

# Final Performance Evaluation of the Amalima Development Food Assistance Project in Zimbabwe



March 2020 | Volume II – Annexes K & L

IMPEL | Implementer-Led Evaluation & Learning Associate Award



#### ABOUT IMPEL

The Implementer-Led Evaluation & Learning Associate Award works to improve the design and implementation of Food for Peace (FFP) funded development food security activities (DFSAs) through implementer-Led evaluations and knowledge sharing. Funded by the USAID Office of Food for Peace (FFP), the Implementer-Led Evaluation & Learning Associate Award will gather information and knowledge in order to measure performance of DFSAs, strengthen accountability, and improve guidance and policy. This information will help the food security community of practice and USAID to design projects and modify existing projects in ways that bolster performance, efficiency and effectiveness. The Implementer-Led Evaluation & Learning Associate Award is a two-year activity (2019-2021) implemented by Save the Children (lead), TANGO International, and Tulane University in Haiti, the Democratic Republic of Congo, Madagascar, Malawi, Nepal, and Zimbabwe.

#### RECOMMENDED CITATION

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#### PHOTO CREDITS

Sara Alexander. Disaster risk reduction focus group in Gwanda district.

#### DISCLAIMER

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Implementer-Led Evaluation & Learning (IMPEL) award and do not necessarily reflect the views of USAID or the United States Government.

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## Annex K: Data Collection Instruments

### Part A: Quantitative Population-Based Survey (PBS)

#### Zimbabwe Endline.xlsx

Zimbabwe Post-Pilot	
Begin Module A: Household ID and Informed Consent <i>A Head of HH and/or Responsible Adult</i>	
A01. Province	<input type="radio"/> Manicaland <input type="radio"/> Masvingo <input type="radio"/> Matebeleland South <input type="radio"/> Matebeleland North
A02. District Code	<input type="radio"/> Buhera <input type="radio"/> Chimanimani <input type="radio"/> Chipinge <input type="radio"/> Bikita <input type="radio"/> Chivi <input type="radio"/> Zaka <input type="radio"/> Bulilima <input type="radio"/> Mangwe <input type="radio"/> Gwanda <input type="radio"/> Tsholotsho  <div style="text-align: right;">d_cat=\${A01}</div>
A03. Ward	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19

	<input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25
A04. ENUMERATION AREA (EA) CODE	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25
A05. HOUSEHOLD NUMBERS (HH)	
A06. Supervisor Code	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10
A07. ENUMERATION CODE	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

	<ul style="list-style-type: none"> <li>○ 5</li> <li>○ 6</li> <li>○ 7</li> <li>○ 8</li> <li>○ 9</li> <li>○ 10</li> <li>○ 11</li> <li>○ 12</li> <li>○ 13</li> <li>○ 14</li> <li>○ 15</li> <li>○ 16</li> <li>○ 17</li> <li>○ 18</li> <li>○ 19</li> <li>○ 20</li> <li>○ 21</li> <li>○ 22</li> <li>○ 23</li> <li>○ 24</li> <li>○ 25</li> </ul>
Please Enter Information from prior Listing	
L1. PRIMARY MALE DECISION-MAKER *NAME	<input type="text"/>
L2. PRIMARY MALE DECISION-MAKER *ID Code	
L3. PRIMARY FEMALE DECISION-MAKER * NAME	<input type="text"/>
L4. PRIMARY FEMALE DECISION-MAKER *ID Code	
L5. Total Eligible Women (15-49 yrs)	
L6. Total Children Under Five	
L7. Total Farmers	
L8. Number of Respondent to Household Roster	
Begin Interview Hello. My name is _____ . I am working with _____ . We are conducting a survey to learn about food security, food	

consumption, nutrition and wellbeing of households in Zimbabwe. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 2 hours. We can return tomorrow if you do not have time to finish all the questions today. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You do not have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you do not want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

*IT IS NECESSARY TO INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF ALL RESPONDENTS. FIRST, IDENTIFY THE PRIMARY MALE AND FEMALE DECISION MAKERS AND CONDUCT THE INFORMED CONSENT WITH THEM. THEN BEGIN THE INTERVIEW. AS YOU IDENTIFY NEW RESPONDENTS FOR SUBSEQUENT MODULES, RETURN TO THIS PAGE AND OBTAIN THEIR CONSENT BEFORE INTERVIEWING THEM.*

THE PRIMARY MALE AND FEMALE DECISION MAKERS ARE THOSE WHO SELF-IDENTIFY AS THE PRIMARY MALE AND FEMALE (OR FEMALE ONLY) MEMBERS RESPONSIBLE FOR DECISION MAKING, BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD. IN MALE AND FEMALE ADULT HOUSEHOLDS, THEY ARE USUALLY THE HUSBAND AND WIFE; HOWEVER THEY CAN ALSO BE OTHER HOUSEHOLD MEMBERS AS LONG AS THEY ARE AGED 15 AND OVER.

<p>Does the primary adult (15 years or older) decision-maker in the household consent to participate in this household survey?</p>	<p> <input type="radio"/> Yes, I agree to do to participate in the survey  <input type="radio"/> No, I do not agree to participate in the survey         </p>
<p> <math>\{mem\}</math>. Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for 6 of the last 12 months, but it does not include anyone who lives here but eats separately.         </p>	<p style="text-align: right;"><math>\{mem\} = 1</math></p>
<p>Name of Respondent</p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<p>           B2. How old is <math>\{B1\}</math>  <i>Enter -8 if they don't know and -9 if they refuse to answer</i> </p>	
<p>B3. Is <math>\{B1\}</math> male or female</p>	<p> <input type="radio"/> Male  <input type="radio"/> Female         </p>
<p>B4. What is the relationship of <math>\{B1\}</math>'s to the head of the household?</p>	<p style="text-align: right;"><math>\{mem\} = 1</math></p> <p> <input type="radio"/> Head of HH  <input type="radio"/> Spouse  <input type="radio"/> Daughter/Son  <input type="radio"/> Daughter/Son-in-Law  <input type="radio"/> Grandchild  <input type="radio"/> Parent  <input type="radio"/> Parent in Law  <input type="radio"/> Brother/Sister  <input type="radio"/> Other family relation  <input type="radio"/> Adopted/Foster/Stepchild  <input type="radio"/> Not Related  <input type="radio"/> Don't Know  <input type="radio"/> Refused         </p>
<p>B4. What is the relationship of <math>\{B1\}</math>'s to the head of the household?</p>	<p style="text-align: right;"><math>\{mem\} &gt; 1</math></p> <p> <input type="radio"/> Head of HH  <input type="radio"/> Spouse  <input type="radio"/> Daughter/Son  <input type="radio"/> Daughter/Son-in-Law  <input type="radio"/> Grandchild  <input type="radio"/> Parent         </p>



	<ul style="list-style-type: none"> <li>○ Parent in Law</li> <li>○ Brother/Sister</li> <li>○ Other family relation</li> <li>○ Adopted/Foster/Stepchild</li> <li>○ Not Related</li> <li>○ Don't Know</li> <li>○ Refused</li> </ul>
B5. Is $\{B1\}$ in charge of the food preparation during the past 7 days	$\{B2\} > 10$ or $\{B2\} = -8$ or $\{B2\} = -9$ <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Does Not Know</li> <li>○ Refused</li> </ul>
*The primary caregiver is the person who knows the most about how and what the child is fed. Usually, but not always, this will be the child's mother.	$\{B2\} \leq 5$ or $\{B2\} = -8$ or $\{B2\} = -9$
B8. Who is the Primary Care Giver of $\{B1\}$ <i>Enter -8 if they don't know and -9 if they refuse to answer</i>	$\{B2\} \leq 5$ or $\{B2\} = -8$ or $\{B2\} = -9$ <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>
B9. Is $\{B1\}$ a women between 15-49 years of age	$\{B3\} = 2$ <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Does Not Know</li> <li>○ Refused</li> </ul>
B10. Is $\{B1\}$ a responsible adult if Head of HH is absent	$(\{B2\} \geq 10$ or $\{B2\} = -8$ or $\{B2\} = -9)$ and $\{mem\} > 1$ <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Does Not Know</li> <li>○ Refused</li> </ul>
**Farmers, including herders and fishers, are: 1) men and women who have access to a plot of land (even if very small) over which they make decisions about what will be grown, how it will be grown, and how to dispose of the harvest; AND/OR 2) men and women who have animals and/or aquaculture products over which they have decision-making power. Farmers produce	$\{B2\} > 10$ or $\{B2\} = -8$ or $\{B2\} = -9$

<p>food, feed, and fiber, where "food" includes agronomic crops (crops grown in large scale, such as grains), horticulture crops (vegetables, fruit, nuts, berries, and herbs), animal and aquaculture products, as well as natural products (e.g., non-timber forest products, wild fisheries). These farmers may engage in processing and marketing of food, feed, and fiber and may reside in settled communities, mobile pastoralist communities, or refugee/internally displaced person camps. An adult member of the household who does farm work but does not have decision-making responsibility over the plot OR animals would not be considered a "farmer." For instance, a woman working on her husband's land who does not control a plot of her own would not be interviewed.</p>	
<p>B11. Is <math>\\$B1</math> a farmer</p>	<p style="text-align: right;"><math>\\$B2 &gt; 10</math> or <math>\\$B2 = -8</math> or <math>\\$B2 = -9</math></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>B12. What is the current marital status of <math>\\$B1</math></p>	<p style="text-align: right;"><math>\\$B2 \geq 15</math> or <math>\\$B2 = -8</math> or <math>\\$B2 = -9</math></p> <ul style="list-style-type: none"> <li><input type="radio"/> Married</li> <li><input type="radio"/> Free Union</li> <li><input type="radio"/> Single</li> <li><input type="radio"/> Divorced/Separate</li> <li><input type="radio"/> Widow/Widower</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>Survivorship and Residence of Biological Parents</p>	<p style="text-align: right;"><math>\\$B2 \leq 17</math> or <math>\\$B2 = -8</math> or <math>\\$B2 = -9</math></p>
<p>B13. Is <math>\\$B1</math>'s natural mother alive?</p>	<p style="text-align: right;"><math>\\$B2 \leq 17</math> or <math>\\$B2 = -8</math> or <math>\\$B2 = -9</math></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused</li> </ul>

B14. Does \${B1}'s natural mother usually live in this household?	<p style="text-align: right;">\${B13}=1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
B15. Is \${B1}'s natural father alive	<p style="text-align: right;">\${B2}&lt;=17 or \${B2}=-8 or \${B2}=-9</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
B16. Does \${B1}'s natural Father usually live in this household?	<p style="text-align: right;">\${B15}=1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
School Attendance	<p style="text-align: right;">\${B2}&gt;=5 or \${B2}=-8 or \${B2}=-9</p>
B17. Has \${B1} ever attended school?	<p style="text-align: right;">\${B2}&gt;=5 or \${B2}=-8 or \${B2}=-9</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
B18. What is the highest level of school \${B1} has attended	<p style="text-align: right;">\${B2}&gt;=5 or \${B2}=-8 or \${B2}=-9</p> <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher <input type="radio"/> Pre-Primary <input type="radio"/> Don't Know <input type="radio"/> Refused
B18a. What is the highest grade \${B1} completed at that level? <i>Enter -8 if they don't know and -9 if they refuse to answer and 96 for less than a year</i>	<p style="text-align: right;">\${B2}&gt;=5 or \${B2}=-8 or \${B2}=-9</p>
B19. Did \${B1} attend school at any time during the 2018 school year?	<p style="text-align: right;">(\${B2}&gt;=5 and \${B2}&lt;=24 or \${B2}=-8 or \${B2}=-9)and \${B17}=1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused

<p>B20. During this school year, what school level was \${B1} attending</p>	<p>(\${B2}&gt;=5 and \${B2}&lt;=24 or \${B2}=-8 or \${B2}=-9) and                  \${B19}=1 and \${B17}=1</p> <ul style="list-style-type: none"> <li><input type="radio"/> Primary</li> <li><input type="radio"/> Secondary</li> <li><input type="radio"/> Higher</li> <li><input type="radio"/> Pre-Primary</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>B20a. During this school year, what grade was \${B1} attending</p>	<p>(\${B2}&gt;=5 and \${B2}&lt;=24 or \${B2}=-8 or \${B2}=-9) and                  \${B19}=1 and \${B17}=1</p>
<p>Just to make sure that I have a complete listing: 1. Are there any other such persons such as small children or infants that we have not listed? 2. Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? 3. Does anyone else live here even if they are not at home now? INCLUDE CHILDREN IN SCHOOL OR HOUSEHOLD MEMBERS AT WORK OR MIGRATED. 4. TO ADD ANOTHER ROSTER MEMBER SELECT "ADD GROUP"  <i>double check child respondents</i></p>	
<p>Module F. Water, Sanitation and Hygiene (Head of HH or Responsible Adult)</p>	
<p>Is this person the Head of HH or a Responsible Adult if the Head of HH is absent</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>Drinking Water</p>	
<p>F04. What is currently the main source of drinking water for members of your household</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Piped in home</li> <li><input type="radio"/> Piped in yard/plot</li> <li><input type="radio"/> Piped in Tap/Standpipe</li> <li><input type="radio"/> Tube well or Borehole</li> <li><input type="radio"/> Dug Well - Protected</li> <li><input type="radio"/> Dug Well - Unprotected</li> <li><input type="radio"/> Water from Spring - Protected</li> <li><input type="radio"/> Water from Spring - Unprotected</li> <li><input type="radio"/> Rainwater</li> <li><input type="radio"/> Tanker Truck</li> <li><input type="radio"/> Cart with Small Tank</li> </ul>

	<ul style="list-style-type: none"> <li><input type="radio"/> Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation Channel)</li> <li><input type="radio"/> Digging into a Dry River Bed</li> <li><input type="radio"/> Bottled Water</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
Specify Other	\${F04}=15 <input style="width: 100px; height: 20px;" type="text"/>
F05. Where is the water source located?	<p>selected (\${F04},"3") or selected (\${F04},"4") or selected (\${F04},"5") or selected (\${F04},"6") or se ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> In Own Dwelling</li> <li><input type="radio"/> In Own Yard/Pilot</li> <li><input type="radio"/> Elsewhere</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
F06. How long does it take to go there, get water and come back? <i>Hours</i>	
Hours <i>Enter "0" if less than 1 hour; -8 for Don't Know; -9 for Refused</i>	
Minutes <i>Enter -8 for Don't Know; -9 for Refused</i>	
F07. Is water available from this source all year round?	<p>selected (\${F04},"1") or selected (\${F04},"2") or selected (\${F04},"3") or selected (\${F04},"4") or ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused</li> </ul>
F08. In the last weeks, was water unavailable from this source for a day or longer?	<p>selected (\${F04},"1") or selected (\${F04},"2") or selected (\${F04},"3") or selected (\${F04},"4") or ...</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused</li> </ul>

<p>F09. Do you do anything to the water to make it safer to drink?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>F10. What do you usually do to make the water safer to drink?</p>	<p style="text-align: right;">\${F09}=1</p> <p> <input type="checkbox"/> Boil (Until the water comes to a boil)  <input type="checkbox"/> Add Bleach/Chlorine (Water Guard, Jik, Acuatabs)  <input type="checkbox"/> Strain Through a Cloth  <input type="checkbox"/> Use Water Filter  <input type="checkbox"/> Solar Disinfection  <input type="checkbox"/> Let it Stand and Settle  <input type="checkbox"/> [BIO] Sand Filtration  <input type="checkbox"/> Other                 </p> <hr/> <p> <input type="checkbox"/> Do not Know  <input type="checkbox"/> Refused to Answer                 </p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${F10}, "8")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
<p>Water Storage</p>	
<p>F10a. Do you store your drinking water in a sealed bucket with spigot</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>F10b. Do you store your drinking water in a narrow-necked jerry can</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>F10c. Do you store your drinking water in a covered container with a ladle</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>SANITATION</p>	
<p>F11. What kind of toilet facility do members of your household usually use?</p>	<p> <input type="radio"/> Flush or Pour Flush Toilet  <input type="radio"/> Pit Latrine  <input type="radio"/> Other Options  <input type="radio"/> No Facility/Bush/Field  <input type="radio"/> Does Not Know  <input type="radio"/> Refused to Answer                 </p>
<p>F11a. What specific type</p>	<p style="text-align: right;">selected (\${F11}, "1") or selected (\${F11}, "2") or selected (\${F11}, "3")</p>

	<ul style="list-style-type: none"> <li>○ Bucket Toilet</li> <li>○ Hanging Latering</li> <li>○ Other _____</li> <li>○ Does Not Know</li> <li>○ Refused To Answer</li> <li>○ Flush to Piped Sewer system</li> <li>○ Flush to Septic Tank</li> <li>○ Flush to Pit Latrine</li> <li>○ Flush to Somewhere else</li> <li>○ Flush, Don't Know Where</li> <li>○ Does Not Know</li> <li>○ Refused To Answer</li> <li>○ Pit Latrine - Vented improved pit latrine</li> <li>○ Pit Latrine - Pit Latrine with Slab</li> <li>○ Pit Latrine - Pit Latrine without Slab/Open Pit</li> <li>○ Does Not Know</li> <li>○ Refused To Answer</li> </ul> <p style="text-align: right;">d_cat=\${F11}</p>
Specify Other	<p style="text-align: right;">selected (\${F11a}, "96")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
F12. Does your household share the toilet facility with other households?	<p style="text-align: right;">selected (\${F11}, "1") or selected (\${F11}, "2") or selected (\${F11}, "3")</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Does Not Know</li> <li>○ Refused</li> </ul>
F13. How many households share that toilet facility?	<p style="text-align: right;">\${F12}=1</p> <ul style="list-style-type: none"> <li>○ One Household</li> <li>○ Two Households</li> <li>○ Three Households</li> <li>○ Four Households</li> <li>○ Five Households</li> <li>○ Six Households</li> <li>○ Seven Households</li> <li>○ Eight Households</li> <li>○ Nine Households</li> <li>○ Ten or More Households</li> <li>○ Don't Know</li> <li>○ Refuses to Answer</li> </ul>
HANDWASHING	

