

SPOT CHECK RECORDING FORM

State: **Kebbi LGA: Birnin Kebbi Community: Gorun Chindo**

Name of caregiver (female): **Suwaiba**

Name of caregiver (male): **Saidu**

Sex of index child: **F** Age of index child (in months): **19months**

Spot Check Information

1. **Date of MNP distribution to household** (circle option below based on LGA name above):

✚ **Kebbi: Birnin Kebbi & Jega LGA:** **June 16**

✚ **Kebbi: Danko-wasagu:** **June 17**

✚ **Adamawa: Song, Ganye:** **June 18**

✚ **Adamawa: Guyuk** **June 19**

2. **Date of Spot Check Observation:** **02/07/15**

3. **Number of sachets remaining** (Ask the caregiver to show you and count the specific number of sachets remaining):

4. **Number of sachets that should remain using one MNP sachet per day** (Analyst only):

5. **Number of sachets remaining / number of sachets should be remaining** (Analyst only):

_____ / _____ = _____ %

Probes

Question 1. You have **XX** MNP sachets remaining. Explain how easy or difficult it was to use the MNP product on a daily basis for your child 6 – 23 months? (Circle one answer)

Very Difficult

Difficult

Easy

Very Easy

Question 2. Describe any specific challenges that you faced that made the MNP difficult to use on a daily basis?

Question 3. Describe specific aspects of the MNP product that you or your child enjoyed that made it easier to use on a daily basis?

Question 4. What questions do you have about the MNP based on your experience using it?

Question 5. What specific recommendations do you have that we can do as a program to make the MNP easier to use on a daily basis?