

Final Performance Evaluation of the Fararano Development Food Security Activity in Madagascar



March 2020 | Volume II – Annexes J, 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

Three-year-old child, at home in Mangily village (Toliara II District), after recovering from moderate acute malnutrition thanks to support from the Fararano Project. Photo by Heidi Yanulis for CRS.

DISCLAIMER

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TABLE OF CONTENTS

Annex J: Data Collection Instruments	2
Part A: Qualitative Study Topical Outlines	2
Summary: Community (Fokotany) Level Focus Group Discussions (FGD) and Key Informant Interviews (KII)	2
Guiding Questions for Senior CRS Staff Key Informant Interviews	3
Guiding Questions for National Level Key Informant Interviews	5
Topical Outline/Interview Guide Template #1 (Community Leaders).....	7
Topical Outline/Interview Guide Template #2 (NRM Committee Members)	9
Topical Outline/Interview Guide Template #3 (Mothers)	11
Topical Outline/Interview Guide Template #4 (Lead Mothers)	14
Topical Outline/Interview Guide Template #5(Miranjaka).....	18
Topical Outline/Interview Guide Template #6 (Lead Farmers & Producer Organization)	21
Topical Outline/Interview Guide Template #7 (DRM Committee Members)	24
Topical Outline/Interview Guide Template #8 (SILC Group)	26
Topical Outline/Interview Guide Template #9 (Youth)	28
Guide for Site Visits to Project Infrastructure Investments.....	32
Part B: Quantitative Population-Based Survey.....	34
Household Survey	34
Anthropometric Survey	133
Annex K: Disclosure of Conflicts of Interest	143
Annex L: Fararano Infrastructure Observation Record	145

Note: For the full evaluation report and Annexes A-I, please refer to Volume 1 of the *Final Performance Evaluation of the Fararano DFSA in Madagascar*.

ANNEX J: DATA COLLECTION INSTRUMENTS

Part A: Qualitative Study Topical Outlines

SUMMARY: COMMUNITY (FOKOTANY) LEVEL FOCUS GROUP DISCUSSIONS (FGD) AND KEY INFORMANT INTERVIEWS (KII)

TOPICAL OUTLINE NUMBER	SUMMARY DESCRIPTION	SPECIFIC GROUP COMPOSITION
1	KII with Fokotany Leaders	Fokotany President + 2-3 (members of VDC/KFF or ART (Religious and Traditional Authorities) At least one KI must be female.
2	FGD with Community Natural Resource Management (NRM) Volunteers	Mixed Male-Female Group with 5-10 members of the Fokotany NRM Committee
3	FGD with Mothers (who benefited from First 1,000 Days Approach)	Mothers (10-12 max) who were members of "Groupe de Voisinage" and received supplementary food rations
4	FGD with Lead Mothers (Reny Mpitarika)	Lead Mothers (10-12) who participated in a Care Group+ Rep. of CSB (Centre de Sante de Base) if possible
5	KII with Gender Volunteer/Champion (Miranjaka)	Designated Miranjaka for the Fokotany (if more than one, include all)
6	FGD with Lead Farmers ("Paysans Leaders/Mpamukatra Mpitarika) & Members of Producer Organization	Lead Farmers (10-15 max) who facilitated "Groupes Dynamiques" of Farmers + Members of a Producer Organization (Mixed Male-Female Group)
7	FGD with Community Disaster Risk Management (DRM) Volunteers	Mixed Male-Female Group with 5-10 members of the Fokotany DRM Committee
8	FGD with Savings Group (SILC) Members	Mixed male-Female Group of all available members of one SILC group
9	FGD with Youth	Mixed Male-Female Members of a Youth Group or other Project Activities
10	Asset Observation of Infrastructure Investments	Visit to select sites of feeder road, water, sanitation and irrigation investments

GUIDING QUESTIONS FOR SENIOR CRS STAFF¹ KEY INFORMANT INTERVIEWS

I. PURPOSE OF INTERVIEWS WITH SENIOR CRS STAFF

The overall purpose for conducting these interviews is to get a qualitative assessment from select senior CRS staff of the impact/effectiveness of the Fararano project and strengths and weaknesses of the major intervention models used across three regions and four local implementing partners. More specifically, the following types of information will be sought:

- 1) The role of the Key Informant in Fararano and how long they were involved in the project;
- 2) Key Informant's perspective of the strongest aspects of the overall Fararano design and its most successful intervention models;
- 3) Perceived performance of the project across its three regions and four local implementing partners;
- 4) Greatest successes in the Key Informant's specific area of responsibility;
- 5) Greatest challenges encountered by the project, least successful activities and lessons learned; and
- 6) Interventions most likely to have a sustainable impact.

II. KEY CONTACTS TO BE INTERVIEWED (Morning of Monday Oct. 21)

A. Team 1 (Jennifer and Dr. Vero)

Team 1 will interview three staff members responsible for gender/youth, Care Groups, and Social and Behavior Change Communications (SBC), as follows:

- Ony Rakotoaribako (Care Groups): Jennifer & Dr. Vero;
- Vero Ramananjohany (Gender/Youth): Jennifer;
- Soleman Francis Hary (SBC Specialist): Dr. Vero.

B. Team 2 (Kevin and Bernard)

Team 2 will interview the Fararano Deputy Chief of Party, and staff with specific responsibility for resilience (Purpose 3) and SILC Groups, as follows:

- Lanto Rafanomezantsoa (DCoP): Kevin & Bernard;
- Noro Hasina (P3): Bernard; and
- Vital Berarazana (SILC): Kevin.

III. GUIDING QUESTIONS TO START EACH INTERVIEW

Following are some standard questions to ask at the start of the interview. After that, the Teams are free to follow the conversation where it leads and ask more probing questions. For staff responsible for a

¹ Similar questions can be used in interviews with the leaders of CRS's four local partners, with a sharper focus on the strengths/weaknesses, successes/failures in their operating areas.

specific intervention model (e.g. Care Group, SILC, etc.), technical details can be explored in greater depth.

Sample Guiding Questions:

- 1) *Can you please describe in detail your role in the Fararano project and how long you have been in this position?*
- 2) *From your perspective, what have been the 1-2 strongest aspects of the overall Fararano project design? Of the many intervention models used by the project (Care Groups, Lead Farmers, Producer Organizations, SILC Groups, Youth Groups, miranjaka, etc.), which ones have been most successful?*
- 3) *Across the three regions and four local implementing partners, where has overall project success/impact been greatest and why?*
- 4) *In your specific area of responsibility, what have been the project's greatest successes? Please give specific examples of success stories.*
- 5) *Both overall and in your area of responsibility, what are the biggest challenges the project encountered? What project activities did not succeed in achieving the intended results? What lessons were learned as a result?*
- 6) *Which of the project's many interventions do you think will have the most sustainable impact? Why?*
- 7) *If you could go back to the beginning of the Fararano project, what 1-2 things would you do differently?*

GUIDING QUESTIONS FOR NATIONAL LEVEL KEY INFORMANT INTERVIEWS

IV. PURPOSE OF INTERVIEWS WITH NATIONAL GOVERNMENT PARTNERS

The overall purpose for conducting these interviews is to get a qualitative assessment from select Government partners of the impact/effectiveness of the Fararano project and of the quality of coordination by CRS staff. More specifically, the following types of information will be sought:

- 7) Detailed explanation of the nature of the partnership between the concerned Government Ministry and the Fararano Project, and the personal involvement of the Key Informant;
- 8) Identification of the most important positive contributions made by the project to the development priorities of the Government of Madagascar;
- 9) Identification of the biggest challenges or shortcomings/problems/ with the project from the Government's perspective;
- 10) Satisfaction with the overall level of coordination between CRS management and project staff and the concerned Government Ministry; and
- 11) Determine if the Government has any plans to continue or replicate successful project activities now that the Fararano project has ended.

V. KEY CONTACTS TO BE INTERVIEWED (Afternoon of Monday Oct. 21)

C. Team 1 (Jennifer and Dr. Vero)

The following two KIIs have been identified by CRS and assigned to Team 1:

- 1) **Madame Noromalala Rakotoniaina (Office National de Nutrition)**: Contact Info: Tel: 0340553145; Email: noro.ruct@onn.mg; and
- 2) **HARINIRIANA Fitia (Ministry of Youth)**, Responsable de la Planification des Activités de la Direction de la Formation Accès sur les Résultats – Académie Nationale des Sports, Ministère de la Jeunesse et Sport: Contact Info: Tel : 0340568928; e-mail: <mailto:fitiaharinirina@gmail.com>.