<p>F14. Please show me where members of your household most often wash their hands</p>	<p> <input type="radio"/> Observed  <input type="radio"/> Not Observed - Not in Dwelling/Yard/Plot  <input type="radio"/> Not Observed - No Permission to see  <input type="radio"/> Not Observed - Other Reasons                 </p>
<p>Specify Other</p>	<p style="text-align: right;">\${F14}=4</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>F15. Observe Presence of water at the place for handwashing. OBSERVATION ONLY</p>	<p style="text-align: right;">\${F14}=1</p> <p> <input type="radio"/> Water is Available  <input type="radio"/> Water is not Available                 </p>
<p>F16. Observe Presence of soap, detergent or other cleaning agent at the place for handwashing. OBSERVATION ONLY</p>	<p style="text-align: right;">\${F14}=1</p> <p> <input type="checkbox"/> Soap or Detergent (Bar, Liquid, Powder, Paste)  <input type="checkbox"/> Ash, Mud, Sand  <input type="checkbox"/> None                 </p>
<p>F17. Observe Presence of toilet facility that households said they used. OBSERVATION ONLY</p>	<p> <input type="radio"/> Toilet Facility is Available  <input type="radio"/> Toilet Facility is Not Available                 </p>
<p>F17a. Check to see if there is a handwashing station at the toilet facility. Observation Only</p>	<p style="text-align: right;">\${F17}=1</p> <p> <input type="radio"/> Yes, Handwashing station observed at facility  <input type="radio"/> No, Handwashing station NOT observed at facility                 </p>
<p>F17b. Observe Presence of Water at the Handwashing station at the toilet facility. Observation Only</p>	<p style="text-align: right;">\${F17a}=1</p> <p> <input type="radio"/> Water is Available  <input type="radio"/> Water is not Available                 </p>
<p>F17c. Observe Presence of soap, detergent or other cleaning agent at the place for handwashing station at the toilet facility. OBSERVATION ONLY</p>	<p style="text-align: right;">\${F17a}=1</p> <p> <input type="checkbox"/> Soap or Detergent (Bar, Liquid, Powder, Paste)  <input type="checkbox"/> Ash, Mud, Sand  <input type="checkbox"/> None                 </p>
<p>G01. Name of Farmer</p> <p><i>Instructions to Respondent When the Farmer is Absent: Because \${G01} is absent, please answer these questions about HIS/HER farming</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>G01a. Does \${G01} have access to a plot of land (even if very small) over which you make decisions about what will be grown,</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>



<p>OR how it will be grown, OR how to dispose of the harvest? <i>INCLUDES PLOTS OF LAND ALLOCATED TO FARMERS FOR GROWING CROPS BUT NOT OWNED</i></p>	
<p>G01b. Does \${G01} have animals and/or aquaculture products over which you make decisions about their management OR how to dispose of the production?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused</p>
<p>G07. Did you take any agricultural credit, in cash or in kind, in the [PAST 12 MONTHS] from any of the following? SELECT ALL THAT APPLY</p>	<p><input type="checkbox"/> Agro-dealers <input type="checkbox"/> Contract Farming <input type="checkbox"/> Village Savings Group <input type="checkbox"/> Farmers and Associations <input type="checkbox"/> Micro Finance Institutions (MFI) <input type="checkbox"/> Private Institution <input type="checkbox"/> Government Institution <input type="checkbox"/> Non-cash loans <input type="checkbox"/> Input from buyers <input type="checkbox"/> Specify Other <input type="checkbox"/> Do not take agricultural credit <input type="checkbox"/> Refused to answer</p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${G08}, "10")</p> <input data-bbox="748 1121 907 1171" type="text"/>
<p>G08. Did you save any cash through any of the following formal institutions in the [PAST 12 MONTHS]? SELECT ALL THAT APPLY</p>	<p><input type="checkbox"/> Village Savings Group <input type="checkbox"/> Micro Finance Institutions (MFI) <input type="checkbox"/> Cooperative <input type="checkbox"/> ECO CASH/SAVE <input type="checkbox"/> Mobile banking <input type="checkbox"/> Specify Other <input type="checkbox"/> Do not take agricultural credit <input type="checkbox"/> Refused to answer</p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${G08}, "6")</p> <input data-bbox="748 1551 907 1602" type="text"/>
<p>G09. Did you have agricultural insurance in the [PAST 12 MONTHS] from any of the following insurance companies? <i>Some people insure their agricultural production against negative unexpected</i></p>	<p><input type="checkbox"/> ECO Farmer <input type="checkbox"/> Hale <input type="checkbox"/> Zimnat <input type="checkbox"/> TRISTAR <input type="checkbox"/> Specify Other <input type="checkbox"/> Do not have insurance <input type="checkbox"/> Refused to answer</p>

<p><i>circumstances, such as drought, floods, and pests.</i></p>	
<p>Specify Other</p>	<p style="text-align: right;">selected ({G09}, "5")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
<p>Now I would like to ask you about farming and livestock practices about which you make decisions. This includes practices about crops, animals and aquaculture products.</p>	
<p>G10. Which of the following activities related to farming and animal husbandry have you practiced or received services for during [PAST 12 MONTHS]? SELECT ALL THAT APPLY</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Purchase inputs through agro-dealers and/or community associations</li> <li><input type="checkbox"/> Use of mobile financial services</li> <li><input type="checkbox"/> Use of financial services other than mobile</li> <li><input type="checkbox"/> Used of training and extension services</li> <li><input type="checkbox"/> Contract farming</li> <li><input type="checkbox"/> Use of feed lots or pen feeding</li> <li><input type="checkbox"/> Drying produce</li> <li><input type="checkbox"/> Processing produce</li> <li><input type="checkbox"/> Trading or marketing produce through agro-dealers and/or community associations</li> <li><input type="checkbox"/> Use of formal marketing systems for livestock</li> <li><input type="checkbox"/> DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS</li> <li><input type="checkbox"/> Refused to answer</li> </ul>
<p>G11. In the past 12 months, did you plant any crops in the plot(s) over which you make decisions?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>G12. What crops did you plant during the [PAST 12 MONTHS] in the plot(s) over which you make decisions? SELECT ALL THAT APPLY</p>	<p style="text-align: right;">selected ({G12}, "1")</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sorghum</li> <li><input type="checkbox"/> Millet</li> <li><input type="checkbox"/> Cow Peas</li> <li><input type="checkbox"/> Groundnuts</li> <li><input type="checkbox"/> Maize</li> <li><input type="checkbox"/> Wheat</li> <li><input type="checkbox"/> Specify Other</li> <li><input type="checkbox"/> Does Not Know</li> <li><input type="checkbox"/> Refused to answer</li> </ul>
<p>Specify Other</p>	<p style="text-align: right;">selected ({G13}, "7")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>

<p>G13. For the crops (including vegetables) that you planted, did you use any of these practices in the [PAST 12 MONTHS]? SELECT ALL THAT APPLY</p>	<p style="text-align: right;">selected ({G12}, "1")</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Micro-dosing</li> <li><input type="checkbox"/> Manure</li> <li><input type="checkbox"/> Compost</li> <li><input type="checkbox"/> Planting basins</li> <li><input type="checkbox"/> Mulching</li> <li><input type="checkbox"/> Weed control</li> <li><input type="checkbox"/> Dry Planting</li> <li><input type="checkbox"/> Ripping into residues</li> <li><input type="checkbox"/> Clean ripping</li> <li><input type="checkbox"/> Tied ridges</li> <li><input type="checkbox"/> Pot-holing</li> <li><input type="checkbox"/> Crop Rotations</li> <li><input type="checkbox"/> Intercropping</li> <li><input type="checkbox"/> Integrated Pest Management (IPM)</li> <li><input type="checkbox"/> Early planting and planting with first rains</li> <li><input type="checkbox"/> Use of improved crop varieties</li> <li><input type="checkbox"/> Dead level contours</li> <li><input type="checkbox"/> Rigging into separate lines</li> <li><input type="checkbox"/> DID NOT USE ANY OF THESE PRACTICES IN PAST 12 MONTHS</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>Sorghum Practices</p>	
<p>G13B2. What was the origin of the sorghum seeds that you planted during the [PAST 12 MONTHS]?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bought at Market</li> <li><input type="checkbox"/> From NGO</li> <li><input type="checkbox"/> From Government</li> <li><input type="checkbox"/> Agri-Dealer</li> <li><input type="checkbox"/> Saved From Last Harvest</li> <li><input type="checkbox"/> Borrowed from Friends/Family</li> <li><input type="checkbox"/> Specify Other</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>Specify Other</p>	<p style="text-align: right;">selected ({G13B2}, "7")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
<p>G13B3. Did you harvest sorghum during the [past 12 months]?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>G13B4. What portion of the sorghum that you harvested was consumed? <i>RECORD Percentages</i></p>	<p style="text-align: right;">\${G13B3}=1</p>

<p>G13B5. What portion of the sorghum that you harvested was used for livestock feed? <i>RECORD Percentages</i></p>	<p style="text-align: right;">\${G13B3}=1</p>
<p>G13B6. What portion of the sorghum that you harvested was sold? <i>RECORD Percentages</i></p>	<p style="text-align: right;">\${G13B3}=1</p>
<p>G13B7. To whom did you sell the sorghum? <i>RECORD Type of Buyer if no buyer put Don't Know</i></p>	<p style="text-align: right;">\${G13B3}=1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div>
<p>Groundnut Practices</p>	
<p>G13C2. What was the origin of the groundnut seeds that you planted during the [PAST 12 MONTHS]? SELECT ALL THAT APPLY</p>	<p> <input type="checkbox"/> Bought at Market  <input type="checkbox"/> From NGO  <input type="checkbox"/> From Government  <input type="checkbox"/> Agri-Dealer  <input type="checkbox"/> Saved From Last Harvest  <input type="checkbox"/> Borrowed from Friends/Family  <input type="checkbox"/> Specify Other  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused to Answer         </p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${G13B2}, "7")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div>
<p>G13C3. Did you harvest the groundnuts during the [PAST 12 MONTHS]?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>
<p>G13C4. What portion of the groundnuts that you harvested was consumed? <i>RECORD Percentages</i></p>	<p style="text-align: right;">\${G13C3}=1</p>
<p>G13C5. What portion of the groundnuts that you harvested was sold? <i>RECORD Percentages</i></p>	<p style="text-align: right;">\${G13C3}=1</p>
<p>G13C6. To whom did you sell the groundnuts? <i>RECORD Type of Buyer if no buyer put Don't Know</i></p>	<p style="text-align: right;">\${G13C3}=1</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div>

<p>G15. What livestock did you raise/care for and make decisions about during the [PAST 12 MONTHS]? SELECT ALL THAT APPLY</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cattle</li> <li><input type="checkbox"/> Goats</li> <li><input type="checkbox"/> Sheep</li> <li><input type="checkbox"/> Donkeys</li> <li><input type="checkbox"/> Pigs</li> <li><input type="checkbox"/> Chicken</li> <li><input type="checkbox"/> Rabbits</li> <li><input type="checkbox"/> Turkeys</li> <li><input type="checkbox"/> Guinea Fowl</li> <li><input type="checkbox"/> Ducks</li> <li><input type="checkbox"/> Fish</li> <li><input type="checkbox"/> Pigeons</li> <li><input type="checkbox"/> Specify Other</li> <li><input type="checkbox"/> Did Not Raise any animals</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>Specify Other</p>	<p style="text-align: right;">selected ({G15}, "13")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 50px;"></div>
<p>G16. Did you use any of the following practices when you cared for the livestock during the [PAST 12 MONTHS]?</p>	<p style="text-align: right;">selected ({G15}, "1") or selected ({G15}, "2") or selected ({G15}, "3") or selected ({G15}, "4") or ...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved Animal Shelters</li> <li><input type="checkbox"/> Vaccinations</li> <li><input type="checkbox"/> Deworming</li> <li><input type="checkbox"/> Castration</li> <li><input type="checkbox"/> Dehorning</li> <li><input type="checkbox"/> Homemade animal feeds made of locally available products</li> <li><input type="checkbox"/> Animal feed supplied by stock feed manufacturer</li> <li><input type="checkbox"/> Artificial insemination</li> <li><input type="checkbox"/> Pen Feeding</li> <li><input type="checkbox"/> Fodder production and/or veld reinforcement with legumes</li> <li><input type="checkbox"/> Used the service of community animal health workers/paravets</li> <li><input type="checkbox"/> DID NOT PRACTICE ANY OF THESE ACTIVITIES IN PAST 12 MONTHS</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>G17. If you purchased drugs or medicines to give to livestock during the past 12 months, where did you primarily purchase the drugs?</p>	<p style="text-align: right;">selected ({G15}, "1") or selected ({G15}, "2") or selected ({G15}, "3") or selected ({G15}, "4") or ...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Veterinarian</li> <li><input type="checkbox"/> Community Animal/Health Worker</li> <li><input type="checkbox"/> Agri-Dealer</li> </ul>

	<input type="checkbox"/> Specify Other <input type="checkbox"/> DID NOT PURCHASE DRUGS/MEDICINES <input type="checkbox"/> Refused to Answer
Specify Other	<div style="text-align: right;">selected ({G17}, "4")</div> <input style="width: 100px; height: 20px;" type="text"/>
G18. Did you use any of the following natural resources management practices or techniques that were not related directly to your on-farm production during the [PAST 12 MONTHS]?	<div style="text-align: right;">selected ({G15}, "1") or selected ({G15}, "2") or selected ({G15}, "3") or selected ({G15}, "4") or ...</div> <input type="checkbox"/> Management or protection of watersheds or water catchments <input type="checkbox"/> Agro-forestry <input type="checkbox"/> Management of forest plantation <input type="checkbox"/> Regeneration of natural landscapes <input type="checkbox"/> Sustainable harvesting of forest products <input type="checkbox"/> DID NOT PRACTICE ANY OF THESE ACTIVIES FOR THE PAST 12 MONTHS <input type="checkbox"/> Refused to Answer
G20. During [THE LAST 12 MONTHS], did you store sorghum from the plot(s) over which you make decisions?	<div style="text-align: right;">selected ({G13}, "1")</div> <input type="radio"/> Yes <input type="radio"/> No
G21. Did you use any of the following methods to store the sorghum?	<div style="text-align: right;">\${G20}=1</div> <input type="checkbox"/> Hermetic Storage <input type="checkbox"/> Improved Granary <input type="checkbox"/> Warehousing or Cereal Banks <input type="checkbox"/> Use of Traps <input type="checkbox"/> Grain Bag with Pesticides <input type="checkbox"/> Did Not Use Any of These Methods <input type="checkbox"/> Refused to Answer
G22. During [THE LAST 12 MONTHS], did you store groundnuts from the plot(s) over which you make decisions?	<div style="text-align: right;">selected ({G13}, "4")</div> <input type="radio"/> Yes <input type="radio"/> No
G23. Did you use any of the following methods to store the groundnuts?	<div style="text-align: right;">\${G22}=1</div> <input type="checkbox"/> Hermetic Storage <input type="checkbox"/> Improved Granary <input type="checkbox"/> Warehousing or Cereal Banks <input type="checkbox"/> Use of Traps <input type="checkbox"/> Grain Bag with Pesticides

	<input type="checkbox"/> Did Not Use Any of These Methods <input type="checkbox"/> Refused to Answer
IF THERE IS MORE THAN ONE FARMER IN THE HOUSEHOLD, PLEASE ADD ADDITIONAL FARMERS BY SELECTING "Add Group"	
Module C. Food Access	
Are you the person in charge of food preparation in last 7 days	<input type="radio"/> Yes <input type="radio"/> No
Now, I would like to ask you about the types of foods that you or the majority of household members ate during the past 7 days. I will read each of the food items and then ask you a few questions about each item.	
Dummy Q	<p style="text-align: right;">0=1</p> <ul style="list-style-type: none"> <li><input type="radio"/> Maize or gruel, samp, bread, rice, sorghum, millet, finger millet, wheat, pasta, noodles or other foods made from cereals/grains?</li> <li><input type="radio"/> Cassava, potatoes, sweet potatoes, yams, taro, breadfruit, or any other foods made from roots, plantains?</li> <li><input type="radio"/> Any vegetables or vegetable leaves (anana), such as carrots, pumpkin, pumpkin leaves, squash, gourdes, traditional/indigenous vegetables, mushrooms, etc.?</li> <li><input type="radio"/> Any fruits? Including traditional/indigenous fruits such as cactus, tamarin, watermelon, and baobab?</li> <li><input type="radio"/> Any meat? Beef, pork, lamb, goat, rabbit, frog, wild game, chicken, duck, or other birds? Liver, kidney, heart, or other organ meats or blood?</li> <li><input type="radio"/> Any eggs? [chicken, turkey, fowl, duck, quay (oiseau domestique sauvage)]</li> <li><input type="radio"/> Any fresh or dried fish, dried shellfish, crabs, orsin, anguille?</li> <li><input type="radio"/> Any foods made from Voamaina (beans, peas, lentils, cowpeas, and pigeon peas), groundnuts, and cashew nuts?</li> <li><input type="radio"/> Any cheese, yogurt, milk, sour milk (Abobo) or other dairy products?</li> <li><input type="radio"/> Any foods made with oil, fat, animal fat, lard or butter, peanut butter?</li> <li><input type="radio"/> Any sugar or honey, sugar cane?</li> </ul>

	<ul style="list-style-type: none"> <li><input type="radio"/> Condiments for flavor, such as chilies, spices, persil, oregon, laurier...?</li> </ul>
<p>C01. How many days did you or members of your household eat "<i>hdds</i>" during the past 7 days either inside or outside your home?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> 1 day</li> <li><input type="radio"/> 2 days</li> <li><input type="radio"/> 3 days</li> <li><input type="radio"/> 4 days</li> <li><input type="radio"/> 5 days</li> <li><input type="radio"/> 6 days</li> <li><input type="radio"/> 7 days</li> <li><input type="radio"/> Not consumed</li> </ul>
<p>C02. What was the primary source from which "<i>hdds</i>" was obtained?</p>	<p style="text-align: right;">\${C01}!=8</p> <ul style="list-style-type: none"> <li><input type="radio"/> Own Production</li> <li><input type="radio"/> Purchases (cash or barter)</li> <li><input type="radio"/> Remittance from outside Madag</li> <li><input type="radio"/> Remittances from within Madag</li> <li><input type="radio"/> Government Food Assistance (In kind, cash, or vouchers)</li> <li><input type="radio"/> Grain loan Scheme</li> <li><input type="radio"/> Non State Agencies Food Assistance (In cash or kind)</li> <li><input type="radio"/> Gifts(non-relative well-wishers)</li> <li><input type="radio"/> Labor exchange</li> <li><input type="radio"/> Borrowed</li> <li><input type="radio"/> Hunting and gathering from wild</li> <li><input type="radio"/> Gleaning</li> </ul>
<p>C03. Did you or a member of your household eat <i>hdds</i> inside your home yesterday?</p>	<p style="text-align: right;">\${C01}!=8</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>C15. Was yesterday an unusual or special day (Festival, Funeral, etc.) or were most household members absent?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>C16. In the past [4 WEEKS/30DAYS] was there ever no food to eat of any kind in your house because of lack of resources to get food?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>C17. How often did this happen in the past [4 WEEKS/30 DAYS]?</p>	<p style="text-align: right;">\${C16}=1</p> <ul style="list-style-type: none"> <li><input type="radio"/> RARELY (1-2 TIMES)</li> <li><input type="radio"/> SOMETIMES (3-10 TIMES)</li> <li><input type="radio"/> OFTEN (MORE THAN 10)</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>



