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**Willingness to pay for home fortification with Multiple Micronutrient Powder
among caregivers of Children aged 6 to 23 months in selected districts of
Ethiopia**

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TABLE OF CONTENTS

ACKNOWLEDGEMENT	I
TABLE OF CONTENTS	II
LIST OF TABLE	V
LIST OF FIGURES	VI
LIST OF ABBRIVATIONS/ACRONYMS.....	VII
ABSTRACT.....	VIII
1. INTRODUCTION	1
1.1. Background:.....	1
1.2. Statement of the problem	2
1.3 Significant of study	4
2. LITERATURE REVIEW	5
2.1. Home Fortification with Micronutrient Powder	5
2.2 Micronutrient deficiency.....	6
2.3 Willingness to pay for MNP	7
2.4 Determinant factors of willingness to pay for MNP	8
3. OBJECTIVE	9
3.1. General Objective	9
3.2. Specific Objective.....	9
4. METHODS AND MATERIELS	10
4.1 Study Area and setting	10
4.2 Study Design and period.....	10
4.3 Source Population	10
4.4 Study Population.....	11

4.5	Sample Size Determination.....	11
4.6	Sampling Technique and Procedures	11
4.7	Data collection tool and procedures.....	12
4.7.1	Data collection tool	12
4.7.2	Data collection procedure	12
4.8	Variables	13
4.9	Data quality control.....	15
4.10	Data Analysis procedures.....	15
4.11	Ethical Consideration.....	16
5	RESULT	17
5.1	Socio-demographic characteristics of respondent.....	17
5.2	Source of information about micronutrient powder.....	19
5.3	Current coverage of MNP	20
5.4	Utilization of home fortification with Micro nutrient powder	20
5.5	Knowledge about home fortification with Micro nutrient powder	23
5.6	Willingness to pay for MNP	25
5.7	Determinant factors of willingness to pay	26
6	.DISCUSSION	28
7	CONCLUSION AND RECOMMENDATION.....	31
7.1	Conclusion	31
7.2	Recommendation	31
8.	REFERENCE.....	32
9.	APPENDICES	36
	Annex I: Conceptual Framework.....	36
	Annex II Information Sheet	37
	Annex III: Information sheet in local language	39

Annex VI. Consent Form..... 41

Annex V consent form in local language..... 42

Annex IV: Questionnaire 43

Annex IIV: Amharic version questioner..... 65

LIST OF TABLES

Table 1: Composition of nutrients in one sachet of MNP.....	5
Table 2: Socio-demographic characteristics of the study participants in Ethiopia 2017 (n=1140) ...	18
Table 3: Knowledge among Care givers of child aged 6-23 months about MNP in selected districts of, Ethiopia (n=1140).....	24
Table 4 Average willingness to pay in selected districts of Ethiopia in 2017, n=1140	25
Table 5: The fit of the WTP function among care givers of child 6-23 months in selected districts of Ethiopia using Tobit model.....	27

LIST OF FIGURES

Figure 1: Source of information about MNP among caregivers of child aged 6-23 months in Ethiopia; 2017 (n=1140).....	20
Figure 2 : perceived benefit of home fortification with micronutrient powder among children 6-23 months in Ethiopia, 2017 (n=1140)	21
Figure 3: side effect of home fortification with micronutrient powder among children 6-23 months in Ethiopia, 2017 (n=1140)	22
Figure 4: Barriers encountered during feeding of complementary food mixed with MNP for children 6-23 months by care givers in selected districts of Ethiopia in 2017 (n=1140)	23
Figure 5: care givers decision to use micronutrient powder for children until 2 years in Ethiopia, 2017 (n=1140).....	23
Figure 6: Demand price curve among care givers of child who aged 6-23 months in selected districts of, Ethiopia (n=1140)	26
Figure 7 the conceptual framework for willingness to pay for multiple micronutrient powder among caregivers of children aged 6-23 months, developed from reviewing different literatures	36

LIST OF ABBRIVATIONS/ACRONYMS

CFS	Complimentary food supplementation
CI	Confidence interval
CHW	Community Health Worker
CWW	Concern worldwide
DALYs	disability-adjusted life-years
ETB	Ethiopian berr
GAIN	Global Alliance For Improved Nutrition
HCW	Health Extension Worker
LNS	Lipid based nutrient supplements
MND	Micronutrient Deficiency
MNP	Micronutrient powder
MMNP	Multiple Micronutrient Powder
NGO	None Governmental Organization
OR	Odds Ratio
UNICEF	United Nation International Children Fund
WFP	World food program
WHO	World health organization
WTP	Willingness to pay

ABSTRACT

Background: Micronutrient Deficiency is invisible and devastating form of malnutrition that affects 2 billion people worldwide. Micronutrient powders were developed by the Sprinkles Global Health Initiative to prevent and treat micronutrient deficiencies among young children and other vulnerable groups. Micronutrient powder is distributed for the community by using different approach from those Market based distribution channel is one alternative. From I reviewed there is limited evidence found about willingness to pay for home fortification with Multiple Micronutrient powder in Ethiopia.

Objectives: To evaluate the willingness to pay for micronutrient powder and to assess program exposure and individual level determinants on the willingness to pay for micronutrient powder among caregivers of children 6-23 months in Ethiopia.

Methods: A community based cross-sectional study was conducted among caregivers of children 6-23 months in selected districts of Ethiopia. A total of 1140 caregivers of children aged 6-23 months who started micronutrient powder feeding for the children were included the study. Cluster sampling technique was used. Willingness to pay for micronutrient powder was analyzed by using contingent valuation model. To analyzed willingness to pay we use the cut of price of 14 ETB for 30 sachets of micronutrient powders. Descriptive statistics and Tobit model regression were done to identify factors associated with willingness to pay.

Result: The mean willingness to pay for for 30 sachets of micronutrient powder was 23.98 Ethiopian birr. Eighty nine percent of the caregiver's were knowledgeable on the benefit of MNP and 99% of the caregivers had information about MNP. The function shows that Caregivers of children 6-23 months who were knowledgeable on the benefit of MNP, percivied benefit of MNP and educational status of the caregivers important predictors of willing to pay for MNP.

Conclusion: The magnitude of willingness to pay for micronutrient powder was high. Therefore, market based approach may be one distribution channel for micronutrient powder to the community.

1. INTRODUCTION

1.1. Background:

Micronutrient powders are a new and innovative products developed by the Sprinkles Global Health Initiative to improve quality of diet and treat micronutrient deficiencies among young children and other vulnerable groups. It is sachets containing a blend of micronutrients in powder form, which are easily sprinkled onto foods prepared in the home. It used for home fortification of local complementary food since 2007 by 44 countries and in Africa since 2011 (1, 2).

The first 1,000 days (from conception until 2 years) have been identified as the window of opportunity when micronutrient malnutrition prevented ensures optimal growth and development of children. Millions of children suffer from under nutrition which affects their survival, health, growth and development. An estimated 190 million children are vitamin A deficient and 293 million children suffer from anemia. MNPs have proven to be both effective and efficacious to reduce anemia by 45% and improve quality of diet with limited programmatic challenges. To prevent malnutrition micronutrient powder enable the government to reorient resources for the distribution of necessary micronutrients without the cost of producing, procuring, or transporting bulky foods (3).

Home fortification of complimentary foods with micronutrient powders containing at least iron, vitamin A and zinc is recommended to improve iron status and reduce anemia among infants and children 6–23 months of age. It reduced anemia by 31% and iron deficiency by 51% in infants and young children and no any deaths were reported in the trials and information on side effects and morbidity. It seems that the use of MNP is efficacious among infants and young children 6 to 23 months of age living in settings with different prevalence's of anemia and malaria endemic area, regardless of whether the intervention lasts 2, 6 or 12 months or whether recipients are male or female(4).

Micronutrient powder is commonly distributed through public channels carried out in health facilities, by local NGOs provide with free of charge. An emerging distribution method of MNP is market based channels which make MNP accessible for purchase through a variety of access point such as market, pharmacy, health center and other place where consumers access to goods

and services. And also this channel was widely accepted to increased access, coverage, sustainability and use of MNP for their child (5, 7). The primary strategy to sustaining micronutrient powder distribution was market based approach. The pricing strategy was tolerable and financially manageable by the majority of the community and different media (6).

The economic challenges face many caregivers around the world; even caregivers with low income purchase products for their child. Many countries accept market based distribution of MNP for multiple reasons: to increase sustainability, to complement the existing free distribution and to meet the demand for other population groups who are not included in free distribution program (7). Many families could buy small quantities of food multiple times throughout the day for their children. The reason they buying these foods for young children were to promote the child's growth, health and nutrition (8).

Globally the micronutrient powder locally in Ethiopia known as '*desta*' is currently implemented over 60 countries. In Ethiopia home fortification with micronutrient powders (MNP) introduce to approximately 7100 children 6 to 23 months of age in five districts in Tigray and six districts in Amhara region.

1.2. Statement of the problem

Micronutrient Deficiency (MND) is basically invisible but devastating form of malnutrition that affects 2 billion people worldwide. From MND Zinc, iron and vitamin A deficiencies are the top ten causes of disease burden in developing countries. Currently with rising food prices, climate change, and increase proportion of the world population will develop reducing diet diversity and increase the prevalence of MNDs (9). The requirement of micronutrient is difficult to fulfill when a diet includes a largely plant based diet and few animal source and fortified foods. When decreasing dietary diversity, the magnitude of micronutrient deficiency increases (10). In Ethiopia the prevalence of food diversity was 3.3% among children 6-11 months, 5% among children 12-17 months, and 6.7% among children 18-23 months (11). According to 2016 EDHS only 7% of the child received minimum acceptable deities (12).

Micronutrient deficiency leads to strict health issues, such as blindness, anemia and impairment of cognitive development besides death (13). Deficiencies of vitamin A and zinc were estimated to be responsible for 0.6 and 0.4 million deaths respectively, and a combined 9% of global

childhood DALYs. Iron and iodine deficiencies were responsible for 0.2% of global childhood DALYs (14). According to 2016 EDHS 56% of 6-59 months children were anemic (12).

A systematic review showed that MNP food fortification can reduce anemia, morbidity from diarrhea and respiratory infections and might have positive effects on child growth and cognitive domains (15). However, home fortification with MNPs in the world are currently available only in a selected few national programs. Around 34 million of the children in the highest-burden countries targeted for this intervention and less than 5% of the world's (300 million) anemic children have received MNPs. Most countries with high prevalence of anemia including sub-Saharan Africa have not yet achieved large-scale MNP programs (16).

MNP can be successfully distributed through community-based social marketing system carried out by trained local vendor to encourage and sell low cost MNP products. The availability of MNP through market based distribution increase number of children using MNP and greater rate of recovery from anemia, decrease iron deficiency and vitamin A deficiency among the children. This indicates community based social marketing system for distribution of MNP contributes to the reduction of micronutrient deficiencies among the child (17, 18).

Currently the main challenges to scale up home fortification with MNP identified were monitoring and evaluation, adherence, affordability, availability, awareness, acceptability, and procurement of MNPs (19). The main motivation factors for home fortification with MNP cited by caregivers were make child healthy, improve immune system and stimulate appetite (20).

Most suppliers have focused on the public sector, the significant barriers to creating commercially feasible consumer-driven MNP market. The primary barrier is that suppliers anticipate limited consumer demand from the poor. Only nonprofit organizations and their joined MNP suppliers are currently investing in improvement. The feasibility of marketing and promotion of MNPs for infants older than six months remains doubtful given evolving local contexts and information gaps that may lead to strict marketing regulations for infant food products (21). For example according to study done in Vietnam the cost of MNP was one of the barrier for its distribution (22).

In Ethiopia Home fortification with MNP started currently in Amhara and Tigray region as a pilot form. From I reviewed there is limited evidence/research registered about willingness to

pay for home fortification with MNP in Ethiopia. Therefore this study was designed to assess the willingness to pay of child caregivers for home fortification with MNP in the pilot areas of Ethiopia.

1.3 Significant of study

The study will contribute for appropriate planning and intervention to address the problem of micronutrient deficiency among children 6-23 months for Ethiopian minister of health. The study findings will help health extension workers, pharmacist, and other health professionals to recognize and promote effective distribution mechanism of MNP for home fortification of complementary food.

It may also serve as source of information for district health office to develop action plan and it benefit different stakeholders like, public health practitioners, micronutrient initiative, program planners, and decision makers. In addition interested researchers in the area can use the information generated from the study as a baseline.

2. LITERATURE REVIEW

2.1. Home Fortification with Micronutrient Powder

Home fortification is aimed to improving the quality of diet; the diet meets the needs of young children nutrient and other nutritionally vulnerable groups (23, 24). Micronutrient powder is a single -serve sachets containing a premix powder of vitamins and minerals that are easily sprinkled once daily onto any semi-solid foods that is ready for consumption without changing the color, taste or texture of the food (24). The half- life of MNP is 24 months and stored at a maximum of 30 °c. In MNP the use of coated active ingredient will mask the unpleasant taste of some vitamins and minerals but MNP is add to hot foods will melt and lost its effect (25).

Table 1: Composition of nutrients in one sachet of MNP

Micronutrients	Dose of micronutrients
Vitamin A RE	400 µg
Vitamin D	5 µg
Vitamin E	5 mg
Vitamin C	30 mg
Thiamine (vitamin B1)	0.5 mg
Riboflavin (vitamin B2)	0.5 mg
Niacin (vitamin B3)	6 mg
Vitamin B6 (pyridoxine)	0.5 mg
Vitamin B12 (cobalamine)	0.9 µg
Folate (Vitamin B9)	150 µg
Iron	10 mg
Zinc	4.1 mg
Copper	0.56 mg
Selenium	17 µg
Iodine	90 µg

Home fortification with MNP recommended when one or more of the following occur:

1. Dietary diversity is low or due to limited availability or affordability;
2. Insufficient nutrient content and densqity (for example, watery porridges and foods with too low micronutrient content);

3. The bioavailability of micronutrients is poor due to absorption inhibitors in the diet (fiber, phytate, tannin).

The above conditions are widespread in developing countries where the diet is predominantly based on staple foods, contains few animal-source food and fortified foods, and where tea and coffee consumption is common (23).

2.2 Micronutrient deficiency

Micronutrient malnutrition (MNM) is widespread in both developed and developing country. But the prevalence of MNM is high in developing country. In the world, the four most widespread forms of micronutrient malnutrition are iron, vitamin A, iodine, and zinc deficiencies (26). It can affect all age groups, most commonly young children and women of reproductive age groups are at risk (26, 27).

The prevalence of iron deficiency was 45.7%, and highest among children aged 24–36 months. The ferritin level was increased with the age but iron deficiency was decreased with the age. The prevalence of vitamin A deficiency was 15.4% which increased with age and the sum of vitamin D deficiency and marginal deficiency was near 90% (28).

MNPs significantly reduced the prevalence of anemia among children 6-23 months by 34%, iron deficiency anemia by 57% and retinol deficiency by 21%. Home fortification with MNP significantly improved the hemoglobin levels. But MNPs did not show any significant improvement in any of the anthropometric outcomes including stunting, wasting, and underweight (29). Another randomized trial study shows that the prevalence of iron deficiency decreased by 19.3% in the intervention group compared with 5.3% in the control group, and vitamin A deficiency decreased by 7.5% in the intervention group compared with a 2.5% increase in the control group (30). Home fortification with MNPs significantly decreased the prevalence of anemia in both groups 9 % in the 2 months MNP group and 12 % in the 4 months MNP group (31).

One of the strong recommendation of WHO is home fortification of foods with micronutrient powders containing at least iron, vitamin A and zinc is to improve iron status and reduce anemia among infants and young children 6–23 months of age (32). MNP even at low dose contain highly bioavailable iron have been shown to be an efficient approach to improve iron status in

infants and young children (33). Young children 6-23 months age group is a critical period for growth and development, therefore home fortification with MNPs has the potential to contribute to their school performance, and productivity in later life (34).

2.3 Willingness to pay for MNP

The sale of MNP introduce a new approach to support public health messages to carried out optimal infant and young child feeding that can be sustained without government or donor funding (34). Market- based distribution channels of selling MNP for caregivers of young children (6-23 months) have been carried out in a variety of settings such as distribution through private and public sectors. The primary recommendation of nutrition for better tomorrow to scale up distribution of MNP primarily through public sector to low income consumer complimented with socially oriented and market based approach to expand reach. A mix of distribution strategies should be utilized to address all community in need (21).

In Keniya MNP can be successfully distributed through community-based social marketing system carried out by trained local vendor to promote and sell low cost MNP products. The availability of MNP through market based distribution increase number of children using MNP and greater rate of recovery from anemia, decrease iron deficiency and vitamin A deficiency among the children compared to the control group. This indicates community based social marketing system for distribution of MNP contributes to the reduction of micronutrient deficiencies among the child (30).

In Nepal after 3 months program implementation started, 77.5% of mothers in rural and urban areas reported they would be accepting to purchase MNP, and 66.3% of the mother positive price attitude to purchasing MNP for 2-5 years old children. The same study after 15 month's intervention 86.1% of the mothers accept to purchasing MNP and 73.4% of mother had positive price attitude to purchasing MNP for 2-5 years old (35). Another qualitative research in Niger shows that from 58 participants 57 said they would be willing to purchase one sachet of micronutrient powder with the price of US\$0.03. The majority of the purchaser of MNP was primary caregivers (99.4%) and above halve of caregiver bought full sachets of MNP (18).

In Ethiopia research done on willingness to pay for lipid-based nutrient supplements for young children the result indicates that the majority (96%) of the respondents had a positive WTP (36).

2.4 Determinant factors of willingness to pay for MNP

Many countries are interested in implementing home fortification with MNP due to its effectiveness, low cost, and easy to use. The effectiveness of home fortification with MNP depends on; behavioral change of the community, community acceptance, and knowledge of how to use MNP (6).

