નીતારવું Use water filter (ceramic/sand/ composite/etc.) E વોટર ફિલ્ટર (સીરામિક/ માટી/ કમ્પોઝીટ વગેરે)નો ઉપયોગ કરવો Use electronic purifier F ઇલેક્ટ્રોનિક પ્યુરિફાયરનો ઉપયોગ કરવો Let it stand and settle G તેને સ્થિર થવા દઉં છું	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		Other (specify)X અન્ય (જણાવો) Don't know ખબર નથીy	
106.	What kind of toilet facility do members of your household usually use? SINGLE CODE તમારા ઘરના સભ્યો સામાન્ય રીતે કયા પ્રકારની શૌચાલય સુવિધાનો ઉપયોગ કરે છે ? એક જ કોડ	Flush or pour flush toilet ફ્લશ અથવા પાઉર ફ્લશ ટોઇલેટ Flush to piped sewer system 01 પાઇપયુક્ત ગટર વ્યવસ્થામાં ફ્લશ કરવું Flush to septic tank.....02 સેપ્ટિક ટેન્કમાં ફ્લશ કરવું Flush to pit latrine03 કુંડીવાળા સંડાસમાં ફ્લશ કરવું Flush to somewhere else.....04 બીજે ક્યાંક ફ્લશ કરવું Flush, don't know where05 ફ્લશ કરાય છે, પણ ક્યાં તે ખબર નથી Pit latrine કુંડીવાળું સંડાસ Ventilated improved pit (vip)/ Biogas latrine06 વેન્ટિલેટેડ ઇમ્પ્રુવ્ડ કુંડી(વીઆઇપી)/ બાયોગેસ સંડાસ Twin pit/composting toilet07 જોડવાળી કુંડી/ કમ્પોસ્ટીંગ ટોઇલેટ Dry toilet 08 ડ્રાય/સૂકું ટોઇલેટ No facility/uses open space or field 09 કોઈ સુવિધા નથી/ ખુલ્લી જગ્યા અથવા ખતરનો ઉપયોગ Others (specify).....99 અન્ય (જણાવો)	1107

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
106 a	Do you get regular water supply in to the toiler શું તમે શૌચાલયમાં પાણીનો નિયમિત પૂરવઠો મેળવો છો	Yes હા.....1	No ના.....2	
107.	What is the religion of the head of the household? SINGLE CODE ઘરના મુખ્ય વડીલનો ધર્મ કયો છે ? એક જ કોડ	Hindu01 હિન્દુ	Muslim02 મુસ્લિમ	
		Christian.....03 ખ્રિસ્તી	No religion06 કોઈ ધર્મ નથી	
		Others (specify).....99 અન્ય (જણાવો)		
108.	What is the caste or tribe of the head of the household? ઘરના મુખ્ય વડીલની જ્ઞાતિ અથવા કોમ કઈ છે ?	Caste જ્ઞાતિ.....01 (specify) (જણાવો)	Tribe કોમ.....02 (specify) (જણાવો)	
		No caste/tribe.....03 કોઈ જ્ઞાતિ/ કોમ નથી	Don't know ખબર નથી.....08	
109.	Is this a scheduled caste, a scheduled tribe, other backward class, or none of these? શું આ અનુસૂચિત જાતિ, અનુસૂચિત જનજાતિ, અન્ય પછાત વર્ગ છે, કે આમાંથી એકપણ નથી ?	Scheduled caste અનુસૂચિત જાતિ01	Scheduled tribe અનુસૂચિત જનજાતિ02	
		Other backward class અન્ય પછાત વર્ગ.....03	None of these આમાંથી એકપણ નહીં.....04	
		Don't know ખબર નથી.....08		
110.	Does your household own any of the following: શું તમારા ઘરમાં અહીં જણાવ્યું છે તેમાંનું કશુંપણ વસાવેલું છે :		YES હા	NO ના
A	Electricity વીજળી	Electricity વીજળી	1	2
B	Mattress ગાદલા	Mttress ગાદલા	1	2
C	Pressure cooker પ્રેશર ફૂકર	Pessure cooker પ્રેશર ફૂકર	1	2
D	Chair ખુરશી	Chair ખુરશી	1	2
E	Cot or bed પલંગ	Cot or bed પલંગ	1	2

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
F	Table ટેબલ	Table ટેબલ	1	2	
G	Electric fan ઈલેક્ટ્રિક પંખો	Electric fan ઈલેક્ટ્રિક પંખો	1	2	
H	Radio or transistor રેડિયો અથવા ટ્રાન્ઝિસ્ટર	Radio or transistor રેડિયો અથવા ટ્રાન્ઝિસ્ટર	1	2	
I	Black and white television બ્લેક એન્ડ વ્હાઇટ ટેલીવિઝન	Black and white television બ્લેક એન્ડ વ્હાઇટ ટેલીવિઝન	1	2	
J	Color television કલર ટેલીવિઝન	Color television કલર ટેલીવિઝન	1	2	
K	Sewing machine સિલાઈ મશિન	Sewing machine સિલાઈ મશિન	1	2	
L	Mobile phone મોબાઇલ ફોન	Mobile phone મોબાઇલ ફોન	1	2	
M	Land line telephone લેન્ડલાઇન ટેલીફોન	Land line telephone લેન્ડલાઇન ટેલીફોન	1	2	
N	Internet ઇન્ટરનેટ	Internet ઇન્ટરનેટ	1	2	
O	A computer કોમ્પ્યુટર	A computer કોમ્પ્યુટર	1	2	
P	Refrigerator રેફ્રિજરેટર	Refrigerator રેફ્રિજરેટર	1	2	
Q	Air conditioner/ a cooler એર કંડિશનર/ ફૂલર	Air conditioner/ a cooler એર કંડિશનર/ ફૂલર	1	2	
R	Washing machine વોશિંગ મશિન	Washing machine વોશિંગ મશિન	1	2	
S	Watch or clock કાંડા ઘડીયાળ અથવા દિવાલ ઘડીયાળ	Watch or clock કાંડા ઘડીયાળ અથવા દિવાલ ઘડીયાળ	1	2	
T	Bicycle બાઇસીકલ	Bicycle બાઇસીકલ	1	2	
U	Motorcycle or scooter મોટરસાઈકલ અથવા સ્કૂટર	Motorcycle or scooter મોટરસાઈકલ અથવા સ્કૂટર	1	2	
V	Animal-drawncart પશુચાલિત ગાડુ	Animal-drawncart પશુચાલિત ગાડુ	1	2	
W	Car કાર	Car કાર	1	2	
X	Water pump પાણીનો પમ્પ	Water pump પાણીનો પમ્પ	1	2	
Y	Thresher થ્રેશર	Thresher થ્રેશર	1	2	
Z	Tractor ટ્રેક્ટર	Tractor ટ્રેક્ટર	1	2	
111.	What type of fuel does your household mainly use for cooking? SINGLE CODE રસોઈ બનાવવા માટે તમારું ઘર મુખ્યત્વે કયા પ્રકારના બળતણનો ઉપયોગ કરે છે ?	Electricity વીજળી.....01 Lpg/natural gas એલપીજી/ પ્રાકૃતિક ગેસ02 Biogas બાયોગેસ.....03			

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		Kerosene કેરોસીન.....04 Coal/lignite કોલસો/ લિગ્નાઇટ.....05 Charcoal ચારકોલ.....06 Wood લાકડું.....07 Straw/shrubs/grass ભૂસું/ ડાળીઓ/ ઘાસ.....08 Agricultural crop waste ખેતપેદાશનો કચરો.....09 Dung cakes સૂકવેલું છાણ.....10 No food cooked in household ઘરમાં રસોઈ નથી રંધાતી..... 95 Others (specify) અન્ય (જણાવો)..... 99	
112.	In this household, is food cooked on a stove, a <i>chullah</i> or an open fire? આ ઘરમાં, રસોઈ ગેસ પર રાંધવામાં આવે છે, યુલા પર રાંધવામાં આવે છે કે ખુલ્લી આગમાં ?	Stove ગેસ.....1 Chullah યુલો.....2 Open fire ખુલ્લી આગ.....3 Other અન્ય..... 9	
113.	Is the cooking usually done in the house, in a separate building, or outdoors? શું રસોઈ સામાન્ય રીતે ઘરમાં જ બને છે, કોઈ અલગ મકાનમાં બને છે, કે પછી બહાર બને છે ?	In the house ઘરમાં જ.....1 In a separate building અલગ બિલ્ડિંગમાં.....2 Outdoors બહાર.....3 Others (specify) અન્ય (જણાવો).....9	
114.	Do you have a separate room which is used as a kitchen? શું તમે એવો કોઈ અલગ ઓરડો ધરાવો છો જેનો રસોડા તરીકે ઉપયોગ કરાતો હોય ?	Yes હા.....1 No ના.....2	
115.	What type of house is it? [OBSERVE AND RECORD] ઘર કયા પ્રકારનું છે ? (નિરીક્ષણ કરો અને નોંધો)	Kuchha કાચું..... 1 Semi pucca કાચુ-પાકું..... 2 Pucca પાકું..... 3	
116.	Does any member of this household own any agricultural land?	YES હા.....1 NO ના.....2	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
	શું આ પરિવારનો કોઈપણ સભ્ય કોઈ ખેતીલાયક જમીનની માલિકી ધરાવે છે ?				
117.	Does your household own any of the following animals: શું તમારા પરિવાર પાસે અહીં જણાવી છે તેમાંનું કશું વસાવેલું છે :		YES હા	NO ના	
A	Cows, bulls or buffaloes ગાય, બળદ અથવા ભેંસ	Cows, bulls or buffaloes ગાય, બળદ અથવા ભેંસ	1	2	
B	Camels ઉંટ	Camels ઉંટ	1	2	
C	Horses, donkeys, or mules ઘોડા, ગઘેડા, અથવા ખચ્ચર	Horses, donkeys, or mules ઘોડા, ગઘેડા, અથવા ખચ્ચર	1	2	
D	Goats બકરી	Goats બકરી	1	2	
E	Sheep ઘેટા	Sheep ઘેટા	1	2	
F	Chickens or ducks મરઘા અને બતક	Chickens or ducks મરઘા અને બતક	1	2	
101.	What is the total monthly income of your household from all the sources? તમારા પરિવારની બધા જ સ્ત્રોતની કુલ માસિક આવક કેટલી છે ?				
102.	What is the total monthly household expenditure on food? ખોરાક પર થતો કુલ પારિવારિક માસિક ખર્ચ કેટલો છે ?				
103.	What is the total monthly household expenditure other than the food? ખોરાક સિવાય અન્ય વસ્તુઓ પર થતો કુલ પારિવારિક માસિક ખર્ચ કેટલો છે ?				
104.	When members of your household get sick, where do they generally go for treatment?	Public health sector જાહેર સ્વાસ્થ્ય ક્ષેત્ર Govt./Municipal Hospital11 સરકારી/ નગરપાલિક હોસ્પિટલ Govt. Dispensary સરકારી દવાખાનું12			

