

TIPs Tool 7

TIPs Evaluation Form II: for Completion by Provincial Supervisor (Provincial TIPs Implementer)

(Summary of Information on All TIPs Tools 6 Completed by District TIPs Implementers in the Province)

Province: District: Commune: Village: Name of Provincial Supervisor:

No. of TIPs households (HHs) in the Province: Date of Compilation of Outcome of Trials:

Feeding Problem by Age of Child (Summary of all the Feeding Problems on TIPs Tool No. 6 Completed by District TIPs Implementers)	Ideal Recommendation (As given in the Counselling /guide)	Recommendations Implemented – Observed Changes in Child and Mother Feeding and Care Practices (Accepted and Tried by Mothers)					Willingness to Continue Observed Feeding Practices		Recommendations Not Accepted												
		Mother Feeding and Care Practices (Please Tick the Appropriate & State No. Of HHs)					Yes/ No (Specify)	Reasons	What was not accepted (specify)	Reasons	No of HHs										
		Child Feeding and Care Practices (Please Tick the Appropriate & State No. Of HHs)	Stop Giving Water & No. of HHs	Stop giving other Foods & No. of HHs	Other Actions (Specify) & No of HHs	Increase food & Fluid Intake & No. of HHs						Mother Getting More Rest & No. of HHs	Mother Gets More Family Support & No. of HHs	Other Actions (Specify) & No. of HHs							
0-6 months																					
Type of Problem	HHs with Same																				

⁴ State daily frequency of breastfeeding noted during the initial assessment home visit (Question No 13 d. of checklist), then indicate the new frequency of breastfeeding at the time of evaluation

Feeding Problem by Age of Child	Ideal Recommendation <i>(As given in the Counselling /guide)</i>	Recommendations Implemented - Dietary Changes Observed <i>(Accepted and Tried by Mothers)</i>						Willingness to Continue Observed Dietary Changes		Recommendations Not Accepted	
		Increased Daily meal frequency <i>(please tick)</i>	No of HHs	Adding other ingredients to Sticky Rice/Porridge <i>(tick the appropriate)</i>			No of HHs Giving Fruits and other non-leafy Veg ≥ 4 times per week	Yes/ No <i>(Specify)</i>	Reasons	What was not accepted <i>(specify)</i>	No of HHs
12-24months				No of HHs	No of HHs	No of HHs	No of HHs				
Type of Problem	HHs with Same										

Snacks Given to Children by Age

Age	During Initial Assessment Visit (1 st Home Visit) <i>(Please Tick in Appropriate Column and State No. of HHs)</i>						At Evaluation <i>(Please Tick in Appropriate Column and State No. of HHs)</i>									
	None		1 Snack		2 snacks		Types of Snacks		None		1 Snack		2 Snacks		Types of Snacks	
9-11 Months																
12-24 Months																

- No. of households preparing sweet potato-based complementary foods = HHs
As % of the total No of TIPs households on the Province =%
- No. of households preparing taro-based complementary foods = HHs
As % of the total No of TIPs households on the Province =%
- No. of households **unable** to at least 2 ingredients to rice porridge or stick rice = HHs
As % of the total No of TIPs households on the Province =%

Remarks:

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