D. Team 2 (Kevin and Bernard)

The following two KIIs have been identified by CRS and assigned to Team 2:

- 1) **Mme Rabezandry Lantsoa MinEHH (Ministry of Water)**, Responsable Hygiène Environnemental et Alimentaire – Département hygiène; Contact Info: Tel: 0347471392; Email: lantorabezandry@gmail.com;
- 2) **Mme Sahondra Rakotomalala (Ministère de l'Interieur et de la Décentralisation, Office National pour la Coordination de la Décentralization (ONCD)**, Directeur de la communication et de l'Information; Contct info: <mailto:dcf.oncd@gmail.com>.

VI. GUIDING QUESTIONS TO START EACH INTERVIEW

Following are some standard questions to ask at the start of the interview. After that, the Teams are free to follow the conversation where it leads and ask more probing question.

Sample Guiding Questions:

- 8) *Can you please describe what you know of the Fararano project and the specifics of the project's collaboration with your Ministry? What has been your level of personal involvement?*
- 9) *From your perspective, what have been the project's most important positive contributions to the plans and priorities of the Government of Madagascar? What specific activities have been most successful?*
- 10) *What challenges has the project encountered? What project activities did not succeed in achieving the intended results? What lessons were learned as a result?*
- 11) *Overall, from the perspective of your Ministry, how satisfied were you with the level of coordination by CRS staff? How frequently did you meet with Fararano project staff?*
- 12) *Does the Government have any plans to continue or replicate successful activities now that the Fararano project has ended?*
- 13) *If you could make 1-2 suggestions to CRS for improvement for future collaborations, what would you suggest?*

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #1 (COMMUNITY LEADERS)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *KII with Fokotany President and Community Leaders (Members of Village Development Committee/KFF and Religious and Traditional Authorities (ART))*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ **MALE** _____

PURPOSE OF THIS INTERVIEW:

- 1) Assess Community Leaders' Knowledge of Fararano;
- 2) Assess Relevance of Fararano Activities in relation to Fokotany Development Plan/Priorities;
- 3) Obtain Feedback on Program Impact and Effectiveness; and
- 4) Obtain Feedback on Levels of Coordination and Community Satisfaction.

INTRO TEXT: Thank you for welcoming us to your community. We are here today to meet with local leaders and community members to discuss your experience with the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany. I am here today with three other colleagues, who can introduce themselves before leaving us to meet with other community members. I will stay with you to ask some questions about how your community participated in the Fararano project. We have come to listen to your voices and learn from you. What is learned from communities through this evaluation will be used to inform and improve future community development projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Relevance of Fararano to Fokotany Plan/Priorities

- 1.1 What are the biggest challenges facing this community that affect the well-being of the families who live here?
- 1.2 What are the highest priorities of the community as reflected in the Fokotany Development Plan?
- 1.3 Does this Fokotany have a Disaster Risk Management Committee and Plan? What are the most common types of disaster affecting this community?
- 1.4 Has the Village Development Committee identified the most vulnerable households (TTH: tokotrano te hivaotra) in this community? Have any specific activities been included in the Fokotany Development Plan to meet the needs of these households ("Plan d'Action Communautaire")?

2) Knowledge of Fararano

- 2.1 Are you aware of the work done by CRS and its local partner here in your community?
- 2.2 Can you provide an example of how the Fararano project has helped the community address one of its highest priority needs?
- 2.3 In the area of maternal child health and nutrition, can you describe a project activity that has benefited this community?
- 2.4 Can you describe a project activity that has had positive economic benefits for households in this community?

3) Impact and Effectiveness of Fararano Activities

- 3.1 Overall, what specific activities of the project have had the greatest positive impact on the community and its residents?
- 3.2 What project activities were least successful in this community? Please explain.
- 3.3 In what ways have women been able to actively participate in and benefit from the Fararano project?
- 3.4 Have any special efforts been made to involve youth? Can you give an example of how young people have either benefited from the project or been given opportunities to contribute to the community's development?

4) Coordination Level and Community Satisfaction

- 4.1 How would you assess the efforts made by CRS and its local partner to coordinate its work with the Fokotany President and Village Development Committee? (Very good, good, poor, very poor)
- 4.2 In what ways could the activities of the project been improved? Have there been activities undertaken by the project that have had negative impacts or promoted changes not supported by the community and its leaders?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #2 (NRM COMMITTEE MEMBERS)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Community Volunteers who are Members of NRM (GRN) Committees*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ MALE _____

PURPOSE OF THIS INTERVIEW:

- 1) Ascertain if a Natural Resource Management (Gestion de Ressources Naturelles) Committee exists/continues to function in each fokotany and what it has accomplished;
- 4) Assess the key factors likely to influence the sustainability of these committees now that the project is ending, and assess their satisfaction with the support received from the project.
- 5) Assess the training and management materials/tools of these committees.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as volunteers who serve your community on its Disaster Risk Management or Natural Resource Management Committees. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany, and one of the project's goals is to build the resilience of communities to natural disasters. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Existence and Relevance of a Fokotany Natural Resources Management Committee (Comité de Gestion des Ressources Naturelles)

- 1.1 Does a Comité de Gestion des Ressources Naturelles exist in this community? How many members are there (M/W)? How were they/you selected?
- 1.2 For this community, what are your priorities as regards natural resources management? What are the biggest problems in your local environment?
- 1.3 Do you have an NRM plan? How was it created and how is it used?
- 1.4 Explain the linkages between Farming, NRM and DRM.
- 1.5 Please show and explain to us your training and management materials/tools.

2) Impact and Effectiveness of Support to Natural Resource Management Committee

2.1 What are the biggest challenges this Committee has faced in its work?

2.2 What are the most important activities undertaken by this Committee during the last three years? What is your greatest success so far?

2.3 Please give an example of an initiative you have taken that has failed. Why did it fail?

2.4 Have any specific roles been identified for young people and women in the community's Natural Resource Management plan? What special considerations have been given to the needs of the most vulnerable households?

3) Satisfaction and Sustainability of Project Resilience-Building Efforts (NRM)

3.1 Do you plan to continue your work as a group now that the Fararano project has ended? If so, what is your highest priority or next project as a group? What are the constraints? If not, why?

3.2 How did project staff assist you? How satisfied were you with the support provided to you by project staff? (very satisfied, satisfied, dissatisfied, very dissatisfied). If dissatisfied, what could have been done differently?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #3 (MOTHERS)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Mothers of Children who Benefited from 1,000 Days Approach (“Groupe de Voisinage”)*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ **MALE** _____

PURPOSE OF THIS INTERVIEW:

- 1) Assess the level of participation of mothers in Fararano project activities;
- 2) Assess the impacts of the project in increasing mothers’ knowledge of optimal nutrition and WASH behaviors;
- 3) Assess the impacts of the project on improved access to diverse and nutritious foods;
- 4) Identify any changes in mothers’ knowledge and utilization of preventive and curative maternal child health and nutrition services; and
- 5) Obtain feedback on participating mothers’ level of satisfaction with program activities and benefits.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as mothers of young children to discuss your experience with the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokontany. We have come to ask questions, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future community development projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Participation in Fararano Activities

1.1 How many members of the group received supplementary food rations or vouchers through the Fararano program? What did you receive? Once you and/or your child stopped receiving these supplementary food rations, what did you do to improve your diet and/or that of your child? Why?

1.2 Can you tell us about the behaviors you have adopted as a result of the home visits (*Visites à Domicile*) or group discussions, or health and nutrition outreach that you received from the Fararano project? What convinced you to adopt these behaviors but not others? Why?

1.3 What is your source of drinking water? Do you pay for your water or is it free? If you pay for your water? How do you budget for water? Is your impression of your drinking water quality? Do you have an improved latrine? If yes, please describe.

1.4 Do you recall participating in any awareness raising about gender (*miranlenta, Miranjaka*) and children's health and nutrition? If so, what did you learn? Have you applied what you have learned? If not why?

1.5 Of all the Fararano activities, which were most useful for you and your family (awareness raising, SILC/VOAMAMI, farmers groups or producers organizations, distribution of inputs/seeds, etc.) Why? If you participated in SILC/VOAMAMI, how does it contribute to your well-being?