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	જ્યારે તમારા પરિવારના સભ્યો બીમાર પડે ત્યારે, સારવાર માટે તેઓ સામાન્ય રીતે ક્યાં જાય છે ?	UHC/UHP/UFWC.....13 યુએચસી/ યુએચપી/ યુએફડબ્લ્યુસી CHC/Rural Hospital/Block PHC14 સીએચસી/ ગ્રામીણ હોસ્પિટલ/ બ્લોક પીએચસી PHC / additional PHC15 પીએચસી/ વધારાનું પીએચસી Sub-Centre પેટા-કેન્દ્ર 16 Vaidya/Hakim/Homeopath (AYUSH) 17 વૈદ્ય/ હકીમ/ હોમીયોપેથ (આયુષ) Anganwadi/ICDS centre 18 આંગણવાડી/ સીડીએસ કેન્દ્ર ASHA આશા 19 Govt. Mobile clinic 20 સરકારી હરતું-ફરતું દવાખાનું Other public sector health facility21 અન્ય જાહેર ક્ષેત્રની સ્વાસ્થ્ય સુવિધા NGO or trust hospital/clinic..... 31 એનજીઓ અથવા ટ્રસ્ટ હોસ્પિટલ/ દવાખાનું Private health sector ખાનગી સ્વાસ્થ્ય ક્ષેત્ર Pvt. Hospital ખાનગી હોસ્પિટલ.....41 Pvt. Doctor/clinic ખાનગી ડોક્ટર/દવાખાનું ...42 Pvt. Paramedic ખાનગી પેરામેડિક43 Vaidya/Hakim/Homeopath (AYUSH) 44 વૈદ્ય/ હકીમ/ હોમીયોપેથ (આયુષ) Traditional healer પરંપરાગત ઉપચારક45 Pharmacy/drugstore ફાર્મસી/ ડ્રગસ્ટોર46 Dai (TBA) દાઇ (ટીબીએ).....47 Other private sector અન્ય ખાનગી ક્ષેત્ર Health facility સ્વાસ્થ્ય સુવિધા48 Other અન્ય Shop દુકાન.....51 Home treatment ઘરેલું સારવાર.....52 Other અન્ય 99	
105.	Does any usual member of this household have a bank account or a post office account?	Yes હા.....1	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	શું આ પરિવારના કોઈ સભ્ય કોઈ બેંક એકાઉન્ટ અથવા પોસ્ટ ઓફિસ એકાઉન્ટ ધરાવે છે ?	No ના2 Dont know ખબર નથી8	
106.	What are the various Livelihood options available in this village? આ ગામમાં જીવનનિર્વાહ માટે કયા વિવિધ વિકલ્પો ઉપલબ્ધ છે ?	Farm Related ખેતી સંબંધીત.....A Non Farm Related બીજાખેતી સંબંધીત.....B Govt. Source સરકારી સ્ત્રોત.....C Pvt Source ખાનગી સ્ત્રોત.....D Skill Related કૌશલ્ય સંબંધીત.....E Others અન્ય.....F	
107.	Does this household have an NREGA card? DESCRIBE NREGA FOR CLARITY શું આ પરિવાર નરેગા કાર્ડ ધરાવે છે ? સ્પષ્ટતા માટે નરેગાનું વર્ણન કરો	Yes હા1 No ના2 Dont know ખબર નથી8	
108.	Does this household have a BPL card? શું આ પરિવાર કોઈ બીપીએલ કાર્ડ ધરાવે છે ?	Yes હા1 No ના2 Dont know ખબર નથી8	
109.	Please show me where members of your household most often wash their hands કૃપા કરી મને એ જગ્યા બતાવો જ્યાં તમારા ઘરના સભ્યો મોટાભાગે તેમના હાથ ધુએ છે	Observed નિરીક્ષણ કર્યું.....1 Not observed, not in dwelling/ yard/plot2 નિરીક્ષણ ના કર્યું, ઘર/આંગણ/પ્લોટમાં નથી Not observed, no permission to see3 નિરીક્ષણ ના કર્યું, જોવાની પરવાનગી નથી Not observed, other reason4 નિરીક્ષણ ના કર્યું, અન્ય કારણ	
110.	OBSERVATION ONLY: ફક્ત નિરીક્ષણ: OBSERVE AVAILABILITY OF WATER AT THE PLACE FOR HANDWASHING. હાથ ધોવાની જગ્યાએ પાણીની ઉપલબ્ધતા ચકાસો.	Water is available 1 પાણી ઉપલબ્ધ છે Water is not available2 પાણી ઉપલબ્ધ નથી	
111.	OBSERVATION ONLY: ફક્ત નિરીક્ષણ: OBSERVE AVAILABILITY OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT INS: Multiple responses possible	Soap or detergent (bar, liquid, powder, paste) સાબુ અથવા ડીટરજન્ટ (ગોટી, પ્રવાહી, પાવડર, પેસ્ટ).....a Ash, mud, sand	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	સાબુ, ડીટરજન્ટ, અથવા અન્ય સફાઈની વસ્તુની ઉપલબ્ધતા ચકાસો. સૂચના: એકથી વધુ પ્રતિભાવ શક્ય	રાખ, ભીની માટી, રેતી.....b None કશું જ નહીં.....x	
112.	(Observe) Dustbins (in or around the house) (નિરીક્ષણ કરો) કચરાપેટી (ઘરની અંદર અથવા આસપાસમાં)	Covered ઢાંકેલી1 Uncovered ખુલ્લી.....2 No dustbin કચરાપેટી નથી.....3	
113.	(Observe) Stagnant water in or around the house (નિરીક્ષણ કરો) ઘરની અંદર અથવા આસપાસમાં જમા થયેલું પાણી	Yes હા1 No ના2	
114.	(Observe) The drainage around the house (નિરીક્ષણ કરો) ઘરની આસપાસ ગટર	Underground drainage અંડરગ્રાઉન્ડ ગટર1 Open with outlet2 બહાર નિકાલ ધરાવતી ખુલ્લી Open without outlet3 બહાર નિકાલ નહીં ધરાવતી ખુલ્લી	
115.	Does this household connected to sewage system? શું આ ઘર ગટરવ્યવસ્થા સાથે જોડાયેલું છે ?	Yes હા1 No ના2	
MEDIA EXPOSURE મીડિયા સાથેનો સંપર્ક			
116.	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? શું તમે કોઈ સમાચારપત્ર અથવા મેગેઝિન લગભગ દરરોજ, અઠવાડિયે ઓછામાં ઓછું એક વખત, અઠવાડિયે એક વખતથી ઓછું વાંચો છો કે બિલકુલ નથી વાંચતા ?	Almost everyday લગભગ દરરોજ 1 Atleast once a week 2 અઠવાડિયે ઓછામાં ઓછું એક વખત Less than once a week..... 3 અઠવાડિયે એક વખતથી ઓછું Not at all બિલકુલ નહીં..... 4 Can't read વાંચી નથી શકતા..... 5	
117.	Do you listen to radio almost every day, at least once a week, less than once a week or not at all? શું તમે રેડિયો લગભગ દરરોજ, અઠવાડિયે ઓછામાં ઓછું એક વખત, અઠવાડિયે એક વખતથી ઓછું સાંભળો છો કે બિલકુલ નથી સાંભળતા ?	Almost everyday લગભગ દરરોજ 1 Atleast once a week 2 અઠવાડિયે ઓછામાં ઓછું એક વખત Less than once a week..... 3 અઠવાડિયે એક વખતથી ઓછું Not at all બિલકુલ નહીં..... 4	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
118.	Do you watch television almost every day, at least once a week, less than once a week or not at all? શું તમે ટીવી લગભગ દરરોજ, અઠવાડિયે ઓછામાં ઓછું એક વખત, અઠવાડિયે એક વખતથી ઓછું જુઓ છો કે બિલકુલ નથી જોતા ?	Almost everyday લગભગ દરરોજ.....1 Atleast once a week2 અઠવાડિયે ઓછામાં ઓછું એક વખત Less than once a week.....3 અઠવાડિયે એક વખતથી ઓછું Not at all બિલકુલ નહીં.....4	
119.	Do you have access to a mobile phone? શું તમે મોબાઇલ ફોનનો ઉપયોગ કરો છો ?	Yes હા1 No ના.....2	201
120.	What type of mobile phone do you have access to? તમે કયા પ્રકારના મોબાઇલ ફોનનો ઉપયોગ કરો છો ?	Basic feature phone બેઝિક ફીચર ફોન..1 Smart phone સ્માર્ટ ફોન2 Both બંને3	

Section 2 food material

સેક્શન 2 - ખાદ્ય સામગ્રી

Q. No.	Question	Category	Skip to
201	How/Where do you usually acquire oil? સામાન્ય રીતે તમે તેલ કેવી રીતે/ ક્યાંથી લો છો ?	Nearby store નજીકનો સ્ટોર.....1 Ration Shop રાશનની દુકાન.....2 Wholesale vendor હોલસેલ વેપારી.....3 Own production પોતાનું ઉત્પાદન.....4 Other અન્ય.....5	
202	What kind of cooking oil did you last buy for your household? તમારા ઘર માટે તમે છેલ્લે કયા પ્રકારનું રસોઈ તેલ ખરીદ્યું હતું ?	Packed Oil પેકમાં મળતું તેલ.....1 Open Oil ખુલ્લું તેલ2	If no 206
203	If packed oil request the respondent to show the oil packet available in the household. Observe the type of oil and any labelling	Available ઉપલબ્ધ છે.....1	

	જો પેકમાં મળતું તેલ હોય તો ઘરમાં ઉપલબ્ધ તેલનું પેકેટ બતાવવા માટે રીસ્પોન્ડન્ટને વિનંતી કરો. તેલનો પ્રકાર અને કોઈ લેબલિંગનું નિરીક્ષણ કરો	Not available ઉપલબ્ધ નથી.....2	
204	If packed oil, mention the name of the brand (please check the packet if available) જો પેકમાં મળતું તેલ હોય, તો બ્રાન્ડનું નામ જણાવો (જો પેકેટ ઉપલબ્ધ હોય તો કૃપા કરી ચકાસો)	Brand name બ્રાન્ડ નામ..... Producer name ઉત્પાદકનું નામ.....	
205	Is the packet of oil labeled as “fortified”, with a logo, and/or are “vitamins” or “micronutrients” prominently written on the label? શું તેલના પેકેટ પર “ફોર્ટિફાઇડ”નું લેબલ, લોગો છે, અને/ અથવા લેબલ પર “વિટામિન્સ” અથવા “માઇક્રોન્યુટ્રિન્ટ્સ” નજરમાં આવે તે રીતે લખેલા છે ?	Yes હા.....1 No ના.....2	
206	What criteria do you consider when you choose the cooking oil you are going to buy? (Multiple responses) તમે ખરીદવા જાવ તે રસોઈ તેલ તમે જ્યારે પસંદ કરો ત્યારે કયા કયા પરીબળો તમે ધ્યાનમાં લો છો ? (એકથી વધુ પ્રતિભાવ)	Price કિંમત.....1 Quality ગુણવત્તા.....2 Type of oil તેલનો પ્રકાર.....3 Availability ઉપલબ્ધતા.....4 Fortified ફોર્ટિફાઇડ/ પ્રમાણીત.....5 No preference કોઈ પસંદગી નહીં.....6	
207	How/Where do you usually acquire salt? સામાન્ય રીતે તમે મીઠું/નમક કેવી રીતે/ ક્યાંથી લો છો ?	Nearby store નજીકનો સ્ટોર.....1 Ration Shop રાશનની દુકાન.....2 Wholesale vendor હોલસેલ વેપારી.....3 Any other અન્ય કોઈ.....5	

		(please specify) (કૃપા કરી જણાવો)	
208	What kinds of salt do you mainly buy for your household? તમારા ઘર માટે તમે મુખ્યત્વે કયા પ્રકારનું મીઠું ખરીદો છો ?	Packed salt પેકમાં મળતું મીઠું.....1 Open salt ખુલ્લું મીઠું.....2	If no go to 212
209	If packed salt, request the respondent to show the salt available in the household. Observe the type of salt and any labelling જો પેકમાં મળતું મીઠું હોય તો ઘરમાં ઉપલબ્ધ મીઠાનું પેકેટ બતાવવા માટે રીસ્પોન્ડન્ટને વિનંતી કરો. મીઠાનો પ્રકાર અને કોઈ લેબલિંગનું નિરીક્ષણ કરો	Available ઉપલબ્ધ છે.....1 Not available ઉપલબ્ધ નથી.....2	
210	If packed salt, mention the name of the brand (please check the packet if available) જો પેકમાં મળતું મીઠું હોય, તો બ્રાન્ડનું નામ જણાવો (જો પેકેટ ઉપલબ્ધ હોય તો કૃપા કરી ચકાસો)	Brand name બ્રાન્ડ નામ..... Producer name ઉત્પાદકનું નામ.....	
211	Is the packet of salt clearly labeled as “iodized”, and/or has a logo? શું મીઠાના પેકેટ પર “આયોડાઇઝ્ડ”નું લેબલ, અને/ અથવા લોગો છે ?	Yes હા.....1 No ના.....2	
212	How/Where do you usually acquire milk? સામાન્ય રીતે તમે દૂધ કેવી રીતે/ ક્યાંથી લો છો ?	Nearby store નજીકનો સ્ટોર.....1 Dairy ડેરી.....2 Own production પોતાનું ઉત્પાદન.....3 Any other અન્ય કોઈ.....4 (please specify) (કૃપા કરી જણાવો)	
213	Which type of milk does your family mainly consume? તમારો પરિવાર મુખ્યત્વે કયા પ્રકારના દૂધનો વપરાશ કરે છે ?	Milk powder દૂધ પાવડર.....1 Packet Milk પેકેટમાં મળતું દૂધ.....2	

		Loose Milk છૂટક દૂધ.....3	
214	Request the respondent to show the milk available at the household. Observe the any labelling ઘરમાં ઉપલબ્ધ દૂધ બતાવવા માટે રીસ્પોન્ડન્ટને વિનંતી કરો. કોઈ લેબલ હોવા અંગે નિરીક્ષણ કરો	Available ઉપલબ્ધ છે.....1 Not available ઉપલબ્ધ નથી.....2	End Go to 217
215	Mention the name of the brand (please check the packet if available) બ્રાન્ડનું નામ જણાવો (જો પેકેટ ઉપલબ્ધ હોય તો કૃપા કરી ચકાસો)	Brand name બ્રાન્ડ નામ..... Producer name ઉત્પાદકનું નામ.....	
216	Is the packet of milk labeled as “fortified”, with a logo, and/or are “vitamins” or “micronutrients” prominently written on the label? શું દૂધના પેકેટ પર “ફોર્ટિફાઇડ”નું લેબલ, લોગો છે, અને/ અથવા લેબલ પર “વિટામિન્સ” અથવા “માઇક્રોન્યુટ્રિન્ટ્સ” નજરમાં આવે તે રીતે લખેલા છે ?	Yes હા.....1 No ના.....2	
217	What are the important considerations you keep in mind before buying milk? (Multiple responses) દૂધ ખરીદવા જતા પહેલા તમે ધ્યાનમાં રાખો છો તે મહત્વની બાબતો કઈ કઈ છે ? (એકથી વધુ પ્રતિભાવ)	Price કિંમત.....1 Quality ગુણવત્તા.....2 Type of milk દૂધનો પ્રકાર.....3 Availability ઉપલબ્ધતા.....4 Fortified ફોર્ટિફાઇડ/ પ્રમાણીત.....5 No preference કોઈ પસંદગી નહીં.....6	

THANK AND CLOSE

આભાર માનો અને ઇન્ટરવ્યુ બંધ કરો

Annexure 3: In-depth Interview guide for PRI member/Sarpanch/Teacher/Senior citizen/Community leader

Comprehensive Nutrition Survey in Gujarat

CONFIDENTIAL For Research purpose only

In Depth Interview Guide for PRI Member/Sarpanch/Teachers/Senior citizens/Community Leaders