<p>C18. In the past [4 WEEKS/30 DAYS] did you or any household member go to sleep at night hungry because there was not enough food?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>C19. How often did this happen in the past [4 WEEKS/30 DAYS]?</p>	<p style="text-align: right;">\${C18}=1</p> <p><input type="radio"/> RARELY (1-2 TIMES) <input type="radio"/> SOMETIMES (3-10 TIMES) <input type="radio"/> OFTEN (MORE THAN 10) <input type="radio"/> Does Not Know <input type="radio"/> Refused to Answer</p>
<p>C20. In the past [4 WEEKS/30 DAYS] did you or any household member go a whole day and night without eating anything at all because there was not enough food?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>C21. How often did this happen in the past [4 WEEKS/30 DAYS]?</p>	<p style="text-align: right;">\${C20}=1</p> <p><input type="radio"/> RARELY (1-2 TIMES) <input type="radio"/> SOMETIMES (3-10 TIMES) <input type="radio"/> OFTEN (MORE THAN 10) <input type="radio"/> Does Not Know <input type="radio"/> Refused to Answer</p>
<p>Now I am going to ask you about strategies that your household may have used to deal with difficulties accessing food in the past 30 days. I will read the strategy that you may have used to deal with problems accessing food and then ask you to tell me how many times you may have used the strategy during the past 30 days.</p>	
<p>C23. Skip entire days without eating?</p>	<p><input type="radio"/> Never <input type="radio"/> Seldom (1-2 days per month) <input type="radio"/> Sometimes (1-2 day per week) <input type="radio"/> Often (3-6 days per week) <input type="radio"/> Daily <input type="radio"/> Does Not Know <input type="radio"/> Refused to Answer</p>
<p>C24. Limit portion size at mealtimes?</p>	<p><input type="radio"/> Never <input type="radio"/> Seldom (1-2 days per month) <input type="radio"/> Sometimes (1-2 day per week) <input type="radio"/> Often (3-6 days per week) <input type="radio"/> Daily</p>

	<ul style="list-style-type: none"> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C25. Reduce number of meals eaten per day?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C26. Borrow food or rely on help from friends or relatives?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C27. Rely on less expensive or less preferred foods?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C28. Purchase/borrow food on credit?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C29. Harvest immature crops?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C30. Send household members to eat elsewhere?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> <li><input type="radio"/> Sometimes (1-2 day per week)</li> <li><input type="radio"/> Often (3-6 days per week)</li> <li><input type="radio"/> Daily</li> <li><input type="radio"/> Does Not Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
C31. Send household members to beg?	<ul style="list-style-type: none"> <li><input type="radio"/> Never</li> <li><input type="radio"/> Seldom (1-2 days per month)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Sometimes (1-2 day per week)</li> <li>○ Often (3-6 days per week)</li> <li>○ Daily</li> <li>○ Does Not Know</li> <li>○ Refused to Answer</li> </ul>
C32. Reduce adult consumption so children can eat?	<ul style="list-style-type: none"> <li>○ Never</li> <li>○ Seldom (1-2 days per month)</li> <li>○ Sometimes (1-2 day per week)</li> <li>○ Often (3-6 days per week)</li> <li>○ Daily</li> <li>○ Does Not Know</li> <li>○ Refused to Answer</li> </ul>
C33. Rely on casual labor for food?	<ul style="list-style-type: none"> <li>○ Never</li> <li>○ Seldom (1-2 days per month)</li> <li>○ Sometimes (1-2 day per week)</li> <li>○ Often (3-6 days per week)</li> <li>○ Daily</li> <li>○ Does Not Know</li> <li>○ Refused to Answer</li> </ul>
C34. Did you receive any of the following types of assistance during the past 6 months? READ EACH RESPONSE AND SELECT ALL THAT APPLY.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Food</li> <li><input type="checkbox"/> Cash</li> <li><input type="checkbox"/> Crop Inputs</li> <li><input type="checkbox"/> Livestock Inputs</li> <li><input type="checkbox"/> WASH Inputs (aqua tabs, jerry cans, soap etc..)</li> <li><input type="checkbox"/> Other Specify</li> <li><input type="checkbox"/> No assistance received</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
Specify Other	selected ({C34}, "6")
I would like to ask you some questions about your children.	
D03a. What is the Child's Name?	<input type="text"/>
D03b. Are you primary caregiver {D03a}?	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
D04. What is the {D03a}'s sex	{D03b} =1
	<ul style="list-style-type: none"> <li>○ Male</li> <li>○ Female</li> </ul>
D05. Does {D03a}'s have a health/vaccination card or other documents with the birth date recorded?	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>

<p><i>If a Document with the birthdate is shown and the respondent confirms the information is correct, record the date as documented and use the birth dconversion table to fill in the age in months for question D07.</i></p>	
<p>D05a. Record birthdate from health/vaccination card or other documents <i>If the child does not have records present, please record birthday given or ask in "what month and year was \${D03a}'s born?"</i></p>	<p>Month: <input type="text"/></p> <p>Year: <input type="text"/></p>
<p>D06. How old was \${D03a}'s at \${D03a}'s last birthday? RECORD AGE IN COMPLETED YEARS</p>	
<p>Instructions for Birth conversion Table: 1. If there is a health/vaccination records, used the record birthdate, to convert age into months. 2. If there is no health/vaccination record, use the child's birth year given in question D05a, to covert age into months 3. To use Birth conversion Table go to the appropriate table as labeled on the side of each table "Birth Date". Example: If the child is born in 2012, use the table with "Birth Date – 2012" on the side. 4. Using the current month, select the appropriate "Study Date" column. Example: If it is March 2014, use the middle column labeled Mar. 3. Check the child's birth month and cross the appropriate "Study Date" month column with the row of the child's birth month. Example: Today is March 11, 2014 and the child is born on September 27, 2012. Cross the middle column "Mar." with the row "Sept." in the table "Birth Date – 2012". 4. The digit in the cell where the column of the study month and the birth month of the child meet is the child's age in months. For the example</p>	

<p>above, the child is 18 months old. 5. Enter this number for question D07.</p>	
<p>D07. How many months old is \${D03a}?  <i>CHECK D05, D06, AND D07 TO VERIFY CONSISTENCY. A) IS THE YEAR RECORDED IN D05 CONSISTENT with the age in years recorded in D06 B) ARE YEAR AND MONTH OF BIRTH RECORDED IN D05 CONSISTENT WITH AGE IN MONTHS RECORDED IN D07? USE BIRTHDATE CONVERSION TABLE TO CHECK. C) IF AGE IS NOT CONSISTENT WITH AGE IN MONTHS, ENTER APPROPRIATE AGE IN MONTHS FOR QUESTION D07.</i></p>	<p style="text-align: right;">\${D03b}=1</p>
<p>Exclusive Breast Feeding and Minimum Acceptable Diet</p>	
<p>D16. Has \${D03a} ever been breastfed?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D17. Was \${D03a} breastfed yesterday during the day or night</p>	<p style="text-align: right;">\${D16}=1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby for various reasons, such as the mother is sick or away, mastitis, etc.</p>	<p style="text-align: right;">selected (\${D16}, "2") or selected (\${D16}, "-8") or selected (\${D16}, "-9")</p>
<p>D18. Did \${D03a} consume breast milk in any of these ways yesterday during the day or at night?</p>	<p style="text-align: right;">selected (\${D16}, "2") or selected (\${D16}, "-8") or selected (\${D16}, "-9")</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>

<p>Now I would like to ask you about some medicines and vitamins that are sometimes given to infants</p>	
<p>D19. Was <math>\{D03a\}</math> given any vitamin drops or other medicines as drops yesterday during the day or at night?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D20. Was <math>\{D03a\}</math> given oral rehydration solution yesterday during the day or at night?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>Next, I would like to ask you about some liquids that <math>\{D03a\}</math> may have had yesterday during the night or at day. Did <math>\{D03a\}</math> have:</p>	
<p>D21. Plain Water?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D22. Any kind of formula?  <i>IF THE RESPONDENT IS UNSURE OF WHAT IS MEANT BY "INFANT FORMULA" THEN PROBE WITH BRAND NAMES SUCH AS NANI, SMA, NESTLE, ENFAMIL, ISOMIL, LACTOGEN?</i></p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D23. How many times yesterday during the day or at night did <math>\{D03a\}</math> consume any formula</p>	<p><math>\{D22\}=1</math></p>
<p>D24. Did <math>\{D03a\}</math> have any milk such as tinned, powdered or fresh animal milk?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D25. How many times yesterday during the day or at night did <math>\{D03a\}</math> consume any milk?</p>	<p><math>\{D24\}=1</math></p>
<p>D26. Did <math>\{D03a\}</math> have any juice or juice drinks, including sodas, cream sodas, Mazoe, etc....?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D27. Clear broth?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No</p>

	<input type="radio"/> Does Not Know <input type="radio"/> Refused
D28. Yogurt?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D29. How many times yesterday during the day or at night did \${D03a} consume any yogurt?	\${D28}=1
D30. Did \${D03a} have any thin porridge? <i>PROBES: mahewu, gruel, Gerber, Cerelac Ace, Nestam, Cerevita, Purity</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D31. Any other liquids? <i>PROBES: Gripe water, glucose water, sugar water?</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
Next, I would like to ask you about foods that \${D03a} may have had yesterday during the night or at day. Yesterday, during the day and night, did \${D03a} eat any of the below:	
D33. Bread, biscuits, pastries, doughnut, pasta, noodles, rice, crackers or other foods made from grains such as corn, wheat, millet (Zviyo, Uphoko), rice, sadza, mahewu, mealie-meal, sorghum, bulgur wheat, barley?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D34. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D35. White potatoes, white yams, cassava, plantains or any other foods made from roots?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D36. Any dark green leafy vegetables such as spinach, pumpkin leaves, ulude/nyevhe, kale, or okra?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused

D37. Ripe mangoes, ripe papaya, apricots, cantaloupe melons or other fruits that are yellow or orange inside?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D38. Other fruits or vegetables, like bananas, tomatoes, green beans, avocado, etc.?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D39. Liver, kidney, heart, or other organ meats?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D40. Any meat, such as beef, pork, lamb, goat, chicken, duck, game meat, birds, mice, frog (dzetse), lizard (mpurwa/hukurutombo)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D41. Eggs? (chicken, turkey, fowl, duck)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D42. Fresh or dried fish, shellfish, crabs or seafood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D43. Any foods made from beans, peas, lentils, walnuts, or other nuts and seeds?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D44. Cheese, yogurt, sour milk or other milk products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D45. Other oils, fats, butter, peanut butter, or foods made with any of those products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D46. Any sugary foods such as chocolates, sweets, sugar cane, sweet reed, candies, pastries, cake or biscuits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D47. Condiments for flavor, such as chilies, spices, herbs, or fish powder?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused



D48. Grubs, snails, edible insect, mopane worms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
Check Questions D33-D48	$\{D33\} \neq 1$ and $\{D34\} \neq 1$ and $\{D35\} \neq 1$ and $\{D36\} \neq 1$ and $\{D37\} \neq 1$ and $\{D38\} \neq 1$ and $\{D39\} \neq 1$ ...
Did $\{D03a\}$ eat any solid, semi-solid, or soft foods yesterday during the day or at night?	$\{D33\} \neq 1$ and $\{D34\} \neq 1$ and $\{D35\} \neq 1$ and $\{D36\} \neq 1$ and $\{D37\} \neq 1$ and $\{D38\} \neq 1$ and $\{D39\} \neq 1$ ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
Probe: What kind of solid, semi-solid or soft foods did $\{D03a\}$ eat? GO BACK THROUGH D33-D48 (Repeat will come up)	$\{D50\} = 1$
D33a. Bread, biscuits, pastries, doughnut, pasta, noodles, rice, crackers or other foods made from grains such as corn, wheat, millet (Zviyo, Uphoko), rice, sadza, mahewu, mealie-meal, sorghum, bulgur wheat, barley?	$\{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D34a. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	$\{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D35a. White potatoes, white yams, cassava, plantains or any other foods made from roots?	$\{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D36a. Any dark green leafy vegetables such as spinach, pumpkin leaves, ulude/nyevhe, kale, or okra?	$\{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused

<p>D37a. Ripe mangoes, ripe papaya, apricots, cantaloupe melons or other fruits that are yellow or orange inside?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D38a. Other fruits or vegetables, like bananas, tomatoes, green beans, avocado, etc.?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D39a. Liver, kidney, heart, or other organ meats?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D40a. Any meat, such as beef, pork, lamb, goat, chicken, duck, game meat, birds, mice, frog (dzetse), lizard (mpurwa/hukurutombo)</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D41a. Eggs? (chicken, turkey, fowl, duck)</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D42a. Fresh or dried fish, shellfish, crabs or seafood?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D43a. Any foods made from beans, peas, lentils, walnuts, or other nuts and seeds?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused                 </p>
<p>D44a. Cheese, yogurt, sour milk or other milk products?</p>	<p style="text-align: right;">\${D50}=1</p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D45a. Other oils, fats, butter, peanut butter, or foods made with any of those products?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D46a. Any sugary foods such as chocolates, sweets, sugar cane, sweet reed, candies, pastries, cake or biscuits?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D47a. Condiments for flavor, such as chilies, spices, herbs, or fish powder?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D48a. Grubs, snails, edible insect, mopane worms?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D51. How many times did \${D03a} eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	
D52. Did \${D03a} drink anything from a bottle with a nipple yesterday during the day or night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
Module D2. Children’s Diarrhea and Oral Rehydration Therapy (Primary Caregivers)	
The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools	

(consistent with dysentery), watery stools, etc.	
D54. Has $\{D03a\}$ had diarrhea in the last 2 weeks? <i>DIARRHEA IS DEFINED AS 3 OR MORE WATERY STOOLS IN A DAY</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D55. Was there any blood in the stools?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
D56. Now I would like to know how much $\{D03a\}$ was given to drink during the period that $\{D03a\}$ had diarrhea (including breastmilk). Was $\{D03a\}$ given less than usual to drink, about the same amount, or more than usual to drink?	<input type="radio"/> Much Less <input type="radio"/> Somewhat Less <input type="radio"/> About the Same <input type="radio"/> More <input type="radio"/> Nothing to Drink <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
D56_probe. IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	<div style="text-align: right;"><math>\{D56\}= 1</math> and <math>\{D56\}= 2</math></div> <input type="text"/>
D57. When $\{D03a\}$ had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?	<input type="radio"/> Much Less <input type="radio"/> Somewhat Less <input type="radio"/> About the Same <input type="radio"/> More <input type="radio"/> Stopped Food <input type="radio"/> Never Gave Food <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
D57_probe. IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	<div style="text-align: right;"><math>\{D57\}= 1</math> and <math>\{D57\}= 2</math></div> <input type="text"/>
Hospitals Selections - First Treatment	
D58. Did you seek advice or treatment for the diarrhea from any source?	<input type="radio"/> Yes <input type="radio"/> No
D59. Where did you FIRST seek advice or treatment?	<div style="text-align: right;"><math>\{D58\}=1</math></div> <input type="radio"/> Public Sector <input type="radio"/> Mission Hospital <input type="radio"/> Private Medical Sector <input type="radio"/> Other Source

	<input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
Public Sector	selected ({D59}, "1")  <input type="checkbox"/> Central Hospital <input type="checkbox"/> Provincial Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> Rural Hospital <input type="checkbox"/> Rural Health Center <input type="checkbox"/> Urban Medical Clinic <input type="checkbox"/> Community/Village Health Worker <input type="checkbox"/> Other Public Sector Location <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Specify Other	selected ({D59a}, "8") <input type="text"/>
Mission Hospital	selected ({D59}, "2")  <input type="checkbox"/> Mission Hospital <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Private Sector Hospital	selected ({D59}, "3")  <input type="checkbox"/> Private Hospital/Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Doctor <input type="checkbox"/> Specify Other Private Doctor <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Specify Other	selected ({D59c}, "4") <input type="text"/>
D59d. Other Medical Options	selected ({D59}, "4")  <input type="checkbox"/> Shop <input type="checkbox"/> Traditional Practitioner <input type="checkbox"/> Market <input type="checkbox"/> Specify Other Location <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Specify Other	selected ({D59d}, "4")

	<input type="text"/>
Did you seek or visit any other treatment facilities	<p style="text-align: right;">\${D54}=1 and \${D58}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
D61. Where did you additional seek advice or treatment? <i>Select All that Apply</i>	<p><input type="checkbox"/> Public Sector <input type="checkbox"/> Mission Hospital <input type="checkbox"/> Private Medical Sector <input type="checkbox"/> Other Source <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer</p>
Public Sector <i>Select All that Apply</i>	<p style="text-align: right;">selected (\${D61}, "1")</p> <p><input type="checkbox"/> Central Hospital <input type="checkbox"/> Provincial Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> Rural Hospital <input type="checkbox"/> Rural Health Center <input type="checkbox"/> Urban Medical Clinic <input type="checkbox"/> Community/Village Health Worker <input type="checkbox"/> Other Public Sector Location <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer</p>
Specify Other	<p style="text-align: right;">selected (\${D61a}, "8")</p> <p><input type="text"/></p>
Mission Hospital	<p style="text-align: right;">selected (\${D61}, "2")</p> <p><input type="checkbox"/> Mission Hospital <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer</p>
Private Sector Hospital <i>Select All that Apply</i>	<p style="text-align: right;">selected (\${D61}, "3")</p> <p><input type="checkbox"/> Private Hospital/Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Doctor <input type="checkbox"/> Specify Other Private Doctor <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer</p>
Specify Other	<p style="text-align: right;">selected (\${D61c}, "8")</p> <p><input type="text"/></p>