2) Knowledge and Practice of Optimal Nutrition and WASH behaviors

2.1 What are the biggest obstacles you face as mothers to keeping your children healthy and well nourished? What are the barriers to adopting the health, nutrition and WASH behaviors promoted by the Fararano project?

2.2 Has your family experienced food shortages in the past year? If so, why was this the case? And how did you feed your children during this period?

2.3 Can you name specific actions for improving your children's nutrition that you learned from the project? Have you noticed any changes in the well-being of your children (education, health status) since your participation in Fararano? What do you think contributed the most to these changes?

2.4 Do you recall any specific advice you received on how to improve water, sanitation, and hygiene practices in your home? Please give an example.

2.5 (*If mothers report water treatment*) Why do you treat your drinking water? What factors motivated your behavior? How are you treating drinking water now that the project has ended? (*If water treatment not practiced*) What are the barriers to treating your drinking water?

2.6. (*If mothers report using improved latrines*) What factors have motivated your family's use of an improved latrine? (*If improved latrines not used*) What are the barriers to using improved latrines?

NB for Interviewer Reference Only:

Following are the key nutrition and WASH messages promoted by the project:

Essential Nutrition Actions or AEN:

- Alimentation des femmes enceintes et allaitantes (*Healthy maternal nutrition*)
- Allaitement maternel précoce et exclusif (*Early, exclusive breastfeeding*)
- Allaitement maternel exclusif pendant les 6 premiers mois (*Exclusive breastfeeding for infants 0-6 months*)
- Alimentations complémentaires pour les enfants de 6 à 24 mois (diversification alimentaire) (*Healthy complementary feeding for children 6-35 months*)
- Alimentation des enfants maladies (*Feeding a sick child during and after illness*)
- Supplémentation en vitamine A et déparasitage (le CSB qui fournit les produits) (*Vitamin A supplementation and deworming – provided through the health center*)

Three key WASH messages :

- Les 5 moments clés du lavage de mains avec du savon (*Five critical handwashing times*)
- Traitement de l'eau et utilisation d'eau potable (méthode de bouillie et utilisation de sur'eau) (*Water treatment and safe drinking water*)
- Utilisation de latrine améliorée (*Improved latrines*)

3) Access to Diverse and Nutritious Foods

3.1 Can you name examples of highly nutritious foods that would be beneficial to include in your family's diet?

3.2 Do you have a kitchen garden at home? If so, do you intend to maintain the garden even without the support of the project? If yes, how? How do you use the garden produce (i.e. % sale, % own consumption)? *Probe the added value of the home gardens.* If you don't have a kitchen garden, why?

3.3 Do you raise small livestock at home? Do you intend to keep raising livestock even without the support of the project? If yes, how? How do you use the livestock (i.e. % sale, % own consumption)? *Probe the added value of small livestock.* If you don't raise small livestock, why?

3.4 What are the major challenges you face in increasing the amount of highly nutritious foods in your family's daily diet?

4) Knowledge and Utilization of MCHN Services

4.1 How far is the nearest health center (*Centre de Santé de Base*)?

4.2 Can you name some of the services offered there to prevent or treat the health problems of the mothers and children in this community? When have you used these services? Why and how?

4.3 What health center services have been most beneficial to your family?

4.4 What are the main barriers you face in accessing health and nutrition services?

5) Satisfaction with Fararano Activities and Benefits

5.1 How satisfied are you with what you learned and the benefits you received from participating in Fararano's health, nutrition and WASH activities? How satisfied are you with what you learned and the benefits you received from participating in the Fararano project overall? (Very satisfied, satisfied, dissatisfied, very dissatisfied)

5.2 What was the most important benefit you received from the project? *Reconfirm:* What are the tangible changes in nutrition, health and WASH at the household level since your participation in the project? Could you name the activities that you think contributed to these changes?

5.3 Can you suggest something that project could have done to better serve your needs as a mother? What activities would you want to do again, if there were an opportunity? And what are the activities you would not want to do again?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #4 (LEAD MOTHERS)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: FGD with Lead Mothers (*Reny Mpitarika*) who participated in a Care Group

NUMBER PARTICIPANTS BY GENDER: FEMALE _____

PURPOSE OF THIS INTERVIEW:

- 1) Explore what Lead Mothers learned and what other benefits they received through their participation in the Fararano project;
- 2) Assess the extent to which Lead Mothers were successful in promoting the adoption of improved nutrition, health and WASH behaviors in their community;
- 3) Identify and explore the constraints encountered by Lead Mothers and their level of satisfaction with the support provided by project staff; and
- 4) Explore key factors that are likely to influence the sustainability of the Lead Mother/Care Group model now that the Fararano project is ending.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as volunteers who were trained as Lead Mothers under the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokontany. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Lead Mother Learning and Other Benefits

- 1.1 Were you part of a Care Group? If so, how many Lead Mothers were in the group and how frequently did you meet?
- 1.2 What are the “Essential Nutrition Actions” that you were trained to promote to mothers and other caregivers?
- 1.3 What are the key messages related to water, sanitation and hygiene that you were trained to communicate to households in your community?

1.4 What sort of tools and training did the project provide to enable you to communicate effectively with mothers and other caregivers? Please describe. What were the challenges and/or benefits of using these tools? How did you communicate key messages? How did you convince mothers to adopt targeted behaviors?

1.5 Which of the Fararano activities have been most useful for you and your family (awareness raising, SILC/VOAMAMI, farmers groups or producers organizations, distribution of inputs/seeds, etc.) Why?

NB for Interviewer Reference Only:

Following are the key nutrition and WASH messages promoted by the project:

Essential Nutrition Actions or AEN:

- Alimentation des femmes enceintes et allaitantes (*Healthy maternal nutrition*)
- Allaitement maternel précoce et exclusif (*Early, exclusive breastfeeding*)
- Allaitement maternel exclusif pendant les 6 premiers mois (*Exclusive breastfeeding for infants 0-6 months*)
- Alimentations complémentaires pour les enfants de 6 à 24 mois (diversification alimentaire) (*Healthy complementary feeding for children 6-35 months*)
- Alimentation des enfants maladies (*Feeding a sick child during and after illness*)
- Supplémentation en vitamine A et déparasitage (le CSB qui fournit les produits) (*Vitamin A supplementation and deworming – provided through the health center*)

Three key WASH messages :

- Les 5 moments clés du lavage de mains avec du savon (*Five critical handwashing times*)
- Traitement de l'eau et utilisation d'eau potable (méthode de bouillie et utilisation de sur'eau) (*Water treatment and safe drinking water*)
- Utilisation de latrine améliorée (*Improved latrines*)

2) Lead Mother Impact in the Community

2.1 How many mothers of children under 2 were you able to register and train through “*Femmes de Voisinage*”? How often did these groups meet?

2.2 How many *Femmes de Voisinage* households were you able to visit regularly (home visits—*visites à domicile*)? How easy was it to visit this number of households, related to your level of knowledge/capacity as a Lead Mother, and your availability? What strategies did you use to do the home visits correctly? Are there any barriers to doing home visits as you were trained to all the *Femmes de Voisinage*?

2.3 Based on what you observed during your home visits, what health, nutrition and WASH behaviors from the “household poster” were the most commonly practiced in 1,000 days households? Please give specific examples.

- What Fararano project activities facilitated the adoption of these behaviors?
- Do you have any observations related to exclusive breastfeeding/breastfeeding and child feeding behaviors in your community?
- Do you have any observations related to use of improved latrines in your community? What are the main challenges related to access and use of improved latrines?

2.4 Lead Mothers' gender SBCC:

- Did only mothers participate in group discussion and home visits, or did fathers and other family members also participate? Have you encouraged husbands and/or other people to participate in activities related to the health and nutrition of their children and/or wife?
- Related to your gender SBCC activities, how do you find husbands' involvement in the health and nutrition of their children and/or wives? (*Probe: do husbands participate in health/nutrition decision-making, or also problem-solving? Do they actively encourage health/nutrition behavior change in their households?*)
- As a Lead Mother, what changes have you observed in your own household, related to the project's gender SBCC? (*i.e. shared decision-making within the couple about health/nutrition/WASH, access to healthy food and health care for all members of the household, sharing of household responsibilities, etc.*)

2.5 What types of health, nutrition, and WASH (P1) activities were most appreciated by the mothers in your community (*i.e. growth monitoring and promotion, cooking demonstrations, food processing and conservation training, others*)? Why?