Name of Respondents: _____

Designation: _____

Address _____

Working area: _____

Date of Interview _____

Name of Interviewer: _____

INTRODUCTION AND CONSENT પરિચય અને સંમતિ

A ABOUT WATER AND SANITATION

- A1. Can you please tell us about this village? **PROBE: Population, Drinking water facility, Land, Drainage?**
કૃપા કરી તમે અમને આ ગામ વિશે જણાવશો ? પ્રોબ : વસ્તી, પીવાના પાણીની સુવિધા, જમીન, ગટરવ્યવસ્થા ?
- A2. Please tell me about sanitation facility in the village? **PROBE: Toilet, waste water management?**
કૃપા કરી ગામમાં ગટરવ્યવસ્થાની સુવિધા વિશે મને કહો ? પ્રોબ : શૌચાલય, ગંદા પાણીના નિકાલનું વ્યવસ્થાપન ?
- A3. Do the girls and women use toilets? What proportion use toilets? What are the reasons for rest of women/girls not using toilets? **PROBE**
શું છોકરીઓ અને મહિલાઓ શૌચાલયનો ઉપયોગ કરે છે ? તેમાંની કેટલા ટકા શૌચાલયનો ઉપયોગ કરે છે ? બાકીની છોકરીઓ/ મહિલાઓનો શૌચાલયનો ઉપયોગ નહીં કરવા માટેના કારણો કયા છે ? પ્રોબ
- A4. Do girls practice hand washing? When? What proportion follows these? What are the barriers for good practices? **PROBE**
શું છોકરીઓ હાથ ધોવાની ચીવટ રાખે છે ? ક્યારે ? કેટલા ટકા છોકરીઓ આનું પાલન કરે છે ? સારી ચીવટ રાખવા માટેના અવરોધો કયા છે ? પ્રોબ.
- A5. What do you suggest to improve water and sanitation situation of the village? **PROBE**
ગામની પાણી અને ગટરવ્યવસ્થાની પરિસ્થિતિને સુધારવા માટે તમે શું સૂચવો છો ? પ્રોબ

B EDUCATION

- B1 Please tell me about the educational resources available in village for girls of 14-19 years particularly? **PROBE** what is the highest level of education available in your village? For pursuing higher education, do the children of your village go to other village/area? How far do they travel? How do they travel? Do the girls of the village also go?
કૃપા કરી ખાસ કરીને 14 થી 19 વર્ષની છોકરીઓ માટે ગામમાં ઉપલબ્ધ શૈક્ષણિક સ્ત્રોત વિશે મને કહેશો ? પ્રોબ - તમારા ગામમાં મહત્તમ કયા સ્તર સુધીનું શિક્ષણ ઉપલબ્ધ છે ? ઉચ્ચ

અભ્યાસમાં આગળ વધવા માટે, શું તમારા ગામના બાળકો અન્ય ગામ/ વિસ્તારમાં જાય છે ? તેઓ કેટલે દૂર સુધી મુસાફરી કરે છે ? શું ગામની છોકરીઓ પણ જાય છે ?

- B2 Please tell me about schools in your village? **Probe: Number, and Names PROBE ABOUT SCHOOLS NEAR BY FOR GIRLS OF 14-19 YEARS**
કૃપા કરી તમારા ગામની શાળાઓ વિશે મને જણાવો ? પ્રોબ : શાળાઓની સંખ્યા અને નામ. 14 થી 19 વર્ષની છોકરીઓ માટેની નજીકમાં આવેલી શાળાઓ વિશે પ્રોબ કરો.
- B3 Please tell me about colleges in your village? **Probe: Number, and Names. PROBE ABOUT COLLEGES NEAR BY FOR GIRLS OF 14-19 YEARS**
કૃપા કરી તમારા ગામની કોલેજો વિશે મને જણાવો ? પ્રોબ : કોલેજોની સંખ્યા અને નામ. 14 થી 19 વર્ષની છોકરીઓ માટેની નજીકમાં આવેલી શાળાઓ વિશે પ્રોબ કરો.
- B4 How many of the girls of 14-19 years of the village go to school? How many are not going to school? What are the reasons for the same? What are the reasons for drop out? What is the Drop out Raito?
ગામની 14 થી 19 વર્ષની છોકરીઓમાંથી કેટલી છોકરીઓ શાળાએ જાય છે ? કેટલી છોકરીઓ શાળાએ નથી જતી ? આની માટેના કારણો શું છે ? ભણવાનું પડતું મૂકવા માટેના કારણો શું છે ? ભણવાનું પડતું મૂકતી છોકરીઓનું પ્રમાણ કેટલું છે ?
- B 5 What do you suggest to improve educational status of girls of the village? **PROBE**
ગામની છોકરીઓની શૈક્ષણિક સ્થિતિ સુધારવા માટે તમે શું સૂચન કરો છો ? પ્રોબ.

C VOCATIONAL COURSES

- C1 Please tell me about the vocational course/Vocational training available in village for girls of 14-19 years particularly? **PROBE vocational?** What kind of vocational course/training? કૃપા કરી ખાસ કરીને 14 થી 19 વર્ષની છોકરીઓ માટે ગામમાં ઉપલબ્ધ વ્યવસાયલક્ષી અભ્યાસક્રમ/ વ્યવસાયલક્ષી તાલિમ વિશે મને કહેશો ? પ્રોબ - વ્યવસાયલક્ષી ? કયા પ્રકારનો વ્યવસાયલક્ષી અભ્યાસક્રમ/ વ્યવસાયલક્ષી તાલિમ ?
- C2 What kind of vocational courses are available for girls of 14-19 years? **PROBE**
14 થી 19 વર્ષની છોકરીઓ માટે કયા કયા પ્રકારના વ્યાવસાયિક અભ્યાસક્રમ ઉપલબ્ધ છે ? પ્રોબ.
- C3 Usually who organizes the vocational course/training? During the last 2 years do you recall the kind of vocation training/courses carried out in your village? How many girls participated in the training during the last 2 years? **PROBE**
સામાન્ય રીતે આ વ્યાવસાયિક અભ્યાસક્રમ/ તાલિમનું આયોજન કોણ કરે છે ? છેલ્લા 2 વર્ષ દરમિયાન તમારા ગામમાં કેવા પ્રકારના વ્યાવસાયિક તાલિમ/ અભ્યાસક્રમ આયોજીત કરાયા

હતા તે તમને યાદ છે ? છેલ્લા 2 વર્ષ દરમિયાન કેટલી છોકરીઓએ આ તાલિમમાં ભાગ લીધો હતો ? પ્રોબ.

- C4 Do the girls need to pay towards the cost of these trainings? IF YES how much? આ તાલિમના ખર્ચપેટે છોકરીઓએ કોઈ રકમ ચૂકવવી પડે છે ? જો હા, તો કેટલી ?
- C5 If these courses are organized in the nearby villages, do the girls travel to take part in the courses? IF NO, why is it so? PROBE. જો આ અભ્યાસક્રમ નજીકના ગામમાં આયોજીત કરાય, તો શું ગામની છોકરીઓ અભ્યાસક્રમમાં ભાગ લેવા માટે મુસાફરી કરે છે ? જો ના, તો તેવું કેમ ? પ્રોબ.
- C6. Are girls of the village make use of the vocational training facilities? Why/why not? PROBE શું ગામની છોકરીઓ વ્યવસાયલક્ષી તાલિમની સુવિધાઓનો ઉપયોગ કરે છે ? કેમ/ કેમ નહીં ? પ્રોબ.
- C7 What are the vocational training needs of girls of the village? PROBE ; FACILITIES, TYPE OF COURSE ગામની છોકરીઓની વ્યવસાયલક્ષી તાલિમની જરૂરીયાતો શું છે ? પ્રોબ : સુવિધાઓ, અભ્યાસક્રમનો પ્રકાર
- C 8 What do you suggest to improve vocational courses meant for girls of the village? PROBE ગામની છોકરીઓ માટેના વ્યવસાયલક્ષી અભ્યાસક્રમોમાં સુધારા માટે તમે શું સૂચવો છો ? પ્રોબ.

D LIVELIHOOD

- D1 What types of livelihood opportunities are available for girls of 14-19 years of this village? PROBE આ ગામમાં 14-19 વર્ષની છોકરીઓ માટે જીવનનિર્વાહની કયા કયા પ્રકારની તક ઉપલબ્ધ છે ? પ્રોબ.
- D2 What initiatives are there for livelihood of girls? How effective are they? Why do you say so? PROBE છોકરીઓના જીવનનિર્વાહ માટે કઈ કઈ પહેલ કરવામાં આવી છે ? તે કેટલી અસરકારક છે ? તમે આવું કેમ કહો છો ? પ્રોબ.
- D3 Do the girls of these village take part in the livelihood activities that are available in the village? PROBE શું આ ગામની છોકરીઓ ગામમાં ઉપલબ્ધ છે તે જીવનનિર્વાહની પ્રવૃત્તિઓમાં ભાગ લે છે ? પ્રોબ.

D4 Do the parents of the adolescent girls send daughters to other villages or nearby area to participate in the livelihood activity? If the girl have to work along with the boys/males, do the parents send them to participate in such activity ? IF NO, why is it so? **PROBE**
શું માતા-પિતાઓ કિશોરવયની છોકરીઓને જીવનનિર્વાહની પ્રવૃત્તિમાં ભાગ લેવા માટે અન્ય ગામોમાં અથવા નજીકના વિસ્તારમાં મોકલે છે ? જો છોકરીઓને છોકરાઓ/ પુરુષો સાથે કામ કરવાનું હોય, તો શું માતા-પિતાઓ તેમને આવી પ્રવૃત્તિમાં ભાગ લેવા માટે મોકલે છે ? જો ના, તો આવું કેમ છે ? પ્રોબ.

D5 Usually how much do the girls earn from the livelihood activity in a month?
જીવનનિર્વાહની પ્રવૃત્તિમાંથી છોકરીઓ એક મહીનામાં સામાન્ય રીતે કેટલી આવક રળે છે ?

D6 What do you suggest to improve livelihood opportunities of girls of the village? **PROBE**
ગામની છોકરીઓની જીવનનિર્વાહની તકોને સુધારવા માટે તમે શું સૂચન કરો છો ? પ્રોબ.

E HEALTH SERVICES

E1 What are the health issues /problems of girls of 14-19 years of your village? **PROBE**
તમારા ગામની 14-19 વર્ષની છોકરીઓની સ્વાસ્થ્ય સમસ્યાઓ/ મુશ્કેલીઓ કઈ કઈ છે ? પ્રોબ.

E2 What are the health needs of girls of 14-19 years of your village? **PROBE**
તમારા ગામની 14-19 વર્ષની છોકરીઓની સ્વાસ્થ્યની જરૂરીયાતો કઈ કઈ છે ? પ્રોબ.

E3 What are the health services provided in your village for girls of 14-19 years? **PROBE:**
School health scheme. **SERVICES AT NEAR BY PLACES, HEALTH PROGRAMMES**
તમારા ગામમાં 14-19 વર્ષની છોકરીઓ માટે પૂરી પડતી સ્વાસ્થ્ય સેવાઓ કઈ કઈ છે ? પ્રોબ :
શાળા સ્વાસ્થ્ય યોજના. નજીકના સ્થળોએ અપાતી સેવાઓ, સ્વાસ્થ્ય કાર્યક્રમો.

E4 What is the effectiveness of these health programmes /services implemented for girls of the village? Why do you say so? **PROBE ABOUT EACH PROGRAMME /INITIATIVE**
ગામની છોકરીઓ માટેના આ બધા સ્વાસ્થ્ય કાર્યક્રમો/ સેવાઓની અસરકારકતા શું છે ? તમે આવું કેમ કહો છો ? દરેક કાર્યક્રમ/ પહેલ વિશે પ્રોબ કરો.

E5 What type of services are provided by anganwadi centers to the adolescent girls?
કિશોરવયની છોકરીઓને આંગણવાડી કેન્દ્રો દ્વારા કયા કયા પ્રકારની સેવાઓ પૂરી પાડવામાં આવે છે ?

E6 Do the adults and girls in your village utilize the services of anganwadi centre ? IF NO, why? **PROBE**
શું તમારા ગામના પુખ્ત વયના વ્યક્તિઓ અને છોકરીઓ આંગણવાડી કેન્દ્રની સેવાઓનો લાભ લે છે ? જો ના, તો કેમ ? પ્રોબ.

E7 Are you aware of anemia? Can you tell proportion of girls in your village who are anemic?

શું તમે એનીમિયા વિશે જાણો છો ? તમારા ગામમાં એનીમિક હોય તેવી છોકરીઓનું પ્રમાણ તમે કહી શકો ?

E8 Do you understand moderate anemia and severe anemia?

શું તમે મોડરેટ/મધ્યમ પ્રમાણમાં એનીમિયા અને સીવીયર/તીવ્ર પ્રમાણમાં એનીમિયાનો અર્થ સમજો છો ?

E9 What proportion of girls of your village have severe anemia?

તમારા ગામની કેટલા ટકા છોકરીઓને સીવીયર/તીવ્ર એનીમિયા છે ?

E10 Do these girls get IFA tablets or syrup from the health department? IF NO, why not?

PROBE

શું આ છોકરીઓને સ્વાસ્થ્ય વિભાગ તરફથી આઇએફએ ટેબ્લેટ્સ અથવા સીરપ મળે છે ? જો ના, તો કેમ નહીં ? પ્રોબ.

E11 Does the aganwadi worker supply nutritious food to the severe anemic girls? IF NO, why?

PROBE

શું આંગણવાડી કાર્યકર્તા સીવીયર/તીવ્ર એનીમિક છોકરીઓને પૌષ્ટિક આહાર પહોંચાડે છે ? જો ના, તો કેમ ? પ્રોબ.

E12 At what age usually the girls get married in this village?

આ ગામમાં છોકરીઓ સામાન્ય રીતે કઈ ઉંમરે પરણી જાય છે ?

E13 Does any of the girls of this village get married before 18 years? IF YES, how many out of 10 girls get married before 18 years?

શું આ ગામની કોઈપણ છોકરી 18 વર્ષની ઉંમર પહેલા પરણી જાય છે ? જો હા, તો 10 માંથી કેટલી છોકરીઓ 18 વર્ષની ઉંમર પહેલા પરણી જાય છે ?

E14 What are the reasons for the girls getting married before 18years of age? PROBE

18 વર્ષની ઉંમર પહેલા પરણી જવાના છોકરીઓ માટે કયા કારણો હોય છે ? પ્રોબ.