Willingness to pay was significantly and positively associated with higher maternal education, higher wealth quintile, and knowledge of any benefit of MNP, hearing the radio about MNP and perceiving that MNP is accessible. There were no significant differences in reported acceptability to purchasing MNP by rural/urban residence (35). Study conducted in western Kenya shows that, children in the lowest quintiles were nearly equally used MNP as higher quintiles. Therefore was no any association between use of MNP and wealth quintiles and maternal education (17). Nearly all mothers liked giving the supplements to their children because consumption of the supplements benefited their children's health and growth (37). The qualitative study in Niger indicates there was no marked difference between what caregivers were willing to pay for either product after trying the product in the home compared with just seeing a demonstration of the product during the discussions (8).

Good appetite and activity was a positive effect for the children taking MNP. The level of activity of the children on the MNP was reported as very good in 80.6 % and good in 17.1% of the children as the end of the trial. About 82.9% and 92.7% of the caregivers in the refugee camp and in the surrounding host community reported very good appetite at the end of the trial (38). The caregivers reported after introducing MNP to their child's diet improvements in their child's health and behaviour. Eighty six percent of caregivers reported that their child became more active, 73% that their child had an increased appetite, 73% that their child was growing well, and 69% that their child was became stronger. In addition almost all caregivers reported that their child's appetite had increased (94%) and that their child's activity level had increased (96%) since using MNP and 93% of caregivers reported seeing an improvement in the health of their child (39).

The two most commonly reported side effects of MNP were diarrhea (24%) and darkness of stool 15% (39). The reported side effects of MNP range from 3 % to 32 % (40).

3. OBJECTIVE

3.1. General Objective

To evaluate the willingness to pay for MNP and to explore program exposure and individual level determinants on the willingness to pay for MNP among caregivers of children 6-23 months in Ethiopia, 2017.

3.2. Specific Objective

- To assess willingness to pay for MNP among caregivers of children aged 6-23 months in Ethiopia.
- To explore program exposure and individual level determinants on the willingness to pay for MNP among caregivers of children aged 6-23 months in Ethiopia.

4. METHODS AND MATERIELS

4.1 Study Area and setting

Our study is a part of the project run by GAIN (global alliance for improved nutrition), partnership with concern world wide (CWW) with funding from the Netherland started integrate home fortification project in Ethiopia. GAIN is supporting pioneering work on home fortification as part of integrated, community based projects before Ethiopia decides to roll out the program on national scale. The goal of the project is to support the government and private sector in an effort to improve access for vulnerable populations to better nutrition in order to reduce micronutrient deficiencies and malnutrition in Ethiopia.

The study conducted in Tigray and Amhara region of Ethiopia. Tigray region is located at the northern limit of the central highland of Ethiopia. Tigray region has 4,866,000 populations and the majority of the population speaks Tigrinya. The land is complex composed of highlands, lowland plains, mountain peaks and high to moderate relief hills. The cultivation land is scarce with growing population and soil erosion reduced fertility and productivity. Due to this drought and famine have been routine occurrences in this region (41). Amhara region is one of the nine regions of Ethiopia containing the home land of Amhara people. Its capital is Bihar Dar. Amhara region has 19,626,000 populations. This region experience bimodal rain fall with a short rainy season occurs usually from March to May and long rainy season extends from June to September. And most of the population depend on farming product therefore they required food aid to prevent this malnutrition (41).

4.2 Study Design and period

A Community based cross sectional study was conducted from January 26, 2017 to February 25, 2017.

4.3 Source Population

All caregivers of children aged 6-23 months and who were beneficiaries of MNP in selected districts of Ethiopia.

4.4 Study Population

The caregivers of children aged 6-23 months and who are beneficiaries of MNPs and selected by random table in selected districts of Ethiopia.

4.5 Sample Size Determination

This thesis was a part of a pilot survey of a project. The sample size estimates were based on a 70% partial coverage rate with a $\pm 8.6\%$ relative precision (or a ± 6 percentage point absolute precision), when assuming a design effect of 2.0 and a 75% overall response rate. This response rate incorporates the possibility of areas with higher-than-expected refusal rates or inability to participate due to unexpected inaccessibility or unrest. The total sample size of the project was 2160 caregivers of all children 6-23 months.

However 1020 caregivers were excluded from the study because they were not beneficiaries of MNP. So, analytic sample size of this thesis was 1140 caregivers of children 6-23 months who are beneficiaries of MNP.

4.6 Sampling Technique and Procedures

The sampling frame used for the first stage of sampling was provided by the CSA, which has an electronic file consisting of 81,654 enumeration areas (EAs) created for the 2007 census. EA is a geographic area consisting of a convenient number of dwelling units that served as a counting unit for the census. The sampling frame file contains information about the location, the type of residence, and the number of residential households, as well as maps with geographic boundaries, for each EA.

In the first stage, the CSA selected 40 EAs using probability proportional to the EA size for each sampling stratum. After selection of the 120 EA's, it turned out that due to a recent restructuring of administrative units, 6 urban EAs were actually no longer in the program districts and thus, no data were collected in these EAs. From the remaining 114 EAs to conduct an updated listing of all the children 6–23 months living in the EA. Data collector, supervisor and guide person were done zoning of EAs by using map. Household listing was conducted to identify all eligible children 6-23 months and selected 18 children from each of household list by using random table.

From Amhara region the study conducted in three zones which are South Wollo, North Wollo, and Oromia zone. From South Wollo zone we include three districts which are Kalu, Dessie Zuria and Delanta district. Likewise from North Wollo zone Guba Lafto and Kobo district and from Oromia zone only Bati district included. Totally from Amhara region 16 urban EA and 34 rural EA selected.

Two zones included in Tigray region those are Mehaquelegnaw zone (central zone) and Misraqawi zone (east zone). We selected Ahiferom (Enticho), Mereb Lehe, and Werie Lehe districts from Mehaquelegnaw (central zone). Gulomahda and Saesi Tsaedaemba districts were selected from Misraqawi zone (east zone). Totally from Tigray region 18 urban EA and 40 rural EA selected.

4.7 Data collection tool and procedures

4.7.1 Data collection tool

Structured questionnaire was used to collect information on socio-demographic and socioeconomic characteristics, MNP related knowledge (benefit of MNP, time of starting, cooking method, portion size of food mixed with MNP), utilization of MNP (barriers, benefit and negative effect of MNP) and to measure willingness to pay for MNP.

4.7.2 Data collection procedure

Recruiting data collector

Twenty four data collectors and 8 supervisors who had experience with nutrition and community surveys were recruited and trained. They were fluent in English, as well as region-specific languages (Amharic and Tigrinya).

Training was given for data collectors and supervisors. Training topics included location of selected children in the EA, obtaining informed consent, and administration of the questionnaire.

Data collection

Data collection was conducted by face to face interview with primary care giver of children 6-23 months old in their own house. When the selected household will be closed during data collection, the interviewers will be revisited the household two times at different time intervals at the same day and when closed the household took as non respondents.

4.8 Variables

The dependent variable:

Willingness to pay for MNP: one out come variable include in this study. There are 5 questions examined willingness to pay for MNP sachets in order to give to children ages 6-23 months. The analysis of willingness to pay based on the fourth question (what is the maximum price for you?) and by using the cut of price of 14 ETB for 30 sachets of MNP.

The independent variables:

Socio demographic characteristics: Maternal age, educational status, income, marital status, wealth quintile, occupational status of care givers, child age, and sex of children.

The responses for program exposure were dichotomized to ‘yes’ or ‘no’ multiple response questions (i.e. knowledge of benefits of MNP intake and barriers to MNP intake) were required to have at least one positive response to qualify as an overall ‘yes’ (35).

Knowledge of any benefit of MNP intake: The responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response (i.e. increase appetite, increase energy or activity, increase immunity, mental development, physical growth, make child healthy, make child stronger, increase weight, prevent anemia and decrease disease) from those at least one positive response qualify as an overall ‘yes’.

Experienced any benefit of MNP intake : The responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response (i.e. increase appetite, increase energy or activity, increase immunity, mental development, physical growth, make child healthy, make child stronger, increase weight, prevent anemia and decrease disease) from those at least one positive response qualify as an overall ‘yes’.

Experienced barriers to MNP: responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response (i.e. difficulty to preparation or serving food with MNP, MNP change the color of the food, forget to give MNP, child reject the food with MNP, increase appetite is problem, lack of knowledge about MNP, lack of family support, lack of available MNP product, difficulty to meet with MNP, lack of transportation, and child does not eat all food mixed with MNP) from those at least one positive response qualify as an overall ‘yes’.

Source of information: receiving information and counseling from health workers or community volunteers about MNP.

4.9 Willingness to pay assessment

The valuation methodologies for willingness to pay are generally classified under two main categories. These are stated and revealed preference. The revealed preference approach measures the willingness to pay for a service using actual expenditure data on marketed goods related to the service concerned. Revealed preference methods typically use secondary data or a combination of both primary and secondary data. The stated preference approach relies on survey based methods to measure the consumers' WTP for an improvement in the service. The stated preference method includes the contingent valuation method and the choice modeling method.

The main difference between a contingent valuation questionnaire and a choice modeling questionnaire is the way in which the valuation question(s) in the questionnaire are presented to respondents. Contingent valuation has been applied for longer than choice modelling and has therefore been used in this study.

There are four widely used ways to present the valuation question(s) in contingent valuation questionnaires (42):

Open ended: The open-ended format asks respondents directly for their maximum WTP for the good under consideration. The open ended format often results in a large number of zero responses and potential protest votes

Bidding game: The bidding game format is an iterative process where respondents indicate agreement or disagreement with a particular level of payment. The level of payment (the bid) keeps increasing if the respondent agrees. Once a bid is rejected by the respondent the bidding game stops and in the closed-ended version of the bidding game the maximum WTP is inferred from the maximum bid accepted. In the open-ended version, the game finishes with an open-ended WTP question after a bid is rejected. Research has suggested that WTP results of bidding games depend on the starting point for the bidding game.

Payment card: The payment card method presents respondents with a range of different monetary amounts.

Dichotomous choice: The dichotomous choice (or referendum method) gives respondents the chance to respond “yes” or “no” to a single amount. This single dichotomous format tends to produce relatively high WTP estimates.

In this thesis present the valuation question with bidding game questioning type.

4.10 Data quality control

The questionnaire was prepared with English language and translated to Amharic and Tigrinya by fluent speakers of both languages. It was translated back to English to check its consistency. Four days training were given by the principal investigator and by others on the data collection tool, objectives of the study, confidentiality of the information, respondent’s right, informed consent, and data collection procedures from 19 to 21 January 2017.

A pretest was conducted during 23–25 January 2017 in Alamata district (an area not part of the survey), in 8 EAs by taking 18 eligible caregivers from each EA to finalize the survey questions and their translation. The data collection were supervised regularly and checked for any inconsistency or data incompleteness by the principal investigator and supervisors every day.

4.11 Data Analysis procedures

The data were entered by using Epi- data software version 3.1 and analyzed by using STATA for windows version 14.0 statistical software.

The socio demographic characteristics were analyzed by using “svy” STATA command designating cluster and strata. The socio demographic characteristics were analyzed by calculating frequencies, means and standard deviation for continuous variables and proportion for categorical variables to describe the study population in relation to relevant variables.

Willingness to pay for MNP was analyzed by using contingent valuation model (42). To analyze willingness to pay based on the maximum price of the respondent. The cut of price we used minimum price (14 Ethiopian birr) of MNP and above says willing to pay for MNP. The descriptive analysis of Willingness to pay mean and confident interval of willingness to pay for MNP was done. We did cross tabulation allow for an assessment of associations between willingness to pay for MNP and other independent variables.

Experienced any benefit of MNP intake : The responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response from those at least one positive response qualify as an overall ‘yes’. Experienced barriers to MNP: responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response from those at least one positive response qualify as an overall ‘yes’. Knowledge of any benefit of MNP intake: The responses for 10 questions about benefit of MNP dichotomized to ‘yes’ or ‘no’ multiple response from those at least one positive response qualify as an overall ‘yes’.

To analyze determinant factors of willingness to pay used Tobit model. The Tobit model is a statistical model used to describe the relationship between non-negative dependent variable “ y_i ” and independent variable “ x_i ”. The Tobit model, also called a censored regression model, is designed to estimate linear relationships between variables when there is either left- or- right-censoring in the dependent variable (also known as censoring from below and above). The Tobit model can be described in terms as latent variable y^* . Suppose, however, that y^* is observed if $y^* > 0$ and is not observed $y^* \leq 0$. Then the observed y_i will be defined as

$$y_i = \begin{cases} y_i^* = \beta x_i + u_i & \text{if } y_i^* > 0 \\ 0 & \text{if } y_i^* \leq 0 \end{cases}$$

$$u_i \sim N(0, \sigma^2)$$

4.12 Ethical Consideration

Ethical clearance was secured from research and ethics committee of School of Public Health College of Health Sciences, Addis Ababa University. Informed written consent was secured from from each zone and from each Woreda administration office. Written informed consent was obtained from each study participants, before the interview and after explanation of all the study purpose and procedure. Any personal identification of the study participants is not recorded during data collection and all the information collected from the study participant is made confidential. Their right not to participate or withdraw from the study is also told to the participants.

5 RESULT

5.1 Socio-demographic characteristics of respondent

In the survey totally 1963 caregivers of children 6-23 month old were interviewed with a response rate of 95.6%. There were 37 non respondents in the survey: the caregiver of 36 children could not be found after two household visits and one caregiver refused participation. In 3 EAs of the woredas of Ahiferom, Dessie Zuria and Kalu, in 2 EAs of the woredas of Gulomahda and Guba lafto, and in 1 EA of Sasitseedamba, there were fewer than 18 eligible children living in the EA, resulting in 33 children fewer than planned. From 1963 caregivers only 1140 caregivers started home fortification with MNP for their children analyzed in this study.

Sixty percent of the respondents were from Tigray region. The majority (75.2%) of the respondents was from rural. The mean age of the children was 15.2 (SD±4.6) months and half (50%) were male. The mean age of caregiver was 29.2 (SD±7.4) years. The majority of caregivers (72%) were in the age groups of 20-34 years. Ninety six percent of the caregivers were mothers, 43.8% of the caregivers had no formal educational status. Eighty three percent of caregivers were married and 65.4 % were house wife (see Table2).

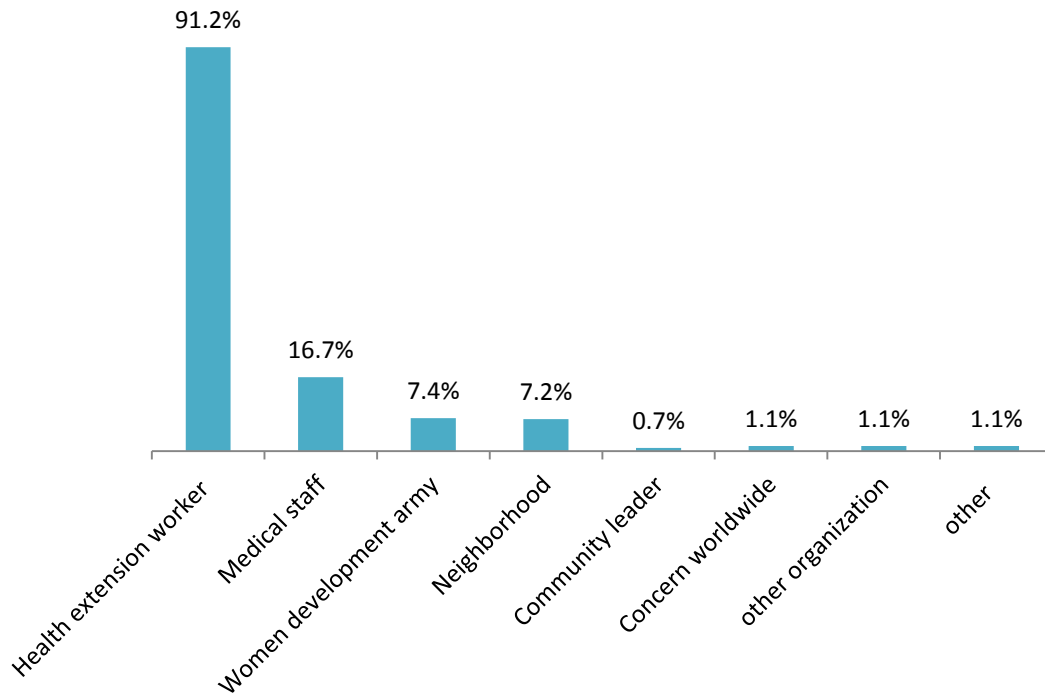
Table 2: Socio-demographic characteristics of the study participants in Ethiopia 2017 (n=1140)

Variable	Total		Urban	Rural
	N	Percentage (95% CI)	Percentage (95% CI)	Percentage (95% CI)
Child sex				
Male	570	50.0 [47.0, 53.1]	50.5[46.0, 55.1]	45.8[45.9, 53.7]
Female	570	50.0[47.0, 53.1]	49.5[44.9, 54.0]	50.2[46.3, 54.1]
Child age				
6-8 months	92	8.1[6.6, 9.8]	7.1[4.7, 10.4]	8.4[6.6, 10.6]
9-11 months	169	14.8[12.7, 17.3]	14.8[10.5, 20.5]	14.8[12.4,17.6]
12-23 months	879	77.1[74.1, 79.8]	78.1[72.6, 82.7]	76.8[73.1, 80.1]
Caregivers age				
15-19	43	3.8[2.8, 5.1]	4.2[2.7, 7.2]	3.6[2.5, 5.1]
20-24	272	23.9[21.2, 26.7]	23.3[18.7, 28.6]	24.0[20.9, 27.5]
25-29	329	28.9[26.1, 31.]	32.2[26.1, 38.8]	27.8[24.7, 31.1]
30-34	220	19.3[16.9, 21.9]	16.2[12.0, 21.6]	20.3[17.5, 23.4]
35-39	189	16.6[14.1, 19.4]	16.6[11.5,23.3]	16.6[13.8, 19.8]
40-44	58	5.1[3.9, 6.5]	3.9[1.8, 7.1]	5.5[4.2, 7.1]
45-49	15	1.3[0.7, 2.1]	1.8 [0.8, 3.9]	1.2 [0.6, 2.]
≥50	14	1.2[0.7,2.1]	1.7[0.7 4.2]	1.0[0.5, 2.4]
Caregivers relation with child				
Mother	1,097	96.2[94.9, 97.2]	94.3[91.2, 96.4]	96.8[95.2, 97.9]
Grandmother/father	30	2.6[1.8, 3.7]	4.2[2.4, 7.4]	2.1[1.3, 3.3]
Other	13	1.2[0.6, 1.9]	1.4[0.5, 3.8]	1.1[0.5, 2.0]
Educational status of caregivers				
Non formal education	499	43.8[39.5, 48.2]	28.3[21.7, 35.9]	48.9[45.5, 54.3]
Primary	448	39.3[35.7, 43.0]	38.1[31.6, 45.5]	39.7[35.4, 44.1]
Secondary	150	13.1[10.4, 16.5]	23.7[16.9, 31.9]	9.7[6.9, 13.2]
College and above	43	3.8[2.6, 5.5]	9.9[6.1, 15.8]	1.7[0.9, 3.2]
Occupation status of caregivers				