2.6 Can you identify at least 1-2 health, nutrition or WASH behavior changes commonly adopted by households in your community in general (*i.e. not only 1,000 days households*) as a result of project activities?

2.7 What would you describe as the biggest success of the project in improving child health and nutrition in your community?

3) Lead Mother Satisfaction

3.1 How did you become a Lead Mother and what is your motivation for playing this role in your community?

3.2 What went well in the project? What types of support and encouragement did you receive from the Fararano project?

3.3 How frequently did project staff visit and what types of support and advice did they provide you? How satisfied were you with the support you received from project staff? (Very satisfied, satisfied, dissatisfied, very dissatisfied)? What support would you have needed to better fulfill your Lead Mother responsibilities?

3.4 What were the biggest challenges you faced in trying to fulfill your Lead Mother responsibilities? What should Lead Mothers be aware of, in order to carry out their responsibilities (*i.e. what would you tell a new Lead Mother before she started out in her role*)?

4) Sustainability of the Lead Mother/Care Group Model

4.1 Do you plan to continue your activities as a Lead Mother now that the Fararano project has ended? If so how? (*Probe motivation, sustained capacities, sustained resources, and links with other structures.*) If not, why?

4.2 To what extent has your work as a Lead Mother been done in coordination with local authorities and government services? Describe how you collaborated with the closest health center. Has utilization of health center services increased as a result of the project (e.g. antenatal consultations, growth monitoring and promotion, vaccinations, etc.)?

4.3 How many of you are both Lead Mother and community health volunteer (*Agent Communautaire/AC*)? For those of you playing these roles, how do you manage the two sets of responsibilities? What was the relationship between Lead Mothers and other volunteers?

4.4 Do communal and district authorities officially recognize the role played by Lead Mothers and support your work? Are any Lead Mothers from this community member of the local health committee (*Comité de Santé/COSAN*)?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #5(MIRANJAKA)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *KII with Miranjaka (Gender Champion) from the fokontany*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ **MALE** _____

PURPOSE OF THIS INTERVIEW:

- 1) Assess Miranjakas’ perceptions on the most significant **impacts** resulting from their activities, and their insight into the incentives and disincentives for adopting measures to improve women’s status in their households and community.
- 2) Identify the main factors in the implementation and external context associated with the **effectiveness** Fararano’s strategy to integrate gender as a cross-cutting priority.
- 3) Evaluate the potential **sustainability** of the Miranjaka model and Miranjaka’s perceptions of exit strategies.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as volunteers who were trained as **Miranjaka** under the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Miranjaka roles, responsibilities, and ways of working

1.1 Setting the context:

- Can you tell me a little about yourself? Are you married? Do you have children?
- How long have you been a Miranjaka? Are you still active?
- Have you participated in any Fararano activities, besides being a Miranjaka?

1.2 Miranjaka role: What do Miranjakas try to accomplish in their role? What is their purpose (*raison d’être*)?

1.3 Miranjaka responsibilities:

- Could you describe the main activities you have done in your role as Miranjaka? Anything else?

- *If home visits (Visites à Domicile) are among their responsibilities, ask:* How do you do a home visit? Describe briefly. What are the steps?
- *If they don't mention it ask:* Have you ever collaborated with religious/traditional authorities in your role as Miranjaka?

1.4 Miranjaka targeting/gaps in targeting:

- *If home visits are among their responsibilities, ask:* How do you decide which households to visit? About how many do you usually visit per month?
- Are there people in this community who you think would have benefited from participating in your Miranjaka activities, but who did not? Describe them. Why didn't they participate?

2) Miranjaka impact in the community

2.1 Most significant gender behavior change:

- Since you've been a Miranjaka, have you seen any changes in the community related to your activities and to the main gender messages you communicate?
- If so, what's the most significant change? To what do you attribute the change?
- Where have you seen the most significant changes in this community: related to 1) sharing of household responsibilities; 2) joint decision making; or 3) women's and youth's participation in community-based groups and decision-making bodies. Explain.

2.2 Clarifying "joint decision making"/"miara manapa kevitra" (gender FFP indicator):

- Who in a household makes important decisions? (*Probe around medical decisions, buying/selling crops or animals, buying land—for example.*)
- Have there been any changes in the past few years?
- In your role as Miranjaka, did you ever encounter a couple who disagreed about an important decision? How did the couple approach that decision? (*Listen the type of decision and who had the final say.*)

2.3 Gender behavior changes in the Miranjaka household:

- Tell me about any changes you have experienced in your own life and household as a result of being a Miranjaka.
- Give specific examples of what it was like before, and what it is like now.

(Probe targeted SBC changes and effects. Probe around sharing of household responsibilities, negotiating decisions about use of income with one's spouse, wife's/woman's participation in economic activities and community decision-making bodies)

2.4 Effects of the changes:

- What have been the positive effects of gender behavior changes, if any, on you, as a man (or woman) in your community? And on your partner/spouse?
- And what have been the negative effects of such changes, if any, on you as a man (or woman) in your community? And on your partner/spouse?

(Probe: What do your extended family and/or neighbors think about these changes? Do you think these changes could put women or girls more at risk of experiencing violence? Are there any gender behavior changes that you would refuse to make, because of the potential negative consequences to you? Which changes?)

3) Effectiveness of Fararano’s strategy for integrating gender as a cross-cutting priority

3.1 Factors in the external context associated with effectiveness (1): Think about what you’ve seen in your work in the community and your own household. Which gender-equitable behaviors are easiest to adopt? Why do you think this is so? Which changes are hardest? Why do you think this is so?

3.2 Factors in the external context associated with effectiveness (2):

- Fararano project field staff from different communities have observed that some couples/families adopt gender-equitable behaviors quickly, and others take more time. What have you found, in your community?
- In your opinion, what makes some couples/families more receptive to behavior change and others less receptive?

(In other words, what do the couples/families who adopted gender-equitable behaviors quickly have in common, if anything? And what do those who have not yet adopted gender-equitable behaviors have in common, if anything? Probe differences in younger vs. older couples, and the influence of traditional/religious authorities)

3.3 Factors in the implementation associated with effectiveness:

- Did you ever encounter any problems or challenges to do your Miranjaka activities? *(In other words)* Were there ever activities that felt hard to do? Explain.
- How do you feel about the preparation and support you got from the Fararano project? What was most useful in helping you do your activities? Would you change anything? *(If time, probe the advantages/disadvantages of male vs. female Miranjakas)*

4) Sustainability of Miranjaka model

4.1 Factors associated with sustainability:

- Now that the project has ended, do you plan to continue in your role as Miranjaka?
- If not, why? What’s missing for you to be able to continue your role?
- If so, will you change anything in how you do your activities? How so? *(Probe Miranjaka motivation to serve—or continue to serve—as an advisor to couples in conflict, and how s/he envisions playing that role now that Fararano has ended.)*

4.2 Fararano exit strategies: Has Fararano taken any measures to help you (and other Miranjaka) continue your activities that you are aware of? Which? What do you think of these measures?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #6 (LEAD FARMERS & PRODUCER ORGANIZATION)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Lead Farmers (“Paysans Leader”, “Mpamukatra Mpitarika”) and Producer Organization Members*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ **MALE** _____

PURPOSE OF THIS INTERVIEW:

- 1) Explore what Lead Farmers learned through the project and what other benefits they received through their participation in the Fararano program;
- 2) Assess the extent to which Lead Farmers were successful in promoting the adoption of improved agricultural practices in their community;
- 3) Identify and explore the constraints encountered by Lead Farmers and their level of satisfaction with the support provided by project staff; and
- 4) Explore key factors that are likely to influence the sustainability of the Lead Farmer model now that the Fararano project is ending.
- 5) Ascertain if there is a Producer Organization in the fokotany. If so, identify benefits, positive impact, challenges and sustainability of market linkages.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as farmers who were trained as Lead Farmers or joined a Producer Organization under the Fararano food security program. *Are any of the farmers present members of a Producer Organization supported by the Fararano project? If so, we will divide in two groups for discussion after introductions.*

Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future community development projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Lead Farmer Learning and Other Benefits

- 1.1 What are the main crop and livestock products for farmers in this fokotany?

1.2 As farmers in this community, what are the biggest challenges you face in increasing your production and incomes?

1.3 Can you identify any specific soil fertility, pest or water management practices that you learned through the project and applied on your farm or demonstration plot? If so, what was the most important thing you learned?

