

Operator Script for CATI (Computer - Assisted Telephone Interviewing) survey on Nutrition Indicators in Kenya

Minimum Acceptable Diet (MAD) and Minimum Dietary Diversity - Women (MDD-W)

Note: This operator script – including MAD and MDD-W questionnaire, was designed for CATI survey in Kenya. Those interested in using this script as a sample would need to revise the content and adapt to respective contexts.

Introduction:

Hello, my name is [.....] (name of the operator). I am calling on behalf of the United Nations World Food Programme. We are conducting phone surveys to learn about your child's food intake (for MAD)/your food intake (for MDD-W).

NOTE FOR OPERATORS: If it is not the same person, politely ask for the person who shared the phone number.

NOTE FOR OPERATORS: Once you are speaking with the same person who answered the questions:

For MAD: If you agree to participate in the survey, we will ask you some questions about what your child (6-23 months) ate yesterday during the day and at night.

For MDD-W: If you agree to participate in the survey, we will ask you some questions about what you ate yesterday during the day and at night.

Your participation in this survey is voluntary. The survey will take approximately 10 minutes. All the answers will remain confidential.

Are you still interested in participating in this survey?

- a. No → Can I call you at another moment?
 - i. Yes → Make a note and call them back
 - ii. No → End of the survey
- b. Yes → Continue the survey

NOTE FOR OPERATORS: If the respondent asks for further information on the study, answer to the best of your ability.

Section 1: Household and location information

1.1.County	
1.2.District	

1.3.Division	
1.4.Sub-location	
1.5.Village	

Section 2: Interview Details

2.1.Name of Enumerator/Operator		<i>Write down your name</i>
2.2.Date of Interview		<i>Write down the date of the interview</i>
2.3.Respondent Name		
2.4.Nickname/Commonly used name (if any)		

Section 3: Respondent Details

3.1. What is your age (in years)?		<i>For MDD-W: If the age is not between 15 - 49.99 years, end survey</i>
3.2. Is there a child (or children) aged between 6-23 months in the household? [MAD ONLY]	1 = Yes 0 = No	<i>If the answer is no, end survey</i>
3.3. Are you the primary caregiver of your child? [MAD ONLY]	1 = Yes 0 = No	<i>If the answer is no, ask for the primary caregiver</i>
3.4. What is the age of the child (in months)? [MAD ONLY]		<i>If the age of the child is not between 6 - 23.99 months, end survey</i>
3.5. What is your child's date of birth? (If known) [MAD ONLY]	Year ____ _ Month ____ Day ____	<i>If the birth year does not match with 3.4. (age of the child), error message will be displayed</i>
3.6. What is the sex of your child? [MAD ONLY]	1 = Male 2 = Female	
3.7. What is your level of education?	1 = No school 2 = Primary school 3 = Secondary school 4 = Post-secondary school	
3.8. Are you a WFP beneficiary?	1 = Yes 0 = No	<i>If answer is NO, skip 4.4</i>
3.9. Which programme are you part of?	Food for Assets Cash for Assets School meals program Supplementary feeding program	

Section 4: Minimum Dietary Diversity for Women

NOTE FOR OPERATORS: Ask the respondent what she ate yesterday; break it down by different time of the day. Emphasize that the question concerns what she ate the day before the interview during day/night and in the home/outside.

Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. Think about all the food you ate yesterday after you woke up in the morning, in the afternoon and at night. Please include all foods and drinks, any snacks or small meals, as well as any main meals.

- Did you have anything to eat or drink in the morning after you woke up? If yes, what? Anything else?
- Did you have anything to eat or drink during the afternoon? If yes, what? Anything else?
- Did you have anything to eat or drink during the evening/night before going to bed? If yes, what? Anything else?
- Did you have anything else at any other time?

NOTE FOR OPERATORS: For each eating episode, after the respondent mentions foods and drinks, probe to ask if she ate or drank anything else. Continue probing until she says "NO, nothing else".

NOTE FOR OPERATORS: If the respondent mentions a mixed dish like porridge, ask for all the ingredients in the mixed dish. Continue to probe about ingredients until she says "nothing else".

NOTE FOR OPERATORS: As the respondent recalls foods and drinks, correctly classify the reported foods into the food groups; check all the relevant food groups. Once the respondent finishes recalling foods and drinks eaten and you finish checking all the corresponding food groups, ask the respondent about each food group (that is not ticked) separately in the order that they appear.

Tick appropriate boxes.			
Food Group		Examples	Consumed in the last 24 hours
			Tick appropriate boxes.
1	Grains, white roots, tubers and plantains	Ugali, porridge, githeri with maize, chapati, rice, wheat, sorghum, millet or any other foods made from these, cooked green bananas (matoke), white cassava or white potatoes	
2	Pulses (beans, peas and lentils)	beans or lentils such as githeri, cowpeas, pigeon peas or green grams	
3.	Nuts and seeds	tree-nuts or groundnuts such as peanuts	
4.	Milk and milk products	milk (alone or mixed in other food or drinks such as chai and porridge) or milk products including sour milk or yogurt	
5.	Meat, poultry, fish and organ meat	meat (such as goat, cow, sheep) poultry (chicken), fish (such as mud fish or tilapia), liver or organ meat (such as intestine, tongue)	
6.	Eggs	eggs from chicken or any other bird	
7.	Dark leafy green vegetables	spinach, sukuma, amaranth leaves, cowpea leaves, pumpkin leaves, managu	
8.	Vitamin A-rich fruits, vegetables, roots and tubers	pawpaw, mango, carrot, orange sweet potato, pumpkin or squash	
9	Other vegetables	cabbage, onion or tomato	
10.	Other fruits	avocado, banana, orange, watermelon, baobab or tamarind, tree tomato	
11.	Fortified foods	CSB, soy, unga or,fortified packaged maize flour from the market (e.g. familia)	