Attends to home chores	746	65.4[59.5, 70.9]	57.6[45.1, 69.2]	68.0 [61.2, 74.2]
Farmer	230	20.2[15.7, 25.6]	8.8 [4.0, 18.2]	23.9 [18.2, 30.8]
Government/ private Employee	34	3.0[2.0, 4.4]	8.5[5.3, 13.2]	1.2[0.5, 2.3]
Petty trade	60	5.3[3.9, 7.1]	12.4[8.7, 17.3]	2.9[1.8, 4.8]
Self-employed	48	4.2[2.9, 5.9]	10.2[6.6, 15.5]	2.2[1.2, 4.1]
Student	7	0.6[0.2, 1.2]	0.3[0.0, 2.6]	0.7[0.3, 1.5]
Unemployed	15	1.3[0.7, 2.2]	2.1[0.8, 5.3]	1.0[0.5, 1.9]
<hr/>				
Marital status of caregivers				
Married	1,007	88.3[85.8, 90.5]	82.3[75.5, 87.6]	90.3[87.8, 92.3]
Single	30	2.6[1.8, 3.9]	3.2[1.5, 6.7]	2.5[1.5, 3.9]
Divorced/Separated	85	7.5[6.0, 9.2]	12.0[8.5, 16.7]	5.9[4.5, 7.8]
Widowed	18	1.6[0.9, 2.6]	2.5[1.2, 5.1]	1.3[0.6, 2.6]

5.2 Source of information about micronutrient powder

Figure 1 shows the source of information reported by caregivers who used MNP. Ninety nine percent of the caregivers had information about MNP. From those caregivers 91.2 % of the caregivers got information from health extension worker.



* Others= from my child, Health extension worker supervisor and husband

Figure 1: Source of information about MNP among caregivers of child aged 6-23 months in Ethiopia; 2017 (n=1140)

5.3 Current coverage of MNP

Two weeks precede the survey 584 (52.2%) of the children did not receive MNP. The common reported reason of not receiving MNP were; (I) children rejects food with MNP (25%), (ii) caregivers were away from their house (11%), and (iii) children develop diarrhea (6%). Likewise the reason of not receiving MNP were (IV) develop vomiting (4.3%), children were sick and instructed to stop (4.3%) and (V) MNP change the test of the food (3.9%).

5.4 Utilization of MNP

Figure 2 shows the perceived benefits reported by caregivers who used MNP. From the caregivers reported benefit of MNP; 29.6% of the children increased appetite, 28.5% make children strong, and 3.1 % decrease diarrhea.

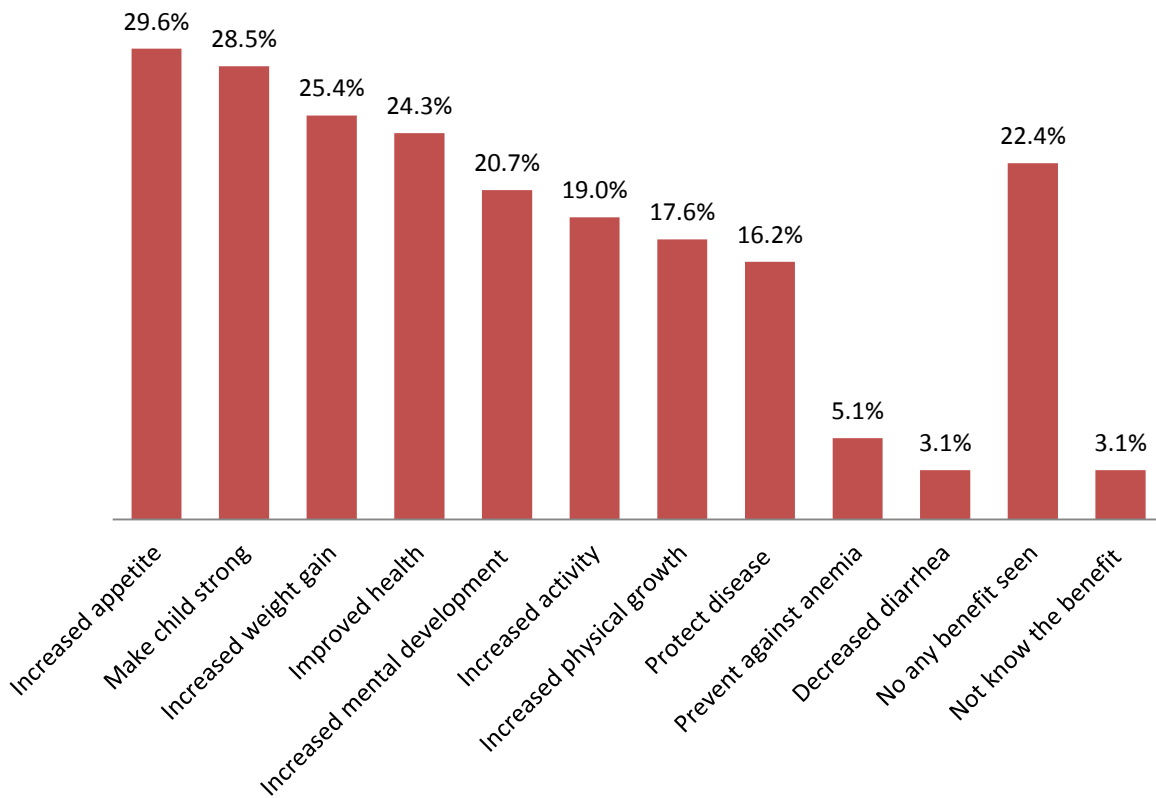
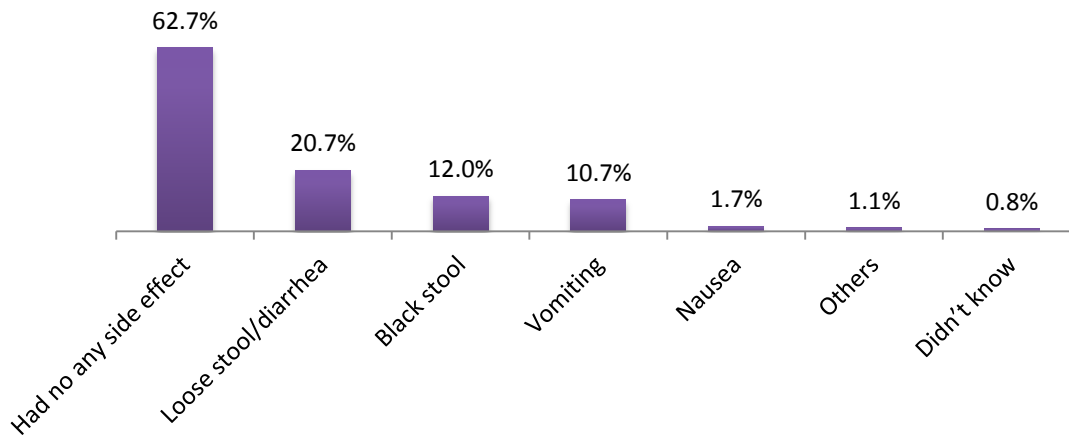


Figure 2 : perceived benefit of home fortification with micronutrient powder among children 6-23 months in Ethiopia, 2017 (n=1140)

Figure 3 shows the reported side effect(s) from caregivers who used MNP. Majority of the caregiver (62.7%) had no any side effect of MNP seen on their child, but few caregivers complained side effects of MNP.



*others =cause cough, didn't take, exacerbate malaria, loss of appetite

Figure 3: side effect of home fortification with micronutrient powder among children 6-23 months in Ethiopia, 2017 (n=1140)

Figure 4 shows the reported barrier(s) to use MNP from caregivers who used MNP. The most common barratries encountered to feed MNP for their child was (14.3%) of the child reject food mixed with MNP, and the list challenge was (0.4%) stock out or MNP not available at health post.

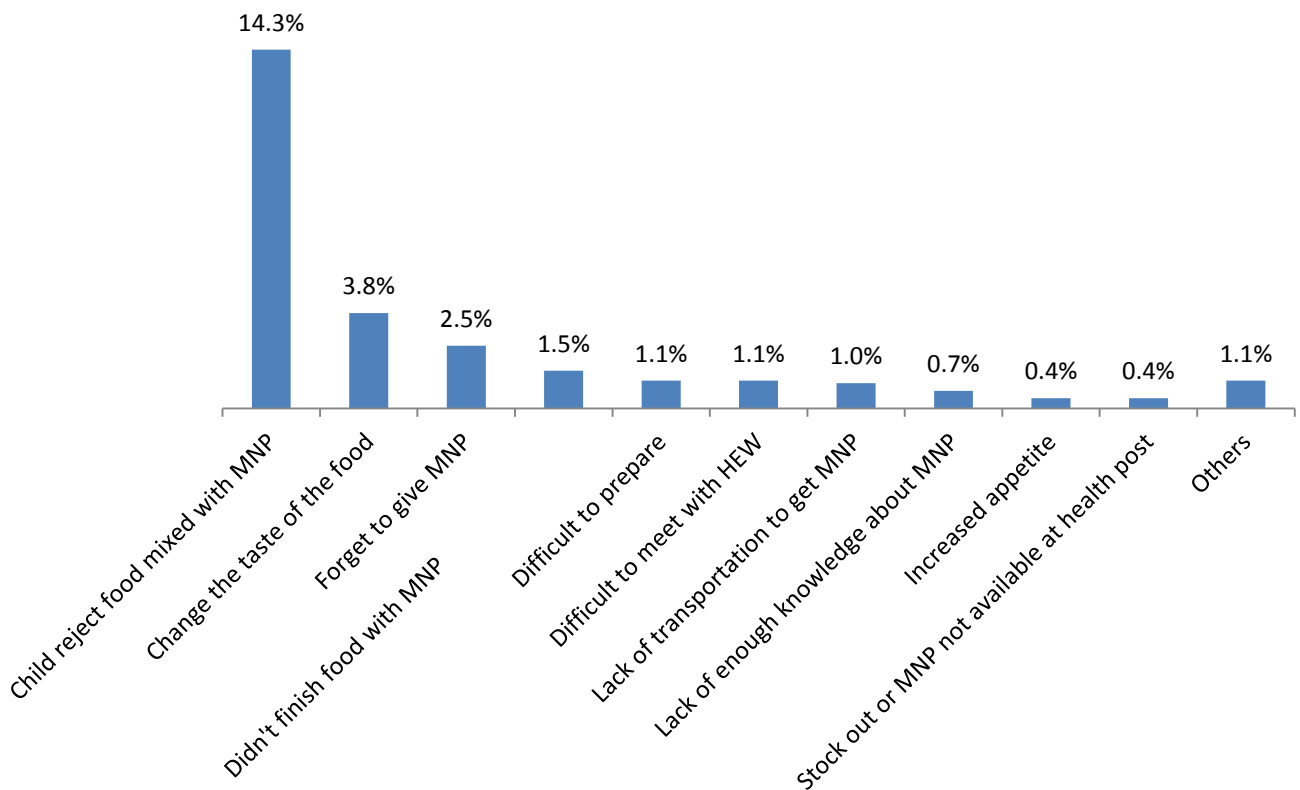


Figure 4: Barriers encountered during feeding of complementary food mixed with MNP for children 6-23 months by care givers in selected districts of Ethiopia in 2017 (n=1140)

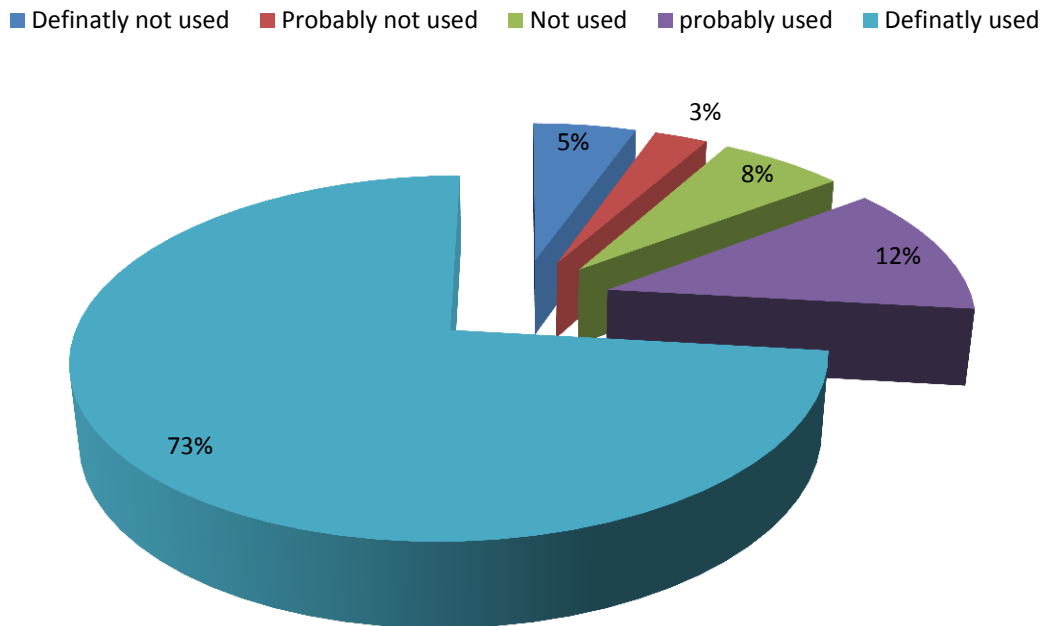


Figure 5: care givers decision to use micronutrient powder for children until 2 years in Ethiopia, 2017 (n=1140)

5.5 Knowledge about home fortification with Micro nutrient powder

Eighty eight percent of the care givers had knowledge about any benefit of micronutrient intake. The majority of the caregivers (99.0%) had exposure to information of MNP (see table 3).

Table 3: Knowledge among Care givers of child aged 6-23 months about MNP in selected districts of, Ethiopia (n=1140)

Characteristics	Frequency	Percent (%)
Knowledge of any benefit of MNP		
Yes	1,012	87.8
No	28	11.3
Exposure to information and counseling about MNP		
Yes	1,129	99.0
No	11	1.0
Attend MNP demonstration		
Yes	335	29.4
No	802	70.4
Don't know	3	0.3
Knowledge about MNP start at 6 month		
Yes	977	85.7
No	163	14.3
Can MNP be added to liquids		
Yes	62	5.4
No	989	86.8
Didn't know	89	7.8
How many sachets of MNP required for every other day		
1 Sackets	951	83.4
>1 Sackets	189	16.6
When to add MNP to food		
During cooking	29	2.5
Immediately after cooking	316	27.7
when food has cooled down	775	68.0
Just before giving the food to child	12	1.1
Didn't know	8	0.7
Time of feeding after mixed MNP with food		
Within 30 minutes/immediately	1,121	98.3
Beyond 30 minutes	19	1.7

5.6 Willingness to pay for MNP

From the total study participants 71.4 % with 95% CI (67.5%, 75.5%) of caregivers were willing to pay for 30 sachets of MNP for 60 days of use by 14 ETB for 6-23 month old children.

Table 4 Average willingness to pay in selected districts of Ethiopia in 2017, n=1140

Variable	Observation	Mean	Std. Dev.	Min	Max
WTP	1,140	23.99	19.0	0	99

For one box or 30 Sackets of MNP the price with 14 ETB 76.1 % of the caregivers were willing to pay MNP for their children. From the caregivers who were willing to pay MNP with 14 birr when the price increased to 20 birr (85.9%) of the caregivers were willing to pay MNP and from the respondent unwilling to pay by 14 ETB 273 respondents (14.3%) were willing to pay MNP by 10 ETB. If the price was increased beyond the maximum price of the caregiver's expectation, 45% of the care givers decided to continue to purchase MNP, 13.7% will continue but they will decrease the quantities of MNP. Meanwhile, 39.7% will not buy the MNP.

The demand price curve showed that when the price increased to pay MNP decrease willingness to pay for MNP of caregivers for their child.