E15 Are you aware of the issues arising out of early marriages? IF YES what kind of issues are there ? PROBE

વહેલા લગ્ન થઈ જવાના કારણે ઉદભવતી સમસ્યાઓ વિશે તમે જાણો છો ? જો હા, તો કયા કયા પ્રકારની સમસ્યાઓ ઉદભવે છે ? પ્રોબ.

F NUTRITION

F1 Please tell me about nutrition status, of girls of this village? **PROBE FOR REASONS**
કૃપા કરી આ ગામની છોકરીઓની પોષણની સ્થિતિ વિશે મને જણાવો ? કારણો માટે પ્રોબ કરો

F2 What are the nutrition needs of girls of this village? PROBE why do you say so?

આ ગામની છોકરીઓની પોષણની જરૂરીયાતો શું શું છે ? પ્રોબ - તમે આવું કેમ કહો છો ?

F3 What nutrition related programmes are implemented for girls of this village? PROBE SERVICES PROVIDED

આ ગામની છોકરીઓ માટે પોષણ સંબંધી કયા કયા કાર્યક્રમોનો અમલ કરાય છે ? પ્રોબ - પૂરી પડાતી સેવાઓ

F4 Are you aware of any nutrition and supplementary food program provided by the government? IF YES what are these?

શું તમે સરકાર દ્વારા પૂરા પડાતા કોઈ પોષણ અને પૂરક આહાર કાર્યક્રમ વિશે જાણો છો ? જો હા તો તે શું છે ?

F5 Do the adolescents girls and pregnant women in your area utilise the supplementary food service ? IF NO, why is it so? PROBE

શું તમારા વિસ્તારની કિશોરવયની છોકરીઓ અને ગર્ભવતી મહિલાઓ પૂરક આહાર સેવાનો લાભ લે છે ? જો ના, તો તેવું કેમ છે ? પ્રોબ

F6 Do the adolescent girls and pregnant women participate in the VHND?

શું કિશોરવયની છોકરીઓ અને ગર્ભવતી મહિલાઓ વીએચએનડીમાં ભાગ લે છે ?

F7 What kind of activities take place during the VHND?

વીએચએનડી દરમિયાન કયા કયા પ્રકારની પ્રવૃત્તિઓ થાય છે ?

F8 Do the adolescent girls and pregnant women follow the practices discussed during the VHND? IF No, why is it so? PROBE

શું કિશોરવયની છોકરીઓ અને ગર્ભવતી મહિલાઓ વીએચએનડી દરમિયાન ચર્ચાયેલી ક્રિયાઓને અનુસરે છે ? જો ના, તો તેવું કેમ છે ? પ્રોબ.

F9 Do the people of the village eat or consume locally available nutrition food? IF NO, why ? PROBE

શું ગામના લોકો સ્થાનિક સ્તરે ઉપલબ્ધ પૌષ્ટિક આહાર ખાય છે અથવા વપરાશ કરે છે ? જો ના, તો કેમ ? પ્રોબ.

F10 What needs to be done to improve nutritional status of girls of the village? PROBE Any additional information?

ગામની છોકરીઓની પોષણની સ્થિતિને સુધારવા માટે શું કરવાની જરૂર છે ? પ્રોબ - કોઈ વધારાની માહિતી ?

G About the Nutrition Enhancement Program

G1. Are you aware of any nutrition enhancement program ongoing in your area? (probe: which organisation, since when, who were the beneficiaries, what have been the major activities)?

G2. What benefits do you see for the beneficiaries? Have they been benefitted? Has the community been benefitted? In what ways, please elaborate? (probe: sessions, activities, nutritious snacks, kitchen garden etc.)

G4. What are the changes that you see at community level after the implementation of the project and how do you plan to sustain the efforts at your level?

G5. What have been the limitations of the program? (probe: how could the program be improved)

G6. What are the livelihood and entrepreneurship initiatives taken as a part of the program? Do you see any change among the beneficiaries? (Probe: trainings, support provided by smile foundation, future planning by the beneficiaries etc.)

G7. What have or will be the challenges of establishing an entrepreneurial venture by the beneficiaries? (probe: cost, marketing, innovations, support needed further etc.)

G8. How do you feel the livelihood initiatives will help in improving the nutrition of the beneficiaries?

THANK AND CLOSE
આભાર માનો અને ઇન્ટરવ્યુ બંધ કરો

[Annexure 4: In-depth Interview guide for Smile Foundation Program team/Pepsi co Team](#)

Comprehensive Nutrition Survey in Gujarat

CONFIDENTIAL
For Research purpose only

In Depth Interview Guide for Smile Foundation Program Team/ PepsiCo Team

Name of Respondents: _____

Designation: _____

Address _____

Working area: _____

Date of Interview _____

Name of Interviewer: _____

INTRODUCTION AND CONSENT પરિચય અને સંમતિ

- 1) Please elaborate on the project intervention activities for the entire project duration? (Probe: planned vs actual execution, activities, who are the beneficiaries etc)
- 2) What benefits do you see for the beneficiaries? Have they been benefitted? Has the community been benefitted? In what ways, please elaborate? (probe: sessions, activities, nutritious snacks, kitchen garden etc.)

- 3) What are the changes that you see at community level after the implementation of the project and how do you plan to sustain the efforts at your level? (probe: exit strategy etc.)
- 4) What are the livelihood and entrepreneurship initiatives taken as a part of the program? Do you see any change among the beneficiaries? (Probe: trainings, support provided by smile foundation, partners envisaged, future planning by the beneficiaries etc.)
- 5) What have or will be the challenges of establishing an entrepreneurial venture by the beneficiaries? (probe: cost, marketing, innovations, support needed further etc.)
- 6) How do you feel the livelihood initiatives will help in improving the nutrition of the beneficiaries?
- 7) What have been the limitations of the program? (probe: how could the program be improved)

THANK AND CLOSE
આભાર માનો અને ઇન્ટરવ્યુ બંધ કરો

Annexure :5 In-depth Interview guide for Smile Foundation Program team/Pepsi co Team

Comprehensive Community Need Assessment Study in Gujarat

CONFIDENTIAL
(For research
Purpose only)

Girls (14-19 Years) Questionnaire

IDENTIFICATION	CODE									
Name of village _____ -										
HOUSEHOLD SERIAL NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>									
Name of respondent/Girl _____										
INTERVIEWER'S NAME AND CODE	<input type="text"/> <input type="text"/>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">RESULT</td> <td style="width: 33%;">POSTPONED 3</td> <td style="width: 33%;">INCAPACITATED..... 6</td> </tr> <tr> <td>COMPLETED.....1</td> <td>REFUSED 4</td> <td>OTHERS..... 9</td> </tr> <tr> <td>NOT AT HOME.....2</td> <td>PARTLY COMPLETED..... 5</td> <td></td> </tr> </table>		RESULT	POSTPONED 3	INCAPACITATED..... 6	COMPLETED.....1	REFUSED 4	OTHERS..... 9	NOT AT HOME.....2	PARTLY COMPLETED..... 5	
RESULT	POSTPONED 3	INCAPACITATED..... 6								
COMPLETED.....1	REFUSED 4	OTHERS..... 9								
NOT AT HOME.....2	PARTLY COMPLETED..... 5									

	REMARKS:	CODE
Name of team supervisor		<input type="checkbox"/> <input type="checkbox"/>

FIELD CONTROL INFORMATION																						
												START TIME										
FIRST VISIT INTV DATE												220	020	END TIME								
SECOND VISIT INTV DATE												220	020	START TIME								
END TIME																						
SUPV.CODE			INV.CODE			CHECKED CODE																
ACCOMPANIED CALL			Y	1	N	2	BY:CODE							SIGN								
SPOT CHECK			Y	1	N	2	BY:CODE							SIGN								
BACK CHECK			Y	1	N	2	BY:CODE							SIGN								
SCRUTINY:FIELD			Y	1	N	2	BY:CODE							SIGN								
ANALYSIS OBSERVATION: EXTENT OF PROBLEM												NO /MINOR 1 MILD 2 SEVERE 3										
SCRUTINY : ANALYSIS							YES1 NO.....2					BY :										

SECTION 1: BACKGROUND CHARACTERISTICS

Q. No.	Question	Category	Skip to
118.	How old are you? તમારી ઉંમર કેટલી છે ?	<input type="text"/> <input type="text"/> AGE IN COMPLETED YEARS પૂરા થયેલા વર્ષોમાં ઉંમર	Range 13 to 20
SCHOOLING			
119.	Have you ever attended school? શું તમે ક્યારેય શાળાએ ગયા છો ?	YES હા 1 NO ના 2	119
120.	What is the highest standard of education you have completed? તમે વધુમાં વધુ કયાં સુધીનો અભ્યાસ પૂરો કર્યો છે ?	Standard ધોરણ..... <input type="text"/> <input type="text"/>	Options
121.	Are you currently studying? શું તમે હાલમાં અભ્યાસ કરી રહ્યા છો ?	Yes હા..... 1 No ના..... 2	117
122.	In which standard are you currently studying? તમે હાલમાં કયા ધોરણમાં અભ્યાસ કરી રહ્યા છો ?	Standard ધોરણ..... <input type="text"/> <input type="text"/>	Options
106	What type of school you go to? તમે કયા પ્રકારની શાળામાં જાવ છો ?	Government સરકારી.....1 Private ખાનગી.....2 Madrse મદ્રેસા.....3 Other informal school અન્ય બીનઔપચારિક શાળા..... 4	
107	How far is the school from your home? તમારા ઘરથી શાળા કેટલી દૂર છે ?	___Kms કિલોમીટર્સ	Range
108	During the last one week, have you missed school for any day? છેલ્લા એક અઠવાડિયા દરમિયાન, શું તમે કોઈપણ દિવસે શાળાએ જવાનું ચૂકી ગયા છો ?	Yes હા..... 1 No ના..... 2	
109	How many days did you miss school in the last week?	Numbers of days	

Q. No.	Question	Category	Skip to
	ગયા અઠવાડિયામાં તમે કેટલા દિવસ શાળાએ જવાનું ચૂકી ગયા છો ?	દિવસોની સંખ્યા..... <input type="checkbox"/>	
110	<p>Why did you miss school in the last week?</p> <p>INS: Multiple responses possible</p> <p>PROBE: Any other?</p> <p>ગયા અઠવાડિયામાં તમે શાળાએ જવાનું કેમ ચૂકી ગયા હતા ?</p> <p>સૂચના: એકથી વધુ પ્રતિભાવ શક્ય</p> <p>પ્રોબ: અન્ય કંઈ ?</p>	<p>Scholl too far away</p> <p>શાળા ખૂબ જ દૂર છે A</p> <p>Transport not available</p> <p>પરીવહન ઉપલબ્ધ નથી..... B</p> <p>Required house hold work</p> <p>ઘરનું કામ કરવું જરૂરી હતું..... C</p> <p>Required for work on farm/family business</p> <p>ખેતરમાં/ પરિવારના ઘંઘામાં કામ માટે જરૂર હતી..... D</p> <p>Required for outside work for payment In cash or kind</p> <p>રોકડ અથવા કોઈ વસ્તુના સ્વરૂપમાં ચૂકવણી માટે બહાર કામ કરવું જરૂરી હતું..... E</p> <p>Required for care of sibilings</p> <p>ભાઈ/બહેનનું ધ્યાન રાખવું જરૂરી હતું... F</p> <p>Examination fear પરીક્ષાનો ડર..... G</p> <p>Bad behaviour of teachers</p> <p>શિક્ષકોનું ખરાબ વર્તન..... H</p> <p>Sickness માંદગી..... I</p> <p>Vacation વેકેશન/રજાઓ..... J</p> <p>Family function/festival</p> <p>પારિવારિક પ્રસંગ/તહેવાર..... K</p> <p>Monthly Periods માસિક સ્રાવ..... L</p> <p>Other (Specify)</p> <p>અન્ય (જણાવો)..... X</p>	

Q. No.	Question	Category	Skip to
111	Are you aware of school health program ? શું તમે શાળા સ્વાસ્થ્ય કાર્યક્રમ વિશે જાણો છો ?	Yes હા.....1 No ના.....2	Question no 112 should not be skipped
112	ASK IF YES IN 111 During the last 1 year was there any school health check up in your school? 111 માં હા હોય તો પૂછો - છેલ્લા 1 વર્ષ દરમિયાન તમારી શાળામાં કોઈ શાળા સ્વાસ્થ્ય ચકાસણી થઈ હતી ?	Yes હા.....1 No ના.....2	115
113	ASK IF YES IN 112 Have you participated in the school health programme? 112 માં હા હોય તો પૂછો - શું તમે શાળા સ્વાસ્થ્ય કાર્યક્રમમાં ભાગ લીધો છે ?	Yes હા.....1 No ના.....2	115
114	What type of health check up was carried out in the school? MULTIPLE RESPONSE POSSIBLE શાળામાં કયા પ્રકારની સ્વાસ્થ્ય ચકાસણી હાથ ધરવામાં આવી હતી ? એકથી વધુ પ્રતિભાવ શક્ય	Eye check up આંખની તપાસ.....A Dental care દાંતની સંભાળ.....B General health check up સામાન્ય સ્વાસ્થ્ય તપાસ.....C Skin Check up ત્વચાની તપાસ.....D Others...SPECIFY અન્ય, જણાવો.....E	
115	What is the highest level of education you would like to complete? તમે વધુમાં વધુ કયાં સુધીનું શિક્ષણ પૂરું કરવાનું પસંદ કરશો ?	None કશું નહીં..... 1 Some primary થોડુંક પ્રાથમિક 2 Complete Primary પ્રાથમિક પૂરું 3 Some secondary થોડુંક માધ્યમિક 4 Complete Secondary માધ્યમિક પૂરું 5 Graduation ગ્રેજ્યુએશન 6 Post Graduation પોસ્ટ ગ્રેજ્યુએશન.....7	