<p>Other Medical Options <i>Select All that Apply</i></p>	<p>selected ({D61}, "4")</p> <p><input type="checkbox"/> Shop  <input type="checkbox"/> Traditional Practitioner  <input type="checkbox"/> Market  <input type="checkbox"/> Specify Other Location  <input type="checkbox"/> Don't Know  <input type="checkbox"/> Refused to Answer</p>
<p>Specify Other</p>	<p>selected ({D61d}, "8")</p> <p><input type="text"/></p>
<p>Fluids Given</p>	
<p>D62. Was {D03a} given any of the following to drink at any time since {D03a} started having diarrhea</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D62a. An fluid made from a special packet called an ORS</p>	<p>{D62}=1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D62b. A homemade sugar-salt water solution (SSS)?</p>	<p>{D62}=1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D63. Was anything (else) given to treat the diarrhea?</p>	<p>{D54}=1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>D64. What (else) was given to treat the diarrhea?</p>	<p>{D54}=1 or {D63}=1</p> <p><input type="checkbox"/> Pill or Syrup - Antibiotic  <input type="checkbox"/> Pill or Syrup - Antimotility  <input type="checkbox"/> Pill or Syrup - Zinc  <input type="checkbox"/> Pill or Syrup - Other (not antibiotics, antimotility, or zinc)  <input type="checkbox"/> Pill or Syrup - Unknown Pill or Syrup  <input type="checkbox"/> Injection - Antibiotic  <input type="checkbox"/> Injection - Non-Antibiotic</p>

	<input type="checkbox"/> Injection - Unknown Injection <input type="checkbox"/> Injection - Intravenous Drips (IV) <input type="checkbox"/> Home Remedy/Herbal Medicine <input type="checkbox"/> Specify Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Specify Other	<div style="text-align: right;">\${D64}=11</div> <input type="text"/>
ALL CHILDREN MUST BE UNDER THE AGE OF 60 MONTHS (5 years) OLD. IF THERE IS MORE THAN ONE CHILD UNDER THE AGE OF 60 MONTHS IN THE HOUSEHOLD, PLEASE ADD BY SELECTING "Add Group"	
Beginning of Women's Module. For the Kish Grid please use last digit of the number given here "\${A05}"	
E01. Please tell me how old you are. What was your age at your last birthday? <i>Enter -8 if they don't know and -9 if they refuse to answer</i>	
E02. In what Month and year were you born	Month: <input type="text"/> Year: <input type="text"/>
E03. Name of Respondent	<input type="text"/>
E04. Does \${E01} give consent to participate in the Women's section of the household survey?	(\${E03} >=15 and \${E03} <=49) or \${E03}=-8 or \${E03}=-9 <input type="radio"/> Yes <input type="radio"/> No
Woman's Dietary Diversity: Yesterday during the day or night did \${E01} drink/eat any of these items?	
E11. Bread, biscuits, pastries, doughnut, pasta, noodles, rice, crackers or other foods made from grains such as corn, wheat, millet (Zviyo, Uphoko), rice, sadza, mahewu, mealie-meal, sorghum, bulgur wheat, barley?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused



E12. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E13. White potatoes, white yams, cassava, plantains or any other foods made from roots?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E14. Any dark green leafy vegetables such as spinach, pumpkin leaves, ulude/nyevhe, kale, or okra?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E15. Ripe mangoes, ripe papaya, apricots, cantaloupe melons or other fruits that are yellow or orange inside?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E16. Other fruits or vegetables, like bananas, tomatoes, green beans, avocado, etc.?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E17. Liver, kidney, heart, or other organ meats?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E18. Any meat, such as beef, pork, lamb, goat, chicken, duck, game meat, birds, mice, frog (dzetse), lizard (mpurwa/hukurutombo)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E19. Eggs? (chicken, turkey, fowl, duck)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E20. Fresh or dried fish, shellfish, crabs or seafood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E21. Any foods made from beans, peas, lentils, walnuts, or other nuts and seeds?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
E22. Cheese, yogurt, sour milk or other milk products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused

<p>E23. Other oils, fats, butter, peanut butter, or foods made with any of those products?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>E24. Any sugary foods such as chocolates, sweets, sugar cane, sweet reed, candies, pastries, cake or biscuits?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>E25. Condiments for flavor, such as chilies, spices, herbs, or fish powder?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>E26. Grubs, snails, edible insect, mopane worms?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>Now I would like to ask you about pregnancies and births you might have had.</p>	
<p>E28. Are you currently pregnant?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>E29. Have you ever been pregnant?</p>	<p style="text-align: right;">\${E28}!=1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Does Not Know  <input type="radio"/> Refused</p>
<p>E30. Have you ever given birth?</p>	<p style="text-align: right;">\${E29}=1 or \${E28} =1</p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>
<p>E31. When was the last time you gave birth  <i>IF THE RESPONDENT DOES NOT KNOW THE BIRTHDATE, ASK: DO YOU HAVE A HEALTH/VACCINATION CARD FOR THAT CHILD WITH BIRTHDATE RECORDED? IF THE HEALTH/VACCINATION CARD IS SHOWN, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD.</i></p>	<p style="text-align: right;">\${E30}=1</p> <p style="text-align: right;">Month: <input type="text"/></p> <p style="text-align: right;">Year: <input type="text"/></p>
<p>Does the respondent have a child under 24 months</p>	<p style="text-align: right;">\${E30}=1</p>

	<input type="radio"/> Yes <input type="radio"/> No
E32. What is the name of your child?	<input type="text"/>
E33. Is \${E32} a male or female?	<input type="radio"/> Male <input type="radio"/> Female
E34. Did you ever breastfeed \${E32}?	<input type="radio"/> Yes <input type="radio"/> No
E35. How long after birth did you first put \${E32} to the breast?	<input type="radio"/> Immediately <input type="radio"/> hours afterwards <input type="radio"/> days afterwards <input type="radio"/> Did Not Breastfeed <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
RECORD number of "HOURS" before breastfeeding	\${E35}=2
RECORD number of "DAYS" before breastfeeding	\${E35}=3
E36. In the first three days after delivery, was \${E32} given anything to drink other than breast milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Does Not Know <input type="radio"/> Refused
	\${E36}=1
E37. What was \${E32} given to drink?	<input type="checkbox"/> Milk (other than breast milk) <input type="checkbox"/> Plain Water <input type="checkbox"/> Sugar or Glucose Water <input type="checkbox"/> Gripe Water <input type="checkbox"/> Sugar-Salt-Water Solution <input type="checkbox"/> Fruit Juice <input type="checkbox"/> Infant Formula <input type="checkbox"/> Tea/Infusion <input type="checkbox"/> Coffee <input type="checkbox"/> Honey <input type="checkbox"/> Specify Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
Specify Other	selected (\${E37}, "15") <input type="text"/>
Antenatal Care	

<p>E38. Did you see anyone for antenatal care during the pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>E39. Whom did you see?</p>	<p style="text-align: right;">\${E38}=1</p> <p><input type="checkbox"/> Doctors <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Nurse Aid <input type="checkbox"/> Village Health Worker <input type="checkbox"/> Specify Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${E39}, "5")</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<p>E40. Where did you receive antenatal care for this pregnancy?</p>	<p style="text-align: right;">\${E38}=1</p> <p><input type="checkbox"/> Government Hospital <input type="checkbox"/> Government Clinic/Government Facility <input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Maternity <input type="checkbox"/> Home of Traditional Birth Attendant <input type="checkbox"/> Your Home <input type="checkbox"/> Specify Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>Specify Other</p>	<p style="text-align: right;">selected (\${E39}, "7")</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<p>E41. How many months pregnant were you when you first received antenatal care during this pregnancy? (MONTHS) <i>Enter -8 if they don't know and -9 if they refuse to answer</i></p>	<p style="text-align: right;">\${E38}=1</p>
<p>E42. How many times did you receive antenatal care during this pregnancy? <i>Enter -8 if they don't know and -9 if they refuse to answer</i></p>	<p style="text-align: right;">\${E38}=1</p>
<p>E43. Are there any other women ages 15-49 in the household who are currently pregnant or who gave birth to a child within the past two months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

Please List	<input type="text"/>	$\${E43}=1$
Anthropometry		
<p>All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You do not have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you do not want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p> <p><i>IT IS NECESSARY TO OBTAIN THE CONSENT OF ALL RESPONDENTS.</i></p>		
What is the age of your child in months		
Does the PRIMARY CAREGIVER for Children Under Age of FIVE give consent to participate in the survey and allow your child to be weighed and measured?	<p>(<math>\\${ant_4} \geq 0</math> and <math>\\${ant_4} \leq 60</math> or <math>\\${ant_4} = -8</math> or <math>\\${ant_4} = -9</math>)</p> <p><input type="radio"/> Yes, I agree to participate in the survey and allow your child to be weighed and measured?</p> <p><input type="radio"/> No, I do not agree to participate in the survey and allow your child to be weighed and measured?</p>	
ant_5. Name of the Child	<input type="text"/>	$\${ant_4} \leq 60$
ant_6. Sex of $\${ant_5}$	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	$\${ant_4} \leq 60$
ant_7. $\${ant_4}$ 's Birthdate	<p>Month: <input type="text"/></p> <p>Year: <input type="text"/></p>	$\${ant_4} \leq 60$
ant_8. Source of Birthdate <i>Enter -8 if they don't know and -9 if they refuse to answer</i>	<input type="text"/>	$\${ant_4} \leq 60$
ant_9. Weight of $\${ant_5}$ in Kilograms		$\${ant_4} \leq 60$

ant_10. Height of \${ant_4} in Centimeters (laying down)	\${ant_4}<=60
ant_11. Height of \${ant_4} in Centimeters (standing up)	\${ant_4}<=60
ant_12. Results of Measurement Process	<input type="radio"/> Measured <input type="radio"/> Not Present <input type="radio"/> Refused <input type="radio"/> Specify Other
Specify Other	<div style="text-align: right;">\${ant_4}&lt;=60 and selected (\${ant_12}, "4")</div> <input style="width: 100px; height: 20px;" type="text"/>
ant_14. Does \${ant_4} have EDEMA	\${ant_4}<=60 <input type="radio"/> Yes <input type="radio"/> No
IF THERE IS MORE THAN ONE CHILD UNDER 24 MONTHS, WITH THEIR PRIMARY CAREGIVER, PLEASE ADD ADDITIONAL RESPONDANTS AS NEEDED.	
Selected Women's (15-49) Information. For the Kish Grid please use last digit of the number given here "\${A05}"	
Age of Respondent (in YEARS) <i>Enter -8 if they don't know and -9 if they refuse to answer Respondents must be between the age of 15-49 years of age</i>	
Do you give consent to participate in the survey and allow yourself to be weighed and measured?	<div style="text-align: right;">(\${consent_ant3} &gt;=15 and \${consent_ant3} &lt;=49) or \${consent_ant3}=-8 or \${consent_ant3}=-9</div> <input type="radio"/> Yes, I agree to participate in the survey and allow your child to be weighed and measured? <input type="radio"/> No, I do not agree to participate in the survey and allow your child to be weighed and measured?
Are you currently pregnant	\${consent_ant4}=1 <input type="radio"/> Yes <input type="radio"/> No
ant_17. Name of Respondent	<input style="width: 100px; height: 20px;" type="text"/>

ant_18. Weight of \${ant_17} in Kilograms	
ant_19. Height of \${ant_17} in Centimeters	
ant_20. Results of Measurement Process	<input type="radio"/> Measured <input type="radio"/> Not Present <input type="radio"/> Refused <input type="radio"/> Specify Other
Specify Other	<input type="text"/> selected (\${ant_20}, "4")
Name of Anthropometrist <i>ANTHROPOMETRIST PRINT NAME:</i>	<input type="text"/>
Anthropometrist ID Code Number <i>If unknown enter -8</i>	
Date and Time of Measurements	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
Name of Supervisor	<input type="text"/>
Supervisor ID Code Number <i>If unknown enter -8</i>	
Date and Time of Measurements	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
Module J: Male Responses	
Is this the Primary Decision MALE decision maker in the household	<input type="radio"/> Yes <input type="radio"/> No
Productive Capital for Males	
mJ_1_1: Does anyone in your household currently have any of these items?	<input type="checkbox"/> Agricultural Land (pieces/plots) <input type="checkbox"/> Large Livestock (oxen, cattle) <input type="checkbox"/> Small Livestock (goats, pigs, sheep) <input type="checkbox"/> Chickens, Ducks, Turkeys, Pigeons <input type="checkbox"/> Farm Equipment (non-mechanized) <input type="checkbox"/> None of These Items

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
mJ_1_2: How many of \${mJ_1_jassets} does your household currently have?	
mJ_1_3: Who would you say owns most the \${mJ_1_jassets}	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused
mJ_1_4: Who would you say can decide whether to sell \${mJ_1_jassets} most of the time?	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused
mJ_1_5: Who would you say can decide whether to give away \${mJ_1_jassets} most of the time?	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused



<p>mJ_1_6: Who would you say can decide to mortgage or rent out \${mJ_1_jassets} most of the time?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>mJ_1_7: Who contributes most to decisions regarding a new purchase of \${mJ_1_jassets}?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>Productive Capital for males continued</p>	
<p>mJ_2_1: Does anyone in your household currently have any of these items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Nonfarm business equipment</li> <li><input type="checkbox"/> Large consumer durables (Fridge, TV, Sofa)</li> <li><input type="checkbox"/> Small consumer durables (radio, cookware)</li> <li><input type="checkbox"/> Cell Phone</li> <li><input type="checkbox"/> Means of Transportation (bicycle, motorcycle, car)</li> <li><input type="checkbox"/> None of These Items</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>
<p>mJ_2_2: How many of \${mJ_2_jassets2} does your household currently have?</p>	
<p>mJ_2_3: Who would you say owns most the \${mJ_2_jassets2}</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> </ul>

	<ul style="list-style-type: none"> <li>○ Partner/Spouse and other outside people</li> <li>○ Self, partner/spouse and other outside people</li> <li>○ None of These Items</li> <li>○ Don't Know</li> <li>○ Refused</li> </ul>
Lending Sources for Males	
Has anyone in your household taken any loans or borrowed cash/in-kind in the past 12 months	<ul style="list-style-type: none"> <li>○ Cash only</li> <li>○ Cash and kind</li> <li>○ Kind only</li> <li>○ Not paid</li> <li>○ Don't Know</li> <li>○ Refused</li> </ul>
mJ_3_1a: From which of these sources	<ul style="list-style-type: none"> <li><input type="checkbox"/> Non-Governmental Organization</li> <li><input type="checkbox"/> Informal Lender</li> <li><input type="checkbox"/> Formal Lender (bank/financial institution)</li> <li><input type="checkbox"/> Friends or relatives</li> <li><input type="checkbox"/> Group based Micro-Finance or lending including VSLAs/SACCOs/merry-go-rounds</li> <li><input type="checkbox"/> None of These Items</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>
mJ_1_2: Who made the decision to borrow from \${mJ_3_sources}?	<ul style="list-style-type: none"> <li>○ Self</li> <li>○ Partner/Spouse</li> <li>○ Self and partner/spouse jointly</li> <li>○ Other household members</li> <li>○ Self and other household member(s)</li> <li>○ Partner/Spouse and other household member(s)</li> <li>○ Someone (or group of people) outside the household</li> <li>○ Self and other outside people</li> <li>○ Partner/Spouse and other outside people</li> <li>○ Self, partner/spouse and other outside people</li> <li>○ None of These Items</li> <li>○ Don't Know</li> <li>○ Refused</li> </ul>
mJ_1_3: Who makes the decision about what to do with the money or items borrowed from \${mJ_3_sources}?	<ul style="list-style-type: none"> <li>○ Self</li> <li>○ Partner/Spouse</li> <li>○ Self and partner/spouse jointly</li> <li>○ Other household members</li> <li>○ Self and other household member(s)</li> <li>○ Partner/Spouse and other household member(s)</li> <li>○ Someone (or group of people) outside the household</li> <li>○ Self and other outside people</li> <li>○ Partner/Spouse and other outside people</li> <li>○ Self, partner/spouse and other outside people</li> <li>○ None of These Items</li> </ul>

	<input type="radio"/> Don't Know <input type="radio"/> Refused
Module J: Female Responses	
Is this the Primary Decision FEMALE decision maker in the household	<input type="radio"/> Yes <input type="radio"/> No
Productive Capital for Females	
mJ_4_1: Does anyone in your household currently have any of these items?	<input type="checkbox"/> Agricultural Land (pieces/plots) <input type="checkbox"/> Large Livestock (oxen, cattle) <input type="checkbox"/> Small Livestock (goats, pigs, sheep) <input type="checkbox"/> Chickens, Ducks, Turkeys, Pigeons <input type="checkbox"/> Farm Equipment (non-mechanized) <input type="checkbox"/> None of These Items <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
mJ_4_2: How many of \${mJ_1_jassets} does your household currently have?	
mJ_4_3: Who would you say owns most the \${mJ_1_jassets}	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused
mJ_4_4: Who would you say can decide whether to sell \${mJ_1_jassets} most of the time?	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused

<p>mJ_5_5: Who would you say can decide whether to give away \${mJ_1_jassets} most of the time?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>mJ_6_6: Who would you say can decide to mortgage or rent out \${mJ_1_jassets} most of the time?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>mJ_7_7: Who contributes most to decisions regarding a new purchase of \${mJ_1_jassets}?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>Productive Capital continued</p>	
<p>mJ_1_1: Does anyone in your household currently have any of these items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Nonfarm business equipment</li> <li><input type="checkbox"/> Large consumer durables (Fridge, TV, Sofa)</li> <li><input type="checkbox"/> Small consumer durables (radio, cookware)</li> <li><input type="checkbox"/> Cell Phone</li> <li><input type="checkbox"/> Means of Transportation (bicycle, motorcycle, car)</li> <li><input type="checkbox"/> None of These Items</li> </ul>

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
mJ_2_2: How many of \${mJ_2_jassets2} does your household currently have?	
mJ_2_3: Who would you say owns most the \${mJ_2_jassets2}	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items <input type="radio"/> Don't Know <input type="radio"/> Refused
Lending Sources	
Has anyone in your household taken any loans or borrowed cash/in-kind in the past 12 months	<input type="radio"/> Cash only <input type="radio"/> Cash and kind <input type="radio"/> Kind only <input type="radio"/> Not paid <input type="radio"/> Don't Know <input type="radio"/> Refused
mJ_3_1a: From which of these sources	<input type="checkbox"/> Non-Governmental Organization <input type="checkbox"/> Informal Lender <input type="checkbox"/> Formal Lender (bank/financial institution) <input type="checkbox"/> Friends or relatives <input type="checkbox"/> Group based Micro-Finance or lending including VSLAs/SACCOs/merry-go-rounds <input type="checkbox"/> None of These Items <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
mJ_1_2: Who made the decision to borrow from \${mJ_3_sources}?	<input type="radio"/> Self <input type="radio"/> Partner/Spouse <input type="radio"/> Self and partner/spouse jointly <input type="radio"/> Other household members <input type="radio"/> Self and other household member(s) <input type="radio"/> Partner/Spouse and other household member(s) <input type="radio"/> Someone (or group of people) outside the household <input type="radio"/> Self and other outside people <input type="radio"/> Partner/Spouse and other outside people <input type="radio"/> Self, partner/spouse and other outside people <input type="radio"/> None of These Items