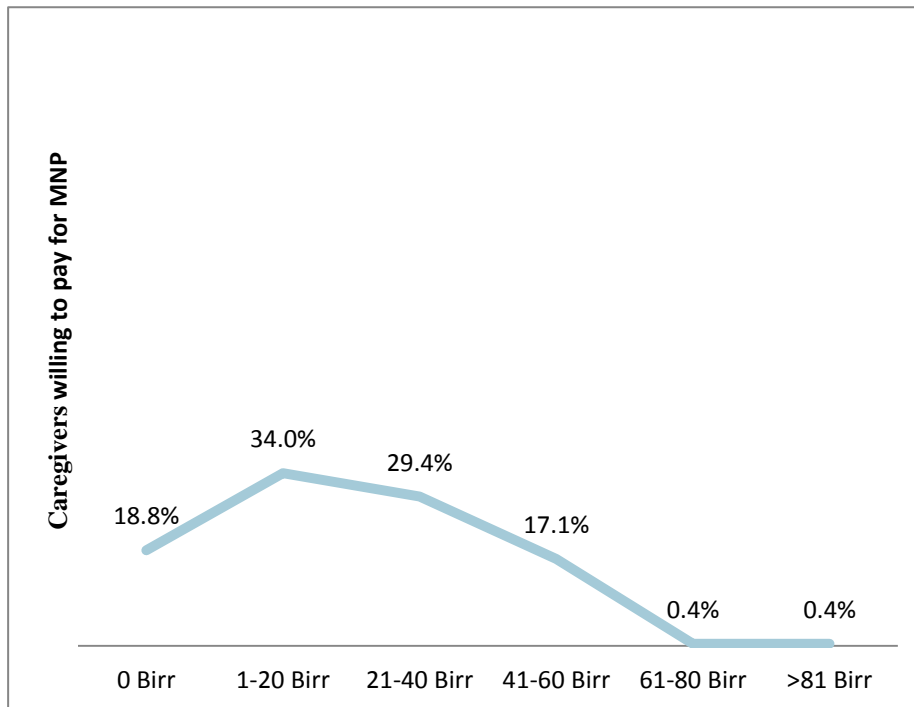


Figure 6: Demand price curve among care givers of child who aged 6-23 months in selected districts of, Ethiopia (n=1140)

5.7 Determinant factors of willingness to pay

The results of fitting a Tobit model to the data for the willingness to pay for MNP documented below in table 5. Predictors that did not offer sufficient statistical guarantee were omitted from the valuation function.

The knowledge of benefit of MNP variable had a significance level of 0.1 percent and the coefficient is positive. Thus caregivers who were knowledgeable about the MNP benefit had an 8.89 higher willing to pay MNP than that of caregivers who were unaware of the benefit of MNP. The experienced benefit of MNP variable had a significance level of 0 percent and the coefficient is positive. Thus caregivers who were experienced benefit of MNP for their children had 8.60 higher willing to pay MNP than that of caregivers who were not perceived benefit of MNP. Educational status of the caregivers had a significant level of 0 percent and a positive coefficient. This indicates when the educational status of the caregivers increased by one grade, the willingness to pay for MNP increased by 4.14 birr.

The residence, wealth quantile, and information about MNP not significantly associated in the complete Tobit model with willingness to pay for MNP.

Table 5: The fit of the WTP function among care givers of child 6-23 months in selected districts of Ethiopia using Tobit model

Willingness to pay	Coefficient	Std. Err.	t	P> t 	[95% Conf. Interval]
Residence	1.01	1.951219	0.52	0.606	[-2.820501, 4.836329]
Wealth Quintile	0.72	.6124689	1.18	0.237	[-.4773195, 1.926086]
Information about MNP	-7.51	6.777378	-1.11	0.268	[-20.81213, 5.783165]
Ever receive MNP for child	0.11	2.665924	0.04	0.966	[-5.117452, 5.343975]*
Knowledge of benefit of MNP intake	8.89	2.60461	3.41	0.001	[3.783401, 14.00421]
Educational status of caregivers	4.14	.8625539	4.80	0.000	[2.445862, 5.830634]*
Perceived benefit of MNP	8.60	1.781148	4.83	0.000	[5.106295, 12.09574]*
Barriers to MNP intake	-1.78	1.584779	-1.12	0.262	[-4.8879, 1.330976]
Experienced side effect of MNP	-0.54	1.388516	-0.39	0.694	[-3.27033, 2.178382]
constant	4.64	8.227488	0.56	0.573	-11.50126 20.78445

* =*statistical Significant*

6.DISCUSSION

This community based cross sectional study aimed to evaluate the willingness to pay for MNP and to explore program exposure and individual level determinants on the willingness to pay for MNP among caregivers of children aged 6-23 months in Ethiopia. In this study willingness to pay MNP among caregivers for children 6-23months was 71.4%. Willingness to pay MNP for children was positively associated with knowledge about benefit of MNP, perceived benefit of MNP, rural residence. But negative association was found between barriers of MNP use and lower wealth quintile.

Willingness to paying MNP among caregivers of child aged 6-23months was 71.4% in this study. This finding was consistence with the findings of similar studies conducted in developing country in Nepal. The prevalence of positive price attitude to purchasing MNP was 66.3% after three month program implementation and 73.4% after fifteen months of the program implementation (35). The possible explanation could be both studies used similar study design, sampling technique, and almost equal cut of price to pay MNP sachets. In addition both countries have low socioeconomic status. Otherwise this finding was lower than other study conducted in Pakistan and Vietnamese. The prevalence of willingness to purchasing MNP in Pakistan was 76% and in Vietnamese 75% of the caregivers purchased MNP (22, 43). This discrepancy may be due to the Pakistan study used small sample size, the study was institutional based, and not representative (from 20 clinics they select only one clinic) and the Vietnamese study used trials to assess caregivers whether bought or not. The other possible explanation may be due to cultural difference of the community.

In this study knowledge of any benefit of MNP was a predictor of willingness to pay. This finding was in line with those studies conducted in Nepal (35). This may be due to the health extension workers and focal person of MNP create awareness or give health education about benefit of MNP and in both countries. In both study the caregiver's had equal proportion of educational status. Likewise Educacational status of the caregivers was the predictors of willingness to pay in our study. This finding was consintance with other study conducted in Nepal (35).

In this study the Willingness to pay for MNP was higher among rural residence. This finding was inconsistent with other study conducted in Nepal (35). The possible explanation could be the prevalence of iron deficiency high in rural compared to urban. Most of the time caregivers who live in urban assumed no need of other supplementation of food for their child. Caregivers who live in urban were buy different food groups because of this they assume sufficient for their children.

In our study the wealth quintile was not associated with willingness to pay for MNP. This finding was inconsistent with those studies conducted in Vietnamese (22). Likewise our study in consistency with Nepal study (5). The possible explanation could be they analyzed the predictors of willingness to pay by using different model. In contrast Caregivers were willing to buy micronutrient powder for their children and high demand among respondents, including lowest socioeconomic status in other studies in western Kenya, Niger (8, 17) this finding was consistency with our study.

In our study, caregivers who used home fortification with MNP for their children perceived improvement of the children health, increase appetite of the child, had gain weight and increase activity of the children. This finding was consistency with qualitative study conducted in Ailue District, Timor-Leste. Most of mothers were willing to pay MNP because it was easy to use and had improved health of their child, make the child strong and grow (44).

We identify determinant factors of willingness to paying MNP: knowledge about any benefit of MNP intake, perceived benefits of MNP intake were independent predictors of willingness to pay MNP. This finding is consistency with other similar study (35). This could be due to the health profession increase knowledge, awareness, skill, motivation of the care givers of the children. Similarly increase knowledge when to start MNP home fortification by quality behavior change mechanism such as training, and health education to increase willingness to paying MNP for children. Specialized knowledge and experience are required to designing compressive behavioral change strategy, and it is recommended that the support of local or international organization (6).

In our analysis the suggested price (14 Ethiopian Birr) was for only procurement cost of 30 MNP Sackets for two months did not include other program cost (transportation of the product, training, other behavior change cost). However this report was consistency with Nepal study the

cost of 60 MNP Sackets were 150 Nepali Rupees not included other program cost (35). This is important to increase willingness to pay for MNP.

The demand price curve of this study indicates when the prices of MNP increase the caregivers' willingness to pay for MNP was decrease. So, not including the price of other program implementation cost decreased the cost of MNP and increase willingness to pay for MNP.

Market- based distribution channels of selling MNP for young children (6-23 months) have been carried out in a variety of settings and can include distribution through private and public sector delivery channel (21). This indicates to prevent micronutrient deficiency market based approach of distributing MNP for the community by different mechanism is effective.

Strength and Limitation of the study

This study is interpreted with the following strength. Simple random sampling technique was used to increase the representativeness of the data and include both urban and rural areas. Lastly, this analysis allowed us to examine both program exposure and socio demographic factors in a realistic field setting in order to inform national nutrition policy.

The findings of this study shall be interpreted with the following limitations. The nature of cross-sectional study design; some findings might reflect reverse causality and it might also difficult to establish a cause-effect relationship. Since the information is based on caregivers report data from this questionnaire may also subjected to social desirability and recall bias so it may induce some degree of imprecision in reporting of willingness to pay and the perceived benefits of MNP. When interviewer asked the caregivers about willingness to pay, they may give affirmative response which may over estimate the magnitude of willingness to pay for MNP. In addition, the caregivers may give negative response, because they want free distribution of MNP. As a result, the prevalence of willingness to pay for MNP underestimates.

7 CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Our study evaluates caregiver's willingness to pay for MNP among caregivers of children aged 6-23 months and its determinant factor in selected districts of Ethiopia. The study revealed that the magnitude of willingness to pay for MNP among caregivers of children aged 6-23 months is high.

The main predictors of willingness to pay for MNP were caregiver's knowledge of benefit of MNP and experienced benefit of MNP, and educational status of the caregivers. But wealth quantiles of caregivers not associated with willingness to pay for MNP.

7.2 Recommendation

Since our study found willingness to paying among caregivers of children 6-23 months high Market based approach may be one alternative distribution mechanism of MNP to the community.

The health care professionals should provide information about MNP benefit, when start MNP, and how to reduce barriers to use MNP for the caregivers of the children.

Nongovernmental organization and governmental organization rearrange free distribution of the micronutrient powders for poor community.

Further research done on market promotion trials and randomized control trial that used to investigate the benefit of MNP and used to see caregiver performance.

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9. APPENDICES

Annex I: Conceptual Framework

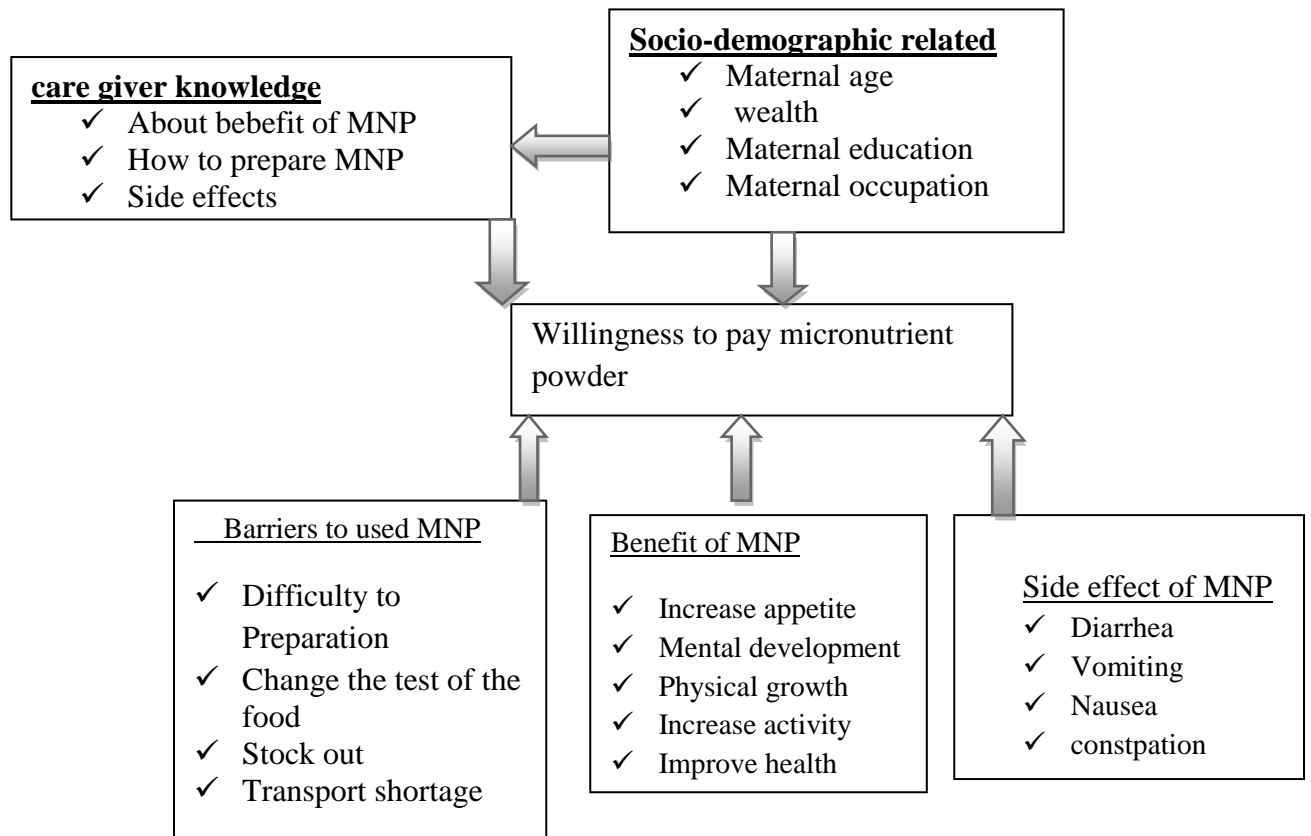


Figure 7 the conceptual framework for willingness to pay for multiple micronutrient powder among caregivers of children aged 6-23 months, developed from reviewing different literatures

Annex II Information Sheet

How are you? My name is _____ and I am one of the interviewers of study being conducted by Addis Ababa University, College of Health Sciences, and School of Public Health. You are selected to be a participant of the study on willingness to pay MNP among caregivers of children 6-23 months because you have a child 6-23 months and you are selected by chance. You will participate if you give me consent after you have understood the following information sheet:

Objective of the study: The purpose of this study is to evaluate the willingness to pay for MNP and to explore program exposure and individual level determinants on the willingness to pay for MNP among caregivers of children 6-23 months in Ethiopia, 2017.

Study Design: community based cross-sectional study on willingness to pay for MNP among caregivers of children 6-23 months age.

What I will ask you to do: If you agree to participate in this study, I will conduct an interview with you. The interview will include questions about your socio-demographic characteristics and your willingness to pay for MNP, and its benefit, barriers and knowledge about MNP. I would very much appreciate your participation in this study.

Risks and benefits: The result of the study help government or policy maker to design intervention related to child nutrition. In this way your child may get benefit from the intervention policy. The interview usually takes between 30 and 40 minutes. There is no payment and risk or discomfort you should fear as a result of participating in this study except that you lost time spent for interview.

Confidentiality; All information given by you will be kept confidential. Any of your personal information will not register and the records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

Taking part is voluntary: Your participation is voluntary and you are not obligated to answer any question you do not willing to respond. If you feel any discomfort with the question, it is your right not to respond it any time and you have right to withdraw from the study at any time you need.

If you have questions: If you have questions regarding this study, you can contact the principal investigator and if you need to clarify the question you can ask me at any time of the interview.

Address of the principal investigator

NAME: Fanos Yeshanew, **PHONE:** +251921202298, **E-MAIL:** fanoswu12@gmail.com

Annex III: Information sheet in local language

የመረጃ መሰማቅጽ

ይህ ቅፅ ከጥናቱ ተሳታፊዎች መረጃን ከመቀበሌ በፊት የሚነበብ ቅፅ ነው።

ስሜ _____ ይባላል ። በ አድስ አበባ ዩንቨርሲቲ በህብረተሰብ ጤና አጠባበቅ ትምርት ክፍል የሚመራው ጥናት ዕድሜያቸው ከ 6-23 ወር የሆነናቸው ህጻናትን ተጨማሪ የቪታሚን እና ማዕድን ውህድ ለመግዛት ፍቃደኝነታቸውን በተመለከተ የሚሰራው ጥናት የመረጃ ሰብሳቢ ነኝ። እርስዎ በዚህ ጥናት ተሳታፊ እንድሆኑ ተመርጠዋል። ይህም በእጣ እና እድሜው/ዎ ከ 6-23 ወር የሆናት/ው ልጅ እና የቪታሚን እና ማዕድን ውህድ ተጠቃሚ ልጅ ስላሉት ነው። ጥናቱ ወስጥ የምትሳተፉት የሚከተለውን መረጃ ከሰማቼሁ እና ከተስማማሁ ብቻ ነው።

የጥናቱ ዋና አላማ፡የዚህ ጥናት ዋና አላማ እድሜያቸው ከ 6-23 ወር የሆናቸው እና የቪታሚን እና ማዕድን ውህድ ለመግዛት ፍቃደኝነታቸው ምን ያክል እንደሆነ ለማጥናት ነው ።

እኔ የምጠይቅዎት ጥቂዎች ፡ጥናቱ ውስጥ ለመሳተፍ ከተስማሙ ከ 30-40 ደቂቃዎች ያክል ከእርስዎ ጋር ቃለ-መጠይቅ አካሄዳለሁ ። ቃለ-መጠይቁ ስለ እርስዎ፣ስለ ቤተሰብዎ፣ስለ ልጅዎ እና ስለ ልጅዎ አመጋገብን ያካትታል ።ተሳትፎዎ በጣም ያሰፈልገናል ።

የጥናቱ ጥቅምና ጉዳት ፡ የዚህ ጥናት ውጤት መንግስትን እና ሌሎች በህጻናት ጤና አጠባበቅ ላይ የሚሰሩ አካላት የህጻናት ምግብ /አመጋገብ እገዛን በተመለከተ ፖሊሲ እንዲቀርፁ ይረዳል ።የሚቀረፀው ፖሊሲ ለእረሶ ልጅም ሊጠቅም ይችላል። ጥናቱ ውስጥ በመሳተፍዎ የሚከፈልዎት ክፍያ የለም ። እንዴሁም ለቃለ-መጠይቁ ከምናጠፋው ጊዜ በቀር የሚደረሰብዎት አደጋ ወይም ችግር አይኖርም ።

ሚስጥራዊነት ፡ ለዚህ ጥናት እርስዎ የሚሰጡት መረጃ ሁሉ በምስጢር ይያዛል እንደም የግልዎ መረጃ አይጻፍም ። የጥናቱን ውጤት ለሌሎች አካላት ገለጻ በምናደርግበት ጊዜ እንኳን እርስዎን እንድያውቁ የምያስችል መረጃ አይጻፍም ።

ተሳትፎዎ በእርሶ ፍቃደኝነት ላይ የተመሰረተ ነዉ ። ጥናቱ ውስጥ ተሳትፎዎ ፍቃደኝነት ላይ የተመሰረተ ስለሆነ ጥናቱ ውስጥ ለመሳተፍም ሆነ መመለስ የማይፈልጉትን ጥያቄ ለመመለስ አይገደዱም ። የምትጠየቁት ጥያቄ ካልተመቻች ያለመመለስ መብት አልዎት ። እንድሁም ከጥናቱ ውስጥ ለመውጣት ከፈለጉ በማንኛውም ሰዓት አቋርጠው መውጣት ይችላሉ ።

ጥናቱን በተመለከተ ጥያቄ ካልዎት ፡ አጥኚዉን በስልክም ሆነ በ Email ማግኘት ይችላሉ ። ጥያቄውን በተመለከተ ግልፅ ያልሆነ ነገር ካለ እኔን በማንኛውም ጊዜ መጠየቅ ይችላሉ ።

የአጥኝው/ዋ ስልክ :+251921202298

E-Mail: fanoswu12@gmail.com

Annex VI. Consent Form

The researcher explained the aim of the study with clear language that I can decide once I understand the objective of the study. I decided:

1. Agree to participate [] _____signature/thumb print, continue
2. Not agree to participate (stop here); thank you very much!