Q. No.	Question	Category	Skip to
		Others SPECIFY અન્ય, જણાવો _____ 8	
116	You said that you want to complete _____. Why do you say so? PROBE તમે કહ્યું કે તમે પૂરું કરવાનું ઈચ્છો છો. તમે આવું કેમ કહો છો ? પ્રોબ.		
117	ASK IF NO IN 104 Have you dropped out of school ? 104 માં ના હોય તો પૂછો - શું તમે શાળાએ જવાનું પડતું મૂક્યું છે ?	Yes હા.....1 No ના.....2	If No-119
118	ASK IF YES IN 117, What were the reasons for you dropping out of school? MULTIPLE RESPONSE POSSIBLE 117 માં હા હોય, તો પૂછો - શાળાએ જવાનું પડતું મૂકવાના તમારી માટે કયા કારણો હતા ? એકથી વધુ પ્રતિભાવ શક્ય	There are no further classes/Study available in the village ગામમાં આગળ કોઈ વર્ગ/ અભ્યાસ ઉપલબ્ધ નથી.....A Parents did not agree to send other villages for further studies વધુ અભ્યાસ માટે અન્ય ગામડામાં મોકલવા માતા-પિતા સહમત નથી.....B There are no proper facilities for adolescent girls in the schools શાળામાં કિશોરવયની છોકરીઓ માટે યોગ્ય સુવિધાઓ નથી.....C Not interested in studies ભણવામાં રસ નથી.....D Need to help parents in livelihood આજીવિકા રળવામાં માતા-પિતાને મદદ કરવી પડે તેમ છે.....E Need to help mothers in domestic chores માતાને ઘરકામમાં મદદ કરવી પડે તેમ છે.....F Gender base violence in schools શાળાઓમાં જાતિ આધારીત હિંસા.....G	

Q. No.	Question	Category	Skip to
		Othersઅન્ય.....H	
119	<p>What are the reasons for not ever attending the school?</p> <p>શાળાએ ક્યારેય પણ નહીં જવા માટેના કારણો કયા છે ?</p>	<p>No school facilities in village ગામમાં શાળાની સુવિધા નથી.....A</p> <p>Parents didn't sent me to schools માતા-પિતાએ મને શાળાએ નથી મોકલી...B</p> <p>Need to help parents in livelihood આજીવિકા રળવામાં માતા-પિતાને મદદ કરવી પડે તેમ છેC</p> <p>Need to help mothers in domestic chores માતાને ઘરકામમાં મદદ કરવી પડે તેમ છેD</p>	Ask if NO in 102
120	<p>ASK IF NOT ATTENDING SCHOOL CURRENTLY Why are you not currently studying now? MULTIPLE RESPONSE POSSIBLE</p> <p>હાલમાં શાળાએ ના જઈ રહી હોય તો પૂછો – હાલમાં તમે કેમ નથી ભણી રહ્યા ? એકથી વધુ પ્રતિભાવ શક્ય</p>	<p>Scholl too far away શાળા ખૂબ જ દૂર છે A</p> <p>Transport not available પરીવહન ઉપલબ્ધ નથી..... B</p> <p>Required house hold work ઘરનું કામ કરવું જરૂરી હતું..... C</p> <p>Required for work on farm/family business ખેતરમાં/ પરિવારના ઘંઘામાં કામ માટે જરૂર હતી..... D</p> <p>Required for outside work for payment In cash or kind રોકડ અથવા કોઈ વસ્તુના સ્વરૂપમાં ચૂકવણી માટે બહાર કામ કરવું જરૂરી હતું E</p> <p>Required for care of sibilings ભાઈ/બહેનનું ધ્યાન રાખવું જરૂરી હતું...F</p> <p>Examination fear પરીક્ષાનો ડર..... G</p> <p>Bad behaviour of teachers</p>	

Q. No.	Question	Category	Skip to
		શિક્ષકોનું ખરાબ વર્તન..... H Not interested in Study ભણવામાં રસ નથી..... I Failed in examination પરીક્ષામાં નાપાસ થઈ..... J OTHERS SPECIFY અન્ય, જણાવો _____ k	
121	What is your main occupation? SINGLE CODE તમારો મુખ્ય વ્યવસાય શું છે ? એક જ કોડ	Household work ઘરકામ-----1 Work for family business/farm પારિવારીક ધંધામાં/ ખેતરમાં કામ-----2 Work for others for cash or kind રોકડ રકમ અથવા કોઈ વસ્તુ માટે અન્ય લોકો માટે કામ.....3 Others SPECIFY અન્ય, જણાવો _____ 4	
122	ASK if E AND F CODED IN 118 How old were you when you started working? (Record 98 for do not know) 118 માં 1, 2 અથવા 3 કોડ હોય તો પૂછો - જ્યારે તમે કામ કરવાનું શરૂ કર્યું ત્યારે તમારી ઉંમર કેટલી હતી ? (ખબર નથી માટે 98 નોંધો)	Age in completed years પૂરા થયેલા વર્ષોમાં ઉંમર..... <input type="text"/> <input type="text"/>	
123	Are you working now ? અત્યારે તમે કામ કરી રહ્યા છો ?	Yes હા.....1 No ના.....2	
124	During the past 12 months, did you have work throughout the year? Only part of the year? Or you worked in seasonal which earned you cash or kind? પાછલા 12 મહીના દરમિયાન, શું તમે આખા વર્ષ દરમિયાન ? ફક્ત વર્ષના અમુક ભાગમાં જ ? અથવા તો સીઝનલ કામ કર્યું હતું જેમાં તમે રોકડ રકમ અથવા કોઈ વસ્તુ મેળવી હતી ?	Full time (Throughout the year) કુલ ટાઇમ ઘણાખા વર્ષ દરમિયાન)..... 1 Part time પાર્ટ ટાઇમ..... 2 Seasonal સીઝનલ..... 3 Did not work at all for cash/kind	

Q. No.	Question	Category	Skip to
		રોકડ રકમ/ વસ્તુ માટે કોઈ જ કામ નહોતું કર્યું.....4	
125	What kind of work you (used to) do? તમે કયા પ્રકારનું કામ કરો છો ?	Agriculture worker ખેત મજૂર..... 1 Manual Worker મેન્યુઅલ કામદાર 2 Service worker સર્વિસ કામદાર 3 Cottage Industry worker ગૃહ ઉદ્યોગ કામદાર..... 4 Domestic worker ઘરેલું કામદાર..... 5 Other અન્ય..... 9 (SPECIFY) (જણાવો)	
Vocational Course, Aspiration Plans			
126	Is any vocational training course available in your village/near by? શું તમારા ગામમાં/ નજીકમાં ક્યાંય કોઈ વ્યવસાયલક્ષી તાલિમ ઉપલબ્ધ છે ?	Yes હા -----1 No ના-----2	133
127	Have you ever attended any vocational training/programme/course? શું તમે કોઈપણ વ્યવસાયલક્ષી તાલિમ/ કાર્યક્રમ/ અભ્યાસક્રમમાં ક્યારેય પણ ભાગ લીધો છે ?	YES હા..... 1 NO ના..... 2	133
128	ASK IF YES IN 127, what kind of training did you attend? 124 માં હા હોય, તો પૂછો - તમે કયા પ્રકારની તાલિમમાં ભાગ લીધો હતો ?	Need to remove the option in CAPI tool	
129	For how long did you attend the vocational training? આ વ્યવસાયલક્ષી તાલિમમાં તમે કેટલા સમય માટે ભાગ લીધો હતો ?	_____ Months મહીના	
129A	Who organised the vocational training? આ વ્યવસાયલક્ષી તાલિમનું કોણે આયોજન કર્યું હતું ?	Govt સરકાર.....1	

Q. No.	Question	Category	Skip to
		Private ખાનગી સંસ્થા.....2 NGO એનજીઓ.....3	
130	Where was the vocational training conducted? આ વ્યવસાયલક્ષી તાલિમ ક્યાં આયોજીત કરાઈ હતી ?	In same village આ જ ગામમાં.....1 Outside village બહારના ગામમાં.....2	
131	Was the training useful? શું આ તાલિમ ઉપયોગ હતી ?	Yes હા.....1 No ના.....2	
132	Why do you say that the training was useful/not useful? PROBE તમે કેમ એવું કહો છો કે આ તાલિમ ઉપયોગી હતી/ ઉપયોગી નહોતી ?		
133	ASK IF NO IN 126 and 127 Do you need vocational training? 123 માં ના હોય, તો પૂછો - શું તમને વ્યવસાયલક્ષી તાલિમની જરૂર છે ?	Yes હા1 No ના.....2	Missed from CAPI
134	Why do you say that you need/don't need vocational training? PROBE તમે કેમ એવું કહો છો કે તમને વ્યવસાયલક્ષી તાલિમની જરૂર છે/ જરૂર નથી ? પ્રોબ.		Missed from CAPI
135	What do you want to or become in the near future? PROBE નજીકના ભવિષ્યમાં તમે શું કરવા અથવા બનવા ઈચ્છો છો ? પ્રોબ.	Do Govt Job સરકારી નોકરી કરવી.....1 Teacher શિક્ષક.....2 Doctor ડોક્ટર.....3 Private job ખાનગી નોકરી.....4 Others SPECIFY અન્ય, જણાવો _____	
136	Are you currently a member of any social group/organization? શું તમે હાલમાં કોઈપણ સામાજિક જૂથ/ સંસ્થાના સભ્ય છો ?	Yes હા.....1 No ના.....2	140
137	What kind of organization are you a part of?	Self-Help group સ્વ-સહાય જૂથ..... A	

Q. No.	Question	Category	Skip to
	INS: Multiple responses possible PROBE: Any other? તમે કયા પ્રકારની સંસ્થાના સભ્ય છો ? સૂચના : એકથી વધુ પ્રતિભાવ શક્ય. પ્રોબ : અન્ય કોઈ ?	Mahila mandal મહિલા મંડળ B Social Club સામાજિક ક્લબ..... C Sports Club સ્પોર્ટ્સ ક્લબ..... D Youth Group યુવા જૂથ..... E Adolescent group કિશોર જૂથ..... F Nehru Yuva Kendra નેહરુ યુવા કેન્દ્ર G Other અન્ય..... X	
138	Why did you the join above group/organisation? ઉપરના જૂથ/ સંસ્થામાં તમે કેમ જોડાયા હતા ?		
139	What is your role in the group? આ જૂથમાં તમારી શું ભૂમિકા છે ?		
Exposure to Mass Media			
140	Do you read newspapers at least once in a week?	Yes-----1 No-----2 Cannot read or write-----3	
141	Do you read any magazines at least once in a week?	Yes-----1 No-----2 Cannot read or write-----3	
142	Do you listen to radio at least once in a week?	Yes-----1 No-----2	
143	Do you watch television?	Yes-----1 No-----2--	Skip 144
144	If yes, how frequently do you watch TV?	Daily-----1 3-4 times a week-----2 3-4 times in a month-----3 Rarely-----4	
145	Do you go to a cinema hall/theatre for seeing movie?	Yes-----1	

Q. No.	Question	Category	Skip to
		No-----2--	Skip146
146	If yes, how frequently do you go to cinema hall/theatre for seeing movie?	Less than a week-----1 Once in a week-----2 Once in a month-----3 Rarely-----4	

SECTION 2: HYGIENE PRACTICES (Hand washing practices)

Q. No.	Question	Category	Skip to
201.	<p>When do you think it is important to wash your hands with soap and water?</p> <p>INS: MULTIPLE RESPONSES POSSIBLE</p> <p>PROBE: Any other? તમારા હાથને સાબુ અને પાણીથી ધોવા મહત્વના છે તેવું તમે ક્યારે વિચારો છો ? સૂચના : એકથી વધુ પ્રતિભાવ શક્ય પ્રોબ : અન્ય કશું ?</p>	<p>Before cooking/Handling food રસોઈ બનાવતા/ખોરાક સંભાળતા પહેલા A</p> <p>After passing urine/stool મળત્યાગ કર્યા પછી..... B</p> <p>Before eating food ખોરાક ખાતા પહેલા..... C</p> <p>Before feeding an infant/younger sibling કોઈ નવજાત શિશુ/ નાના ભાઈ/બહેનને ખવરાવતા પહેલા..... D</p> <p>Before preparing food ખોરાક બનાવતા પહેલા..... E</p> <p>After cleaning a child`s feces બાળકનું મળમૂત્ર સાફ કર્યા પછી..... F</p> <p>After touching pets or handling animals and their waste પશુને સ્પર્શ કર્યા પછી અથવા પ્રાણીઓ અને તેમના કચરા સાથે કામ કર્યા પછી..... G</p> <p>After blowing nose or coughing નાક ખંખેર્યા પછી અથવા કફ કાઢ્યા પછી H</p> <p>Other(Specify)</p>	

Q. No.	Question	Category	Skip to
		અન્ય (જણાવો) X Never ક્યારેય નહીં.....Y	
202.	When did you wash your hand Last time? તમારા હાથ તમે છેલ્લી વખત ક્યારે ધોયા હતા ?	Before cooking/Handling food રસોઈ બનાવતા/ખોરાક સંભાળતા પહેલા A After passing urine/stool મળત્યાગ કર્યા પછી B Before eating food ખોરાક ખાતા પહેલા..... C Before feeding an infant/younger sibling કોઈ નવજાત શિશુ/ નાના ભાઈ/બહેનને ખવરાવતા પહેલા..... D Before preparing food ખોરાક બનાવતા પહેલા..... E After cleaning a child`s feces બાળકનું મળમૂત્ર સાફ કર્યા પછી..... F After touching pets or handling animals and their waste પશુને સ્પર્શ કર્યા પછી અથવા પ્રાણીઓ અને તેમના કચરા સાથે કામ કર્યા પછી..... G After blowing nose or coughing નાક ખંખેર્યા પછી અથવા કફ કાઢ્યા પછી H Other(Specify) અન્ય (જણાવો) X Never ક્યારેય નહીં.....Y	Single selectio n
203.	How did you wash your hand? તમે તમારા હાથ કેવી રીતે ધુઓ છો ?	Only water ફક્ત પાણી.....1 Soap & water સાબુ અને પાણી.....2 Ash & water રાખ અને પાણી.....	