1.4 Which specific vegetable or food security crops did the project promote to improve nutrition in your community?

1.5 Did you receive other benefits from participating in the Fararano project (access to inputs or other materials, community recognition, etc.)?

2) Lead Farmer Impact in the Community

2.1 Were you able to establish and maintain a demonstration plot that was visited by other nearby farmers? Did you form a farmers group (“groupe dynamique”)? If so, how many farmers were in your group?

2.2 What specific improved practices or technologies were most commonly adopted by the farmers in your group? Which were least widely adopted?

2.3 For which crops or types of livestock have you observed increases in production over the last several years in this community?

3) Sustainability of the Lead Farmer Approach

3.1 How did you become a Lead Farmer and what is your motivation for playing this role in your community? Do you plan to continue your activities as a Lead Farmer after the Fararano project ends? If not, why?

3.2 To what extent has your work as a Lead Farmer been done in coordination with local authorities and government services? Do communal and district authorities officially recognize the role played by Lead farmers and support your work?

3.5 Can farmers in this community obtain good quality seeds, planting material and other inputs locally? If so, where/from whom can you buy the inputs you need?

4) Farmer Satisfaction with Fararano Project

4.1 In your experience with the Fararano project, what went well? What activities were particularly beneficial to you?

4.2 What were the biggest challenges you faced in trying to fulfill the responsibilities of a Lead Farmer?

4.3 Did your participation in the Fararano project improve the income and food security of your household? If yes, please give an example of how your family benefited? Has anything changed in the roles and relationship in your couple? (Let them respond and probe further if necessary.) Has anything changed in how you make decisions with your spouse, for example, about how to earn or invest income? Or about what crops to plant or how to use your harvest?

ADDITIONAL QUESTIONS FOR PRODUCER ORGANIZATIONS:

1) Local Farming Activities and Producer Organization Collective Action (Relevance)

- 1.1 What are the specific value chains in which your Producer Organization (PO) is engaged?
- 1.2 Can you describe how your PO functions now? (*membership, purpose, committee, organisation/business planning, achievements, value chains, registration/administration*)
- 1.3 Please describe in detail the activities you do as a PO, starting at the beginning of the season. (*inputs, production (ind/group), techniques, post-harvest, marketing (bulking, pricing, communication, buyers), transport, financing/contracting, technical support*)

2) Benefits of PO Membership and Impact and Effectiveness of Training and other Support Received by Producer Organization and its Members

- 2.1 What training have you received as a member of this Producer Organization? Did you receive training on improved practices for priority value chains? If so, which ones? Did the members of this Producer Organization receive training in financial skills (SMART Skills)? If so, please describe something useful that you learned.
- 2.2 As individual farmers, what has changed in your life by being a member of a PO? (*time, effort, information, communication, income, ...*)
- 2.3 In working together as a group, did you encounter any problems? If so, please describe. Please ask the women to respond first, followed by the men.

3) Sustainability through Private Sector and Market Linkages

- 3.1 For the major products of this PO, please describe one or more specific market outlets that you have established through the Fararano project. These could be private companies, local buyers, or local marketplaces.
- 3.2 Has the PO and its members established any contracts with private companies for the sale of your produce? If so, for what crops and which buyers?
- 3.3 Can the PO obtain good quality seeds, planting material and other inputs locally for its members? If so, where/from whom can you buy the inputs you need?
- 3.4 What plans does the PO have as a group for the coming season?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #7 (DRM COMMITTEE MEMBERS)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Community Volunteers who are Members of DRM (GRC) Committees*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ MALE _____

PURPOSE OF THIS INTERVIEW:

- 1) Determine if this fokotany has a functioning Disaster Risk Management Committee (Comité de Gestion de Risques de Catastrophes) Committee and has developed a DRM plan;
- 2) Assess the impact and effectiveness of the Fararano project's support to the community in building its capacity to manage shocks related to natural disasters; and
- 3) Assess the key factors likely to influence the sustainability of these committees now that the project is ending, and assess their satisfaction with the support received from the project.
- 4) Assess the training and management materials/tools of these committees.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as volunteers who serve your community on its Disaster Risk Management or Natural Resource Management Committees. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany, and one of the project's goals is to build the resilience of communities to natural disasters. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future projects.

Your participation in this group is completely voluntary. All of the information you share with us will be confidential. If any question makes you uncomfortable, you are not required to answer. Before beginning, we would also like to ask your permission to tape record our discussion to help the person responsible for taking notes. Once the notes are taken, the tape recording will be erased. We also may take photos of the group to help document our work. Do we have your permission to record our discussion and take photographs?

QUESTIONS:

1) Status and Relevance of Disaster Risk Management Structures and Plans

- 1.1 Does a Comité de Gestion des Risques de Catastrophes (CGRC) exist in this community? How many members are there (M/W)? How were they/ you selected?
- 1.2 What are the 2-3 most common and destructive types of natural disasters faced by this community?
- 1.3 Has this community developed a Disaster Risk Management Plan (DPMP)? How was it created and how is it used? What are the highest priority actions identified by the community in its Disaster Plan? How are they being addressed?

1.4 Explain the linkages between Farming, NRM and DRM.

1.5. Please show and explain to us your training and management materials/tools.

2) Impact and Effectiveness of Support to Community Disaster Risk Management Capacity

2.1 What are the biggest challenges this Committee has faced in its work?

2.2 What type of training or other support was provided by the Fararano project to this fokotany to build its capacity to respond to natural disasters?

2.3 As a result of the Fararano project, have households in this community taken any specific measures to reduce the risk to their homes or livelihoods? Please provide 1-2 specific examples.

2.4 Does this community have any sort of early warning system (EWS) or evacuation plans in place? If so, please describe how it works and its relevance/impact.

2.5 Have any specific roles been identified for young people and women in the community's disaster management plan? What special considerations have been given to the needs of the most vulnerable households?

2.6 Is this community better prepared to cope with a natural disaster now than before the Fararano project? If yes, please give at least one example of what has changed.

3) Satisfaction and Sustainability of Project Resilience-Building Efforts (DRM)

3.1 How do you plan to continue your work as a group now that the Fararano project has ended? What is your highest priority or next project as a group? What are the constraints? If not, why?

3.2 How did project staff assist you? How satisfied were you with the support provided to you by project staff? (very satisfied, satisfied, dissatisfied, very dissatisfied). If dissatisfied, what could have been done differently?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #8 (SILC GROUP)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Mixed Group of Members of One SILC (VOAMAMI) Group in the Community*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ MALE _____

PURPOSE OF THIS INTERVIEW:

- 1) Assess the status and functioning of a SILC (“Voamami”) group formed under the Fararano project;
- 2) Assess the economic impacts/benefits realized through SILC participation;
- 3) Assess the health, nutrition, education and other social benefits to families of SILC membership; and
- 4) Probe the challenges experienced by the group and likelihood of group sustainability.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as members of a SILC/Voamami group formed under the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokotany. We have come to ask questions about your experience with the Fararano project, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future projects.

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QUESTIONS:

1) Status of the SILC Group

- 1.1 How many members are in this group? How many are women and how many are men? Are there any youth (age 15-24) in the group? How frequently does the group meet?
- 1.2 When was the group formed? Who provided the initial training? Were you satisfied with the training provided by the Private Service Provider (PSP)?
- 1.3 What is the amount of the group’s current savings (valeur de l’épargne du cycle actuel)?

2) Economic Benefits/Impact of SILC Participation

- 2.1 Did members of this group receive financial and marketing training (education financière et marketing de base) from the Fararano project? Has this training helped you increase your income or better manage your family budget?

2.2 How many members of the group currently have outstanding loans? Can some of the members please describe what their loans are being used for?

2.3 Can the men in the group tell us how you used the money from the last savings cycle (Partage de fin de cycle)? Please give some examples. In your households, how do you decide how to use the money from a savings cycle? For the women, tell us how you used your savings and how those decisions are made in your family?

2.4 What have been the biggest economic benefits for the members from participating in this SILC group? Can you describe a success story from your group?

3) Social Benefits/Impact of SILC Participation

3.1 What have been the biggest social benefits for your families from membership in this SILC group?

3.2 How many of the members of this group have received money from the group's Social Fund (Caisse Sociale)? For what purposes were these funds used?