If the study subject agrees to participate in the study, start the interview.

Interviewer signature certifying that informed consent has been given verbally by the respondent.

NB: No need of enforcing the respondent to be included in the study

Data collectors name _____ Signature _____ Date __/__/____

Supervisor name _____ signature _____ Date __/__/____

Annex V consent form in local language

የስምምነት ቅጽ

ተመራማሪው /ዋ የጥናቱን ዓላማ በሚገባ እና ግልጽ በሆነ ቋንቋ አስረድተውኛል :: በዚህም መሠረት የጥናቱን ዓላማ ስለተረዳሁ ለመሳተፍ ወሳኔየን በሚከተለው መንገድ አረጋግጣለሁ ::

1. አዎን እሳተፋለሁ [] _____ ፊርማ /የጣት አሻራ ፣ ይቀጥሉ:

2. አልስማማም / አልሳተፍም :: [] (አመስግነው በዚህ ያብቁ)

ተጠያቂው ለመሳተፍ ፈቃደኛ ከሆኑ መጠይቁን ጀምር

የመረጃ ሰብሳቢ ፊርማ ተጠያቂው በቃል ስምምነት መስጠቱን ያረጋግጣል ::

አስታወሰ : ተጠያቂው በግድ በጥናቱ እንድሳተፍ አያስገድዱ ::

የመረጃ ሰብሳቢ ስም _____ ፊርማ _____ ቀን ____/____/____

የጥናቱ ተቆጣጣሪ ስም _____ ፊርማ _____ ቀን ____/____/____

Annex IV: Questionnaire

Addis Ababa University; College of Health Science; School of Public Health

English Version Questionnaire

To evaluate the willingness to pay for MNP and to explore exposure program and individual level determinants on the willingness to pay for MNP among caregivers of children aged 6-23 months in Ethiopia.

Interview information					
teamid	Team identifier				<input type="text"/>
intid	Interviewer identifier				<input type="text"/>
rgnid		Tigray .1 Amhara .2		<input type="checkbox"/>	
wordid	Woreda	<u>Tigray</u> Mrebe lehe.....01 Were lehe02 Ahfrom03 Gulomeheda04 Sasi tsedamba05	<u>Amhara</u> Kobo06 Guba lafto07 Delanta.....08 Dessie zuria.....09 Kalu10 Bati11	<input type="text"/>	
kebname	Kebele name	_____			
kebid	Kebele identifier				<input type="text"/>
Hhid	House hold identifier				<input type="text"/>
hhname	House hold head name	_____			
chname	Child name	_____			
chid	Child identifier				<input type="text"/>
date	Visit 1 ___/___/2009 E.C	Visit 2 ___,___/2009E,C	Final visit___/___/2009E.C		
start	Start time of interview		hh:mm ___:___		
end	End time of interview		hh:mm ___:___		
result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Final result recorded Completed.....1 No house hold member or no competent or right respondent2 Entire house hold absent for long period or moving away3	Refused.....4 Dwelling vacant/ address not a dwelling.....5 Dwelling destroyed.....6 Dwelling not found7 Other (specify)8
--	---

Enumerator	Name		
	Signature		
supervisors	Name		
	Signature		
cons	Written consent obtained by caregiver to conduct interview?	Yes/No	If yes, make the caregiver to sign in the consent form and start interviewing: if no stop here

1. Socio-economic and demographic characteristics: Now I would like to ask you a few questions about your conditions.

S.No	Question			Skip
chname	Child name			
chid	Child identifier			<input type="checkbox"/>
chsex	Child sex	M/F		
chage	Child age(months)			<input type="checkbox"/>
agecon	Child birth date DON'TKNOW: (99/999)	Agecond		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Ageconm	Months	
		Agecony	Year	<input type="checkbox"/> <input type="checkbox"/>
S.No	Questions and Filters	Coding Categories	Skip	
Car 1	What is your first name	CARNAME		
Car2	Identification of respondent from household roster	Identification from household roster	<input type="checkbox"/> <input type="checkbox"/>	
Car3	What is the caregiver sex?	SEX	M/F	
Car4	What is your age (in completed years)?	Age in years Don't know:99	<input type="checkbox"/> <input type="checkbox"/>	

Car5	What is your relation with child?	MOther	1	
		Grandfather/mother	2	
		Father	3	
		Other, specify_____	8	
Car6	What is your level of education?	None /illiterate	1	→cr8
		Informal education (read and write)	2	→cr8
		Formal education	3	
Car7	What is the highest grade of school you attended	Grade/ year completed	<input type="text"/> <input type="text"/>	
Car 8	What is your occupation? <i>CIRCLE ONLY ONE CHOICE</i>	House wife	01	
		Farmer-own far	02	
		Agriculture –someone else’s farm	03	
		Employed in private sector	04	
		Government employee	05	
		Petty trade	06	
		Self-employed	07	
		Student	08	
		Unemployed	09	
		Other (specify)_____	88	
car9	What is your marital status? <i>CIRCLE ONLY ONE CHOICE.</i>	Married	1	
		Single	2	
		Divorced/separated	3	
		Widowed	4	
<p>Now I would like to ask you about the house you are currently living. INTERVIEWER: If the interviewee is not comfortable to answer or too young to answer, you may request other older member of the household to help you get the necessary information.</p>				
Mpi1	Does your household have electricity?	House hold electricity	YES/NO	

Mpi2	How many total rooms are in this household?	Number of rooms	<input type="text"/> <input type="text"/>	
Mpi3	What fuel does your household mainly used for cooking? CIRCLE ONLY ONE	Electricity	1	
		Natural gas/biogas	2	
		Kerosene	3	
		Charcoal	4	
		Firewood	5	
		Straw/shrubs/grass/crop residue	6	
		Animal dung	7	
		Other (specify)	8	
		Don't know	9	
Mpi4	What is the main construction material of the floor of the dwelling? OBSERVATION CIRCLE ONLY ONE	Sand/earth	1	
		Bamboo/wood /palm	2	
		Ceramic tiles	3	
		Stone with lime/cement	4	
		Other (specify)	8	
Mpi5	Does your household have the following material that is functioning? PROMPT FOR EACH ITEM; RECORD ALL ITEMS OWNED BY HOUSEHOLD OR A MEMBER OF THE HH CIRCLE ALL APPLICABLE ANSWERS	Radio	A	
		Television	B	
		Mobile telephone	C	
		Non-mobile telephone	D	
		Table	E	
		Chair	F	
		Bed with cotton/sponge/spring mattress	G	
		Watch/clock	H	
		Bicycle or tricycle(bajaj)	I	
		Motorcycle or scooter	J	
		car, truck, or jeep	K	
		Refrigerator	L	

		Kerosene lamp/pressure lamp	M	
		electric mitad	N	
		Improved cooking stove	O	
Mpi6	What type of animals do you own?	Chicken	A	
		Goat	B	
		Sheep	C	
		Donkey/ mule	D	
		Cow	E	
		Ox	F	
		Hoarse	G	
		Camel	H	
		None	I	
		Other(specify)_____	X	
		Don't know	Z	

WASH, SANITATION, AND HYGIENE (WASH)& MALARIA

S.No	QUESTIONS	ANSWERS		SKIPS
w1	What is the main water source used by the members of this house, drinking water ? <i>CIRCLE ONLY ONE CHOICE</i>	Piped Water Inside The House	01	→ w5
		Piped Water In The Compound	02	→ w5
		Public Tap/Stand Pipe	03	→w3
		Protected Dug Well	04	
		Protected Spring	05	
		Rain Water Collection	06	→w5
		Tanker	07	
		Unprotected Spring	08	
		Unprotected Dug Well	09	
		Small Water Vendor	10	→w5
		Tanker Truck	11	→w5
		Bottled Water	12	→w7
		River / Stream/Lake/Lagoon Water	13	→w3
		Other, specify _____	88	→w5
Don't Know	9			
W2	Where is that water source?	On The Yard	1	→w5
		Outside The Yard, On Another Place	2	
		Other, specify_____	8	
W3	How long it takes to get to the source, take water and return home?	Minutes		
		Don't Know	999	
W4	How distant is the water source from home? <i>CIRCLE ONLY ONE CHOICE.</i>	Distance In Meters (Less Than 1 Km)	1	
		1 – 5 Km	2	
		6 Km Or More	3	
		Don't Know	9	
W5	Do you do anything to the water to make it safer	Treat Water To Make It Safe	YES/NO	if No→w7
		Don't Know	9	→w7

	to drink?			
W6	How do you usually treat your drinking water? <i>CIRCLE ALL APPLICABLE ANSWERS</i>	Boil	A	
		Bleach / Chlorine/ Bishan Gari/ Aqua tabs	B	
		Filter With A Cloth	C	
		Use Water Filter (Ceramic, Sand, Mixture, Etc)	D	
		Solar Disinfection	E	
		Let It Stand And Settle	F	
		Other: _____	X	
		Don't Know	Z	
W7	What type of toilet facility is usually used here at home? <i>The question is about the bathroom they use, not the type they have. CIRCLE ONLY ONE CHOICE</i>	Flush To Piped Sewer System	01	
		Flush To Septic System	02	
		Pour-Flush To Pit	03	
		Vip/Simple Pit Latrine With Floor/Slab	04	
		Composting/Dry Latrine	05	
		Flush Or Pour-Flush Elsewhere	06	
		Pit Latrine Without Floor/Slab	07	
		Service Or Bucket Latrine	08	
		Hanging Toilet/Latrine	09	
		No Facility, Field, Bush, Plastic Bag	10	
		Other, specify _____	88	
W8	Is the toilet facility shared with other households?	Toilet shared	YES/NO	

Information related to receipt of home fortification with MMNP

Would like to ask you few questions concerning your about home fortification with MNP.

S.No		Answer	Code	Skip
rd1	Have you ever heard about MNP (Show sample sachet)	Ever heard of MNP	YES/NO	NO→rd 3
rd2	Where have you heard about MNP Check all applicable answers	Radio	A	
		HEW	B	
		Women development army member	C	
		Medical staff of the health center/hospital	D	
		Poster/leaflet	E	
		Community leader	F	
		Church	G	
		CWW staff	H	
		Staff from other organization	I	
		Neighbors/village members	J	
		Social mobilization events	K	
Other, specify	X			
rd3	Review the child MNP card	Has a card	YES/NO	No→rd 8

rd4	When was a child enrolled in to the MNP program? If some part of the MNP is missing, write 99(day or moth)or 9999 (year)	MNP according to E.C	Day	<input type="text"/> <input type="text"/>	
			Month	<input type="text"/> <input type="text"/>	
			Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
rd5	Document the most recent data that child receive a box of MNP	Receive MNP rd5A		YES/NO	If NO→rd 8
		MNP according to E.C rd 5B	Day	<input type="text"/> <input type="text"/>	
			Month	<input type="text"/> <input type="text"/>	
			Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
rd6	Document the second most recent data that child receive a box of MNP	Received MNP rd6A		YES/NO	If NO→rd 9
		MNP according to E.C rd6B	Day	<input type="text"/> <input type="text"/>	
			Month	<input type="text"/> <input type="text"/>	
			year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
rd7	Document the second most recent data that child receive a box of MNP	Received MNP rd7A		YES/NO	If NO→rd 9
		MNP according to E.C 7B	Day	<input type="text"/> <input type="text"/>	
			Month	<input type="text"/> <input type="text"/>	
			Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
rd8	Did you ever receive MNP for (child's name)	Ever received MNP		YES/NO	
Ud1	Have you ever given MNP to child names?	Give MNP to child		YES/NO	If YES→ud4 →IY
		Don't know		9	
Ud2	Why never given MNP to (child name's)? Check all applicable answer do not prompt	I do not know MNP is		A	
		I have never received MNP		B	
		MNP will cause my child to have diarrhea		C	
		MNP will cause my child to have dark stools		D	
		MNP will cause my child to have vomit		E	
		MNP changes the taste of the food		F	
		MNP will cause my child increase appetite		G	

		The ingredients of MNP are bad for my child	H	
		Child will reject food with MNP	I	
		Some family members do not support the use of MNP	J	
		I don't want to give MNP to my child	K	
		The child has not started to eat complementary foods	L	
		The child was sick and I decided to not give	M	
		The child was sick and I was instructed to not start MNP	N	
		Other specify _____	X	
		Don't know	Z	
Ud3	From where do you know about effects of MNP? Check all applicable answer	Self-experience	A	→IY
		Health extension worker	B	
		Women development army member	C	
		Medical staff of the health center/hospital	D	
		Poster/leaflet	E	
		Community leader	F	
		Church	G	
		Concern world wide staff	H	
		Staff from other organizations	I	
		Neighbors/village member	J	
		Family members	K	
		Social mobilization events	L	
		Others, specify _____	X	
Ud4	Have you given MNP to (child names) in the past two weeks? Check all applicable answers	Gave MNP to child in the past two weeks	YES/NO	If YES → ud6
		Don't know	9	
Ud5	Why did not give MNP to child name in the past two weeks? Check all applicable answers	I do not know MNP is	A	
		I have never received MNP	B	
		MNP will cause my child to have diarrhea	C	
		MNP will cause my child to have dark stools	D	
		MNP will cause my child to have vomit	E	
		MNP changes the taste of the food	F	
		MNP will cause my child increase appetite	G	
		The ingredients of MNP are bad for my child	H	
		Child will reject food with MNP	I	
		Decreased diarrhea	J	
		I don't want to give MNP to my child	K	
		The child has not started to eat complementary foods	L	
		The child was sick and I decided to not give	M	
		The child was sick and I was instructed to not start MNP	N	
		Other specify _____	X	

		Don't know	Z	
Ud6	Are you willing to continue giving MNP to your child until they reach two years of age?	Definitely not use	1	
		Probably not use	2	
		Not sure	3	
		Probably use	4	
		Defiantly use	5	
Ud7	The last time you gave MNP for child, at what mealtime(s) did you give it?	Breakfast	1	
		Morning snack	2	
		Lunch	3	
		Afternoon snack	4	
		Dinner	5	
		Evening snack	6	
		Other specify_____	8	
Ud8	Do you usually give the whole sachet in only one meal or do you usually split the sachet in more than one meal?	One sachet in only one meal	1	Ud10
		One sachet in more than one meal	2	
		Other specify_____	8	
		Don't know	9	
Ud9	What do you usually do with the remaining content in the MNP sachet? DO NOT PROMPT. ONLY ONE RESPONSE	Keep for next meal of MNP	1	
		Give to another person in the household	2	
		Throw away	3	
		Other specify_____	8	
		Don't know	9	
Ud10	Does a child usually finish all the food mixed with MNP in one meal?	Finishes all food in one meal	YES/NO	If yes →ud12
		Don't know	9	→Ud12
Ud11	What do you usually do with leftover food? DO NOT PROMPT ONLY ONE RESPONSE	Keep for next meal of child	1	
		Give to another person in the household	2	
		Throw away	3	
		Other, specify_____	8	
		Don't know	9	
Ud12	In your experience what you think are the best types of food or liquids to mix with MNP? DO NOT PROMPT ONLY ONE RESPONSE CHECK ALL APPLICABLE ANSWER.	Porridge/genfo	A	
		Atmit/ gruel	B	
		Fitfit/scrambled injera/bread with shiro, meal stew or other	C	
		Smashed vegetables/fruits: potato, carrot, gomen, banana	D	
		Hand-pressed food item: beso, chibito	E	
		Liquids: milk/tea/ beso in liquid form	F	

		Solid foods: injera/ kita/ eggs/ nefro/ kolo/ rice/ pasta	G	
		Other specify_____	X	
		Don't know	Z	
Ud13	Does a child eat food mixed with MNP from his/her own separate bowl/ plate	Child eats from own plate		
		Child eats from shared plate but child's food is separated for him or her		
		Child eats from shared plate with others		
		Other specify_____		
Ud14	Is MNP shared with another household member other than (child name)	MNP shared with HH member	YES/NO	NO→u d16
		Other specify_____	9	→ud16
Ud15	With whom has the MNP been shared CHECK ALL APPLICABLE ANSWERS. PROBE TO OBTAIN AGES	Another young child between 6-23 months of age	A	
		A child between 24-59 months of age	B	
		Child with 5 years of age or more	C	
		With myself (the care giver)	D	
		Other specify_____	X	
		Don't know	Z	
Ud16	How do you know when you need to get more MNP sachets for (child name) CHECK ALL APPLICABLE ANSWERS	According to date marked on child health card	A	
		Every 2 month	B	
		when MNP runs out	C	
		The health worker will tell me know/ makes appointment	D	
		Other specify_____	X	
		Don't know	Z	
Ud17	Are there any positive changes you observed in (child name) since using MNP? If so, what are they? DO NOT PROMT.PROBE "ANYTHINGELSE? CHECK ALL APPLICABLE ANSWERS	Increased appetite	A	
		Increased activity	B	
		Mental development/ make child clever/ smarter	C	
		To protect against diseases/ increased immunity	D	
		To prevent against anemia	E	
		Improved health	F	
		Make child stronger	G	
		Physical growth	H	
		Child gained weight	I	
		Diarrhea decreased	J	
		Other, specify_____	X	
		Don't know	Z	
		None (no benefit)	Q	
Ud18	What were the negative effects for (child name) after using MNP? DO NOT PROMT.PROBE "ANYTHINGELSE? CHECK ALL APPLICABLE ANSWERS	Black stool	A	
		Loose stool/diarrhea	B	
		Constipation	C	
		Vomiting	D	
		Nausea	E	