	<ul style="list-style-type: none"> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>mJ_1_3: Who makes the decision about what to do with the money or items borrowed from \${mJ_3_sources}?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Self</li> <li><input type="radio"/> Partner/Spouse</li> <li><input type="radio"/> Self and partner/spouse jointly</li> <li><input type="radio"/> Other household members</li> <li><input type="radio"/> Self and other household member(s)</li> <li><input type="radio"/> Partner/Spouse and other household member(s)</li> <li><input type="radio"/> Someone (or group of people) outside the household</li> <li><input type="radio"/> Self and other outside people</li> <li><input type="radio"/> Partner/Spouse and other outside people</li> <li><input type="radio"/> Self, partner/spouse and other outside people</li> <li><input type="radio"/> None of These Items</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>Module K. Gender - MCHN (All Men and Women with Child Under 2 Years)</p> <p><i>Module K. Gender - MCHN (All Men and Women with Child Under 2 Years)</i></p>	
<p>K01. Are you the biological parent of a child under 2 years of age who is living in this household?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>K02. Sex of the respondent</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Male</li> <li><input type="radio"/> Female</li> </ul>
<p>K06. What is the name of your child under 2 years of age?</p>	<input style="width: 100px; height: 20px;" type="text"/>
<p>K07. How many times should a pregnant woman go for antenatal check-ups during the pregnancy?</p>	
<p>K08. In your opinion, do you think pregnant women, overall, need to eat more, less or the same amount of food as they did before they got pregnant?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> More</li> <li><input type="radio"/> Less</li> <li><input type="radio"/> Same</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused</li> </ul>
<p>K09. How long after birth should a baby start breastfeeding?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Immediately</li> <li><input type="radio"/> Less than 1 hour after delivery</li> <li><input type="radio"/> Some hours later but less than 24 hours</li> <li><input type="radio"/> 1 day later</li> <li><input type="radio"/> More than 1 day later</li> <li><input type="radio"/> Baby should not be breastfed</li> <li><input type="radio"/> Don't know</li> <li><input type="radio"/> Refused</li> </ul>

<p>K10. At what age should a baby first start to receive foods in addition to breast milk? <i>AGE IN MONTHS. ENTER "0" for IMMEDIATELY Enter "-8" if they don't know Enter "-9" if they refuse to answer</i></p>	
<p>K11. Are you married/living together?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>K12a. IF FEMALE RESPONDENT, ASK: With whom do you usually talk about your or \${K06}'s health and nutrition?</p>	<p>selected (\${K11}, "1") and selected (\${K02}, "2")</p> <p><input type="radio"/> No One <input type="radio"/> Spouse/partner <input type="radio"/> Self and spouse/partner jointly <input type="radio"/> Self and other jointly (specify) <input type="radio"/> Other (specify) <input type="radio"/> Don't Know <input type="radio"/> Refused</p>
<p>Please specify</p>	<p>selected (\${K12}_f, "4")</p> <input type="text"/>
<p>Please specify</p>	<p>selected (\${K12}_f, "5")</p> <input type="text"/>
<p>K12b. IF MALE RESPONDENT, ASK: With whom do you usually talk about your spouse/partner's or \${K06}'s health and nutrition?</p>	<p>selected (\${K11}, "1") and selected (\${K02}, "1")</p> <p><input type="radio"/> No One <input type="radio"/> Spouse/partner <input type="radio"/> Self and spouse/partner jointly <input type="radio"/> Self and other jointly (specify) <input type="radio"/> Other (specify) <input type="radio"/> Don't Know <input type="radio"/> Refused</p>
<p>Please specify</p>	<p>selected (\${K12}_m, "4")</p> <input type="text"/>
<p>Please specify</p>	<p>selected (\${K12}_m, "5")</p> <input type="text"/>
<p>K13a. IF FEMALE RESPONDENT, ASK: Who usually makes decisions about your or \${K06}'s health and nutrition?</p>	<p>selected (\${K11}, "1") and selected (\${K02}, "2")</p> <p><input type="radio"/> No One <input type="radio"/> Spouse/partner <input type="radio"/> Self and spouse/partner jointly <input type="radio"/> Self and other jointly (specify) <input type="radio"/> Other (specify)</p>

	<input type="radio"/> Don't Know <input type="radio"/> Refused
Please specify	<input type="text"/> <span style="float: right;">selected({K13_f}, "4")</span>
Please specify	<input type="text"/> <span style="float: right;">selected({K13_f}, "5")</span>
K13b. IF MALE RESPONDENT, ASK: Who usually makes decisions about your spouse/partner's or {K06}'s health and nutrition?	<input type="radio"/> No One <input type="radio"/> Spouse/partner <input type="radio"/> Self and spouse/partner jointly <input type="radio"/> Self and other jointly (specify) <input type="radio"/> Other (specify) <input type="radio"/> Don't Know <input type="radio"/> Refused
Please specify	<input type="text"/> <span style="float: right;">selected({K13_m}, "4")</span>
Please specify	<input type="text"/> <span style="float: right;">selected({K13_m}, "5")</span>
<b>MODULE H. POVERTY MEASUREMENT</b> (Person in charge of food preparation in last 7 days, or adult who ate in the household in last 7 days)	
Are you the person in charge of food preparation in last 7 days	<input type="radio"/> Yes <input type="radio"/> No
H1_1_1: Over the past 7 days, did you or others in your household consume any of the following items?	<input type="checkbox"/> Biscuits (gr) <input type="checkbox"/> Bread (units = loaves) <input type="checkbox"/> Breakfast cereals (gr) <input type="checkbox"/> Broken maize/mealie rice/samp (kg) <input type="checkbox"/> Wheat flour (kg) <input type="checkbox"/> Buns (units) <input type="checkbox"/> Maize grain (kg, bucket) <input type="checkbox"/> Maize meal (kg) <input type="checkbox"/> Sorghum (kg) <input type="checkbox"/> Millet (kg) <input type="checkbox"/> Soy chunks (kg) <input type="checkbox"/> Rice (kg) <input type="checkbox"/> Macaroni/spaghetti/noodles (gr) <input type="checkbox"/> Rapoko/Rukweza/Uphoko grain (bucket, kg)



	<input type="checkbox"/> Wheat (bucket, kg) <input type="checkbox"/> Did not have any <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
H1_1_2: How much \${H1_1_food_asset1} in total did your household consume in the past 7 days?	
H1_1_2a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Buckets <input type="radio"/> Units = Loaves <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_1_3: How much \${H1_1_food_asset1} in total did you household consume in the past 7 days came from purchases?	
H1_1_3a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Buckets <input type="radio"/> Units = Loaves <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_1_4: How much did you spend on the \${H1_1_food_asset1} consumed in the Past 7 days? In dollars <i>Indicate in US Dollars</i>	
H1_1_5: How much \${H1_1_food_asset1} came from your own production?	
H1_1_5a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Buckets <input type="radio"/> Units = Loaves <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_1_6: How much \${H1_1_food_asset1} came from gifts from other sources?	
H1_1_6a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr)

	<ul style="list-style-type: none"> <li>○ Buckets</li> <li>○ Units = Loaves</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
<p>H1_2_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Beef (kg)</li> <li><input type="checkbox"/> Chicken (kg)</li> <li><input type="checkbox"/> Other poultry e.g. duck, guinea fowl (kg)</li> <li><input type="checkbox"/> Game (kg)</li> <li><input type="checkbox"/> Goat meat (kg)</li> <li><input type="checkbox"/> Macimbi/Madora (kg)</li> <li><input type="checkbox"/> Mutton (kg)</li> <li><input type="checkbox"/> Casings/Tripe/Matumbu, or other offals (kg)</li> <li><input type="checkbox"/> Pork (kg)</li> <li><input type="checkbox"/> Sausages (kg)</li> <li><input type="checkbox"/> Tinned meat (kg, gr)</li> <li><input type="checkbox"/> Canned Fish (kg)</li> <li><input type="checkbox"/> Bream, Mackerel or other fresh/frozen fish (kg, unit)</li> <li><input type="checkbox"/> Dried fish/smoked fish, Kapenta/matemba (small dried fish) (kg)</li> <li><input type="checkbox"/> Did Not Eat</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>H1_2_2: How much \${H1_2_food_asset2} in total did you household consume in the past 7 days?</p>	
<p>H1_2_2a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li>○ Kilograms (Kg)</li> <li>○ Grams (Gr)</li> <li>○ Units</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
<p>H1_2_3: How much \${H1_2_food_asset2} in total did you household consume in the past 7 days came from purchases?</p>	
<p>H1_2_3a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li>○ Kilograms (Kg)</li> <li>○ Grams (Gr)</li> <li>○ Units</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
<p>H1_2_4: How much did you spend on the \${H1_2_food_asset2} consumed in the Past 7 days? In dollars</p>	

<i>Indicate in US Dollars</i>	
H1_2_5: How much \${H1_2_food_asset2} came from your own production?	
H1_2_5a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Units <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_2_6: How much \${H1_2_food_asset2} came from gifts from other sources?	
H1_2_6a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Units <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_3_1: Over the past 7 days, did you or others in your household consume any of the following items?	<input type="checkbox"/> Sour milk (liters, cups) <input type="checkbox"/> Condensed milk (gr) <input type="checkbox"/> Fresh milk (liters, cups) <input type="checkbox"/> Powdered milk (gr, cups) <input type="checkbox"/> Powdered milk for babies/formula (gr, cups) <input type="checkbox"/> Cheese (kg, gr) <input type="checkbox"/> Cream (kg, gr) <input type="checkbox"/> Sterilized milk (liters) <input type="checkbox"/> Yogurt (liters) <input type="checkbox"/> Eggs (units) <input type="checkbox"/> Butter/Margarine (gr) <input type="checkbox"/> Peanut butter (bottle, gr) <input type="checkbox"/> Cooking oil (liters, milliliters) <input type="checkbox"/> Lard/dripping/animal fat (gr) <input type="checkbox"/> Did Not Eat <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
H1_3_2: How much \${H1_3_food_asset3} in total did you household consume in the past 7 days?	
H1_3_2a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Liters <input type="radio"/> milliliter <input type="radio"/> Cups

	<ul style="list-style-type: none"> <li><input type="radio"/> Units = Bottle</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
H1_3_3: How much $\${H1_3\_food\_asset3}$ in total did you household consume in the past 7 days came from purchases?	
H1_3_3a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Liters</li> <li><input type="radio"/> milliliter</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Units = Bottle</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
H1_3_4: How much did you spend on the $\${H1_3\_food\_asset3}$ consumed in the Past 7 days? In dollars <i>Indicate in US Dollars</i>	
H1_3_5: How much $\${H1_3\_food\_asset3}$ came from your own production?	
H1_3_5a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Liters</li> <li><input type="radio"/> milliliter</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Units = Bottle</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
H1_3_6: How much $\${H1_3\_food\_asset3}$ came from gifts from other sources?	
H1_3_6a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Liters</li> <li><input type="radio"/> milliliter</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Units = Bottle</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>

<p>H1_4_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Apples (small/medium/large units)</li> <li><input type="checkbox"/> Apricots (small/medium/large units)</li> <li><input type="checkbox"/> Avocados (small/medium/large units)</li> <li><input type="checkbox"/> Bananas (small/medium/large units)</li> <li><input type="checkbox"/> Guavas (small/medium/large units)</li> <li><input type="checkbox"/> Lemon/Lime (small/medium/large units)</li> <li><input type="checkbox"/> Mangoes (small/medium/large units)</li> <li><input type="checkbox"/> Indigenous Fruits (cups, buckets, kg)</li> <li><input type="checkbox"/> Sugar cane (Nzimbe) (units)</li> <li><input type="checkbox"/> Mulberries (kg)</li> <li><input type="checkbox"/> Oranges (small/medium/large units)</li> <li><input type="checkbox"/> Paw paws (small/medium/large units)</li> <li><input type="checkbox"/> Peaches (small/medium/large units)</li> <li><input type="checkbox"/> Pears (small/medium/large units)</li> <li><input type="checkbox"/> Pineapples (small/medium/large units)</li> <li><input type="checkbox"/> Plums (units)</li> <li><input type="checkbox"/> Dried fruits (gr)</li> <li><input type="checkbox"/> Did Not Eat</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
<p>H1_4_2: How much \${H1_4_food_asset4} in total did you household consume in the past 7 days?</p>	
<p>H1_4_2a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Buckets</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_4_3: How much \${H1_4_food_asset4} in total did you household consume in the past 7 days came from purchases?</p>	
<p>H1_4_3a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Buckets</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Small Units</li> </ul>

	<ul style="list-style-type: none"> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_4_4: How much did you spend on the \${H1_4_food_asset4} consumed in the Past 7 days? In dollars</p> <p><i>Indicate in US Dollars</i></p>	
<p>H1_4_5: How much \${H1_4_food_asset4} came from your own production?</p>	
<p>H1_4_5a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Buckets</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_4_6: How much \${H1_4_food_asset4} came from gifts from other sources?</p>	
<p>H1_4_6a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Cups</li> <li><input type="radio"/> Buckets</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_5_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Green beans (bundles, kg)</li> <li><input type="checkbox"/> Beetroot (bundles, kg)</li> <li><input type="checkbox"/> Cabbage (units = heads)</li> <li><input type="checkbox"/> Carrots (bundles, kg)</li> <li><input type="checkbox"/> Cauliflower (units = heads)</li> <li><input type="checkbox"/> Cucumber (units)</li> <li><input type="checkbox"/> Garlic (units = heads)</li> <li><input type="checkbox"/> Green mealies (units)</li> <li><input type="checkbox"/> Green pepper (units)</li> </ul>

	<input type="checkbox"/> Lettuce (bundles) <input type="checkbox"/> Mushrooms (plates, kg) <input type="checkbox"/> Okra (bundles) <input type="checkbox"/> Onions (small/medium/large units, plates) <input type="checkbox"/> Peas (incl. cow peas) (kg) <input type="checkbox"/> Pepper/chili (small/medium/large units) <input type="checkbox"/> Pumpkins/squashes (small/medium/large units) <input type="checkbox"/> Pumpkin leaves (bundles) <input type="checkbox"/> Rape/Covo/Chomoulier (bundle) <input type="checkbox"/> Spinach (bundles) <input type="checkbox"/> Tomatoes (plates, kg) <input type="checkbox"/> Ginger (kg) <input type="checkbox"/> Indigenous vegetables (bundles) <input type="checkbox"/> Beans (kg) <input type="checkbox"/> Peas (incl. cow peas) (kg) <input type="checkbox"/> Groundnuts (kg) <input type="checkbox"/> Nyimo/indlubu/groundnuts (kg) <input type="checkbox"/> Potatoes (kg) <input type="checkbox"/> Sweet potatoes (kg) <input type="checkbox"/> Did Not Eat <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
<p>H1_5_2: How much            \${H1_5_food_asset5} in total did you            household consume in the past 7 days?</p>	
<p>H1_5_2a: Indicate in what unit the            respondent gave</p>	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Units <input type="radio"/> Bundles <input type="radio"/> Plates <input type="radio"/> Small Units <input type="radio"/> Medium Units <input type="radio"/> Large Units <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
<p>H1_5_3: How much            \${H1_5_food_asset5} in total did you            household consume in the past 7 days came            from purchases?</p>	
<p>H1_5_3a: Indicate in what unit the            respondent gave</p>	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Units <input type="radio"/> Bundles

	<ul style="list-style-type: none"> <li><input type="radio"/> Plates</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_5_4: How much did you spend on the \${H1_5_food_asset5} consumed in the Past 7 days? In dollars</p> <p><i>Indicate in US Dollars</i></p>	
<p>H1_5_5: How much \${H1_5_food_asset5} came from your own production?</p>	
<p>H1_5_5a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Bundles</li> <li><input type="radio"/> Plates</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_5_6: How much \${H1_5_food_asset5} came from gifts from other sources?</p>	
<p>H1_5_6a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Kilograms (Kg)</li> <li><input type="radio"/> Grams (Gr)</li> <li><input type="radio"/> Units</li> <li><input type="radio"/> Bundles</li> <li><input type="radio"/> Plates</li> <li><input type="radio"/> Small Units</li> <li><input type="radio"/> Medium Units</li> <li><input type="radio"/> Large Units</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Refused to Answer</li> </ul>
<p>H1_6_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> White Sugar (kg)</li> <li><input type="checkbox"/> Brown sugar (kg)</li> <li><input type="checkbox"/> Sweets (kg)</li> <li><input type="checkbox"/> Coffee (gr)</li> <li><input type="checkbox"/> Tea (gr)</li> <li><input type="checkbox"/> Chocolate drink</li> <li><input type="checkbox"/> Baking powder (gr)</li> </ul>



	<input type="checkbox"/> Chips and crisps (gr) <input type="checkbox"/> Chocolate (exclude drinks) (gr) <input type="checkbox"/> Jam (gr) <input type="checkbox"/> Honey (gr) <input type="checkbox"/> Mixed condiments e.g. Royco, or Spices and seasoning (gr) <input type="checkbox"/> Salt (gr) <input type="checkbox"/> Sauces (milliliters) <input type="checkbox"/> Vinegar (liters) <input type="checkbox"/> Yeast (gr) <input type="checkbox"/> Did Not Eat <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused to Answer
H1_6_2: How much \${H1_6_food_asset6} in total did you household consume in the past 7 days?	
H1_6_2a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Liters <input type="radio"/> milliliter <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_6_3: How much \${H1_6_food_asset6} in total did you household consume in the past 7 days came from purchases?	
H1_6_3a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Liters <input type="radio"/> milliliter <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
H1_6_4: How much did you spend on the \${H1_6_food_asset6} consumed in the Past 7 days? In dollars <i>Indicate in US Dollars</i>	
H1_6_5: How much \${H1_6_food_asset6} came from your own production?	
H1_6_5a: Indicate in what unit the respondent gave	<input type="radio"/> Kilograms (Kg) <input type="radio"/> Grams (Gr) <input type="radio"/> Liters

