

01-How old is your baby?

- 0 to 5 months | 6 to 11 months | 12 to 23 months

KI: mothers of infants 0-5 months

02-What was your child fed the previous day? **{choose all apply}**

- Breastmilk | formula and/or animal milk | Other (specify): _____

03- what are the main reasons for you to feed your child with infant formula? **{choose all apply}**

- (a) I believe that infant formula is better than breastfeeding
 (b) I can't breastfeed/I don't have breastmilk
 (c) I don't have enough breastmilk
 (d) I believe that infant formula contains ingredients that make my baby healthy
 (e) It's a good supplement to breastmilk
 (f) Recommended by doctor/nurse/midwife
 (g) I don't have time to breastfeed
 (h) I am chronically ill
 (i) I am under medication
 (j) Other (specify) _____

KI: Mother of children under 2 years of age

04- **What foods are fed to Children 6-23 months of age in the previous day? {choose all apply}**

- (a) Breast milk | (b) Grains, roots, bread or flour and tubers
 (c) Legumes, nuts and seeds | (d) Dairy products (milk, infant formula, yogurt, cheese)
 (e) Eggs | (f) Flesh foods (e.g., meat, fish, poultry, organ meats)
 (g) Vitamin A-rich fruits and vegetables | (h) Other fruits and vegetables

05- **Have there been any changes to how you have fed your child since the Gaza conflict (7 oct)?**

- Yes | No | Don't Know

05.1- **If Yes, why? {choose all apply}**

- (a) Decreased breastmilk
 (b) Lack of Foods for children
 (c) Child will not feed
 (d) Lack of money to buy food
 (e) Lack of fuel/ cooking

06- How many times per day is a child under 2 years of age eating his/her meal? **{Choose one}**

- (a) Once a day | (b) Twice a day
 (c) Three times a day | (d) More than three times a day

07-Has infant formula, other milk products (e.g., dried whole, semi-skimmed or skimmed milk powder, ready to use milk) or any other products related to artificial infant feeding been distributed in the community in the past 2 months?

- Yes | No | Don't Know

07.1- If yes what is the type of products? **{choose all apply}**

- (a) Infant formula including special formula | (b) Follow-up formula
 (c) Growing-up milk | (d) Cereal
 (e) Fruit/vegetables/meat puree | (f) Juice/tea/mineral water
 (g) Bottle | (h) commercial baby foods, cerelac, etc
 (i) Teat | (j) Other: (Please specify): _____

08-If mother/caretaker is using infant formula, how do you get the infant formula you need for your baby? **{choose all apply}**

- (a) Donated/gift from friend or family
 (b) Self-prescribed: buy/purchase in shop or pharmacy
 (c) Prescription from hospital: buy/purchase in shop or pharmacy
 (d) Prescription from hospital: at no cost
 (e) Received from I/NNGO at no cost
 (f) Other (specify) _____

KI: 01-Health worker 02-Community health worker 03-Mother of children under 2 years of age

09- Are nutrition services provided/offered to the families?

- Yes | No | Don't Know

09.1- If Yes can you tell us which ones do you remember? **{Choose all apply}**

- (a) Screening of children by MUAC or wight for Hight/weight monitoring
 (b) Treatment by ready to use therapeutic food RUTF
 (c) Provision of supplementary and/or complimentary food
 (d) Counseling on breastfeeding and complimentary feeding for children

(e) <input type="checkbox"/> Other (specify) _____		
KI: Mother of children under 5 years of age		
10-If there are children under 5 years in your household, have any of them been sick in the last two weeks?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
10.1- If YES, with what? {choose all apply}		
(a) <input type="checkbox"/> Fever		
(b) <input type="checkbox"/> Diarrhea		
(c) <input type="checkbox"/> Acute Respiratory Infection		
(d) <input type="checkbox"/> Other (specify) _____		
KI: Pregnant and breastfeeding mothers		
11-Is there a Pregnant and/or Breastfeeding women in your household?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12- What food Pregnant and breastfeeding mothers ate/consume on the previous day? {choose all apply}		
(a) <input type="checkbox"/> Grains, white roots and tubers, and plantains		
(b) <input type="checkbox"/> Eggs		
(c) <input type="checkbox"/> Pulses (beans, peas, lentils)		
(d) <input type="checkbox"/> Dark green leafy vegetables		
(e) <input type="checkbox"/> Other vitamin A-rich fruits and vegetables		
(f) <input type="checkbox"/> Nuts and seeds		
(g) <input type="checkbox"/> Dairy		
(h) <input type="checkbox"/> Other vegetables		
(i) <input type="checkbox"/> Meat, poultry, and fish		
(j) <input type="checkbox"/> Other fruits		
13-Does the composition of Pregnant and breastfeeding mothers' meals changed since the Gaza conflict (7 oct)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
14-Has the number of meals she eats decreased since the beginning of the war?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.1- If Yes, Why (Reasons for pregnant/breastfeeding women eating less than usual)? {choose all apply}		
(e) <input type="checkbox"/> Food not available		
(f) <input type="checkbox"/> Mother feels unwell		
(g) <input type="checkbox"/> Lack of money to buy food		
(h) <input type="checkbox"/> Market is too far/dangerous		
(i) <input type="checkbox"/> Give foods to other members of household		
(j) <input type="checkbox"/> Other (specify) _____		