		Others, specify _____	X	
		Don't know	Z	→ud21
		None(no negative effects)	Q	
Ud19	Did you see these effects only in the beginning or were they persisting?	At beginning only/ transients	1	
		Longer lasting	2	
		Don't know/remember	9	
Ud20	What did you do, when (child's name) experienced side effects?	Discontinue MNP until (child) well again	1	
		Continue MNP	2	
		Discontinue MNP and visit HEW/health clinic	3	
		continue MNP and visit HEW/health clinic	4	
		Other, specify _____	8	
Ud21	What challenges have you encountered to feed MNP to (child name)? DO NOT PROMT.PROBE “ANYTHINGELSE?”	Difficult to prepare	A	
		MNP changes the taste of the food	B	
		Forget to give MNP	C	
		Don't know enough about MNP	D	
		Child rejects food with MNP	E	
		Child does not eat all the food mixed with MNP during one feeding session	F	
		Increased appetite is a problem	G	
		Some family members do not support the use of MNP	H	
		Stock out, MNP/ not available at the health post	I	
		Distance or lack of transportation to get MNP	J	
		Difficulty to meet with HEW	K	
		Other, specify _____	X	
		Don't know	Z	
		None(no challenge)	Q	

KNOWLEDGE ABOUT MNP

NOW TELL THE RESPONDENT THAT YOU WANT TO BETTER UNDERSTAND WHAT SHE/HE KNOWS ABOUT MNP

Kd1	Have you ever attended/ received a MNP cooking demonstration	ever attended cooking session	YES/NO	If NO→Kd3
		Don't know	9	
Kd2	How many cooking demonstrations on the use of MNP did you receive? DO NOT PROMPT	Numbers of demonstration (None:00 don't know: 99)	<input type="text"/>	
Kd3	Have you ever seen this leaflet? SHOW MNP LEAFLET	Ever seen leaflet	YES/NO	
		Don't know	9	
Kd4	Could you tell me, at what age should a caregiver start feeding MNP to her/his child?	Recorded age in months (Don't know: 99)		

	DO NOT PROMPT		<input type="checkbox"/>	
Kd5	One sachet of MNP is meant for how many children? DO NOT PROMPT	Number of children (Don't know: 9)	<input type="checkbox"/>	
Kd6	How much MNP sachet should a child consume per day? DO NOT PROMPT	Numbers of MNP sachets (Don't know: 9)	<input type="checkbox"/>	
Kd7	To what portion size of food should MNP be added? DO NOT PROMPT	Small portion a child can eat all content of a MNP sachet	1	
		Any other response	2	
		Don't know	9	
Kd8	When you prepare food, at what moment do you add MNP to it? DO NOT PROMPT	During cooking	1	
		Immediately after cooking	2	
		When food has cooled down	3	
		Just before giving the food to child	4	
		Don't know	9	
Kd9	Can MNP be added to liquids such as water, juice, or soup? DO NOT PROMPT	MNP can be added to liquid	YES/NO	
		Don't know	9	
Kd10	To what type of foods should MNP be added	Any semi-solid foods like porridges or puree (porridge/fitfit)	A	
		Solid foods	B	
		Thick savory foods	C	
		Soups or milks	D	
		Drink liquids(water, juice or tea)	E	
		Others, specify _____	X	
		Don't know	Z	
Kd11	How long after adding MNP to food should it be consumed by the child? DO NOT PROMPT	Consumed immediately/ within 30 minutes	1	
		Other, specify _____	8	
		Don't know	9	
Kd12	Are there any circumstances you know that a child should stop using MNP? DO NOT PROMPT. CHECK ALL APPLICABLE ANSWERS	Malaria	A	
		Fever	B	
		HIV/TB	C	
		Diarrhea	D	
		Severe acute malnutrition	E	
		Other, specify _____	X	
		Don't know	Z	

Kd14	What are the benefits of using MNP? DO NOT PROMPT. CHECK ALL APPLICABLE ANSWERS	Increased appetite	A	
		Increased activity	B	
		Mental development/ make child clever/ smarter	C	
		To protect against diseases/ increased immunity	D	
		To prevent against anemia	E	
		Improved health	F	
		Make child stronger	G	
		Physical growth	H	
		Child gained weight	I	
		Diarrhea decreased	J	
		Other, specify _____	X	
		Don't know	Z	
None (no benefit)	Q			
The MNP sachets have been given to you free of charges. Now we would like to ask you some questions about your willingness to pay for this product				
Wp1	If the price of this MNP box (30 sachets) is 14 ETB, would you be willing to pay and use your child?	Willing to pay 14 birr	YES/NO	If NO →wp3
		Don't know	9	
Wp2	What about if the price of this MNP box (30 sachets) is 20 ETB, would you be willing to pay and use your child?	Willing to pay 20 birr	YES/NO	If YES →wp4
		Don't know	9	
Wp3	What about if the price of this MNP box (30 sachets) is decreased to +-10 ETB, would you be willing to pay and use your child?	Willing to pay 10 birr	YES/NO	
		Don't know	9	
Wp4	What would be the highest price you would be willing to pay for these MNP sachets?	Birr's willing to pay None:00 Don't know :99	<input type="text"/> <input type="text"/>	
Wp5	What would you do if the price were increased beyond (mentioned the maximum price she/he would be willing to pay)?	Will continue to buy the product	1	
		Will continue to buy but less quantity than the recommended	2	
		Will not buy the product	3	
		Other, specify _____	8	
		Doesn't know	9	

Annex IV: Amharic version questioner

የአማርኛ ቃለ-መጠይቅ

በኢትዮጵያ ስለ ሺታሚን እና የምግብ ማዕድናት ውህድን ገዝተው ለልጆቻቸው ለመጠቀም ፈቃደኛ መሆናቸውን ጥናት ለማካሄድ የሚያገለግሉ ጥያቄዎች			
teamid	የቡድን መለያ		<input type="checkbox"/>
intid	የመረጃ ስብሰባው መለያ		<input type="checkbox"/>
rgnid	ክልል	ትግራይ .1 አማራ .2	<input type="checkbox"/>
worid	ወረዳ	ትግራይ መረብ ለኸ .01 መሪ ለኸ .02 አህፈርም .03 ጉለመኸዳ .04 ሳሴ ጻኢዳምባ .05 አማራ ቆቦ .06 ጉባላፍቶ .07 ደላንታ .08 ደሴ ዙሪያ .09 ቃሉ .10 ባቲ .11	<input type="checkbox"/> <input type="checkbox"/>
Kebname	የቀበሌው ስም	-----	
kebid	የቀበሌው መለያ ቁጥር		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
eid	የቆጠራ ቦታው መለያ ቁጥር		<input type="checkbox"/> <input type="checkbox"/>
hhid	የቤተሰብ መለያ ቁጥር		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
hhname	የቤተሰብ አባወራ/አማወራ ሙሉ ስም	-----	
chname	የልጁ/የልጅቱ ሙሉ ስም	-----	
chid	የልጁ/የልጅቱ መለያ ቁጥር		<input type="checkbox"/> <input type="checkbox"/>
date	አንደኛ ጉብኝት(1) ____/____/____ ቀን ወር ዓ.ም	ሁለተኛ ጉብኝት(2) ____/____/____ ቀን ወር ዓ.ም	የመጨረሻ ጉብኝት(2) ____/____/____ ቀን ወር ዓ.ም
result	<input type="checkbox"/>	<input type="checkbox"/>	የመጨረሻ የጉብኝት ውጤት <input type="checkbox"/>
start	ቃለ መጠይቁ የተጀመረበት	ሰ <input type="checkbox"/> <input type="checkbox"/> ደ <input type="checkbox"/> <input type="checkbox"/>	
end	ቃለ መጠይቁ የተጠናቀቀበት	ሰ <input type="checkbox"/> <input type="checkbox"/> ደ <input type="checkbox"/> <input type="checkbox"/>	
የጉብኝት መጨረሻ ውጤት መለያ ቁጥሮች(ኮድ)		ቤቱ ወና ነው/ ቤቱ መኖሪያ	
ተጠናቋል.....1		አይደለም.....5	
በጉንኝቱ ጊዜ ማንም ቤተሰብ አባል በቤት አልነበረም.....2		መኖሪ ቤቱ	
የቤተሰብ አባላት በሙሉ ለረጅም ጊዜ በቤት አልነበሩም ወይም ስፍራውን ለቀው		ፈርሷል.....6	
ሄደዋል.....3		መኖሪያ ቤቱ	
መልስ ለመስጠት ፈቃደኛ አይደሉም.....4		አልተገኘም.....7	
		ሌላ	
		ይገለጻ.....8	
የተቆጣጣሪው(ሱፐርቪዥር)		ስም	

		ፊርማ	
የመረጃ ሰብሳቢው		ስም	
		ፊርማ	
cons	ተንከባካቢው ሊቃለ መጠይቁ ተስማምተዋል?	አዎ/የለም	አዎ ከሆነ ጥያቄውን ይቀጥሉ የለም ከሆነ ጥያቄው በዚሁ ያልቃል

በጥናቱ ለመሳተፍ ፈቃደኛነትዎን በፊርማዎ ስላረጋገጡልን አሁን ወደ ቃለመጠይቁ እንሄዳለን።

chname	የልጁ/ልጅቱ ስም		
chid	የልጁ/ልጅቱ መለያ ቁጥር		<input type="text"/>
chsex	የልጁ/ልጅቱ ጾታ		
chage	የልጁ/ልጅቱ እድሜ (በወራት)		<input type="text"/>

የአሳዳጊዎ ማንነት መገለጫ

ተ.ቁ	ጥያቄ	መልስ	መለያ	ይለፍ
Car1	ስምዎ ማን ነው?	ስም-----		
Car2	ከቤተሰብ አባላት ዝርዝር መዝገብ ላይ የመልስ ስጭዋ /ው መለያ ቁጥር ?	መለያ ቁጥር	<input type="text"/>	
Car3	የአሳዳጊዎ /ው ጾታ ?	ጾታዎ /ው	ወ/ሴ	
Car4	እድሜዎ (በዓመታት) ስንት ነው ?	እድሜዎ በዓመታት አላውቅም:99	<input type="text"/>	
Car5	ከልጁ /ልጅቱ ጋር ያላችሁ ዝምድና ምንድን ነው ? አንድ ምርጫ ብቻ ይከበብ	እናት	1	
		ሴት/ወንድ አያት	2	
		አባት	3	
		ሌላ (ይተቀስ)-----	8	
Car6	ያለዎት ትምህርት ሁኔታ ምንድን ነው ? አንድ ምርጫ ብቻ ይከበብ	ያልተማረ/ች	1	ወደ →car8
		መደበኛ ያልሆነ ትምህርት (ማንበብ እና መጻፍ)	2	ወደ →car8
		መደበኛ ትምህርት የተከታተለ /ች	3	
Car7	ያጠናቀቁበት ትምህርት ደረጃ ስንት ነው ?	ያጠናቀቁበት ክፍል	<input type="text"/>	
Car8	ዋና/መደበኛ ሥራዎ ምንድን ነው ? አንድ ምርጫ ብቻ ይከበብ	የቤት ውስጥ ስራ	01	
		እርሻ -የግል ማሳ	02	
		እርሻ -በሌላ ሰው እርሻ ተቀጣሪ	03	
		የግል ድርጅት ተቀጣሪ	04	
		የመንግሥት ሠራተኛ	05	
		አነስተኛ ንግድ/ጉልት	06	
		ሌላ የግል ሥራ	07	
		ተማሪ	08	
ሥራ አጥ	09			

		ሌላ (ይገለጽ)	88	
Car9	አሁን ያሉበት የጋብቻ ሁኔታ ምንድን ነው ? አንድ ምርጫ ብቻ ይከበብ	አግብቻለሁ /አብርን ነን	1	
		ባል /ሚስት የለኝም	2	
		ፊት ነኝ /ተለያይተናል	3	
		ባሌ ሞቷል ሚስቴ ሞታለች	4	
የቤተሰቡ ማንነት መገለጫ				
ተ.ቁ	ጥያቄ	መልስ	መለያ (ኮድ)	ይታለፍ
Mpi1	ቤተሰብዎ የኤሌክትሪክ አገልግሎት አለዎትን ?	የኤሌክትሪክ አገልግሎት አለ	አዎ /የለም	
Mpi2	ለዚህ ቤተሰብ በጠቅላላ ስንት ክፍሎች አሉት?	የክፍሎች ብዛት	<input type="text"/>	
Mpi3	ቤተሰቡ ለምግብ ማብሰያ በዋናነት የሚጠቀመው ምንድን ነው ? አንድ ምርጫ ብቻ ይከበብ	ኤሌክትሪክ	1	
		ባዮ ጋዝ	2	
		ነጭ ጋዝ	3	
		ከሰል	4	
		የማገዶ እንጨት	5	
		ገለባ፣የቅጠል ጋፈ፣የሰብል አገዳ	6	
		ኩብት	7	
		ሌላ(ይገለጽ)-----	8	
		አላውቅም	9	
Mpi4	የመኖሪያ ቤቱ ወለል በዋናነት የተሠራው ከምንድነውን ነው ? ወለሉን ተመልከት/ቸ አንድ ምርጫ ይከበብ	አፈር /አሸዋ	1	
		ጣውላ/ሰሌን/ቀርቅጥ	2	
		የሴራሚክ ንጣፍ	3	
		ሲሚንት/ሊሾ	4	
		ሌላ (ይገለጽ)-----	8	
Mpi5	ቤተሰብዎ ወይም ከቤተሰቡ አባላት መካከል አንዱ ከነዚህ የምዘረዝራቸው ነገሮች አሉዎትን ? የመልስ አማራጮቹን በመጠቀም አንድ በአንድ ይነበብ ቤተሰቡ ወይም ከቤተሰቡ አባላት መካከል አንዱ የሆነ ሰው ያሉት ዕቃዎች በሙሉ ይከበቡ።	ራዲዮ	A	
		ቴሌቪዥን	B	
		ትቀሳቃሽ ስልክ/ሞባይል	C	
		የማይንቀሳቀስ (ቋሚ) ስልክ	D	
		ጠረንጴዛ	E	
		ወንበር/ሮች /በርጨማ	F	
		አልጋ ከነፍራሽ	G	
		የእጅ ወይም የግድግዳ ሰዓት	H	
		ብስክሌት ወይም ባጃጅ	I	
		ሞተር ሳይክል	J	
		የቤት አውቶሞቢል ወይም የጭነት መኪና	K	
		ፍሪጅ	L	
		ፋኖስ/ማሾ/የሶላር መብራት	M	
		የኤሌክትሪክ ምጣድ	N	
የተሽኻለ ማገዶ ቆጣቢ ምድጃ	O			
ከላይ የተጠቀሱት የለም	P			

Mpi6	<p>ቀጥሎ ከምዘረዝራቸው ውስጥ ምን ዓይነት የቤት እንስሳት አለዎት ? የመልስ አማራጮቹን በመጠቀም አንድ በአንድ ይነበብ ቤተሰቡ ወይም ከቤተሰቡ አባላት መካከል አንዱ የሆነ ሰው ያሉት ዕቃዎች በሙሉ ይከበቡ ፤</p>	ዶሮዎች	A	
		ፍየል	B	
		በግ	C	
		አህያ/በቅሎ	D	
		ላም	E	
		በሬ	F	
		ፈረስ	G	
		ግመል	H	
		ምንም	J	
		ሌላ (ይገለጽ)-----	X	
		አላውቅም	Z	
ስለ ውሃ አቅርቦት ፣ ጽዳት እና የግል ንጽህና አጠባበቅ ልጠይቀዎት እወዳለሁ				
ተ.ቁ	ጥያቄ	መልስ	መለያ(ከድ)	ይታለፍ
W1	<p>ቤተሰብዎ የመጠጥ ውሃ በዋናነት የሚያገኘው ከየት ነው? አንድ ምርጫ ብቻ ይከበብ</p>	የቧንቧ ውሃ በቤት ውስጥ	01	ወደ →w5
		የቧንቧ ውሃ ከቤት ውጭ	02	ወደ →w5
		የሕዝብ የቧንቧ (ቦኖ) ውሃ/ባለመነቅነቂያ የጉድጓድ ውሃ	03	ወደ →w3
		የተጠበቀ የጉድጓድ ውሃ	04	
		የተጠበቀ የምንጭ ውሃ	05	
		የዝናብ ውሃ	06	ወደ →w5
		የውሃ ማጠራቀሚያ ታንከር	07	
		ያልተጠበቀ የምንጭ ውሃ	08	
		ያልተጠበቀ የጉድጓድ ውሃ	09	
		የተገዛ ውሃ(በሰው ሽክም/እንስሳት)	10	ወደ →w5
		በመኪና ቦቴ የሚታደል	11	ወደ →w5
		የታሸገ ውሃ (ሃይላንድ)/የማዕድን	12	ወደ →w7
		ወንዝ/ ምንጭ/ሐይቅ/የኩሬ ውሃ	13	ወደ →w3
		ሌላ(ይገለጽ)-----	88	
አላውም	99	ወደ →w5		
W2	የነገሩኝ የመጠጥ የት ነው?	በግቢ ውስጥ	1	ወደ →w5
		ከግቢ ውጭ ሌላ ስፍራ	2	
		ሌላ (ይገለጽ)-----	8	
W3	<p>ውሃ ለመቅዳት ሄደው ፣ ቀድተው ለመመለስ ምን ያህል ጊዜ ይፈጅበዎታል?</p>	በደቂቃዎች	<input type="text"/> <input type="text"/> <input type="text"/>	
		አላውቅም 999		
W4	<p>የውሃ መቅጃው ሥፍራ ከቤትዎ ምን ያህል ይርቃል? አንድ ምርጫ ብቻ ይከበብ፤</p>	ርቀቱ በሜትር (ከ 1 ኪ.ሜ በታች)		
		ከ 1- 5 ኪ.ሜ		
		6 ኪ.ሜ ወይም ከዚያ በላይ		
		አላውቅም		