	<ul style="list-style-type: none"> <li>○ milliliter</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
H1_6_6: How much \${H1_6_food_asset6} came from gifts from other sources?	
H1_6_6a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li>○ Kilograms (Kg)</li> <li>○ Grams (Gr)</li> <li>○ Liters</li> <li>○ milliliter</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
H1_7_1: Over the past 7 days, did you or others in your household consume any of the following items?	<ul style="list-style-type: none"> <li><input type="checkbox"/> Soda (gr)</li> <li><input type="checkbox"/> Restaurant meals (units)</li> <li><input type="checkbox"/> Fruit juices and squashes (liters)</li> <li><input type="checkbox"/> Minerals, maheo (liters)</li> <li><input type="checkbox"/> Super cools/freezits (liters)</li> <li><input type="checkbox"/> Beer (liters)</li> <li><input type="checkbox"/> Homemade beer (liters)</li> <li><input type="checkbox"/> Liquors (Brandy, cane, gin etc.) (liters)</li> <li><input type="checkbox"/> Cigarettes (units)</li> <li><input type="checkbox"/> Pipe tobacco (gr)</li> <li><input type="checkbox"/> Snuff (gr)</li> <li><input type="checkbox"/> Did Not Eat</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused to Answer</li> </ul>
H1_7_2: How much \${H1_7_food_asset7} in total did you household consume in the past 7 days?	
H1_7_2a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li>○ Grams (Gr)</li> <li>○ Liters</li> <li>○ Units</li> <li>○ Don't Know</li> <li>○ Refused to Answer</li> </ul>
H1_7_3: How much \${H1_7_food_asset7} in total did you household consume in the past 7 days came from purchases?	
H1_7_3a: Indicate in what unit the respondent gave	<ul style="list-style-type: none"> <li>○ Grams (Gr)</li> <li>○ Liters</li> <li>○ Units</li> </ul>

	<input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
<p>H1_7_4: How much did you spend on the <math>\\${H1_7\_food\_asset7}</math> consumed in the Past 7 days? In dollars</p> <p><i>Indicate in US Dollars</i></p>	
<p>H1_7_5: How much <math>\\${H1_7\_food\_asset7}</math> came from your own production?</p>	
<p>H1_7_5a: Indicate in what unit the respondent gave</p>	<input type="radio"/> Grams (Gr) <input type="radio"/> Liters <input type="radio"/> Units <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
<p>H1_7_6: How much <math>\\${H1_7\_food\_asset7}</math> came from gifts from other sources?</p>	
<p>H1_7_6a: Indicate in what unit the respondent gave</p>	<input type="radio"/> Grams (Gr) <input type="radio"/> Liters <input type="radio"/> Units <input type="radio"/> Don't Know <input type="radio"/> Refused to Answer
<p>MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST 30 DAYS (Head of HH or Responsible Adult)</p>	
<p>Is this person the Head of HH or a Responsible Adult if the Head of HH is absent</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>UTILITIES/FUEL/POWER</p>	
<p>H2_1_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<input type="checkbox"/> Water Charges <input type="checkbox"/> Electricity Charges <input type="checkbox"/> Gas <input type="checkbox"/> Gel <input type="checkbox"/> Paraffin (Kerosene?) <input type="checkbox"/> Spirit <input type="checkbox"/> Charcoal, Coal, Coke and Briquette <input type="checkbox"/> Firewood <input type="checkbox"/> Peat <input type="checkbox"/> Water point Committee Fees

	<input type="checkbox"/> Diesel <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H2_1_2: How much did you pay for          \${H2_1_utilities}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>VEHICLE-RELATED EXPENSES</p>	
<p>H2_2_1: Over the past 30 DAYS, did          your household use or buy any of the          following items?</p>	<input type="checkbox"/> Tires <input type="checkbox"/> Tubes <input type="checkbox"/> Parts and accessories including car batteries <input type="checkbox"/> Repair charges <input type="checkbox"/> Petrol <input type="checkbox"/> Engine oil, Brake fluid, gear and crown oil or other greases <input type="checkbox"/> Services <input type="checkbox"/> Parking Fees <input type="checkbox"/> Toll-gate Fees <input type="checkbox"/> Vehicle licensees <input type="checkbox"/> Driving Licensees (including cost of obtaining number plates) <input type="checkbox"/> Insurance of personal transport vehicle and equipment <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H2_2_2: How much did you pay for          \${H2_2_vehicle}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>TRANSPORT AND COMMUNICATIONS</p>	
<p>H2_3_1: Over the past 30 DAYS, did          your household use or buy any of the          following items?</p>	<input type="checkbox"/> Public Transportation, including railways, buses, taxis and lorries <input type="checkbox"/> Passport, Visa and ETD fees <input type="checkbox"/> Postal Services Charges <input type="checkbox"/> Telephone Charges <input type="checkbox"/> Cell Phone Charges/Airtime <input type="checkbox"/> Internet Charges <input type="checkbox"/> Rental Vehicles, including Oxen Carts, cars, etc.... <input type="checkbox"/> Envelopes, stamps <input type="checkbox"/> None of these options

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H2_3_2: How much did you pay for \${H2_3_trans_comm}? <i>Indicate in US Dollars</i>	
HEALTH CARE	
H2_5_1: Over the past 30 DAYS, did your household use or buy any of the following items?	<input type="checkbox"/> Medicines <input type="checkbox"/> Vitamins <input type="checkbox"/> Medical Aid Subscription <input type="checkbox"/> Other medical goods (specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H2_5_1_other: Please specify:	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right;">selected(\${H2_5_1}, "4")</div>
H2_5_2: How much did you pay for \${H2_5_health}? <i>Indicate in US Dollars</i>	
PERSONAL CARE AND EFFECTS	
H2_6_1: Over the past 30 DAYS, did your household use or buy any of the following items?	<input type="checkbox"/> Services of barber shops/hair dresser (men's) <input type="checkbox"/> Services of barber shops/hair dresser (women's) <input type="checkbox"/> Services of beauty shops/massage parlor <input type="checkbox"/> Hair dressing related items e.g. braids, weave, wig etc. <input type="checkbox"/> Bath soap <input type="checkbox"/> Toilet paper <input type="checkbox"/> Shaving blades and cream <input type="checkbox"/> Skin cream <input type="checkbox"/> Tooth brush <input type="checkbox"/> Tooth paste <input type="checkbox"/> Powder <input type="checkbox"/> Petroleum jelly <input type="checkbox"/> Perfume/deodorant <input type="checkbox"/> Cotton wool <input type="checkbox"/> Sanitary-ware <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H2_6_2: How much did you pay for \${H2_6_personal_care}?	

<i>Indicate in US Dollars</i>	
HOUSEHOLD OPERATIONS	
<p>H2_7_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bulbs</li> <li><input type="checkbox"/> Laundry and dry cleaning charges</li> <li><input type="checkbox"/> Candles</li> <li><input type="checkbox"/> Torches</li> <li><input type="checkbox"/> Matches</li> <li><input type="checkbox"/> Torch and radio batteries</li> <li><input type="checkbox"/> Soap for laundry</li> <li><input type="checkbox"/> Washing powder</li> <li><input type="checkbox"/> Disinfectants</li> <li><input type="checkbox"/> Garden and other tools</li> <li><input type="checkbox"/> Mops, brooms and brushes including floor brushes</li> <li><input type="checkbox"/> Needles and pins</li> <li><input type="checkbox"/> Polish (furniture, floor, metal)</li> <li><input type="checkbox"/> Shoe brush and other brushes</li> <li><input type="checkbox"/> Shoe polish</li> <li><input type="checkbox"/> Umbrellas</li> <li><input type="checkbox"/> Travel goods</li> <li><input type="checkbox"/> None of these options</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>
<p>H2_7_2: How much did you pay for \${H2_7_hh_operations}?</p> <p><i>Indicate in US Dollars</i></p>	
RECREATION AND ENTERTAINMENT	
<p>H2_8_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audio-visual accessories e.g. DVD, cassette, CD</li> <li><input type="checkbox"/> Expenditure on sport</li> <li><input type="checkbox"/> Expenditure on clubs, unions, and burial societies</li> <li><input type="checkbox"/> Gambling e.g. Casino</li> <li><input type="checkbox"/> License fees for radio and TV</li> <li><input type="checkbox"/> Photographic films and developing films, etc.</li> <li><input type="checkbox"/> Other equipment</li> <li><input type="checkbox"/> Sports equipment</li> <li><input type="checkbox"/> Parts and accessories of recreational goods</li> <li><input type="checkbox"/> Repair of recreational goods</li> <li><input type="checkbox"/> Hire of wedding clothes (gown, suit, etc)</li> <li><input type="checkbox"/> Expenditure on wedding in cash (excluding hiring clothes)</li> <li><input type="checkbox"/> Expenditure on wedding in kind</li> <li><input type="checkbox"/> Novels (not for educational purposes)</li> </ul>

	<input type="checkbox"/> Drawing, writing equipment and supplies (not for school) <input type="checkbox"/> Magazines and journals <input type="checkbox"/> Newspapers <input type="checkbox"/> Expenditure in hotels (other than food) <input type="checkbox"/> Other expenditure in hotels e.g. laundry, tips etc <input type="checkbox"/> Jewelry, watches, rings and precious stones <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H2_8_2: How much did you pay for          \${H2_8_rec_other}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>MODULE H3. NON-FOOD          EXPENDITURES OVER PAST 12 MONTHS          (Head of HH or Responsible Adult)</p>	
<p>MEN'S CLOTHING AND FOOTWEAR</p>	
<p>H3_1_1: Over the past 30 DAYS, did          your household use or buy any of the          following items?</p>	<input type="checkbox"/> Trousers <input type="checkbox"/> Shirts <input type="checkbox"/> T-shirts <input type="checkbox"/> Jackets <input type="checkbox"/> Suits <input type="checkbox"/> Socks <input type="checkbox"/> Underwear <input type="checkbox"/> Jerseys <input type="checkbox"/> Religious robes <input type="checkbox"/> Men's footwear <input type="checkbox"/> Repair of men's footwear <input type="checkbox"/> Other men's clothing – hats, belts, pajamas etc. (specify): _____ <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H3_1_1_other: Please specify:</p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right;">selected(\${H3_1_1}, "12")</div>
<p>H3_1_2: How much did you pay for          \${H3_1_mens_cloth}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>WOMEN'S CLOTHING AND FOOTWEAR</p>	

<p>H3_2_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dresses</li> <li><input type="checkbox"/> Suits (jacket and skirt/trousers)</li> <li><input type="checkbox"/> Skirts</li> <li><input type="checkbox"/> Blouses</li> <li><input type="checkbox"/> Trousers</li> <li><input type="checkbox"/> T-shirts</li> <li><input type="checkbox"/> Lady's underwear, e.g. panty-hoses, brassiere, etc.</li> <li><input type="checkbox"/> Jerseys</li> <li><input type="checkbox"/> Religious robes</li> <li><input type="checkbox"/> Women's footwear</li> <li><input type="checkbox"/> Repair of women's footwear</li> <li><input type="checkbox"/> Other women's clothing</li> <li>(specify): _____</li> <li><input type="checkbox"/> None of these options</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>
<p>H3_2_1_other: Please specify:</p>	<div style="text-align: right;">selected({H3_2_1}, "12")</div> <input style="width: 100px; height: 20px;" type="text"/>
<p>H3_2_2: How much did you pay for \${H3_2_women_cloth}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>CHILDREN'S CLOTHING AND FOOTWEAR</p>	
<p>H3_3_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Shorts</li> <li><input type="checkbox"/> Trousers</li> <li><input type="checkbox"/> T-shirts</li> <li><input type="checkbox"/> Shirts</li> <li><input type="checkbox"/> Dresses</li> <li><input type="checkbox"/> Blouses</li> <li><input type="checkbox"/> Skirt</li> <li><input type="checkbox"/> Socks</li> <li><input type="checkbox"/> Underwear</li> <li><input type="checkbox"/> Napkins</li> <li><input type="checkbox"/> Disposable nappies e.g. pampers, huggies</li> <li><input type="checkbox"/> Rompers</li> <li><input type="checkbox"/> Children's footwear (excluding school shoes)</li> <li><input type="checkbox"/> Repair of women's footwear</li> <li><input type="checkbox"/> Other children's clothing</li> <li>(specify): _____</li> <li><input type="checkbox"/> None of these options</li> </ul>



	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H3_3_1_other: Please specify:	<input type="text"/> <span style="float: right;">selected({H3_3_1}, "15")</span>
H3_3_2: How much did you pay for \${H3_3_child_cloth}? <i>Indicate in US Dollars</i>	
HOUSEHOLD TEXTILES AND UTENSILS	
H3_4_1: Over the past 30 DAYS, did your household use or buy any of the following items?	<input type="checkbox"/> Dressing materials (e.g. fabric, yarn, buttons etc.) <input type="checkbox"/> Tailoring charges (including clothing repairs) <input type="checkbox"/> Bedsheets <input type="checkbox"/> Blankets/bed spreads <input type="checkbox"/> Towels <input type="checkbox"/> Curtains <input type="checkbox"/> Table clothes/Table napkins/serviettes <input type="checkbox"/> Baskets, laundry bags <input type="checkbox"/> Flower pots, plant boxes <input type="checkbox"/> Cutlery (knives, spoons, forks, etc.) <input type="checkbox"/> Glassware (glasses, glass bowls, glass mugs, etc.) <input type="checkbox"/> Plates and cups <input type="checkbox"/> Tea sets <input type="checkbox"/> Tea pots (enamel) <input type="checkbox"/> Dinner sets <input type="checkbox"/> Pots (enamel) <input type="checkbox"/> Plastic ware <input type="checkbox"/> Other household textiles (specify): _____ <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H3_4_1_other: Please specify:	<input type="text"/> <span style="float: right;">selected({H3_4_1}, "18")</span>
H3_4_2: How much did you pay for \${H3_4_household_textile}? <i>Indicate in US Dollars</i>	
EDUCATION EXPENSES	
H3_5_1: Over the past 30 DAYS, did your household use or buy any of the following items?	<input type="checkbox"/> Girl's uniform <input type="checkbox"/> Boy's uniform <input type="checkbox"/> School shoes (pair) <input type="checkbox"/> Satchel

	<input type="checkbox"/> Exercise books <input type="checkbox"/> Ball pens, pencils, erasers and other school stationery <input type="checkbox"/> Educational books (textbooks and novels) <input type="checkbox"/> Trunk <input type="checkbox"/> Pre-school fees <input type="checkbox"/> Boarding fees <input type="checkbox"/> School/College/University tuition fees (excl. payments for food, beverage & shelter) <input type="checkbox"/> Exam-taking fees <input type="checkbox"/> Parents and Teachers' association fee or levy or building fund <input type="checkbox"/> Other tuition and correspondence fees (specify): <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H3_5_1_other: Please specify:</p>	<div style="text-align: right;">selected({H3_5_1}, "14")</div> <input style="width: 100px; height: 20px;" type="text"/>
<p>H3_5_2: How much did you pay for \${H3_5_education_exp}?</p> <p><i>Indicate in US Dollars</i></p>	
<p>MEDICAL EXPENSES</p>	
<p>H3_6_1: Over the past 30 DAYS, did your household use or buy any of the following items?</p>	<input type="checkbox"/> Fees paid to doctors <input type="checkbox"/> Fees paid to hospitals <input type="checkbox"/> Fees paid to clinics <input type="checkbox"/> Maternity fees <input type="checkbox"/> Fees paid for medical or laboratory tests <input type="checkbox"/> Ambulance/transportation charges <input type="checkbox"/> Traditional/Spiritual healers <input type="checkbox"/> Repairs of medical equipment and prosthetics <input type="checkbox"/> Medical equipment and prosthetics – eye glasses, hearing aid, etc. (specify): <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H3_6_1_other: Please specify:</p>	<div style="text-align: right;">selected({H3_6_1}, "9")</div> <input style="width: 100px; height: 20px;" type="text"/>
<p>H3_6_2: How much did you pay for \${H3_6_medical_exp}?</p> <p><i>Indicate in US Dollars</i></p>	

<p>MODULE H5. VALUE OF ASSETS (Head of HH or Responsible Adult)</p>	
<p>H5_1_1: Does your household own any of the following items?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Television</li> <li><input type="checkbox"/> Computer</li> <li><input type="checkbox"/> Refrigerator/Deep-freezer</li> <li><input type="checkbox"/> Motor Vehicle</li> <li><input type="checkbox"/> Motor Cycle/Scooter</li> <li><input type="checkbox"/> Bicycle</li> <li><input type="checkbox"/> Satellite Dish</li> <li><input type="checkbox"/> Radio (Shortwave, FM)</li> <li><input type="checkbox"/> Cell-phone</li> <li><input type="checkbox"/> Stove (gas, electric, charcoal or wood)</li> <li><input type="checkbox"/> Sewing/knitting machine</li> <li><input type="checkbox"/> Peanut Butter / Candle Making /Oil-pressing machine</li> <li><input type="checkbox"/> Grinding mill</li> <li><input type="checkbox"/> Generator</li> <li><input type="checkbox"/> Solar Panel</li> <li><input type="checkbox"/> Lounge suite</li> <li><input type="checkbox"/> Bedroom suite</li> <li><input type="checkbox"/> Dining room suite</li> <li><input type="checkbox"/> Carpets</li> <li><input type="checkbox"/> DVD Player/ Video Tape Recorder</li> <li><input type="checkbox"/> Hoover</li> <li><input type="checkbox"/> Desks, sideboards, stools and benches</li> <li><input type="checkbox"/> Irons</li> <li><input type="checkbox"/> Heating appliances e.g. heater</li> <li><input type="checkbox"/> Electric fans</li> <li><input type="checkbox"/> Other household appliances (specify)_____</li> <li><input type="checkbox"/> None of these options</li> <li><input type="checkbox"/> Don't Know</li> <li><input type="checkbox"/> Refused</li> </ul>
<p>H5_1_1_other: Please specify:</p>	<div style="text-align: right;">selected({H5_1_1}, "26")</div> <input style="width: 100px; height: 20px;" type="text"/>
<p>H5_1_2: How many \${H5_1_assets} do you own?</p>	
<p>H5_1_3: What is the age of \${H5_1_assets}/s? <i>If more than one item, average age</i></p>	

<p>H5_1_4: If you wanted to sell these                  \${H5_1_assets}/s today, how much would                  you receive? In dollars  <i>Indicate in US Dollars/ If more than one                  item, average value</i></p>	
<p>H5_1_5: How much were these                  \${H5_1_assets} s worth when you acquired                  them?  <i>PUT "0" IF IT WAS A GIFT/GIVE AVERAGE                  VALUE IF MORE THAN ONE ITEM</i></p>	
<p>End of Survey</p>	
<p>Interviewer's Observations</p>	
<p>COMMENTS ABOUT RESPONDENT:  <i>To be done after Interview</i></p>	<input type="text"/>
<p>COMMENTS ON SPECIFIC QUESTIONS:</p>	<input type="text"/>
<p>ANY OTHER COMMENTS:</p>	<input type="text"/>
<p>Supervisor's Observations</p>	
<p>COMMENTS ABOUT RESPONDENT:  <i>To be done after Interview</i></p>	<input type="text"/>
<p>Editor's Observations</p>	
<p>ANY OTHER COMMENTS:</p>	<input type="text"/>
<p>Day of the Week of the Visit</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Sunday</li> <li><input type="radio"/> Monday</li> <li><input type="radio"/> Tuesday</li> <li><input type="radio"/> Wednesday</li> <li><input type="radio"/> Thursday</li> <li><input type="radio"/> Friday</li> <li><input type="radio"/> Saturday</li> </ul>
<p>Results of Visit  <i>USE CODES</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Completed</li> <li><input type="radio"/> No Household member at home or no competent                      respondent at home at time of visit</li> <li><input type="radio"/> Entire Household Absent for extended period of time</li> <li><input type="radio"/> Postponed</li> <li><input type="radio"/> Other _____</li> <li><input type="radio"/> Refused</li> </ul>
<p>Specify Other</p>	<input type="text"/> <div style="text-align: right;">\${result_2}=6</div>

## Part B: Qualitative Study Questions

### DATA COLLECTION TOOLS AMALIMA Qualitative Evaluation TOPICAL OUTLINES

The purpose of the investigations using the following questions is to obtain information through qualitative instruments (i.e., key information interviews, focus group discussions, and activity observations) to provide context and explanations for the performance results indicated in the quantitative household survey. The questions are designed to:

1. Assess the quality of the outputs produced under each objective
2. Gather information that assists in providing context and explanation for the outcomes and impact generated by respective interventions
3. Assess the quality of the approaches used by the program
4. Provide information to aid in determining the potential sustainability of the impact that has been achieved

#### SO1 and SO2

##### TOPICS TO BE COVERED WITH COMMUNITY-LEVEL PARTICIPANTS

Information will be gathered in conversation with program participants, interviews with program implementation staff and program managers, and observation of program activities and outputs. The following topical outlines and questions are organized by each set of purposes/ objectives of the AMALIMA program.