Section 5: Minimum Acceptable Diet (MAD)

NOTE FOR OPERATORS: Ask the respondent (primary caregiver) what they fed the child (6-23 months) yesterday; cover all times of the day. Emphasize that the question concerns what the child ate the day before the interview during day/night and in the home/outside.

Now I'd like to ask you about breastfeeds, foods and drinks that your child ate or drank yesterday during the day or night, whether the child ate it at home or anywhere else.

Firstly, I have 2 questions on breastfeeding;

- a. Has your 6-23 months child **ever** been breastfed? *Note for operators: If respondent says NO, tick NO for the next question (b)*

- b. Was the child breastfed **yesterday** during the day or at night? *Note for operators: The answer to (b) should be 'NO' if the answer to (a) was 'NO'*

Now, I'd like you to think about all the foods or drinks that were fed to the child yesterday at different times of the day and at night. At this point, we are asking you about the foods and drinks and not including breastfeeds.

Think about when the child first woke up yesterday. Did he/she eat anything at that time? If yes: Please tell me everything he/she ate at that time. *NOTE FOR OPERATORS: Ask "Anything else?" Until respondent says "nothing else." If no, continue:*

What did the child eat after that? Please tell me everything he/she ate at that time. *NOTE FOR OPERATORS: Ask "Anything else?" Until respondent says "nothing else." If no, continue:*

NOTE FOR OPERATORS: Repeat the question above until respondent says the child went to sleep until the next day.

NOTE FOR OPERATORS: If the respondent mentions a mixed dish like porridge, ask for all the ingredients in the mixed dish. Continue to probe about ingredients until they say "nothing else".

NOTE FOR OPERATORS: As the respondent recalls and lists foods eaten by the child, tick the appropriate boxes.

NOTE FOR OPERATORS: Once the respondent finishes recalling foods eaten by the child and you finish ticking all the corresponding food groups, ask about each food group (that is not ticked) separately in order they appear.

Lastly, I would like to ask you 4 questions about the **number of times** the child was fed (not including breastfeeding).

NOTE FOR OPERATORS:

Ask questions 9a – 10a in the order they appear.

For questions 9a to 9c, if the respondent says 'No' the answer should be 0.

Do not include liquids in question number 10a.

a. Has your 6-23 month child ever been breastfed?		0 = NO 1 = YES	
<i>NOTE FOR OPERATORS: If answer to a) is 'NO', tick 'NO' for b)</i>			
b. Was the child breastfed yesterday during the day or at night?		0 = NO 1 = YES	
Tick appropriate boxes. <i>NOTE FOR OPERATORS: None of the question below (1-10a) should not include breastfeeding</i>			
Food Group		Examples	Consumed in the last 24 hours
			Tick appropriate boxes
1	Grain, roots and tubers	ugali, porridge, githeri, rice, chapati, any other food made from millet, sorghum and wheat, cooked green bananas, cassava or potatoes	
2	Legumes (pulses, beans, lentils) and nuts	green grams, pigeon peas, split peas, githeri with beans, other beans or groundnuts	
3	Flesh food	meat (such as goat, cow, sheep) poultry (chicken), fish (such as mud fish, tilapia, omena) or organ/liver meat	
4	Eggs	eggs from chicken or other bird	
5	Vitamin-A rich fruits and vegetables (including dark green leafy vegetables)	pawpaw, mango, carrot, sweet potato, pumpkin, spinach, sukuma, managu amaranth leaves, cowpea leaves or pumpkin leaves	
6	Other fruits and vegetables	banana, avocado, watermelon, orange, baobab, tamarind, cabbage, onion, tomato	
7	Fortified foods	plumpy'nut, plumpy'sup, CSB, nutri butter, Supercereal Plus, MNP or fortified maize flour from the market such as ujimix	
8a	Milk	fresh animal milk, or milk mixed in foods or drinks such as porridge or chai, tinned milk or powdered milk)	
8b	Other dairy products	sour milk, yogurt, cheese	
9a	How many times yesterday did the child consume any milk such as fresh animal milk or milk mixed in foods? <i>NOTE FOR OPERATORS: 9a will not show up if 8a is not checked</i>		____ times Frequency = 0 - 7 times
9b	How many times yesterday during the day or at night did the child consume any sour milk or yoghurt ? <i>NOTE FOR OPERATORS: 9b will not show up if 8b is not checked</i>		____ times Frequency = 0 - 7 times
9c	How many times yesterday during the day or at night did the child consume any infant formula ?		____ times Frequency = 0 - 7 times
10a	How many times did the child eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night		____ meals Frequency = 0 - 7 times

Conclusion and Farewell:

Best time to call	
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Thank you so much for your time and participation in this survey.

NOTE FOR OPERATORS: If the respondent have questions, answer the questions to the best of your ability using the information provided to you.