W5	ውሃን ለመጠጥ ንፁህ እና ተስማሚ ለማድረግ በቅድሚያ የምታደርጉት አለን?	ለመጠጣት ንፁህ/ብቁ እንድሆን ይታከማል	አዎ/የለም	የለም ከሆነ ወደ→w7
		አላውቅም	9	ወደ →w7
W6	የመጠጥ ውሃችሁን ዘወትር እንደት አድርጋችሁ ነው የምታከሙት? ተገቢ የሆኑትን መልስ ሁሉ ይከበብ	በማፍላት	A	
		በክሎሪን /በቢሻን አጋር/በአኳክኒኒ በማከም	B	
		በጨርቅ በማጣራት	C	
		በዘመናዊ የውሃ ማጣሪያ(ሴራሚክ፣አሸዋ፣ ቅልቅል ወዘተ...)	D	
		የጸሐይ ብርሃን ላይ በማቆየት	E	
		ድፍርሱ እንዲዘቅጥ/እንድጣራ ማቆየት	F	
		ሌላ(ይገለጽ)-----	X	
W7	አዘውትራችሁ የምትጠቀሙት ምን ዓይነት ሽንት ቤት/መጻዳጃ ቤት ነው? ስለሚጠቀሙበት መጻዳጃ ቤት ነው እንጂ ስላላቸው አይደለም አንድ ምርጫ ብቻ ይከበብ	በውሃ ተጠርጎ ወደ ወራጅ ገንዳ ወይም ቱቦ የሚገባ	01	
		በውሃ ተጠርጎ ወደ ጥልቅ መጻዳጃ ጉድጓድ የሚገባ	02	
		ዉሃ የሚደፋበት(ተራ) የመጻዳጃ ጉድጓድ	03	
		ባለስሚንቶ/ አፍር ወለል ሆኖ በቂ የአየር ዝውውር ያለው/ የሌለው የመጻዳጃ ጉድጓድ	04	
		ደረቅ የመጻዳጃ ጉድጓድ	05	
		አይነምድር በውሃ አለቅልቆ በየቦታው መድፋት/መታል	06	
		የወለል ሽፋን የሌለው ክፍት የመጻዳጃ ጉድጓድ	07	
		በባልዲ መጻዳጃት	08	
		ወደወንዝ/ወደሐይቅ እንድገባ ከዳር የተሰራ መጻዳጃ	09	
		እዳሪ/ጓር/ጫካ መጻዳጃት	10	ወደ→w9
		ሌላ (ይገለፅ)-----	88	
W8	መጻዳጃ ቤቱን ሌሎች ቤተሰቦች (በጋራ) ይጠቀማሉ?	መጻዳጃው የጋራ ነው	አዎ/የለም	
W9	ልጅዎ (ስም በመጥቀስ) በመጨረሻ ጊዜ ዐይነ ምድር ሲወጣ/ስትወጣ (ካካ ሲል/ስትል) ዐይነ ምድሩን ለማስወገድ ምን አደረጉ? ለመልሱ አታጣድፍ/ፊያቸው አንድ መልስ ብቻ ይከበብ	ልጁ/ልጅቱ መጻዳጃ ጉድጓድ ተጠቀመች	1	
		መጻዳጃ ጉድጓድ አስገባሁት	2	
		መሬት ቆፍሬ ቀበርኩት	3	
		በፍሳሽ መውረጃ አስገባሁት	4	
		ከቆሻሻ መጣያው ስፍራ ጣልኩት	5	
		ምንም/ እዛው ተዉኩት	7	
		ሌላ(ይገለጽ)-----	8	
አላውቅም	9			

ስለ ቪታሚን እና ማዕድን ውህድ አወሳሰድ ሁኔታ				
ተ.ቁ	ጥያቄ	መልስ	መለያ (ኮድ)	ይታለፍ
Rd1	ስለ ቪታሚን እና ማዕድን ውህድ ስምተው ያውቃሉ?	ስለ ቪታሚን እና ማዕድን ውህድ ስምተው ያውቃሉ	አዎ/የለም	የለም ከሆነ ወደ →rd3
Rd2	ስለ ቪታሚን እና ማዕድን ውህድ የሰሙት ከየት ነው? ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ፤	ከራዲዮ	A	
		ከጤና ኤክስቴንሽን ሠራተኛ	B	
		ከስቶች የልማት ሠራዊት አባል	C	
		ከጤና ጣቢያ /ሆስፒታል ሕክምና ባለሞያዎች	D	
		ከተለጣፊ ማስታወቂያ/በራሪ ጽሑፍ	E	
		ከማህበረሰቡ መሪ	F	
		ከቤተክርስቲያን	G	
		ከኮንሰርን ዓለምአቀፍ የመስክ ሠራተኞች	H	
		ከሌላ ድርጅት ሠራተኞች	I	
		ከጎረቤት / የመንደሩ ነዋሪዎች	J	
		ስለ ቪታሚን እና የምግብ ማዕድን ውህድ ከተካሄዱ ማህበራዊ የቅስቀሳ ዝግጅቶች	k	
ሌላ(ይገለጽ)-----	x			
መልሳቸው ምንም ይሁን ምን፤ ቪታሚን እና ማዕድን ውህድ ማደያ ካርድ አሳያቸው እና የዚያ አይነት ካርድ ካለ ጠይቅ/ቂ				
Rd3	የ(ልጁ/ልጅቱ) ተመልከት/ች፤	ካርድ አለ	አዎ/የለም	የለም ከሆነ ወደ →rd8
ካርዱን መርምር/ሪ እና ከታች (rd4-7) ላሎት ጥያቄዎች መልሶቻቸውን በጥንቃቄ መዝግብ/ቢ ፤(ወር እና ዓ.ም በኢት. አቆጣጠር)				
rd4	(ልጁ/ልጅቱ)ቪታሚን እና ማዕድን ውህድ ለመቀበል በብሮግራሙ የተመዘገቡበት እለት መቼ ነው? ከእለቱ ምዝገባ የተወሰነ መረጃ ካልተሟላ ለቀንና ለወር 99 ለዓ.ም 9999 መዝግብ/ቢ፤	ቪታሚን እና ማዕድን ውህድ የወሰደበት/ችበት (በኢት.አቆጣጠር)	ቀን <input type="text"/> <input type="text"/>	
		ወር <input type="text"/> <input type="text"/>		
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ዓ.ም		
rd5	(ልጁ/ልጅቱ) በቅርብ ጊዜ ቪታሚን እና ማዕድን ውህድ የተቀበለበት/ችበት እለት ይመዝገብ፤ ከእለቱ ምዝገባ የተወሰነ መረጃ ካልተሟላ ለቀንና ለወር 99 ለዓ.ም 9999 መዝግብ/ቢ፤	rd5 A ቪታሚን እና ማዕድን ውህድ ወስዷል/ዳለች	አዎ/የለም	የለም ከሆነ ወደ →rd8
		rd5 B ቪታሚን እና ማዕድን ውህድ የወሰደበት/ችበት (በኢት.አቆጣጠር)	ቀን <input type="text"/> <input type="text"/>	
			ወር <input type="text"/> <input type="text"/>	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ዓ.ም		
rd6	(ልጁ/ልጅቱ) ቀደም ብሎ በመጨረሻ ጊዜ ቪታሚን እና	rd6 A ቪታሚን እና ማዕድን ውህድ ወስዷል/ዳለች	አዎ/የለም	የለም ከሆነ ወደ →rd9

	ማዕድን ውህድ የተቀበለበት/ችበት እለት ይመዘገብ፤ ከእለቱ ምዘገባ የተወሰነ መረጃ ካልተሟላ ለቀንና ለወር 99 ለዓ.ም 9999 መዘግብ/ቢ፤	rd6 B ቪታሚን እና ማዕድን ውህድ የወሰደነት/ችበት (በኢት.አቆጣጠር)	ቀን <input type="text"/>	
			ወር <input type="text"/>	
			ዓ.ም <input type="text"/>	
rd7	(ልጁ/ልጅቱ)በመጨረሻ ጊዜ ቀደም ብሎ ቪታሚን እና ማዕድን ውህድ የተቀበለበት/ችበት እለት ይመዘገብ፤ ከእለቱ ምዘገባ የተወሰነ መረጃ ካልተሟላ ለቀንና ለወር 99 ለዓ.ም 9999 መዘግብ/ቢ፤	rd7 A ቪታሚን እና ማዕድን ውህድ ወስዷል/ዳለች	አዎ/የለም	የለም ከሆነ ወደ →rd9
		Rd7 B ቪታሚን እና ማዕድን ውህድ የወሰደነት/ችበት (በኢት.አቆጣጠር)	ቀን <input type="text"/>	
			ወር <input type="text"/>	
			ዓ.ም <input type="text"/>	
rd8	ለልጅዎ ቪታሚን እና ማዕድን ውህድ ማደያ ካርድ ተቀብለው ያውቃሉ?	ቪታሚን እና ማዕድን ውህድ ተቀብለዋል	አዎ/የለም	የለም ከሆነ ወደ →ud1
ስለ ቪታሚን እና ማዕድን ውህድ አጠቃቀም				
በመቀጠል በተለይ ለ(ልጁ/ልጅቱ) ስለሚሰጠው ቪታሚን እና ማዕድን ውህድ ለማወቅ ፍላጎት እንዳለህ/ሺ ለተጠያቂዎ ግለጽ/ ላቸው				
ud1	ለ(ልጁ/ልጅቱ) ቪታሚን እና ማዕድን የምግብ ውህድን ሰጥተው ያውቃሉ?	ሰጥቻለሁ	አዎ/የለም	አዎ ከሆነ ወደ →ud6
		አላውቅም	9	ወደ →IY
ud2	ለ (ልጁ/ልጅቱ) ቪታሚን እና ማዕድን የምግብ ውህድን ያልሰጡበት ምክንያት ምንድን ነው? ለመልሱ አታጣይፍ/ፊያቸው ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ፤	ቪታሚን እና ማዕድን የምግብ ውህድ ምን እንደሆነ አላውቅም	A	
		ቪታሚን እና ማዕድን የምግብ ውህድን ተቀብየ አላውቅም	B	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱ ላይ ተቅማጥ ያመጣል	C	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱን ዐይነ ምድር ያጠቁራለ	D	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱን ያስታውከዋለ/ታል	E	
		ቪታሚን እና ማዕድን የምግብ-ን ጣዕም ይቀይረዋል	F	
		ቪታሚን እና ማዕድን የምግብ ፍላጎትን ይጨምራል	G	

		በቪታሚን እና ማዕድን ውህድ ውስጥ ያለው ይዘት ለልጅ መጥፎ ነው	H	
		ልጅ በቪታሚን እና ማዕድን ውህድ ያለበትን ምግብ እምቢ ይላል/ትላለች	I	
		አንዳንድ የቤተሰቡ አባላት በቪታሚን እና ማዕድን መጠቀምን አይደግፍም	J	
		ልጅ በቪታሚን እና ማዕድን ውህድ መስጠት አልፈልግም	K	
		ልጁ/ልጅቱ ተጨማሪ ምግብ አልጀመረም/ችም	L	
		ልጅ ታሞ/ታማ ስለነበር በቪታሚን እና ማዕድን ውህድ ላለመጠቀም ወሰንኩ	M	
		ልጅ ታሞ/ታማ ስለነበር በቪታሚን እና ማዕድን ውህድ እናዳልጄምር ታዘዝኩ	N	
		ሌላ(ይገለጽ) -----	X	
		አላውቅም	Z	
ud3	ስለ እነዚህ የልጅ ታሞ/ታማ ስለነበር በቪታሚን እና ማዕድን ውህድ ተጽእኖዎች የሰሙት ክየት ነው? ለመልሱ አታጣድፍ/ፊያቸው ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	ከራሴ ልምድ በመነሳት	A	ወደ → IY
		ከጤና ኤክስፔንሽን ሠራተኛ	B	
		ከሴቶች የልማት ሰራዊት አባል	C	
		ከጤና ጣቢያ /ሆስፒታል ሕክምና ባለሞያ	D	
		ከተለጣፊ ማስታወቂያ / በራሪ ጽሑፍ	E	
		ከማህበራዊ መሪ	F	
		ከቤተክርስቲያን	G	
		ከኮንሰርን ዓለምአቀፍ የመስክ ሠራተኞች	H	
		ከሌላ ድርጅት ሠራተኞች	I	
		ከጎረቤት የመስክ ሠራተኞች	J	
		ከቤተሰብ አባላት	K	
		ስለቪታሚን እና ማዕድን ውህድ ከተካሄዱ ማህበራዊ የቅስቀሳ እግጅቶች	L	
		ሌላ(ይገለጽ) -----	X	
Ud4	ባለፉት ሁለት ሳምንታት ውስጥ ለ (ልጁ/ልጅቱ)በቪታሚን እና ማዕድን ውህድ ሰጥተውታል?	ሰጥቻለሁ	አዎ/የለም	አዎ ከሆነ ወደ →ud6
		አላውቅም	9	
Ud5	ባለፉት ሁለት ሳምንታት ውስጥ ለ (ልጁ/ልጅቱ)በቪታሚን እና ማዕድን ውህድን ያልሰጡበት ምክንያትምድን ነው? ከምርቻዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	ቪታሚን እና ማዕድን የምግብ ውህድ ምን እንደሆነ አላውቅም	A	
		ቪታሚን እና ማዕድን የምግብ ውህድን ተቀብየ አላውቅም	B	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱ ላይ ተቅማጥ ያመጣል	C	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱን ዐይነ ምድር አጠቆረ	D	
		ቪታሚን እና ማዕድን የምግብ ውህድ ልጁ/ልጅቱን ያስታውከዋለ/ታል	E	
		ቪታሚን እና ማዕድን የምግብን ጣዕም ይቀይረዋል	F	

		ቪታሚን እና ማዕድን የምግብ ፍላጎትን ይጨምራል	G	
		በቪታሚን እና ማዕድን ውህድ ውስጥ ያለው ይዘት ለልጅ መጥፎ ነው	H	
		ልጅ በቪታሚን እና ማዕድን ውህድ ያለበትን ምግብ እምቢ ይላል/ትላለች	I	
		አንዳንድ የቤተሰቡ አባላት በቪታሚን እና ማዕድን መጠቀምን አይደግፍም	J	
		ለልጅ በቪታሚን እና ማዕድን ውህድ መስጠት አልፈልግም	K	
		ልጁ/ልጅቱ ተጨማሪ ምግብ አልጀመረም/ችም	L	
		ልጅ ታም/ታማ ስለነበር በቪታሚን እና ማዕድን ውህድ ላለመጠቀም ወሰንኩ	M	
		ልጅ ታም/ታማ ስለነበር በቪታሚን እና ማዕድን ውህድ እናዳልጄምር ታዘዝኩ	N	
		ሌላ(ይገለጽ) -----	X	
		አላውቅም	Z	
Ud6	ለልጅዎ ሁለት አመት እድሜ እስኪሞላው/ላት ድረስ የቪታሚን እና ማዕድን ውህድ መስጠትዎን ለመቀጠል ፈቃደኛ ነዎት?	በፍጹም አልጠቀምም	1	
		ምን አልባት አልጠቀምም	2	
		እርግጠኛ አይደለሁም	3	
		ምን አልባት እጠቀመው ይሆናል	4	
		በእርግጠኛነት እጠቀመዋለሁ	5	
Ud7	በመጨረሻ ጊዜ ለ(ልጁ/ልጅቱ)በቪታሚን እና ማዕድን ውህድን ሲሰጡ በየትኛው የምግብ ሰዓት ነው የሰጡት/ጧት?	በቁርስ ሰዓት	1	
		ከጧት መቅሰስ ጋር	2	
		በምሳ ሰዓት	3	
		ከሰዓት በኋላ መቅሰስ ጋር	4	
		በእራት ሰዓት	5	
		ከምሽት መቅሰስ ጋር	6	
		ሌላ (ይገለጽ)-----	8	
		አላውቅም	9	
Ud8	አንዱን የቪታሚን እና ማዕድን ውህድ እሽግ በሙሉ በአንድ ምግብ ውስጥ ይጨምራሉ? ወይስ ከአንድ በላይ በሆነ ምግብ ይከፋፍሉታለ?	አንዱን እሽግ ለአንድ ምግብ እጨምራለሁ	1	
		ከአንድ በላይ ለሆነ ምግብ አወለዋለሁ	2	
		ሌላ(ይገለጽ)-----	8	
		አላውቅም	9	
Ud9	ተከፍቶ የተረፈውን የቪታሚን እና ማዕድን ውህድ እሽግ ምን ያደርጉታለ?	ለሚቀጥለው የልጁ/ልጅቱ (ስም) ምግብ አስቀምጠዋለሁ	1	ወደ →ud10
		በቤት ላለ ለሌላ ሰው አስጠዋለሁ	2	
	ለመልሱ አታጣፍፍ/ፈያቸው አንድ መልስ ብቻ ይከበብ	እጥለዋለሁ	3	
		ሌላ (ይገለጽ)	8	
		አላውቅም	9	ወደ →ud10