#### SO1: HOUSEHOLD ACCESS TO AND AVAILABILITY OF FOOD IMPROVED

##### IR.1.1: Agricultural Production and Productivity Improved

- 1.1.1 Access to water resources for agricultural production improved
- 1.1.2 Livestock management improved
- 1.1.3 Soil fertility and soil moisture improved
  - 1.1.3.1 Practice of conservation agriculture increased
  - 1.1.3.2 Use of organic and inorganic fertilizers by male and female farmers increased
- 1.1.4 Cultivation of a diverse range of improved crop varieties by male and female agricultural producers increased

##### IR.1.2: Agricultural marketing improved

- 1.2.1 Business skills improved for men and women
- 1.2.2 Business assets improved for men and women

##### IR.1.3: Post harvest losses reduced

- 1.3.1: Post harvest handling of agricultural produce improve

#### SO2: COMMUNITY RESILIENCE TO SHOCKS IMPROVED

IR.2.1: Basic agricultural infrastructure and other production assets developed/rehabilitated

IR 2.2: Community-managed disaster risk reduction (CMDRR) systems strengthened

IR.2.3: Community social capital leveraged

2.3.1 Access to savings improved, particularly for women

2.3.2 Local social support mechanisms functional

2.3.3 Local group leadership structures in place and effective

The following persons or groups at the community-level will be engaged in interviews or focus group discussions on Purpose 1 (this is not a complete list):

- Farmers – (CA, horticulture/gardens, crops, livestock)
- Lead Farmers
- Village Agriculture Coordinator
- Paravets
- Village Savings and Loan Associations, Cluster Facilitators
- Matching grant recipients
- Marketing committees (livestock, conservation groups and horticulture)
- Assets Management Committees (or managers?)
- Agri-business leaders
- Community-level trainers
- Water Management Committees
- DRR committees

The major activities being undertaken under Purpose 1.A will be discussed with participants as relevant for the respondent.

- Capacity building of farmers on improved production and technology (improved modern poultry and livestock production; crop production; conservation agriculture; milk production)
- Improved capacity of soil fertility (CA, land rehabilitation, transition to drought tolerant varieties)
- Improved capacity of water management
- HHAVs (ag equipment, agro-inputs, small livestock)
- Post-harvest (storage, processing, marketing)
- Improved purchasing power of vulnerable households to purchase nutritious foods
- Capacity building of participants on entrepreneurship and basic business skills (for farm production and off-farm)
- Capacity building of households on savings, lending and financial management skills
- Formation of savings associations (VSLAs) of men, women and youth
- Savings groups linked to MFIs
- Advocacy action for pro-poor financial support
- Support for MFIs to conduct feasibility studies on financial products
- Provision of micro-enterprise matching grants for agriculture and off-farm opportunities

The general sequencing of questions for participants is as follows:

1. Are you familiar with the AMALIMA Program? When does it finish?
2. How would you describe what this program seeks to accomplish?
3. How have you or other members of your household participated in this program? For how long have you/they been involved?

4. Describe your involvement in \_\_\_\_\_ (specific FGD topic) activities (what, when, where, how, etc.):
  - a. What are the changes in your life since you've been involved in \_\_\_\_\_?
  - b. Do you feel you personally have benefitted from this activity? Yes/no  
If so, how?  
If not, why not?
  - c. Do you feel your family has benefitted from this activity? Yes/no  
If so, how?  
If not, why not?
  - d. Please describe how *you or members of your family* have been negatively affected by the program. In what ways did the project/activities not help you, your family and community? Give examples.
  - e. Do you feel your community has benefitted from this activity? Yes/no  
If so, how?  
If not, why not?
5. How sustainable are these benefits? How did the project/activities help you, your family and community? Give example(s). (M/W, children, vulnerable, relationships, hardware/software, etc.)
6. What has been the involvement of other agencies (NGOs, GoZ) during AMALIMA?
7. Have there been changes in the project/activities since mid-2016 (or since when they became involved if later)? Give examples.
8. Who, in your opinion, has benefitted most from the program? (Not names, but types or subgroups of people). Please explain.
9. Are there people (in your community) who should be benefitting from the program but are not? Please describe them for us. Give an example (no names).
10. In terms of the process of the project, what do you think went well in general? (Possible prompts - timing of trainings, targeting, communication, empowerment, results (intended/not), protection, accountability, monitoring, transfer modalities, etc.)
11. What do you think went not so well? (Possible prompts - timing of trainings, targeting, communication, empowerment, results (intended/not), protection, accountability, monitoring, transfer modalities, etc.)
12. Do you believe the program has any challenges? yes/no
  - a. If yes, what challenges do you believe the program has encountered?
  - b. Do you feel they have been overcome? Yes, no  
Please explain:
13. What suggestions would you have for addressing these challenges?
14. Now that the project is ending, do you think this activity \_\_\_\_\_ is sustainable? (At HH and community levels)? Yes/no  
Please explain:
15. How else could the project have helped you/your family/your community?
16. For any future similar project/activities (in a different location), what could be improved in a similar project elsewhere?
17. Are there people who you think should have been included in this specific activity but were not? yes/no
  - a. If yes, who should have been included in the activities (but were not?) (Special needs, criteria, process, etc...)

- b. Is there anyone you feel should NOT have been included in the activities but who were? (why/why not, process)
18. Are there people who you think should have been included in the Amalima project in general but were not? yes/no
  - a. If yes, who should have been included but were not? (Special needs, criteria, process, etc...)
  - b. Is there anyone you feel should NOT have been included in the activities but who were? (why/why not, process)
19. Overall, what are your main preoccupations/problems today?
20. If you had any problem with any activity/staff, what did you do/would have done? (Hotline, staff, box, external person, etc....) [probe for ease of access, satisfaction, understanding, improvements]
21. Any additional comments:

### **TOPICS TO BE COVERED WITH PROGRAM MANAGERS, IMPLEMENTATION STAFF, BUSINESS AND GOZ STAKEHOLDERS**

AMALIMA staff, as well as staff from the implementing partners, or GoZ stakeholders associated with Purpose 1 will be interviewed:

- District level Offices and Amalima Staff
- Field level Staff (Amalima Field Officers)
- CNFA/AMALIMA HQ
- Organization of Rural Associations for Progress (ORAP)
- Dabane
- International Medical Corps
- Africare
- Manoff Group
- Ministry of Agriculture Representatives at the district-level
- Ministry of Fisheries & Livestock Representatives at the district-level
- Ministry of Finance Representatives at the district-level
- DRR authorities
- MFI management
- Agribusiness leaders
- Leaders of village-level committees
- Teachers

The general sequencing of questions is as follows:

1. Explain your understanding of the strategy for the AMALIMA Program, i.e., how is the program expected to achieve Strategic Objective 1, i.e., improvement of household access to and availability of food?
2. What are the main activities being implemented (check against the list provided above)?
3. Details of your involvement with AMALIMA: (when, what, with who, where, how, etc...)
4. What do you feel is working well and why?
5. What is not working well and why? Have you (your organization) been able to effectively address these challenges?
6. What challenges have you had to address in the part of the program you work with?
7. Who, in your opinion, has benefitted most from the program?
8. Are there other people who should be benefitting from the program but are not? Please describe them for us. And why not?



9. What have been the major changes that you have observed with poor or extreme poor households as a result of the program? What is the likelihood that these changes remain after the program ends?
10. What have been the major changes that you have observed with other types of vulnerable households as a result of the program? What is the likelihood that these changes remain after the program ends?
11. Where changes are slow or not evident, that is, what are the obstacles to change?
12. What changes in the way the program is being implemented would make it more effective in achieving its outputs and outcomes?
13. What are the advantages/disadvantages of Amalima as compared to other projects with similar activities?

## **SUSTAINABILITY**

The sustainability of the effects and impact being achieved by the AMALIMA Program is an area of investigation that will be covered by each team member who is investigating the effects and impact being achieved by the program for specific purposes and sub-purpose. The following questions are intended to guide interviews and discussions around analyzing sustainability when the discussions/interviews reach that point.

1. For the changes that you have described as having been facilitated by the program, how permanent are the changes and why?
  2. What resources are required to sustain the changes? Where do those resources come from now? Where will they come from after the Amalima program has ended?
  3. What relationships, such as for technical support, inputs, marketing, social capital or political capital, are required to sustain the changes? What role has the Amalima program had in developing or facilitating these relationships? After the program ends, how do you think these relationships will change?
  4. How happy are beneficiaries and intermediaries with the changes? How motivated will they be to continue to maintain or support the changes?
  5. What are the biggest challenges or threats to sustaining the changes induced by the Amalima program? How can these challenges be addressed?
  6. What has been the involvement (if any) of other non-project agencies during Amalima?
  7. Has there been changes in the project/activities since mid-2016 (MTE)? Give examples.
  8. Do you think programming has had a sustainable impact on gender equity within the communities? How?
  9. Were some beneficiaries much more successful than others? Which and why?
  10. Do you think project interventions were in alignment with community priority needs?
  11. Did any conflicts take place in the communities during implementation? How did the program respond/handle the situation?
  12. Has the program end date been communicated to the beneficiaries? How?
  13. What exit strategies are in place to ensure sustainability? Are you confident in the strategy?
  14. What is the biggest risk to sustainability of project-related changes in the communities you know of?
  15. Any lessons learned or to be learned from AMALIMA? (General, specific, crosscutting, outcomes, process, etc.)
  16. Perceived AMALIMA strengths and weaknesses (USAID, CNFA and partners)? (In themselves and as compared to others?)
  17. Anything else we have not discussed?
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## SO3

### SO 3: NUTRITION AND HEALTH AMONG PREGNANT AND LACTATING WOMEN; AND BOYS AND GIRLS UNDER 2 IMPROVED

IR 3.1. Consumption of diverse and sufficient foods for pregnant and lactating women; and boys and girls under 2 improved

IR 3.2. Health and hygiene and caring practices of pregnant and lactating women, caregivers and boys and girls under 2 improved

3.2.1. Knowledge and skills of child health & maternal nutrition by caregivers improved

3.2.2. Male Involvement in child health and maternal nutrition improved

3.2.3. Time available for child caring by PLWs and caregivers optimized

IR 3.3. Accessibility to and effectiveness of community health and hygiene services improved

3.3.1. Knowledge and skill of community health and hygiene services providers on the subject matter improved

3.3.2. Community health and hygiene services for pregnant and lactating women, boys and girls improved

#### TOPICS TO BE COVERED WITH COMMUNITY-LEVEL PARTICIPANTS

The general sequencing of questions is as follows:

1. Are you familiar with the AMALIMA Program?
2. How would you describe what this program seeks to accomplish?
3. Please describe your activities under the project.
4. What have been the challenges you have faced in carrying out your activities for the project?
5. Who, in your opinion, has benefitted most from the program?
6. Are there other people who should be benefitting from the program but are not? Please describe them for us.
7. To what extent do women/adolescents participate in your activities?
8. Do you follow any strategy to target your activities toward women/adolescents? If so, what are these strategies
9. What constraints do you believe inhibit the program from fully accomplishing its purposes?
10. What suggestions do you have for addressing these constraints or otherwise enabling the program to have greater impact?
11. Do have any suggestions about how the activities that you carry out can be maintained in the future, after the end of the project?

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Information will be gathered through key informant interviews, focus group discussions or large group discussions with program participants, program implementation staff, program managers and observation of program activities and outputs.

For Purpose 2, the following persons or groups will be engaged in interviews or focus group discussions with representatives from each of these different types of participants and visit a sample of sites.

- Community health volunteers (CHVs)
- Community support groups for health and nutrition

- Participants who attended courtyard sessions (for breastfeeding, dietary diversity, good WASH practices, improved household latrines)
- Lactating mothers for breastfeeding, cooking and feeding demonstrations
- Lead Mothers
- Food ration recipients
- Village leaders (awareness regarding intra-household food distribution, improved household latrine demonstrations, modified/hybrid)
- Community-based water management committees
- Health Committees implementing health advocacy campaigns
- Site Visits/Observations: MCHN Ration Post-Distribution activity (HH visit) (2): Community Health Center /Community clinic visits (2); Latrine, Hand Washing Facilities and Water Point visits
- Implementing Partner NGOs
- Program implementing staff: Purpose 2 Coordinator, Sector Technicians (WASH and MCHN)
- Program Technical staff: MCHN Advisor and Capacity Strengthening Advisor

## QUESTIONS FOR PROJECT PARTICIPANTS

### Food Access and Utilization

1. Please tell me what you understand by food security in your community?
  - Do you think food insecurity is a problem in your community? Probe for why?
  - How do you assess your food security situation?
  - Are you concerned and/or have experienced the inadequacy or lack of food in the past 30 days or 12 months, why is that the case? What factors trigger the food insecurity? How could this situation be improved?
2. Please tell me a little bit about the typical eating habits here in your community?

PROBES:

  - a. What kinds of foods do you typically eat? (Think about the foods that you and the members of your household ate over the last week)
  - b. What times of day do people eat?
  - c. Who prepares the food?
  - d. Have you observed how often people eat a cooked meal during the day? What are the particular patterns? What times?
  - e. Do these patterns change at particular times of the year? (Rainy vs. Dry Seasons)
  - f. What are the primary foods that families would have consumed in the last week? Does this change during different seasons?
3. What do you think is the primary reason that there is a lack of food at particular times of year? What times of year does that happen? And during those times are there changes in the eating patterns of particular household members? (Differences by age, gender, work status, etc.).
4. Where does the majority of food consumed come from? (Are they purchased, produced, or provided by another source)? Has that changed over time? Change through different seasons?
5. Now I would like to ask about the different members of a household?
  - a. How is food distributed amongst family members?
  - b. What are some of the beliefs or traditions that may influence eating patterns in a household? (Think about cultural or religious traditions.)
  - c. If there is not enough food available to feed an entire family, how do households typically manage that situation?
  - d. Who makes these decisions regarding the distribution of food and types of food and how?

6. What are the primary beverages (water, milk, juice, coffee, tea, alcohol/spirits, and sorghum beer) that community members consumed in households over the last week?
  - a. What is the purpose for consuming alcohol?
  - b. Does this vary by community member? Or household member?
  - c. How much is typically consumed? (Use this as an opportunity to probe on alcohol consumption and its purpose-stave off hunger?)
7. Are there any customs, traditions, or beliefs that involve food in your community?
  - a. For example, is there a period in which people fast, or eat a particular food type, or avoid a particular food type?
  - b. Are there beliefs that interfere with breastfeeding?
  - c. Are there beliefs as to the kinds of foods children need when they are sick?
8. Are there particular special events or holidays you celebrate that effect your food choices?
  - a. Tell me about those occasions.
  - b. How frequently do these events occur?

### **Nutritional Status of Women and Children**

1. How do caregivers of children assess the child nutrition situation in their households and in the communities?
  - a. Do they think that malnutrition is prevalent or it is not that big of a problem?
  - b. If they realize the existence of this problem, do they understand the implications of child malnutrition especially that of chronic malnutrition like stunting for children under 5 year?
2. Do you know of anything that has been done by development agencies in the recent times (in the last 3-4 years) to address this problem, and what needs to be done to address this problem more effectively?
3. Do you think male children are more stunted than female children? If so why?
4. What kind of foods typically consumed by male and female children?
5. What are the typical foods provided children of the following age groups in your community? 0-5months; 6-23 months, and 24-59months? Probe for the following:
  - a. How do you assess the adequacy of foods consumed?
  - b. What are barriers to an adequate diet for children?
  - c. Probe for any differences in feeding practices between the male and female children?
  - d. What has been done by the respondents or by your community to improve children's diet in the recent times (in the last 3-4 years),
  - e. What else needs to be done?
6. Do you think that adult women in the project area are generally malnourished? Probe for:
  - a. What kind of households are likely to have malnourished women?
  - b. What are the factors that might be contributing to poor nutrition among the adult women?
  - c. Do the participants think that malnourishment among the adult women is a serious problem? Why or why not?
  - d. What has been done to decrease women's malnutrition in the recent times (last 3-4 years), and what still needs to be done?
7. What has been done to address food insecurity in the community? Probe for what has been done and by who?
8. Are there any food security programs implemented in the past by the government, foreign donors, or community-based organizations?
  - a. If so, please tell me a little bit about your experiences with those programs.
  - b. What were some of the strengths of those programs? And weaknesses?