Q. No.	Question	Category	Skip to
204.	Where do you and your family members generally defecate? સામાન્ય રીતે તમે અને તમારા પરિવારના સભ્યો શૌચ માટે ક્યાં જાવ છો ?	In the field ખેતરમાં.....1 In individual toilet વ્યક્તિગત સંડાસમાં.....2 In community Toilet સામુદાયિક શૌચાલયમાં3 Others- specify અન્ય - જણાવો	Multi-Selection
205.	ASK IF 1 CODED in 204, what is the reason for open defecation of your family members? PROBE 204 માં 1 કોડ થાય, તો પૂછો - તમારા પરિવારના સભ્યો ખુલ્લામાં શૌચ કરવા જાય છે તેના કારણો શું છે ? પ્રોબ.	No toilet શૌચાલય નથી.....1 No water પાણી નથી.....2 Don't prefer toilet શૌચાલય પસંદ નથી...3 Other SPECIFY અન્ય, જણાવો _____	If click other-option is not coming to write5
206.	ASK IF 1 CODED IN 205 If you have toilet, would all of your family members use it regularly? 205 માં 1 કોડ થાય, તો પૂછો - જો તમારી પાસે શૌચાલય હોય, તો શું પરિવારના બધા સભ્યો નિયમિતપણે તેનો ઉપયોગ કરશે ?	YES હા..... 1 NO ના..... 2	If No go to 207
207.	ASK IF NO IN 206 what is the reason for not using toilet regularly ? MULTIPLE RESPONSE POSSIBLE 206 માં ના હોય, તો પૂછો - નિયમિતપણે શૌચાલયનો ઉપયોગ નહીં કરવા માટેના કારણો શું છે ? એકથી વધુ પ્રતિભાવ શક્ય	No direct water supply પાણીનો સીધો પૂરવઠો નથી.....1 Water needs to be brought from long distance પાણી લાંબા અંતરેથી લાવવું પડે છે.....2 No Proper Structure કોઈ યોગ્ય માળખું નથી 3 Not maintained properly યોગ્ય રીતે જાળવણી નથી થતી.....4 Prefers to defecate in open air ખુલ્લી હવામાં શૌચ કરવાનું પસંદ કરે છે...5 Other, specify	Two times work regularly used in CAPI

Q. No.	Question	Category	Skip to
		અન્ય, જણાવો _____	

SECTION 3: NUTRITION AND MORBIDITY

Q. No.	Question	Category	Skip
Now I would like to ask about vitamins/ micronutrient drops/tablets that are sometimes consumed. હવે હું જેનો કેટલીક વખત વપરાશ કરવામાં આવે છે તે વિટામિન્સ/ માઇક્રોન્યુટ્રિન્ટ ડ્રોપ્સ/ ટીકડીઓ વિશે પૂછીશ.			
301.	Have you consumed any multi-vitamin tablets/syrup in the LAST 1 MONTH ? શું તમે છેલ્લા 1 મહીનામાં કોઈ મલ્ટિ-વિટામિન ટીકડીઓ/ સીરપનો વપરાશ કર્યો છે ?	Yes હા.....1 No ના.....2 Don't Know ખબર નથી.....8	
302.	How frequently in the last one month, did you consume multi-vitamin tablets/syrup? છેલ્લા એક મહીનામાં તમે કેટલી વખત મલ્ટિ-વિટામિન ટીકડીઓ/સીરપનો વપરાશ કર્યો હતો ?	Daily દરરોજ.....1 Weekly અઠવાડીયે2 Occasionally ક્યારેક ક્યારેક.....3 Not consumed4	
303.	Have you consumed Iron and Folic supplement in the last one week ? શું તમે છેલ્લા એક અઠવાડીયામાં આર્ચન અને ફોલિક સપ્લીમેન્ટનો વપરાશ કર્યો છે ?	Yes હા.....1 No ના.....2 Don't Know ખબર નથી.....8	
304.	From where/whom did you get the multi-vitamin & IFA supplements? મલ્ટિ-વિટામિન અને આઇએફએ સપ્લીમેન્ટ્સ તમે ક્યાંથી/ કોની પાસેથી મેળવ્યા હતા ?	ANM/ASHA એએનએમ/ આશા.....A Sub-centre/PHC પેટા-કેન્દ્ર/ પીએચસી..... B Supplied by NGO એનજીઓ દ્વારા પૂરી પડાય છે.....C Purchased from Medical store મેડિકલ સ્ટોરમાંથી ખરીદી.....D Others અન્ય.....E	Ask this question, If yes in 301 or 303

305.	Have you consumed deworming tablets in the last six months ? શું તમે છેલ્લા છ મહીનામાં ડીવર્મિંગ/કૃમિમુક્ત થવાની ટીકડીઓનો વપરાશ કર્યો છે ?	Yes હા..... 1 No ના..... 2 Don't Know ખબર નથી..... 8			Skip 306
306.	Where did you get the deworming medicine the last time it was taken? છેલ્લી વખતે તમે ડીવર્મિંગ/ કૃમિમુક્ત થવાની દવા લીધી ત્યારે તે ક્યાંથી મેળવી હતી ?	AWC એડવૅચુસી..... 1 Sub-Center પેટા-કેન્દ્ર..... 2 ANM એએનએમ..... 3 Medicine Shop દવાની દુકાન..... 4 Others અન્ય..... 9			Multi-selection
307.	How many days in a week do you consume the following food items? અહીં જણાવી છે તે ખાદ્ય વસ્તુઓનો તમે અઠવાડિયામાં કેટલા દિવસ વપરાશ કરો છો ?	Number of days in a week અઠવાડિયા માં દિવસોની સંખ્યા	If not consumed weekly જો અઠવાડિયે વપરાશ ના કરતા હોય તો		This question should not be skipped
			OCCASIONALLY પ્રસંગોપાત	NEVER ક્યારેય નહીં	
A	Cereals સીરીઅલ્સ/અનાજ	<input type="checkbox"/>	8	9	Range should be 1 to 9 in all options
B	Milk or milk products દૂધ અથવા દૂધની બનાવટો	<input type="checkbox"/>	8	9	
C	Pulses or beans કઠોળ અથવા દાણા	<input type="checkbox"/>	8	9	
D	Green leafy vegetables લીલા પાંદડાવાળા શાકભાજી	<input type="checkbox"/>	8	9	
E	Roots and tubers કંદમૂળ અને રેસાવાળા શાક	<input type="checkbox"/>	8	9	
F	Other vegetables અન્ય શાકભાજી	<input type="checkbox"/>	8	9	
G	Fruits ફળ	<input type="checkbox"/>	8	9	

H	Eggs ઈંડા	<input type="checkbox"/>	8	9	
I	Fish મચ્છી	<input type="checkbox"/>	8	9	
J	Chicken or meat ચિકન અથવા માંસ	<input type="checkbox"/>	8	9	
K	Nuts and oilseed સીંગદાણા અને તેલીબીયા	<input type="checkbox"/>	8	9	
L	Fats and oils ચરબી અને તેલ	<input type="checkbox"/>	8	9	
M	Sugar and Jaggery ખાંડ અને ગોળ	<input type="checkbox"/>	8	9	
N	Fried foods (poori, pakora, vada, samosa, tikki etc.) તળેલો ખોરાક (પૂરી, ભજીયા, વડા, સમોસા, ટિક્કી, વગેરે)	<input type="checkbox"/>	8	9	
O	Junk foods (burger, pizza, pasta, instant noodles) જંક ફૂડ (બર્ગર, પિઝા, પાસ્તા, ઇન્સ્ટન્ટ નૂડલ્સ)	<input type="checkbox"/>	8	9	
P	Sweets (Indian sweets, pastries/cakes, donuts) મીઠાઈઓ(ભારતિય મીઠાઈઓ, પેસ્ટ્રી/ કેક, ડોનટ્સ)	<input type="checkbox"/>	8	9	
Q	Aerated drinks ગેસયુક્ત પીણાં	<input type="checkbox"/>	8	9	
307a	What type of salt are you using for your daily consumption? (If not aware of iodized or uniodized please mention the brand so be coded later) તમારા દૈનિક વપરાશ માટે તમે કયા પ્રકારના મીઠાનો ઉપયોગ કરી રહ્યા છો ? (જો આયોડાઇઝ્ડ અથવા અનઆયોડાઇઝ્ડ વિશે ના જાણતા હોય તો કૃપા કરી બ્રાન્ડ જણાવો જેથી તેને પાછળથી કોડ કરી શકાય)				Iodized salt આયોડાઇઝ્ડ મીઠું.....1 Uniodized salt અનઆયોડાઇઝ્ડ મીઠું.....2 BRAND બ્રાન્ડ.....3
307b	From where do you buy salt for your daily consumption? તમારા દૈનિક વપરાશ માટે તમે મીઠું ક્યાંથી ખરીદો છો ?				Retail shop રીટેલ દુકાન.....1 PDS (govt.) પીડીએસ(સરકારી).....2 Distributed by NGO એનજીઓ દ્વારા વિતરણ કરાય છે.....3 Any other source (Specify) અન્ય કોઈ સ્ત્રોત (જણાવો)

	8	
308	Have you heard about anemia, lack of sufficient blood in children adolescents and pregnant women? શું તમે કિશોરવયના બાળકો અને ગર્ભવતી મહિલાઓમાં એનીમિયા, પૂરતા પ્રમાણમાં લોહીની ઉણપ વિશે સાંભળ્યું છે ?	Yes હા..... 1 No ના..... 2	
309	Have you ever checked your anemic status? શું તમે તમારી એનીમિક સ્થિતિની ક્યારેય ચકાસણી કરાવી છે ?	Yes હા..... 1 No ના..... 2	
310	Has anybody told you that you are anemic? શું કોઈએ તમને કહ્યું છે કે તમે એનીમિક છો ?	Yes Moderate હા મધ્યમ પ્રમાણમાં.....1 Yes Severe હા સીવીયર/તીવ્ર.....2 No ના.....3	
311	Are you aware of the reason of anemia? શું તમે એનીમિયાના કારણો વિશે જાણો છો ?	Yes હા..... 1 No ના..... 2	If no go to 311b
311a	ASK IF YES IN 311 What are the reasons for anemia among girls? 311 માં હા હોય તો પૂછો - છોકરીઓમાં એનીમિયાના શું કારણો હોય છે ?		
311b	What would be consequences of anemia among girls? છોકરીઓમાં એનીમિયાના શું પરિણામ હોઈ શકે ?		
311c	What needs to be done in case of anemia ? એનીમિયા હોય તે કિસ્સામાં શું કરવું જોઈએ ?		
312	Can you please tell since birth , have you suffered from any of the following health problems? (Read all). MOTHER/CAREGIVER/FATHER CAN ALSO RESPOND કૃપા કરી તમે કહેશો, શું તમે તમારા જન્મથી અત્યાર સુધીમાં, અહીં જણાવી છે તેમાંની કોઈપણ સ્વાસ્થ્ય સમસ્યાઓનો સામનો કર્યો છે ? (બધી જ વાંચો). માતા/ કેરગીવર/ પિતા પણ આનો પ્રતિભાવ આપી શકે છે		
A	Asthma અસ્થમા/ ઇમ	Yes હા..... 1 No ના..... 2	

B	Heart Problem હૃદયની તકલીફ	Yes હા..... 1 No ના..... 2	
C	Birth Defect જન્મજાત ખામી	Yes હા..... 1 No ના..... 2	
D	Meningitis મેનિન્જાઇટીસ/ મગજનો તાવ	Yes હા..... 1 No ના..... 2	
E	Tuberculosis ટ્યુબરક્યુલોસીસ/ ટીબી	Yes હા..... 1 No ના..... 2	
F	Epilepsy/Fits એપિલેપ્સી/ આંચકી આવવી	Yes હા..... 1 No ના..... 2	
G	Polio પોલિયો/ લકવો	Yes હા..... 1 No ના..... 2	
313	In the last three months , have you suffered from any of the following health problems. (Read all) શું તમે છેલ્લા ત્રણ મહીનામાં, અહીં જણાવી છે તેમાંની કોઈપણ સ્વાસ્થ્ય સમસ્યાઓનો સામનો કર્યો છે ? (બધી જ વાંચો)		
A	Typhoid ટાઇફોઇડ	Yes હા..... 1 No ના..... 2	
B	Malaria મેલેરિયા	Yes હા..... 1 No ના..... 2	
C	Dengue ડેન્ગ્યુ	Yes હા..... 1 No ના..... 2	
D	Tuberculosis ટ્યુબરક્યુલોસીસ/ ટીબી	Yes હા..... 1 No ના..... 2	
E	Productive Cough ભીનો કફ	Yes હા..... 1 No ના..... 2	
F	Poor Appetite ઓછી ભૂખ	Yes હા..... 1	

		No ના..... 2	
G	Nausea ચક્કર આવવા	Yes હા..... 1 No ના..... 2	
H	Vomiting ઉલ્ટી થવી	Yes હા..... 1 No ના..... 2	
I	Epilepsy/Fits એપિલેપ્સી/ આંચકીઓ	Yes હા..... 1 No ના..... 2	
J	Irregular periods અનિયમિત માસિકધર્મ	Yes હા..... 1 No ના..... 2	
314	ASK IF YES CODED IN 313 or 312 (In any of the disease) FOR ANY HEALTH PROBLEM. Where did you go/whom did you approach for treatment? 308 માં કોઈપણ સ્વાસ્થ્ય સમસ્યા માટે હા કોડ થાય તો પૂછો – સારવાર માટે તમે ક્યાં ગયા હતા/ કોની પાસે ગયા હતા ?	Local RMP સ્થાનિક આરએમપી.....1 ASHA આશા.....2 ANM એએનએમ.....3 Govt hospital/Doctor સરકારી હોસ્પિટલ/ ડોક્ટર.....4 PHC/Doctor પીએચસી/ ડોક્ટર.....5 Private doctor/clinic ખાનગી ડોક્ટર/ દવાખાનુ.....6 Nothing ક્યાંય નહીં.....7 Home treatment ઘરેલુ સારવાર.....8 Other SPECIFY અન્ય, જણાવો -----	