3.3 Have you been able to improve the health and nutrition of your children and other household members since joining this SILC group? How?

3.4 How many members have used money saved or borrowed from the group to pay for school fees or other educational expenses?

4) Challenges and Sustainability of SILC Model

4.1 What are the biggest challenges this group has faced since its formation?

4.2 Does the group still want/need support from a trainer/Private Service Provider? Are you willing and able to pay for those services?

4.3 Has this SILC group established any linkages with banks or micro-finance institutions? If so, please describe.

4.4 Does this SILC group plan to continue to operate now that the Fararano project has ended?

TOPICAL OUTLINE/INTERVIEW GUIDE TEMPLATE #9 (YOUTH)

KEY INFORMANT INTERVIEW (KII) OR FOCUS GROUP DISCUSSION (FGD):

TYPE: *FGD with Mixed Group of Youth age 15-24 who participated in Fararano Youth Group Activities*

NUMBER PARTICIPANTS BY GENDER: FEMALE _____ **MALE** _____

PURPOSE OF THIS INTERVIEW:

- 4) Assess the perceived **relevance** of the Fararano project to youth in the community and the **satisfaction** of youth group members as participants;
- 5) Identify the main factors in the implementation and external context associated with the **effectiveness** of Fararano's integration of youth as a cross-cutting priority.
- 6) Assess the benefits to/**impact** of project activities on youth participants, and on their communities as a whole.
- 7) Explore the potential for **sustainability** of Fararano's youth approach and positive outcomes, now that the project is ending.

INTRO TEXT: Thank you for taking time today to meet with us. We are here to speak with you today as members of a Youth Group to discuss your experience with the Fararano food security program. Over the last five years, Catholic Relief Services and its local partner (ODDIT, BDEM, CDD, Caritas) have been implementing the Fararano Program in this fokontany. We have come to ask questions, listen to your voices and learn from you. What we learn through this evaluation will be used to inform and improve future community development projects.

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QUESTIONS:

1) Youth Group purpose and description

1.1 Setting the context:

- Are all of you members of a Youth Group mobilized under Fararano?
- How many regular members are in your group? (M/F)?
- Are any of you here Youth Leaders?
- Have you participated in any other Fararano-supported activities (i.e. SILC/VOAMAMI groups, Farmer Field Schools/*Groupes Dynamiques*, local development committees/KFF, etc.)?
- Have any of you recently participated in other youth activities outside of Fararano?

1.2 Youth Group maturity and level of activity:

- When was your Youth Group formed?
- Have most of you participated since the beginning?
- Do you still meet?
- How often?

1.3 Youth Group purpose:

- What is the purpose (“raison d’être”) of your Youth Group? Why was it formed?

1.4 Youth Group common activities:

- What does your Youth Group do? What are your activities? *(Ask which activities most of the members have participated in, e.g. Youth Group training, peer education, Un Jeune Un Changement collective action, commune-level events, etc.)*

2) Youth experiences, and the perceived relevance and impact of Fararano’s youth approach

2.1 Youth experiences: I’m interested in what it’s like to be a young person in this community, and the differences between young women’s and young men’s experiences.

- What common problems do young women/young men face in this fokontany? What are your biggest problems? *(Ask M/F members separately)*

(Probe for youth’s obstacles to achieving a fulfilling, productive adulthood, in particular, related to youth’s food and nutrition security.)

2.2 Relevance:

- Has being a member of your Youth Group helped you face your biggest problems?
- If so, how?

(Ask M/F members separately. Probe which activities were more useful/less useful.)

2.3 Impacts:

- Has being a Youth Group member changed anything in your life?
- What’s the biggest change?
- What was it like before you were a Youth Group member?

(Ask M/F members separately, and probe how youth think these changes occurred, i.e. what specific Youth Group activity or training was responsible for these changes?)

2.4 Gaps in impacts:

- *(If they mention positive impacts, ask)* When you joined your Youth Group, what kind of benefits did you hope to get? What kind of changes did you hope to experience in your life and/or in your community?
- Did Fararano youth activities meet all your original expectations? If not, how?

2.5 Gaps in youth approach targeting:

- Are there youth in this community who you think would have benefited from being members of your Youth Group but who did not participate?
- If so, describe them. Why didn't they become members? (*Probe gender differential*)

2.6 Unintended negative consequences:

- Did you experience any disadvantages or inconveniences to participating in the Youth Group? Explain. (*Ask M/F members separately.*)

3) Youth group contributions/impacts on the community

3.1 Un Jeune, Un Changement approach:

- Have you heard of IZAHO. TANORA. Mitonda Fiovana?
- Did you complete an analysis of the problems in your community?
- If so, what types of community problems did this Youth Group identify as being most important?
- Do those problems affect you directly? How?

3.2 Un Jeune, Un Changement results:

- What actions did this group take to address community problems? What were the results of your actions?

3.3 Factors in the implementation and/or external context associated with effectiveness:

- What were the biggest challenges you faced accomplishing those results, if any?

4) Sustainability of the youth approach and outcomes

4.1 Sustainability of Youth Groups:

- If your group is still meeting, what are your current activities?
- Is there any external support for your group? If so, describe.
- If your group is no longer meeting regularly, why not?

4.2 Sustainability of positive youth outcomes:

- (*Refer to their responses to question 1.1*) For those of you who have joined or formed other groups, since Fararano started working in your community (i.e. SILC/Voamami Groups, *Groupes Dynamiques*, KFF) why did you join? What benefits are you getting?
- If you have not joined or formed other groups, why?

5) Effectiveness of Fararano's strategy for integrating youth as a cross-cutting priority

5.1 If you could change something in Fararano's youth programming to make it more effective for you/for the community, what would you like to see? (*Probe whether youth were consulted about Youth Group implementation, over the course of the program.*)

***If possible, before the participants leave, ask about the age range of Youth Group members and if the majority are still in school or are out of school. This could be useful for interpreting the FGD responses, but might also make some participants uncomfortable if asked at the beginning of the FGD.*

GUIDE FOR SITE VISITS TO PROJECT INFRASTRUCTURE INVESTMENTS

I. INTRODUCTION

Substantial infrastructure investments were made under the Fararano project in selected sites in some of the project’s 44 target Communes. The major types of infrastructure investments made were: 1) Water Systems; 2) Sanitation Facilities (“monobloc sanitaire”); 3) Irrigation Systems; and 4) Feeder Roads (“pistes rurales”). These investments contribute to several sub-purposes under Project Purpose 1 (Reduced under-nutrition) and Project Purpose 2 (Increased Incomes). As a part of the site selection process, a mix of infrastructure investments were identified in or near the ten fokotany selected for in-depth qualitative evaluation. Primary responsibility for examining these infrastructure investments during the team’s field work has been assigned to one member, but other members may join visits to infrastructure sites if time permits.

II. GUIDING QUESTIONS

Assessing infrastructure investment sites should ideally include both physical observation of the infrastructure’s condition and functioning, as well as discussions with community members directly benefiting from them and community leaders responsible for ensuring their operation and maintenance. For each infrastructure site, following are examples of guiding questions to be used by the evaluator:

- ✓ **Water Systems:** For observation: Is water currently available at the water point? Does the system appear to be in good condition? Is the immediate area around the water point clean? To ask community: Is water available at all times and in the quantity needed? Before the construction of this system, where were you obtaining water (source, distance)? Who is responsible for maintaining the system and making repairs when required? Are you paying for water from this system? If so, how much and to whom? Are you satisfied with this water system?
- ✓ **Sanitation Facilities:** For observation: Does the “monobloc sanitaire” appear to be used by local households? How clean are the latrines and the surrounding area? To ask community: How many households use this facility? Who is responsible for cleaning and maintenance? Do you pay for the use of this facility? If so, how much? Are you satisfied with this monobloc sanitaire and its location in the community?
- ✓ **Irrigation Systems:** For observation: Is the area currently being cultivated? If so, what crops are observed? Does the system appear to be well-maintained? To ask community: How large is the system (number of farmers, hectares)? What crops are being grown and during what seasons? Who is responsible for managing and maintaining the system? Is there a Water Management Committee? Are you contributing to the cost of maintaining this system?
- ✓ **Feeder Road:** For observation: As the team drives on the feeder road in question, observe and describe its condition (in relation to similar roads in the Commune). To ask community: When was this feeder road repaired by the project? How has your household or the community benefited? Who is responsible for maintaining this road?