### **Access to and Utilization of Health Care**

1. Do women in the community typically receive pre and antenatal care? What does this care consist of? Who provides this care?
2. Where do women typically give birth in this community?
3. Are there particular patterns related to breastfeeding in this community?
  - a. When do individuals typically start breast-feeding their children (at what age/stage)? At what age/stage do individuals typically stop breastfeeding? Do women typically make this decision? If the men do play a role in this decision-making process, please explain their role.
  - b. Do children in this community receive breast milk using methods other than breast-feeding?
  - c. At what point do children stop breastfeeding and other liquids and/or food is introduced? Why is breastfeeding stopped?
  - d. Are there particular cultural beliefs in this community that influences the practice of breastfeeding?
  - e. Are local health workers trained on the benefits and practice of breastfeeding? Do they teach? And what do they teach?
4. What types of health care services are available to community members?
  - a. What do people do if there is a health emergency?
  - b. What do people do for pregnancy care and delivery?
  - c. What is the quality of the health services that are available?
  - d. Where are they? How far must individuals travel or how long does it take to reach a health center?
  - e. How do individuals access them?
  - f. When (under what circumstances) do community members typically access those facilities?
  - g. Who in families make the primary decisions regarding health care?
  - h. Are the health care providers reliable?
5. Is there trust in the community of health care providers? Why or why not? Is there fear of health care providers? What are they afraid of? Is it around certain treatments or conditions? If so, why? Is there variation in trust of health care providers by sex? Please explain this variance.
6. Is there someone in particular in the community individuals turn to for guidance about health other than western health care providers? (Traditional healers, elders, relatives, etc.)
7. What are some of the patterns in illnesses that individuals in this community face? What kinds of illnesses are there? Are there variances by age, sex, SES, or other demographic characteristics?
  - a. What are some of the symptoms?
  - b. Do you know the cause?
  - c. How was it treated?
  - d. Is this a recurring problem? If so, is there something that could be done to address it?
8. Is there a practice of vaccinating children in the community? What were the vaccinations for? How do community members make the decision to vaccinate or not vaccinate children? How are children vaccinated?
9. Is there a need in the community for particular types of medications that are currently lacking? Or sources of health care? Please tell me a little bit about that situation.

### **Members of the Health Unit Management Committee (HUMC)**

1. How long ago was this committee created?
2. How has the training you have received helped your work?
3. How has the project engaged with the HUMCs/Health Facility staff?
4. Has your committee been able to work with health facilities staff to improve:
  - a. Financial and managerial practice

- b. Accountability
- c. Quality health service delivery?
- 5. What contributions has the health facility made to the quality of care for children and mothers in your area?
  - a. How any of these contributions are related to the work of the HUMC/health facility?
- 6. How the following interventions were relevant to support the improvement of the quality of health service delivery?
  - a. Citizen Report Cards
  - b. Participatory planning and budgeting
  - c. Health Management Information System
  - d. Monitoring, supervision and reporting
  - e. Community dialogues training
  - f. Other
- 7. What changes, positive or negative, have occurred in women and children’s lives as a result of HUMC activities?
- 8. How effective has the creation of gender-based groups (mother care groups, MCAs, etc.) been in promoting health facility access/demand?
- 9. How effective was the project support given to the health facility (medical equipment, HMIS training, infrastructure construction, etc.) in promoting healthcare provision?
- 10. Which factors enabled your committee to better manage the health facility?
- 11. How effective was your role in supporting/collaborating with the VHTs? Can you identify better ways to strength this collaboration?
- 12. What key activities are in place to ensure the health facility will continue to provide health services to the communities?
- 13. What would you like to see done differently in future projects with regard to the training, health facility management support and capacity building you have received from the project?

**Health Service Providers**

- 1. How has the project engaged with staff in this health facility?
- 2. How effective was the support, which the project provided to the health facility (in promoting healthcare provision)?
- 3. Which interventions were relevant to support the health service delivery? Probe for training of the health providers; Collaboration with the HUMC and VHT and support of the Health Management Information System; and community Dialogues
- 4. How the training you have received has helped your work?
- 5. What contributions has the health facility made to the quality of care for children and mothers in your area? Are any of these contributions are related to the work of the HUMC?
- 6. How you been able to work with the HUMC to improve and maintain quality health service provision? How will you maintain the collaboration with the HUMC in the future?
- 7. How effective was your role in supporting/collaborating with the VHTs? Can you identify better ways to strength this collaboration?
- 8. What changes, positive or negative, have occurred in women and children’s lives because of HUMC/Health Facility activities?
- 9. How effective has the creation of gender-based groups (mother care groups, MCAs, etc.) been in promoting health facility access/demand?

10. What would you like to see done differently in future projects with regard to the training, health equipment and in general, the support you have received from the project
11. What has been the most important contribution your VHT has made (or as a CHEW you have made) toward health and nutrition in your community?
12. Which behaviour change initiatives and activities of your work had impacted the change in nutritional status of pregnant and lactating women and children under the age of two?
13. How effective was targeting PLW and children U2 with food rations and behaviour change messages to reduce children malnutrition?
14. What changes, positive or negative, have occurred in women and children's lives as result of the activities of the VHT/CHEWS?
15. What the VHT/CHEW can do better or still needs to be done?
16. What activities were you involved in PROJECT implementation? (Probe for: IMAM and IYCF training, Leader Mothers training, support and supervision; referrals to health facility for births, ANC, malnutrition, diarrhoea; monthly meeting reviews, MUAC monthly screening, family planning, community dialogues, etc.)
17. What do you think about the training received by PROJECT?
18. Was this training enough to your own development and to make any difference in your work? How?
19. What have been the biggest challenges for the women and households to adopt improved the notions in nutrition, health, and hygiene you have learned? (Probe for traditional healers, traditional birth attendants, 3-delays model, out-of-pocket)
20. Which support did you received from the project? (Probe for transport, non-monetary incentives, agro tools/mini-grants and stipend)?
21. Did you see any improvement in your village in the nutrition status of children in the last years? a. If YES, how do you think any improvements in nutrition, health, and hygiene practices will be maintained now the program has ended? How will you continue to provide health support to your community now the program has ended?

#### **Nutrition and Food Security Officers**

1. What is your view or opinion about the food insecurity situation among households in you district? Is it very bad as portrayed by current statistics?
2. Are there any customs, traditions, or beliefs that involve food in your community? For example, is there a period in which people fast, or eat a particular food type, or avoid a particular food type? Are there beliefs that interfere with breastfeeding? Are there beliefs as to the kinds of foods children need when they are sick?
3. To what extent is food security influenced by gender?
4. Why is the household dietary diversity score so low in the project areas? What are the issues and challenges associated with low dietary diversity? How could the households be able to improve their dietary diversity?
5. How do the households understand by food security? How do they assess their food security situation? If they are concerned and/or have experienced the inadequacy or lack of food in the past 30 days or 12 months, why is that the case? What factors trigger their food insecurity? How could this situation be improved?
6. How do the caregiver assess their child nutrition situation in their households and in the communities? Do they think that malnutrition is prevalent or it is not that big of a problem? If they realize the



- existence of this problem, do they understand the implications of child malnutrition especially that of chronic malnutrition like stunting for children under 5 year?
7. What are the barriers of child malnutrition within the households and in the communities? How could it be improved? What is it that that have been done in the recent times (in the last 3-4 years) to address this problem by development agencies, and what needs to be done to address this problem more effectively?
  8. Why are the male children more stunted than female children? What kind of foods typically consumed by male and female children?
  9. Are male children more exclusively breast than female children?
    - a. What are the typical foods provided to this age group of children in addition to breastfeeding? 0-5months; 6-23 months, and 24-59months.
    - b. How do you assess the adequacy of foods consumed by children of the following ages?
    - c. What are barriers of adequate diet for children of this age group?
    - d. Is there a difference in feeding practices between the male and female children?
    - e. What has been done by the respondents or by their community to improve children's diet in the recent times (in the last 3-4 years), and what needs to be done?
  10. Do the study participants think that adult women in the project area are generally malnourished? What kind of households are likely to have malnourished women? What are the factors that might be contributing to poor nutrition among the adult women?
  11. Do the participants think that malnourishment among the adult women is a serious problem? Why or why not? What has been done to improve women's malnutrition in the recent times (last 3-4 years), and what needs to be done?
  12. What are the social and economic challenges of food security within the households, among children under five, and among the women of reproductive age?
  13. What has been done to address those challenges at the household and/or community level in the recent past (say in the last 3-4 years)? Have the previous efforts worked? Why or why not? What needs to be done to address the existing food insecurity challenges? Is this a recurring problem? If so, is there something that could be done to address it?
  14. Have there been food security programs implemented in the past by the government, foreign donors, or community-based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?

### **Socio-Cultural and Political Context**

1. Are there particular groups of people in the community who struggle with severe food scarcity on a day-to-day basis? What do you think is the reason for this hunger or lack of food security? What could the community itself do to improve the situation? What kinds of external help does the community need?
2. Have there been food security programs implemented in the past by the government, foreign donors, or community-based organizations? If so, please tell me a little bit about your experiences with those programs. What were some of the strengths of those programs? And weaknesses?
3. What impact do conflict/disputes have on food security in the community?
4. Are there locations/resources in your community that members would wish to access but have not for the past year due to insecurity/or avoidance of disputes? How has the level of access to this resource changed? How free are you to move around? And how has this changed over time? How has your freedom to move freely changed over time (during day and at night/evening)? Do crimes vary by sex?



5. How often do community members interact with people from other communities? What is the nature of interaction? What types of economic interactions are associated with good/bad relationship? Are there variations by sex? Who are the aggravators of conflict?

### **Program Design and Implementation**

I have asked many questions about food security in the community, and issues related to it, now I would like to ask you a few questions about the program activities that will be implemented as a part of the Title II project.

1. How did you identify the strategies you have identified for implementation as a part of this program?
2. What are some of the more successful strategies that have been implemented in the past? What about less successful strategies? Did you modify them to improve them? How have your past experiences influenced your current strategies? Please explain. Have past strategies ever negatively affected a particular group, such as women, children, and ethnic minorities?
3. What do you anticipate will be some of your biggest challenges in implementing your program? Are there particular groups of individuals that target who are especially challenging to reach? Please explain. What strategies will you use to overcome challenges?
4. Please describe how you work with your current partners. E.g. grantees, government, NGOs, donors.

### **WASH Focus Group Discussion Questions**

#### **Access to Safe Water**

1. There are some water points within our communities. Whose water point are they?
2. What type of a water point is it? (Borehole, Hand dug well, sand abstraction point, spring, river/dam, stand pipe, etc.)
3. How far is the water point from the center of the community?
4. How many minutes does one take for a round trip to collect water?
5. Number of households served by the water point?
6. Is water point perennial?
7. Where do villagers fetch water when the main source breaks down or dries up?
8. Is the water point protected from pollution and livestock?
9. Does the water point ever get flooded during the rainy season?
10. Is the water treated before use or drinking?
11. If treated, how is it treated?
12. Who collects water to the household? (men/women/boys/girls)
13. Type of containers used to collect water? (Open, with lid, drums, etc.)
14. Any cartage of water by scotch carts or wheel burrows?

#### **Sustainability of Safe Water Supply**

1. How often does the water point break down?
2. How long does it generally take to get it repaired? (less than 3 days, 3 – 7 days, 7 – 14 days, 14 – 30 days, more than 30 days)
3. Who repairs the water point pump?
4. Are there any contributions from community members in cash or kind for repairs to the pump?
5. How may water point breakdown time be reduced or minimized?
6. Do you have any community water point management committees?

7. If so, how is the gender representation on the committee?

### **Other Water Related Issues**

1. Are there any safe water points at irrigation schemes or gardens?
2. What quality of water is used as drinking water while people work in the fields or gardens?
3. Has the safe water ever been quality tested to confirm suitability for human consumption?
4. Are there nutrition gardens around the drinking water points?
5. Are there any livestock watering troughs at some water points?

### **Sanitation Related Questions**

What is the sanitation coverage in the project area with respect to:

1. Percentage of households with Blair (VIP) latrines? (<25%, 25 to 50%, >50%)
2. Percentage of households with simple pit latrines? (<25%, 25 to 50%, >50%)
3. Percentage of households sharing a latrine? (<25%, 25 to 50%, >50%)
4. Percentage of households practicing open defecation? (<25%, 25 to 50%, >50%)
5. Are sanitation facilities user-friendly to the adolescent girl child and young mothers?
6. What should be done to the facilities to accommodate these community members?
7. Are sanitation facilities user-friendly to disabled people?
8. What should be done to latrines in order to accommodate these community members?
  - a. Do children use the pit latrines where available?
  - b. If not, how are they catered for?

### **Sustainability of Improved Sanitation Activities**

1. What initiatives should have been included in the project to FURTHER promote sanitation coverage?
2. Are there any efforts to replace latrines that have filled up or collapsed?
3. Do we have Sanitation Action Groups (SAGs) or Community Health Clubs (CHCs) in the Amalima project area?
4. If so, what is the impact of these groups and clubs?
5. Are there any households building new latrines using their own resources derived from the project agricultural activities?
6. Do we have latrines as part of the irrigation schemes or gardens?
7. If so, who is responsible for cleaning these scheme latrines?
8. Do we have pit latrines at Market places for the surplus produce from the FFP project?
9. How best should communities thrive to attain ODF status?

### **Hygiene – Prevention of Diarrheal Diseases and Promotion of improved Health**

1. Do Households have a special place for hand washing?
2. Is there a special provision for soap or ash at the hand washing facility?
3. At which times should we wash our hands?
4. Are there hand-washing facilities with soap at the market places?
5. Are there any garbage pits or bins at the market places?
6. Are there any source of clean and safe water for cleaning fruits and vegetables at the market places?
7. At household level, are there safe pot racks, free from livestock and poultry pollution, for solar disinfection of the cleaned utensils?

8. How is water transported and stored in the household?
9. How is kitchen hygiene promoted in the community?
10. How is personal hygiene promoted in the household?

### **Crosscutting Issues**

1. Have gender norms/cultural beliefs in the community affected outcomes? How?
2. Have there been any negative gender-related outcomes?
3. Probe for possible increase in gender-based violence as a result of vouchers given to women
4. What is the general gender composition of water point?
5. Are there any incidents of bullying and by who at the water points?
6. How are water point kept clean and by who?
7. Do we have female trained as Village Pump Mechanics (VPMs) to maintain water pumps? And what is their proportion in comparison to males?
8. What efforts are being made to construct user-friendly latrines for adolescent girls and young mothers?
9. What is the general representation by women in higher-level decision-making committees/structures?

### **WASH KEY INFORMANT INTERVIEW QUESTIONS**

#### **External and Internal Coordination of Program Activities**

1. Which consortium partners do you work with the most/least and why?
  - a. What was the biggest strength and weakness of the consortium partners?
2. Do you coordinate with organizations that are not consortium partners? Which and why?
3. What is the relationship like between program staff and volunteers (CGVs, Lead Mothers, and Lead Farmers)?
4. How has knowledge/lessons learned been shared between implementers?
  - a. [Probe for evidence of documentation and sharing of experiences, lessons learned and best practice approaches.]
5. How does the internal program review process go? Who is involved? How does this lead to decision making?
  - a. How were decisions communicated to implementers? Other partners?
  - b. How are project monitoring activities used for decision-making? Are the results of project monitoring shared? How?

#### **Changes in Government Policies or Programs**

1. Tell me about the program's relationship with the Government?
  - a. Was coordination with the Government necessary? Why or why not?
2. What helped/hindered these relationships?
  - a. [Probe for any particular Government policies or programs that affected implementation.]

#### **Gender Dynamics**

1. Have gender norms affected outcomes? How?
2. Have there been any negative gender-related outcomes?

- a. [Probe for possible increase in gender-based violence because of vouchers given to women].
3. Do you think programming has had a sustainable impact on gender equity within the communities you work? How?

### **Community Social Capital and Relations with Neighboring Communities, Social and Economic Characteristics of Particular Groups**

1. Were all interventions appropriate and applicable to all target community(ies)?
2. Was targeting of activities appropriate?
  - a. Were some groups excluded? Which?
  - b. [Probe for how this affected community relationships, social capital, and implementation of activities.]
3. Were some beneficiaries much more successful than others? Which and why?
4. Do you think project interventions were in alignment with community priority needs?
5. Which additional approaches could have been adopted to further enhance or promote WASH on the project
6. Did any conflicts take place in the communities during implementation? How did the program respond/handle the situation?

### **Sustainability and Replicability**

1. Why do you think households still fall under the poverty line, despite the fact that programming has been present in the target areas for the last ten years?
2. What is (are) the major change(s) you have observed in the communities you work with?
  - a. Do you think those change(s) will sustain after project closure? Why or why not?
  - b. Has the program end date been communicated to the beneficiaries? How?
  - c. What exit strategies are in place to ensure sustainability? Are you confident in the strategy?
  - d. What is the biggest risk to sustainability of project-related changes in the communities you work in?

### **Assessment and Reflection**

1. Have you had sufficient resources available / do you feel your program was sufficiently equipped [with human and logistical resources] to fully deliver?
  - a. Why/why not?
  - b. How did this impact implementation, outcomes?
2. What implementation area was most effective/most efficient? Which the least? Why?
3. Were activities well integrated? Why, or why not?
4. With the benefit of hindsight, what specifically would you recommend be done differently for similar projects in the future? What would you definitely replicate?

## Annex L: Disclosure of Conflicts of Interest

All core evaluation team members completed and signed the form below. No conflicts of interest were noted. The completed forms are available from TANGO upon request.

<b>Name</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Evaluation Position?</b>	<input type="checkbox"/> Team Leader <input type="checkbox"/> Team member
<b>Evaluation Award Number</b> <i>(contract or other instrument)</i>	
<b>USAID Project(s) Evaluated</b> <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	
<b>I have real or potential conflicts of interest to disclose.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes answered above, I disclose the following facts:</b></p> <p><i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> <li><i>1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i></li> <li><i>3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i></li> <li><i>4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></li> </ol>	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

<b>Signature</b>	
<b>Date</b>	