SECTION 4: DECISION MAKING AND MENUSTRAL HYGIENE

Q. No.	Question	Category	Skip to
401	Who <u>usually</u> makes decisions about important matters in your life, like decisions about	Self હું પોતે.....1 Husband/Partner પતિ/ સાથી.....2	

	<p>education, working, or participating in programmes? SINGLE CODE</p> <p>તમારા જીવનના મહત્વના નિર્ણયો, જેમ કે ભણવું, કામ કરવું, અથવા કાર્યક્રમોમાં ભાગ લેવો, વગેરે જેવા નિર્ણયો વિશે સામાન્ય રીતે કોમ નિર્ણયો કરે છે ? એક જ કોડ</p>	<p>Mother માતા3</p> <p>Father પિતા4</p> <p>Others in Family પરિવારમાં અન્ય કોઈ....5</p> <p>Others outside of family</p> <p>પરિવારની બહાર અન્ય કોઈ.....6</p>	
402	<p>If you are feeling sick, who <u>usually</u> decides whether you should seek treatment SINGLE CODE</p> <p>જો તમને તાવ આવે, તો તમારે સારવાર લેવી જોઈએ કે નહીં તેનો નિર્ણય સામાન્ય રીતે કોણ કરે છે. એક જ કોડ</p>	<p>Self હું પોતે.....1</p> <p>Husband/Partner પતિ/ સાથી.....2</p> <p>Mother માતા3</p> <p>Father પિતા4</p> <p>Others in Family પરિવારમાં અન્ય કોઈ....5</p> <p>Others outside of family</p> <p>પરિવારની બહાર અન્ય કોઈ.....6</p>	
403	<p>During last month, how many times did you go out of the village/town?</p> <p>(INS: APART FROM SCHOOLING)</p> <p>ગયા મહીના દરમિયાન, તમે ગામ/ શહેરની બહાર કેટલી વખત ગયા હતા ?</p>	<p>Number of Times જવાની સંખ્યા..... <input type="text"/> <input type="text"/></p> <p>None એકપણ વખત નહીં.....00</p> <p>Refuse to answer</p> <p>જવાબ આપવાની ના પાડી.....97</p> <p>Don't know ખબર નથી.....98</p>	<p>We cant select the answer in CAPI tool</p>
404	<p>When you go out of the village/town, usually whom do you go with? SINGLE CODE</p> <p>જ્યારે તમે ગામ/શહેરની બહાર જાવ ત્યારે, સામાન્ય રીતે તમે કોની સાથે જાવ છો ? એક જ કોડ</p>	<p>Alone એકલા1</p> <p>Husband/Partner પતિ/ સાથી.....2</p> <p>Mother માતા3</p> <p>Other female relative</p> <p>અન્ય મહિલા સંબંધી.....4</p> <p>Father પિતા5</p> <p>Other male relative</p> <p>અન્ય પુરુષ સંબંધી.....6</p> <p>Friend મિત્ર.....7</p>	<p>Multi Selection</p>

		Other અન્ય.....8	
405	Are you able to take decisions regarding your own life that your parents or family members accept... like શું તમે તમારા પોતાના જીવન વિશે નિર્ણયો લઈ શકવા સમર્થ છો જેનો તમારા માતા-પિતા અથવા પરિવારના સભ્યો સ્વીકાર કરે.... જેવા કે		
A.	... how long you attend school ...તમારે ક્યાં સુધી શાળાએ જવું	Yes હા..... 1 No ના..... 2	
B.	... go to the market ...બજારમાં જવું	Yes હા..... 1 No ના..... 2	
C.	... who you marry ...તમારે કોને પરણવું	Yes હા..... 1 No ના..... 2	
D.	... when you marry ...તમારે ક્યારે પરણવું	Yes હા..... 1 No ના..... 2	
E.When to have childrenબાળકને ક્યારે જન્મ આપવો	Yes હા..... 1 No ના..... 2	
F.How Many children to haveકેટલા બાળકોને જન્મ આપવો	Yes હા..... 1 No ના..... 2	
406	<u>ONLY FOR THOSE WHO ARE BELOW 18 YEARS</u> <u>18 વર્ષથી ઓછી ઉંમરની હોય ફક્ત તેમના માટે</u> How likely do you think it is that you will be married before you turn 18 years old? તમારા મતે તમે 18 વર્ષની થાવ તે પહેલા તમે પરણી જશો તેવી તમને કેટલી શક્યતા લાગે છે ?	Not at all likely બિલકુલ શક્યતા નથી.....1 Somewhat unlikely થોડીક અશક્યતા2 Somewhat likely થોડીક શક્યતા.....3 Very likely ખૂબ જ શક્યતા4 Already married લગ્ન થઈ ચૂક્યા છે.....5	

Menstrual Hygiene

Now I want to talk about puberty issues, the period of physical transformation from childhood to adulthood.

હવે હું યુવાવસ્થાની સમસ્યાઓ, બાળપણમાંથી પુખ્તાવસ્થામાં શારીરિક પરિવર્તનના સમયગાળા વિશે વાત કરવા ઈચ્છું છું.

407	<p>As girls grow into women, their body changes and they start menstrual periods</p> <p>છોકરીઓ મહિલામાં પરિવર્તન પામે તેમ, તેમના શરીરમાં બદલાવ આવે છે અને તેમને માસિક સ્રાવ આવવાનું શરુ થાય છે</p> <p>At what age have you had your first menstrual period? તમારો પહેલો માસિક સ્રાવ તમને કઈ ઉંમરે આવ્યો હતો ?</p>	<p>Yet to get હજી આવવાનો બાકી છે00</p> <p>Age in completed years</p> <p>પૂરા થયેલા વર્ષોમાં ઉંમર..... <input type="text"/> <input type="text"/></p>													
408	<p>When did your last menstrual period start?</p> <p>તમારો છેલ્લો માસિક સ્રાવ ક્યારે શરુ થયો હતો ?</p>	<p>Days Ago કેટલા દિવસ પહેલા..... <input type="text"/> <input type="text"/></p>													
409	<p>During menstrual periods, do you eat same food as always, more than the same food less than the same food?</p> <p>માસિક સ્રાવના સમયગાળા દરમિયાન, શું તમે હંમેશ મુજબનો જ ખોરાક ખાવ છો, એ જ ખોરાક કરતા વધુ ખોરાક ખાવ છો કે એ જ ખોરાક કરતા ઓછો ખોરાક ખાવ છો ?</p>	<p>Same as always હંમેશ જેટલો જ.....1</p> <p>More than always હંમેશ કરતા વધુ.....2</p> <p>Less than always હંમેશ કરતા ઓછો.....3</p>													
410	<p>During menstrual periods, do you avoid taking certain foods?</p> <p>માસિક સ્રાવના સમયગાળા દરમિયાન, શું તમે કોઈ ચોક્કસ આહાર ખાવાનું ટાળો છો ?</p>	<p>Yes હા.....1</p> <p>No ના.....2</p>	412												
411	<p>ASK IF YES IN 410 What type of foods you avoid during menstrual period? Do you eat any specific food which you do not normally eat?</p> <p>410 માં હા કોડ થાય તો પૂછો - માસિક સ્રાવના સમયગાળા દરમિયાન તમે કયા પ્રકારનો ખોરાક લેવાનું ટાળો છો ? શું તમે એવો કોઈ ચોક્કસ ખોરાક ખાવ છો જે તમે સામાન્ય રીતે નથી ખાતા હોતા ?</p>														
412	<p>During menstrual periods, do you do the following?</p> <p>માસિક સ્રાવના સમયગાળા દરમિયાન, અહીં જણાવી છે તે પ્રવૃત્તિઓ તમે કરો છો ?</p>	<table border="1"> <thead> <tr> <th>Activity</th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <th>પ્રવૃત્તિ</th> <th>હા</th> <th>ના</th> <th>9</th> </tr> </thead> <tbody> <tr> <td>1.Go to school as usual</td> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>	Activity	Yes	No	N/A	પ્રવૃત્તિ	હા	ના	9	1.Go to school as usual	1	2	9	
Activity	Yes	No	N/A												
પ્રવૃત્તિ	હા	ના	9												
1.Go to school as usual	1	2	9												

		હંમેશની જેમ શાળાએ જવું				
		Go to school by cycle as usual. હંમેશની જેમ સાઈકલ પર શાળાએ જવું	1	2	9	
		Do Household work as usual હંમેશની જેમ ઘરના કામ કરવા	1	2	9	
		Bring vegetables, household items from market. બજારમાંથી શાકભાજી, ઘરવપરાશની ચીજવસ્તુઓ લાવવી.	1	2	9	
		Play outdoor games. બહારની રમતો રમવી.	1	2	9	
		Do yoga as usual હંમેશની જેમ યોગા કરવા	1	2	9	
		Bring drinking water from outside. બહારથી પીવાનું પાણી ભરીને લાવવું.	1	2	9	
<p>Women use different things during their menstrual period to prevent bloodstains from becoming evident. I would like to know about the things you use during your menstrual period.</p> <p>મહિલાઓ તેમના માસિક સ્રાવના સમયગાળા દરમિયાન લોહીના ડાઘને દેખાતા રોકવા માટે અલગઅલગ વસ્તુઓનો ઉપયોગ કરતી હોય છે. તમારા માસિક સ્રાવના સમયગાળા દરમિયાન તમે ઉપયોગ કરો છો તે વસ્તુઓ વિશે જાણવાનું હું પસંદ કરીશ.</p>						
413	Have you heard that use of cloth can be an absorbent during menstrual period?	Yes હાં	1			
		No નાં.....	2			

	શું તમે સાંભળ્યું છે કે માસિક સ્રાવના સમયગાળા દરમિયાન કપડાનો ઉપયોગ શોષક બની શકે છે ?		
414	<p>Do you use cloth as an absorbent?</p> <p>Instruction: If the response is yes, probe whether used in last menstrual period</p> <p>If the response is no, probe whether ever used</p> <p>શું તમે શોષક તરીકે કપડાનો ઉપયોગ કરો છો ?</p> <p>સૂચના : જો રીસ્પોન્ડન્ટ હા કહે, તો પ્રોબ કરો તેમણે છેલ્લા માસિક સ્રાવમાં ઉપયોગ કર્યો હતો કે નહીં.</p> <p>જો રીસ્પોન્ડન્ટ ના કહે, તો પ્રોબ કરો તેમણે ક્યારેય પણ ઉપયોગ કર્યો છે કે નહીં.</p>	<p>Used in last menstrual</p> <p>છેલ્લા માસિક સ્રાવમાં ઉપયોગ કરેલો1</p> <p>Used earlier અગાઉ ઉપયોગ કરેલો.....2</p> <p>Never Used ક્યારેય ઉપયોગ નથી કર્યો.....3</p>	
415	<p>Have you heard about sanitary napkin that can be an absorbent during menstrual period?</p> <p>શું તમે સેનિટરી નેપકિન વિશે સાંભળ્યું છે જેનો માસિક સ્રાવ દરમિયાન શોષક તરીકે ઉપયોગ કરી શકાય છે ?</p>	<p>Yes હા1</p> <p>No ના.....2</p>	420
416	<p>Do you use sanitary napkin as an absorbent?</p> <p>Instruction:</p> <p>If the response is yes, probe whether used in last menstrual period</p> <p>If the response is no, probe whether ever used</p> <p>શું તમે શોષક તરીકે સેનિટરી નેપકિનનો ઉપયોગ કરો છો ?</p> <p>સૂચના : જો રીસ્પોન્ડન્ટ હા કહે, તો પ્રોબ કરો તેમણે છેલ્લા માસિક સ્રાવમાં ઉપયોગ કર્યો હતો કે નહીં.</p> <p>જો રીસ્પોન્ડન્ટ ના કહે, તો પ્રોબ કરો તેમણે ક્યારેય પણ ઉપયોગ કર્યો છે કે નહીં.</p>	<p>Used in last menstrual</p> <p>છેલ્લા માસિક સ્રાવમાં ઉપયોગ કરેલો1</p> <p>Used earlier અગાઉ ઉપયોગ કરેલો.....2</p> <p>Use it on occasions</p> <p>તેનો પ્રસંગોપાત ઉપયોગ કરું છું.....3</p> <p>Never used ક્યારેય ઉપયોગ નથી કર્યો.....4 →</p>	420 thjis logic is not mapped
417	From where do/did you get sanitary napkin	Purchased from medical shop	If Option C or D