III. INFRASTRUCTURE SITES SELECTED FOR VISIT

Visit Date/District	Site Location	Infrastructure Type	Team Member Responsible	Comments
Oct. 16 Toamasina II	Commune: Fanandrana Fokotany: Fanandrana	Sanitation (monobloc)	Bernard	Full team stop at Commune Center at end of day
Oct. 18 Brickaville	Commune: Andorovanto Fokotany: Manarantsandry	Irrigation System	Bernard	Bernard leaves team in afternoon
October 23 Mananjary	Commune: Antsenavolo Fokotany: Antsenavolo	Water System-AEPG (Adduction d'Eau Potable Gravitaire)	Bernard	
October 28 Toliara II	Commune: Ambohimahavelona Fokotany: Ambohimahavelona	Irrigation System	Bernard (possibly joined by Kevin)	System in same site as FGDs
October 28 Toliara II	Commune: Ambohimahavelona Fokotany: Ambohimahavelona	Piste Rurale Ambohimahavelona- Ambiky-Andranohinaly	Bernard	Observe Enroute & Discuss in FGD with Community Leaders
October 31 Morombe	Commune: Basibasy Fokotany: Ampasilava	Piste Rurale	Bernard	Observe Enroute & Discuss in FGD with Community Leaders
October 31 Morombe	Commune: Antanimieva Fokotany: Ankilikasy	Irrigation System	Bernard (possibly joined by Kevin)	Bernard leaves team in afternoon to visit enroute back to Befandriana

Part B: Quantitative Population-Based Survey

HOUSEHOLD SURVEY

Madagascar Endline Survey (Pilot)	
Begin Module A: Household ID and Informed Consent <i>Respondent for this module: Head of HH or Responsible Adult</i>	
A01: Region	<input type="radio"/> AMORON I MANIA <input type="radio"/> ATSIMO ANDREFANA <input type="radio"/> ATSIANANA <input type="radio"/> HAUTE MATSIATRA <input type="radio"/> VATOVAVY FITOVINANY
A02: District	<input type="radio"/> AMBATOFINANDRAHANA <input type="radio"/> AMBOSITRA <input type="radio"/> FANDRIANA <input type="radio"/> MANANDRIANA <input type="radio"/> AMPANIHY OUEST <input type="radio"/> BETIOKY ATSIMO <input type="radio"/> MOROMBE <input type="radio"/> SAKARAHANA <input type="radio"/> TOLIARY-II <input type="radio"/> BRICKAVILLE <input type="radio"/> TOAMASINA II <input type="radio"/> AMBALAVAO <input type="radio"/> AMBOHIMAHASOA <input type="radio"/> LALANGINA <input type="radio"/> VOHIBATO <input type="radio"/> IFANADIANA <input type="radio"/> MANANJARY <p style="text-align: right;">p_cat=\${A01}</p>
A03: Commune	<input type="radio"/> AMBONDROMISOTRA <input type="radio"/> SOAVINA <input type="radio"/> TSARASAOTRA <input type="radio"/> ALAKAMISY AMBOHIMHAZO <input type="radio"/> MAHAZOARIVO <input type="radio"/> AMBOHIMHAZO <input type="radio"/> ANKILIMIVORY <input type="radio"/> BELAFIKE HAUT <input type="radio"/> BEROY SUD

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- GOGOGO
 - VOHITANY
 - ANKAZOMANGA OUEST
 - LAZARIVO
 - MAROARIVO ANKAZOMANGA
 - MAROSAVOA
 - AMBAHIKILY
 - ANTANIMIEVA
 - BASIBASY
 - BEFANDRIANA SUD
 - TANANDAVA STATION
 - MIKOBOKA
 - MITSINJO
 - ANDRANOVOVORY
 - BEHOMPY
 - BELALANDA
 - MAROMIANDRA
 - MIARY
 - MITSINJO BETANIMENA
 - TSIANISIHA
 - AMBALARONDRA
 - AMPASIMBE
 - ANDOVORANTO
 - ANIVORANO EST
 - ANTSAPANANA
 - BRICKAVILLE
 - RANOMAFANA EST
 - VOHIPENO RAZANAKA
 - VOHITRANIVONA
 - AMBODITANDROROHO
 - FANANDRANA
 - AMBINANINDOVOKA
 - AMBOHIMANDROSO
 - ANJOMA
 - MAHAZOMY
 - AMPITANA
 - ANKAFINA TSARAFIDY
 - SAHAVE
 - VOHIPOSA
 - AMBALAKELY
 - IVOAMBA
 - MAHATSINJONY
 - SAHAMBAVY

	<ul style="list-style-type: none"> <input type="radio"/> MAHASOABE <input type="radio"/> VOHITRAFENO <input type="radio"/> AMBIABE <input type="radio"/> ANDRORANGAVOLA <input type="radio"/> IFANADIANA <input type="radio"/> KELILALINA <input type="radio"/> AMBOHIMIARINA II <input type="radio"/> ANDONABE <input type="radio"/> ANKATAFANA <input type="radio"/> ANOSIMPARIHY <input type="radio"/> ANTSENAVOLO <input type="radio"/> KIANJAVATO <input type="radio"/> MAHATSARA SUD <input type="radio"/> TSARAVARY <input type="radio"/> TSIATOSIKA <p style="text-align: right;">dis_cat=\${A02}</p>
<p>A04: Enumeration area (EA) code</p>	<ul style="list-style-type: none"> <input type="radio"/> EA-22307011 <input type="radio"/> EA-22308001 <input type="radio"/> EA-22308009 (Replacement) <input type="radio"/> EA-22308016 <input type="radio"/> EA-22308031 <input type="radio"/> EA-22106001 <input type="radio"/> EA-22106010 (Replacement) <input type="radio"/> EA-22106023 <input type="radio"/> EA-22215004 <input type="radio"/> EA-22212003 <input type="radio"/> EA-22212011 (Replacement) <input type="radio"/> EA-22407006 <input type="radio"/> EA-22407007 (Replacement) <input type="radio"/> EA-51912013 <input type="radio"/> EA-51908009 <input type="radio"/> EA-51902004 <input type="radio"/> EA-51902022 <input type="radio"/> EA-51907004 (Replacement) <input type="radio"/> EA-51907011 <input type="radio"/> EA-51907029 <input type="radio"/> EA-51905016 <input type="radio"/> EA-51819003 <input type="radio"/> EA-51829009 <input type="radio"/> EA-51820006 <input type="radio"/> EA-51820013 (Replacement) <input type="radio"/> EA-51827005

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 - EA-51305043
 - EA-51305061
 - EA-51309013
 - EA-51303005
 - EA-51303027
 - EA-51308010
 - EA-51308034
 - EA-51306011
 - EA-51306014 (Replacement)
 - EA-51511012 (Replacement)
 - EA-51512005
 - EA-51614018
 - EA-51613006 (Replacement)
 - EA-51613008
 - EA-51611010
 - EA-51612010
 - EA-51601001
 - EA-51616005
 - EA-51616019
 - EA-51609010
 - EA-31303012
 - EA-31314008
 - EA-31317002
 - EA-31308002
 - EA-31318008
 - EA-31301015
 - EA-31315012
 - EA-31310007 (Replacement)
 - EA-31309011
 - EA-31216004 (Replacement)
 - EA-31215003
 - EA-31215026
 - EA-21703008
 - EA-21708005
 - EA-21704013
 - EA-21704022 (Replacement)
 - EA-21706002
 - EA-21202006
 - EA-21206012
 - EA-21207004 (Replacement)
 - EA-21207013
 - EA-21210012

	<ul style="list-style-type: none"> <input type="radio"/> EA-21501007 <input type="radio"/> EA-21505007 <input type="radio"/> EA-21507005 (Replacement) <input type="radio"/> EA-21507013 <input type="radio"/> EA-21508013 <input type="radio"/> EA-21602004 <input type="radio"/> EA-21602023 <input type="radio"/> EA-21609012 (Replacement) <input type="radio"/> EA-23415002 (Replacement) <input type="radio"/> EA-23412016 <input type="radio"/> EA-23401001 <input type="radio"/> EA-23411009 <input type="radio"/> EA-23321001 (Replacement) <input type="radio"/> EA-23326004 <input type="radio"/> EA-23323013 <input type="radio"/> EA-23325008 (Replacement) <input type="radio"/> EA-23322013 <input type="radio"/> EA-23320009 <input type="radio"/> EA-23314007 <input type="radio"/> EA-23329002 <input type="radio"/> EA-23315017 <p style="text-align: right;">w_cat=\${A03}</p>
<p>A05: Household number (HH)</p> <p><i>Household Listing ID: This is the HH number from the listing map (sketch map)</i></p>	
<p>A05b: Household number (HH)</p> <p><i>Question A05b is an intentional duplicate question. Enumerator must correctly enter the "Household Number" twice in order to continue with the survey.</i></p>	
<p>A06: Supervisor Name and Code</p>	<ul style="list-style-type: none"> <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
A07: Enumerator Name and 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 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35