Ud10	ልጁ/ልጅቱ በቪታሚን እና ማዕድን ውህድ የተዘጋጀው ምግብ አብዛኛውን ጊዜ ተመግቦ/ባ ይጨርሰዋል/ትጨርሰዋለች	ይጨርሰዋል/ትጨርሰዋለች	አዎ/የለም	አዎ ወደ →ud12
		አላውቅም	9	
Ud11	የተረፈውን ምግብ አብዛኛውን ጊዜ ምን ያደርጉታ?	ለሚቀትለው ልጁ/ልጅቱ (ስም) ምግብ አስቀምጠዋለሁ	1	
		በቤት ላለ ለሌላ ሰው እስተዋለሁ	2	
		እትለዋለሁ	3	
		ሌላ(ይገለጽ)-----	8	
		አላውቅም	9	
Ud12	እርስዎ ባለዎት ልምድ ከቪታሚን እና ማዕድን ውህዱ ጋር መደባለቅ የሚገባቸው ዋና ዋና የምግብ ዓይነቶች ምን ምን ናቸው? ለመለሱ አታጣድፍ/ፊያቸው ሌላስ? እያልህ/ሽ ጠይቃ/ቂያቸው ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	ገንፎ	A	
		አጥሚት	B	
		ፍርፍር/የእንጀራ ፍርፍር/ዳቦ ከሽሮ ወይም ከሰጋ ወጥ ወይም ከሌላ ጋር	C	
		የተፈጨ አትክልት/ ፍራፍሬ፣ ድንች፣ ካሮት ጎመን፣	D	
		በእጅ የተፈጨ ምግቦች- በሶ፣ ጭብጦ	E	
		ፈሳሽ ምግቦች- ወተት፣ ሻይ፣ የበሶ ብጥብጥ	F	
		ደረቅ ምግቦች -እንጀራ፣ ቁጣ፣ እንቁላል፣ ንፍሮ፣ ቆሎ፣ ሩዝዝ፣ ፓሲታ	G	
		ሌላ(ይገለጽ)-----	X	
		አላውቅም	Z	
Ud13	[ልጁ/ልጅቱ] በቪታሚን እና ማዕድን ውህድ የተዘጋጀውን ምግብ የሚመገበው/ የምትመገበው ለራሱ/ሷ ተለይቶ በተዘጋጀ ሳህን ወይም እቃ ነውን?	ለራሱ/ሷ ተለይቶ በተዘጋጀ ሳህን ነው	1	
		ከቤተሰቡ ገበታ ግን የራሱ/ሷን ድርሻ ተለይቶ	2	
		በጋራ ከሌሎች ቤተሰብ አባላት ጋር	3	
		ሌላ(ይገለጽ)-----	8	
Ud` 14	ለ[ልጁ/ልጅቱ] የተቀበሉለት/ላትን ቪታሚን እና ማዕድን ውህድለሌላ የቤተሰቡ አባላት ያካፍሉታልን/ያጋሩታልን?	የቪታሚን እና ማዕድን ውህድ ለሌላ ሰው አካፍለዋለሁ	አዎ/የለም	የለም ከሆነ ወደ →ደ16
		አላውቅም	9	ወደ →ደ16
ud15	የቪታሚን እና ማዕድን ውህዱን ያካፈሉት ለማን ነው? (የተጋሪዎን እድሜ ጠይቅ/ቂ) ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	እድሜው ከ6-23 ወራት ለሆነ ለሌላ ሕጻን ልጅ	A	
		እድሜው ከ24-59 ወራት ለሆነ ለሌላ ሕጻን ልጅ	B	
		እድሜው 5 አመት እና ከዝያ በላይ ለሆነ ልጅ	C	
		ለራሴ (አሳዳጊዎ)	D	
		ሌላ(ይገለጽ)-----	X	
		አላውቅም	Z	
ud16	ለ[ልጁ/ልጅቱ] ተጨማሪ	ለ[ልጁ/ልጅቱ] የጤና ካርድ ላይ	A	

	የቪታሚን እና ማዕድን ውህዱ እሽጎች ሲያሰፈልግዎ እንደት ያውቃሉ? ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	በተጻፈው ቀን መሰረት በየ2 ወሩ የቪታሚን እና ማዕድን ውህዱ እሽጎች ሲያልቁ የጤና ባለሞያው/ቀስካሹ ያሳውቀኛል ሌላ(ይገለጽ)----- አላውቅም	B C D X Z	
ud17	ለ[ልጁ/ልጅቱ] የቪታሚን እና ማዕድን ውህዱን ከሰጡት/ጧት በኋላ መልካም ለውጥ/ጠቀሜታ አይተውበታል?? ከሆነስ ምን ምን ነው? አታጣድፍ/ፈያቸው ሌላስ እያልክ/ሽ ጠይቅ/ቂ ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	የምግብ ፍላጎት መጨመር እንቅስቃሴ መጨመር የአእምሮ መዳበር፣ ብልህነት/ንቁ ልጅ መሆን በሽታን መከላከል/በሽታን የመቋቋም አቅም መዳበር የደም ማነስን መከላከል የተሽለ ጤናማነት ጠንካራ ልጅ መሆን የአካል እድገት ክብደት ጨምሯል የቅማጥ ቀንሷል ሌላ(ይገለጽ)----- አላውቅም	A B C D E F G H I J X Z	
ud18	ለ[ልጁ/ልጅቱ] የቪታሚን እና ማዕድን ውህዱን ከሰጡት/ጧት በኋላ አሉታዊ ተጽእኖ (ተጠናውቶት/ቷት) ነበረው?? አታጣድፍ/ፈያቸው ሌላስ እያልክ/ሽ ጠይቅ/ቂ ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ	ዓይነ ምድሩ/ሯ ጠቆረ፣ ተቅማጥ/ዓይነ ምድሩ/ሯ መቅጠን ሆድ ድርቀት ተውከት/ማስመለስ ማጥወልወል/ ማቅለሽለሽ ሌላ(ይገለጽ)----- አላውቅም ምንም /አሉታዊ ተጽእኖ የለውም	A B C D E X Z Q	ወደ →ud21
Ud19	እነዚህን አሉታዊ ተጽእኖዎች የተመለከቱት ምግቡን ሲጀምሩ ገደማ ነበር? ወይስ በቀጣይነት ተከስተዋል?	ምግቡን ሲጀምሩ ገደማ ነበር /አላፊ ነው በቀጣይነት ተከስቷል አላውቅም	1 2 9	
Ud20	ለአሉታዊ ተጽእኖዎቹ ምን አደረጉ?	እስኪሻለው/ላት ድረስ መሰጠቴን አቋረጥኩ መመገቤን ቀጠልኩ መሰጠቴን አቋረጥኩ እና ወደ ጤና ኤክስቴንሽን /ክሊኒክ ሄድኩ መሰጠቴን ቀጠልኩ እና ወደ ጤና ኤክስቴንሽን /ክሊኒክ ሄድኩ ሌላ (ይገለጽ)-----	1 2 3 4 8	
Ud21	ለ[ልጁ/ልጅቱ] የቪታሚን እና ማዕድን ውህዱን ለመመገብ ምን	መዘጋጀቱ አስቸጋሪ ነው የቪታሚን እና ማዕድን ውህዱ	A B	

<p>ምን ችግሮች አጋጠመዎት? አታጣድፍ/ፊያቸው ሌላስ እያልክ/ሽ ጠይቅ/ቂ</p> <p>ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ</p>	የመምግቡን ጣዕም የቀይረዋል	
	የቪ.ታሚን እና ማዕድን ውህዱን መስጠትን ረሳሁ/ዘነጋሁ	C
	ስለቪ.ታሚን እና ማዕድን ውህዱ-በዙ አላውቅም/በቂ እውቀት የለኝም	D
	ለ[ልጁ/ልጅቱ] የቪ.ታሚን እና ማዕድን ውህድ ያለውን ምግብ እምቢ ይላል/ትላለች	E
	ለ[ልጁ/ልጅቱ] የቪ.ታሚን እና ማዕድን ውህድ ያለውን ምግብ በአንድ የምገባ ጊዜ ጨርሶ/ሳ አይ/አትበላም	F
	የምግብ ፍላጎት መጨመር ችግር ነው	G
	አንዳንድ የቤተሰቡ አባላትለ[ልጁ/ልጅቱ] የቪ.ታሚን እና ማዕድን ውህድ መጠቀምን አይደግፉም	H
	የክምችት ማል/የቪ.ታሚን እና ማዕድን ውህድ በጤና ኬላ አልነበረም	I
	የቦታ ርቀት/የትራንስፖርት እጥረት	J
	ከጤና ኤክስቴንሽን የመገናኘት ችግር	K
	ሌላ(ይገለጽ)-----	X
	አላውቅም	Z
ምንም ችግር የለም	Q	

የቪ.ታሚን እና ማዕድን ውህድ የለዎት እውቀት በተመለከተ

በመቀጠል የቪ.ታሚን እና ማዕድን ውህድ ያላቸውን እውቀት ለመገንዘብ ፍላጎት እንዳለህ/ሽ ግለጽ/ጭላቸው

ተ.ቁ	ጥያቄ	መልስ	መለያ/ኮድ	ይታለፍ
kd1	የቪ.ታሚን እና ማዕድን ውህድ ምግብን ስለማዘጋጀት የሠርቶ ማሳያ ተግባራዊ ልምምድ ተሳትፏል?	የሠርቶ ማሳያ ልምምድ ተሳትፏል? አላውቅም	አዎ/የለም 9	የለም ከሆነ ወደ →Kd3
Kd2	ስለቪ.ታሚን እና ማዕድን ውህድ አዘገጃጀት ስንት ሠርቶ ማሳያ ክፍለ ጊዜዎችን ተሳትፏል? ለመልሱ አታጣድፍ/ፊያቸው	ስንት ሠርቶ ማሳያ ክፍለ ጊዜዎችን ተሳትፏል	<input type="text"/> <input type="text"/>	
Kd3	ይህንን በራሪ ጽሑፍ ተመልክተው ያውቃሉ? የደስታ በራሪ ጽሑፍ አሳያቸው	በራሪ ጽሑፍ ተመልክተው ያውቃሉ አላውቅም	አዎ/የለም 9	
Kd4	አንዲት እናት ለልጅዋ የቪ.ታሚን እና ማዕድን ውህድ መጀመር ያለባት በስንት እድሜ እንደሆነ ሊነግሩኝ ይችላሉ? ለመልሱ አታጣድፍ/ፊያቸው	እድሜ በወራት (አላውቅም ከሆነ 99)	<input type="text"/> <input type="text"/>	
Kd5	አንድ እሽግ የቪ.ታሚን እና ማዕድን ውህድ ለስንት ልጆች	የልጅ ብዛት (አላውቅም ከሆነ 9)	<input type="text"/>	

	ይበቃል? ለመልሱ አታጣድፍ/ፈያቸው			
Kd6	አንድ ልጅ በቀን ስንት እሽግ የሺታሚን እና ማዕድን ውህድ መመገብ/መውሰድ አለበት? ለመልሱ አታጣድፍ/ፈያቸው	የእሽግ ብዛት (አላውቅም ከሆነ 9)	<input type="checkbox"/>	
Kd7	አንድ እሽግ የሺታሚን እና ማዕድን ውህድ መጨመር ያለበት መጠኑ ምን ያህል በሆነ ምግብ ላይ ነው? ለመልሱ አታጣድፍ/ፈያቸው	አነስተኛ ሆኖ አንድ ልጅ ምግቡን በልቶ መጨረስ የሚችለውን ያህል	1	
		ሌላ(ይገለጽ)-----	8	
		አላውቅም	9	
Kd8	ምግብ ሲያዘጋጁ የሺታሚን እና ማዕድን ውህድ የሚጨምሩት /የሚቀላቅሉት ምን ጊዜ ነው? ለመልሱ አታጣድፍ/ፈያቸው	ምግቡ በመብሰል ላይ እያለ	1	
		ከበሰል በኋላ ወዳውኑ	2	
		ምግቡ በረድ ካለ በኋላ	3	
		ምግቡን ለልጅ ከማብላት በፊት ደም ብሎ	4	
		አላውቅም	9	
Kd9	የሺታሚን እና ማዕድን ውህድ እንደ ውሃ፣ ጭማቂ፣ ወይም ሾርባ በመሳሰሉ ፈሳሽ ምግቦች ውስጥ ሊጨመር ይችላል? ለመልሱ አታጣድፍ/ፈያቸው	የሺታሚን እና ማዕድን ውህድ ፈሳሽ ምግቦች ውስጥ ሊጨመር ይችላል?	አዎ/የለም	
		አላውቅም	9	
Kd10	የሺታሚን እና ማዕድን ውህድን መጨመር ያለበት ከምን ዓይነት ምግቦች ላይ ነው? ለመልሱ አታጣድፍ/ፈያቸው ሌላስ? እያልክ/ሽ ጠይቅ/ቂ ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ፤	እንዴገንፎ፣ ፍርፍር፣ በማንኛውም ለድለድ ያል ምግብ ላይ፤	A	
		በደር ምግብ ላይ	B	
		ከማንኛውም ለድለድ ያለ የምግብ ማጣፈጫዎች ላይ	C	
		ከሾርባ ወይም ወተት ላይ	D	
		ከፈሳሽ መጠጦች(ውሃ፣ጭማቂ፣ሻይ) ላይ	E	
		ሌላ(ይገለጽ)-----	F	
		አላውቅም	G	
Kd11	የሺታሚን እና ማዕድን ውህድ ምግብ ላይ ከተጨመረ በኋላ ምን ያህል ቆይቶ ነው ለልጅ መሰጠት ያለበት? ለመልሱ አታጣድፍ/ፈያቸው	ወዲያው /በ30 ደቂቃ ውስጥ፤	1	
		ሌላ(ይገለጽ)-----	8	
		አላውቅም	9	
Kd12	አንድ ልጅ ደስታን መመገብ ማቆም ያለበት ሁኔታዎች ካሉ ቢነግሩኝ? ለመልሱ አታጣድፍ/ፈያቸው ሌላስ? እያልክ/ሽ ጠይቅ/ቂ ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ፤	ወባ ሲታመም	A	
		የሰውነት ትኩሳት ሲኖረው	B	
		ተቅማጥ ሲኖር	C	
		በብርቱ የምግብ እጥረት ሲታመም፤	D	
		ሌላ(ይገለጽ)-----	X	
		አላውቅም	Z	
Kd13	የሺታሚን እና ማዕድን ውህድን	የምግብ ፍላጎት መጨመር	A	

የመመገብ ጠቀሜታዎች /ፋይዳዎች ምን ምን ናቸው? ለመልሱ አታጣፍፍ/ፈያቸው ሌላስ? እያልክ/ሽ ጠይቅ/ቂ ከምርጫዎቹ ተገቢ የሆኑ መልሶች ይከበቡ፤	እንቅስቃሴ መጨመር	B		
	የአእምሮ መዳበር፣ ብልህነት/ንቁ ልጅ መሆን	C		
	በሽታን መከላከል/በሽታን የመቋቋም አቅም መዳበር	D		
	የደም ማነስን መከላከል	E		
	የተሽለ ጤናማነት	F		
	ጠንካራ ልጅ መሆን	G		
	የአካል እድገት	H		
	ከብደት ጨምሯል	I		
	የቅማጥ ቀንሷል	J		
	ሌላ(ይገለጽ)-----	X		
	አላውቅም	Z		
	ምንም ጠቀሜታ የለውም	Q		
የቪታሚን እና ማዕድን ውህዱን (የደስታ) እሽጎች የተሰጥዎት ያለከፍያ በነጻ ነው፤ አሁን ደግሞ እሽጎቹን ከፍለው ለመግዛት ስላለዎት ፈቃደኛነት አንዳንድ ጥያቄዎችን ልጠይቅዎት አፈልጋለሁ፡፡				
ተ.ቁ	ጥያቄ	መልስ	መለያ/ኮድ	ይታለፍ
Wp1	(30 ትንንሽ እሽጎችን የሚይዝ) የአንድ ካረቶን ደስታ(የቪታሚን እና ማዕድን ውህድ) ዋጋ 14 ብር ቢሆን ገዝተው ልጅዎን ለመመገብ ፈቃደጋ ነዎት?	14 ብር ለመክፈል እፈቅዳለሁ	አዎ/የለም	የለም ከሆነ ወደ →wp3
		አላውቅም	9	
Wp2	(30 ትንንሽ እሽጎችን የሚይዝ) የአንድ ካረቶን ደስታ(የቪታሚን እና ማዕድን ውህድ) ዋጋ 20 ብር ቢሆንስ ገዝተው ልጅዎን ለመመገብ ፈቃደጋ ነዎት?	20 ብር ለመክፈል እፈቅዳለሁ	አዎ/የለም	አዎ ከሆነ ወደ →wp4
		አላውቅም	9	
Wp3	(30 ትንንሽ እሽጎችን የሚይዝ) የአንድ ካረቶን ደስታ(የቪታሚን እና ማዕድን ውህድ) ዋጋ ቀንሶ 10 ብር ቢሆንስ ገዝተው ልጅዎን ለመመገብ ፈቃደጋ ነዎት?	10 ብር ለመክፈል እፈቅዳለሁ	አዎ/የለም	
		አላውቅም	9	
Wp4	እርስዎ ለመክፈል የሚፈቅዱት ከፍተኛ የደስታ(የቪታሚን እና ማዕድን ውህድ)ዋጋ ስንት ነው	መክፈል የሚችሉት ብር መጠን (ምንም ከሆነ 00 ይሞላ አላውቅም ከሆነ 99)	<input type="text"/>	
Wp5	የደስታ ዋጋውከ(አሳዳጊዎ ፈቃደኛ የሆኑትን መጠን በመጥቀስ) በላይ ቢጨምር ምን ያደርጋሉ?	ደስታ መግዛቴን እቀጥላለሁ	1	
		ደስታ መግዛቴን እቀጥላለሁ፤ ግን ከታሰበው መጠን ያነሰ፤	2	
		ደስታ አልገዛም	3	
		ሌላ (ይገለጽ)-----	8	
		አላውቅም	9	