	તમે સેનિટરી નેપકિન ક્યાંથી/ કોની પાસેથી મેળવો છો	મેડિકલ દુકાનમાંથી ખરીદ્યું.....A Purchased from kirana shop કિરાણા દુકાનમાંથી ખરીદ્યું.....B ASHA /ANM supplied આશા/ એએનએમ પહોંચાડે છે.....C Mother/other member provide માતા/ અન્ય સભ્ય પૂરું પાડે છે.....D Others અન્ય.....E	skip Q 418 and 419
418	Do you personally get from the shop? શું તમે પોતે દુકાનમાંથી લો છો ?	Yes હાં1 No નાં.....2	
419	Do you face any difficulty problem while purchasing sanitary napkin? શું તમે સેનિટરી નેપકિન ખરીદતી વખતે કોઈ તકલીફ સમસ્યાનો સામનો કરો છો ?	Yes હાં1 No નાં.....2	
420	Why are you not using any sanitary napkin? INS: MULTIPLE RESPONSES POSSIBLE તમે કોઈ સેનિટરી નેપકિનનો ઉપયોગ કેમ નથી કરતા ? સૂચના : એકથી વધુ પ્રતિભાવ શક્ય	Can't afford પોસાતું નથી.....A Difficult to get મેળવવામાં મુશ્કેલી.....B Don't know where to get ક્યાંથી મેળવવું તે ખબર નથીC Difficult to dispose તેનો નિકાલ કરવો મુશ્કેલD Other (Specify) અન્ય (જણાવો).....X	
421	During the last 3 months, have you had any menstruation related problems? છેલ્લા 3 મહીના દરમિયાન, શું તમને માસિક સ્રાવ સંબંધી કોઈ તકલીફ થઈ છે ?	Yes હાં1 No નાં.....2	423
422	Did you consult anyone or seek treatment for these problems? શું તમે આ તકલીફો માટે કોઈની સલાહ લીધી હતી અથવા તેની સારવાર કરી હતી ?	Yes હાં1 No નાં.....2	

Menstruation and Social Network			
423	Did you ever discuss about puberty and menstruation with your mother?	Yes ຊັດ1 No ຖັດ2	425
424	If yes, what did you discuss?	Biological Changes-----A Pregnancy and child birth-----B Hygiene-----C Foods to avoid-----D Activities to avoid-----E Dos Don'ts during periods-----F Use of sanitary Napkins-----G Others (specify)-----H	
425	Did any other family member other than the mother ever discuss about puberty and menstruation with you?	Yes ຊັດ1 No ຖັດ2-- →	
426	Did any of the health personnel ever discuss about puberty and menstruation with you?	Yes ຊັດ1 No ຖັດ2-- →	429
427	If yes, who all discussed with you?	ANM-----A AWW-----B ASHA-----C Health supervisor (F)-----D LMO-----E Any other (specify)-----F	
428	What did she/they discuss?	Biological Changes-----A Pregnancy and child birth-----B Hygiene-----C Foods to avoid-----D Activities to avoid-----E Dos Don'ts during periods-----F	

		Use of sanitary Napkins-----G Availability of Sanitary Napkins -----H Nutrition supplements-----I Others (specify)-----J	
429	Have you attended any exhibitions or special days (VHND) organised in your village or nearby villages to campaign about importance of Nutrition and supplementary foods for adolescent girls during menstruation?	Yes-----1 No-----2	431
430	If yes, What did you gain?	Advice on Nutrition-----A Locally available nutrient rich foods-----B IFA supplements-----C Others-----D	
431	Have you attended any classes conducted specially for adolescent girls?	Yes-----1 No-----2	
432	Have you read or heard about advertisements related to menstrual hygiene in different mass media sources?	Yes-----1 No-----2	If No go to 501
433	If yes, do you think they are useful to you?	Yes-----1 No-----2	

SECTION 5: 7-DAY WORK HISTORY

Q. No.	Question	Category	Skip to
501	During the <u>LAST WEEK</u> , that is since last (TODAY'S DAY) through last night on how many days have [NAME] ... છેલ્લા અઠવાડિયા દરમિયાન, એટલે કે છેલ્લા (આજના દિવસ)થી છેલ્લી રાત સુધીમાં કેટલા દિવસો (નામ કહો)એ... Fill in dates for the last week: ગયા અઠવાડિયા માટેની તારીખ લખો : □□/□□/□□□□ to □□/□□/□□□□ DAY MONTH YEAR DAY MONTH YEAR		
A	Carried heavy objects (>20 kg) (for example, a large and heavy bucket of water, sack of grain, wetdung, etc.) વજનદાર(20 કિલોગ્રામથી વધુ) વસ્તુઓ ઉપાડી છે (દાખલા તરીકે, પાણીની મોટી અને વજનદાર ડોલ, અનાજનો કોથળો, ભીનો મળ, વગેરે ?	<input type="checkbox"/>	
B	Worked in the field? તરમાં કામ કર્યું છે ?	<input type="checkbox"/>	

Q. No.	Question	Category	Skip to
C	Husked, ground or pounded grain? અનાજ છાંડ્યું છે, દબ્યું છે, અથવા પીસ્યું છે ?	<input type="checkbox"/>	
D	Gathered and/or cutfodderપશુચારો એકઠો કર્યો છે અને/અથવા કાપ્યો છે	<input type="checkbox"/>	
E	Choppedloads of firewood? બાળવા માટેના ઢગલાબંધ લાકડા કાપ્યા છે ?	<input type="checkbox"/>	
F	Carried a child a long distance (e.g. to another para or across a field)? કોઈ બાળકને લઈને લાંબા અંતરની મુસાફરી કરી છે (જેમ કે અન્ય વિસ્તાર અથવા ખેતરમાં) ?	<input type="checkbox"/>	
G	Swept the floor or courtyard લાદી અથવા આંગણું વાલ્યું છે	<input type="checkbox"/>	
H	Washedclothes? કપડા ધોયા છે ?	<input type="checkbox"/>	
I	Walked more than one hour to or fromany location? કોઈ સ્થળ સુધી અથવા સ્થળેથી એક કલાક કરતા વધુ ચાલ્યા છે ?	<input type="checkbox"/>	
J	Washeddishes and/or utensils? થાળી અને/ અથવા વાસણો ધોયા છે ?	<input type="checkbox"/>	
K	Cared for a child? કોઈ બાળકની સંભાળ લીધી છે ?	<input type="checkbox"/>	
L	Cared for animals? પ્રાણીઓની સંભાળ લીધી છે ?	<input type="checkbox"/>	
M	Cooked? રસોઈ બનાવી છે ?	<input type="checkbox"/>	
N	Played for more than half an hour? અડધા કલાકથી વધુ સમય માટે રમ્યા છે ?	<input type="checkbox"/>	

Section: - 6 Pregnancy & Health status

Q. No.	Question	Category	Skip to
601	What is the legal age marriage for boys and girls છોકરાઓ અને છોકરીઓ માટે લગ્નની કાયદેસરની ઉંમર કેટલી છે	Boys છોકરા _____ years વર્ષ Girls છોકરીઓ _____ Years વર્ષ Don't know ખબર નથી.....88	
602	What is your marital status ? તમારી વિવાહીત જીવનસ્થિતિ શું છે ?	Currently Married હાલમાં વિવાહીત.....1 Separated/Divorced.....2 Widow.....3 Never Married લગ્ન નથી કર્યા.....4 →	END
603	How old were you at the time of your marriage?	Age in completed years	

	તમારા લગ્નસમયે તમારી ઉંમર શું હતી ?	પૂરા થયેલા વર્ષોમાં ઉંમર.....	
604	How old was your husband at the time of marriage? લગ્નસમયે તમારા પતિની ઉંમર શું હતી ?	Age in completed years પૂરા થયેલા વર્ષોમાં ઉંમર.....	
605	What is the main occupation of your husband? SINGLE CODE તમારા પતિનો મુખ્ય વ્યવસાય શું છે ? એક જ કોડ	Agriculture worker કૃષિ કામદાર 1 Manual Worker મેન્યુઅલ કામદાર 2 Service worker નોકરીયાત કામદાર 3 Cottage Industry worker ગૃહઉદ્યોગ કામદાર 4 Domestic worker ઘરેલુ કામદાર 5 Others અન્ય _____ (SPECIFY) (જણાવો)	
606	A. Have you been pregnant since marriage? શું તમે લગ્ન પછી ગર્ભવતી થયા છો ? B F YES in A, how many times ? જો A માં હા, તો કેટલી વખત ?	Yes હા.....1 No ના.....2 b. Times કેટલી વખત.....	END
607	ASK IF 1 OR MORE IN 606 What is the outcome of latest Pregnancy? 606 માં 1 અથવા વધુ હોય તો.... છેલ્લી ગર્ભાવસ્થાનું શું પરિણામ આવ્યું હતું ?	live birth જીવિત બાળકનો જન્મ.....1 Still birth મૃત બાળકનો જન્મ.....2 Spontaneous abortion કુદરતી ગર્ભપાત.....3 Induced abortion પ્રેરીત ગર્ભપાત.....4	609
608	How many children you have? તમને કેટલા બાળકો છે ?	
609	A, Are you currently Pregnant? શું તમે હાલમાં ગર્ભવતી છો ?	Yes હા.....1 No ના.....2	If No - 610

609 a	If YES, how many weeks pregnant are you? 609 માં હા હોય, તો – તમે કેટલા અઠવાડિયાથી ગર્ભવતી છો	Weeks અઠવાડિયા	
610	During the current or latest pregnancy ,did you consume IFA tablets or syrup? હાલની અથવા છેલ્લી ગર્ભાવસ્થા દરમિયાન, શું તમે આઇએફએ ગોળીઓ અથવા સીરપનો વપરાશ કર્યો હતો ?	Yes હા.....1 No ના.....2	
610a	How many IFA did you consume? તમે કેટલી આઇએફએનો વપરાશ કર્યો હતો ? Number of IFA આઇએફએની સંખ્યા Number of Days દિવસોની સંખ્યા	
611	Did you get supplementary food from anganwadi during last/current pregnancy? છેલ્લી/ હાલની ગર્ભાવસ્થા દરમિયાન આંગણવાડી તરફથી તમને પૂરક આહાર મળ્યો હતો ?	Yes હા.....1 No ના.....2	
612	Has any health worker registered your pregnancy? શું કોઈ સ્વાસ્થ્ય કાર્યકરે તમારા ગર્ભાવસ્થાની નોંધણી કરી છે ?	Yes હા.....1 No ના.....2	
613	Has any health worker visited you for health check up? શું સ્વાસ્થ્ય ચકાસણી માટે કોઈ સ્વાસ્થ્ય કાર્યકરે તમારી મુલાકાત કરી હતી ?	Yes હા.....1 No ના.....2	If no - 614
613 a	If Yes How many times did the health worker visit you? જો A માં હા હોય, તો – સ્વાસ્થ્ય કાર્યકરે કેટલી વખત તમારી મુલાકાત કરી હતી ?	Times મુલાકાતની સંખ્યા	
614	If No, Did you visit any health facilities for health check up?	Yes હા.....1 No ના.....2	If no 616

	જો ના, તો શું તમે સ્વાસ્થ્ય ચકાસણી માટે કોઈ સ્વાસ્થ્ય સુવિધાની મુલાકાત કરી હતી ?		
615	Did they tell/ are you aware about your anemia status? શું તેમણે તમને તમારી એનીમિયાની સ્થિતિ વિશે કહ્યું હતું ?	Yes હા.....1 No ના.....2	620
616	If yes IN 615.....what were you told? 615 માં હા હોય તો..... તમને શું કહેવામાં આવ્યું હતું ?	Normal સામાન્ય.....1 Moderate anemia મોડરેટ/મધ્યમ પ્રમાણમાં એનીમિયા.....2 Severe anemia સીવીયર/તીવ્ર પ્રમાણમાં એનીમિયા.....3	620
617	IF moderate/Severe Anemia Do you understand the implication of moderate /severe Anemia	Yes હા.....1 No ના.....2	
618	If yes, what are the implications?	Complications between pregnancy &labour...1 Birth of low & Low weight baby.....2 Pregnancy wastage3 Others.....4	
619	Did she /they give advice/ are you aware what to do in case of severe anemia?	Visit to health facility/Rehabilitation centre.....1 Increased dose of Iron Tablet/Syrup.....2 Eat iron rich food at home.....3 Others.....4	
620	During visit of health worker or your visit to health facility, were you advised about any special diet during pregnancy? સ્વાસ્થ્ય કાર્યકરની મુલાકાત દરમિયાન અથવા સ્વાસ્થ્ય સુવિધાની તમારી મુલાકાત દરમિયાન, શું તમને ગર્ભધારણ દરમિયાન કોઈ વિશેષ આહાર વિશે સલાહ અપાઈ હતી ?	Yes હા.....1 No ના.....2	622
621	IF YES IN 620 were you advised about ----- READ OUT	Milk and milk product	

	617 માં હા હોય તો – શું તમને ----- (વાંચો) વિશે સલાહ અપાઈ હતી	દૂધ અને દૂધની બનાવટ.....A Leafy vegetables પાંદડાવાળા શાકભાજી.....B Protein foods પ્રોટીન આહાર.....C Fruits ફળો.....D Any other અન્ય કશું.....E	
622	During pregnancy did you increase the consumption of plant- and animal-based local iron-rich foods?	Yes-----1 No-----2	
623	How good do you think it is to eat more food during pregnancy?	Not good 1 Not sure.....2 Good.....3	
624	If Not good, Can you tell me the reasons why it is not good?		
625	How difficult is it for you to eat more food during pregnancy?	Not difficult1 Not sure.....2 Difficult3	
626	If Difficult, Can you tell me the reasons why it is difficult?		
627	How can you recognize that someone is not having enough food?	Lack of energy/weaknessA Cannot work, study or play as normal (disability)..... B Weakness of the immune system (becomes ill easily or becomes seriously ill) C Loss of weight/thinness -----D Children do not grow as they should (growth faltering)E OtherF Don't know.....G	

628	What are the reasons why people are undernourished?	Not getting enough food.....A Food is watery, does not contain enough nutrientsB Disease/ill and not eating foodC Other.....D Don't knowE	
629	Were you advised about any Family Planning methods? શું તમને પરિવાર નિયોજનની પદ્ધતિઓ વિશે સલાહ અપાઈ હતી ?	Yes હા.....1 No ના.....2	
630	Were you advised about institutional delivery? શું તમને સંસ્થાકીય ડીલિવરી વિશે સલાહ અપાઈ હતી ?	Yes હા.....1 No ના.....2	

THANK AND CLOSE

આભાર માનો અને ઇન્ટરવ્યુ બંધ કરો