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	<input type="radio"/> 79 <input type="radio"/> 80 enum_cat=\${A06}
<p>Begin Interview: Please READ: "Hello. My name is (___). I am working with Agence CAPSULE. We are conducting a survey to learn about food security, food consumption, nutrition and wellbeing of households in Madagascar. 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. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't 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 don't 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. Another member of my team will come and take height and weight measurements of the eligible children in the HH."</p> <p><i>It is necessary to introduce the household to the survey and obtain the consent of all respondents. 1. First identify the primary decision maker and conduct the informed consent with them. 2. Then begin the interview. Add household members by selecting "Add group", when done select "Do not add". Consent for subsequent modules will be at the beginning of each module.</i></p>	
<p>A08. Please tell me who is the primary male adult (15 years or older) decision-maker in the household? <i>In households where there are no adult males, please enter "0".</i></p>	<input type="text"/>
<p>A09. Please tell me who is the primary female adult (15 years or older) decision-maker in the household? <i>In households where there are no adult males, please enter "0".</i></p>	<input type="text"/>
<p>A10. Does the primary adult (15 years or older) decision-maker in the household consent to participate in this household survey? <i>If the Head of HH is not available, you may select the next primary adult decision maker as long as they are aged 15 years and over. You still must start the</i></p>	<input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey

<p><i>survey by recording the Head of Household first, even if this person is not present.</i></p>	
<p>Begin Module B. Household Roster <i>Respondent for this module: Head of HH or Responsible Adult</i></p>	
<p>Please tell me the name and sex of each person who lives here, <i>starting with the head of the household</i>. 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>HH Member ID #: \${mem}</p>	
<p>B01: Name of the household member</p>	<input type="text"/>
<p>B02: How old is <u>\${B01}</u>? <i>C'est l'âge au moment du dernier anniversaire. If age is less than 1, then please enter "0". If age is more than 95, then please enter "95".</i></p>	
<p>B03: Is <u>\${B01}</u> male or female?</p>	<input type="radio"/> Male <input type="radio"/> Female
<p>B03a: <i>Yes, this is a female between the ages of 15 and 49 years of age and is eligible for module E, please mark the paper tools accordingly. This is a necessary count question. Please answer yes to B03a and move on to question B04. There is no need to re-ask the respondent her age. This question will only appear if she has already answered between 15 and 49 years of age for question B2.</i></p>	<p style="text-align: center;">(\${B02}>=15 and \${B02}<=49) and \${B03}=2</p> <input type="radio"/> Yes, she is an eligible female between the ages of 15 and 49 years of age
<p>B04_1: What is the relationship of <u>\${B01}</u> to the head of the household?</p>	<p style="text-align: right;">\${mem} = 1</p> <input type="radio"/> Head of household
<p>B04_2: What is the relationship of <u>\${B01}</u> to the head of the household? <i>Household Head is the first household member entered</i></p>	<p style="text-align: right;">\${mem} > 1</p> <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
B05: Is $\$ \{B01\}$ a responsible adult if head of household is absent?	$\$ \{mem\} > 1$ and $\$ \{B02\} \geq 15$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
B05a: Yes, this person is an eligible household member for modules F and H2 - H7, please mark the paper tools accordingly.	$\$ \{B05\} = 1$ <input type="radio"/> Yes, this person is an eligible household member, please mark the paper tools accordingly.
B06: Is $\$ \{B01\}$ the primary person responsible for food preparation in the household?	$\$ \{B02\} \geq 15$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
B06a: Yes, this person is an eligible household member for modules C and H1, please mark the paper tools accordingly.	$\$ \{B06\} = 1$ <input type="radio"/> Yes, this person is an eligible household member, please mark the paper tools accordingly.
B07: Who is the primary caregiver of $\$ \{B01\}$? <i>The primary caregiver and the child are eligible for Module D (Primary Caregiver). Please mark the paper tools accordingly</i>	$\$ \{B02\}$ <input type="text"/>
B07a: Who is the primary caregiver of $\$ \{B01\}$? <i>The primary caregiver and the child are eligible for Module D (Primary Caregiver). Please mark the paper tools accordingly</i>	$\$ \{B02\} \geq 2$ and $\$ \{B02\}$ <input type="text"/>
B08: Is $\$ \{B01\}$ the biological parent of a child under the age of 2 (23 months or younger) living in this household?	$\$ \{B02\} \geq 15$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>B08b: Yes, this person is biological parent of a child under the age of 2 (23 months or younger) and is eligible for module K, please mark the paper tools accordingly. <i>Please select “yes”, this person is the biological parent of a child under 2</i></p>	<p style="text-align: right;">\${B08}=1</p> <p><input type="radio"/> Yes, this person is biological parent of a child under the age of 2 (23 months or younger)</p>
<p>B09: Has <u>\${B01}</u> done any work in the last 12 months? <i>**Work includes jobs in the formal and/or informal sector, full time, part time, or seasonal work that is done within and/or outside the home. It includes, but is not limited to agricultural daily wage labor, off-farm daily wage labor, income generation activities, sale of goods produced or processed outside the home or at the home, homestead garden or farm (e.g., vegetables, eggs, fish, livestock, artisanal goods), or petty trading. For this indicator, work does not include participating in cash for work, food for work, or conditional transfers and/or productive safety net programs. It does not include either caring for own children, cooking, cleaning or doing other routine chores for own household (e.g., fetching water, collecting firewood) or being involved in agricultural production solely for household consumption.</i></p>	<p style="text-align: right;">\${B02}>=15</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>B10: During the last 12 months, was <u>\${B01}</u> usually paid in cash or kind for this work or was <u>\${B01}</u> not paid at all?</p>	<p style="text-align: right;">\${B02}>=15 and \${B09}=1</p> <p><input type="radio"/> Cash only <input type="radio"/> Cash and in-kind <input type="radio"/> In-kind only <input type="radio"/> Not paid <input type="radio"/> Don't Know <input type="radio"/> Refused</p>
<p>B10a: Yes, this person is an eligible cash earner who has worked and earned cash in the past 12 months and is eligible for module J, please mark the paper tool accordingly. <i>Please select “yes”, this person is an eligible cash earner</i></p>	<p style="text-align: right;">\${B10}=1 or \${B10}=2</p> <p><input type="radio"/> Yes, this household member has worked and earned cash in the past 12 months, please mark the paper tool accordingly</p>
<p>B11: Does <u>\${B01}</u> have access to a plot of land (even if very small) over which you make decisions about what will be grown, OR how it will be grown, OR how to dispose of the harvest?</p>	<p style="text-align: right;">\${B02}>=15 or \${B02}=-8 or \${B02}=-9</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

<p><i>Includes plots of land allocated to farmers for growing crops but not owned</i></p>	<p><input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>B12: Does $\\${B01}$ have animals and/or aquaculture products over which you make decisions about their management OR how to dispose of the production?</p>	<p style="text-align: right;">$\\${B02} \geq 15$ or $\\${B02} = -8$ or $\\${B02} = -9$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>B12a: <i>Yes this person is a Farmer and is eligible for module G, please mark the paper tool accordingly. Please select "yes", this person is an eligible farmer</i></p>	<p style="text-align: right;">$\\${B11} = 1$ or $\\${B12} = 1$</p> <p><input type="radio"/> Yes, this person is an eligible farmer</p>
<p>B13: What is $\\${B01}$'s current marital status?</p>	<p style="text-align: right;">$\\${B02} \geq 15$</p> <p><input type="radio"/> Married or living together <input type="radio"/> Divorced/separated <input type="radio"/> Widowed <input type="radio"/> Never married and never lived together <input type="radio"/> Don't Know <input type="radio"/> Refused</p>
<p>B14: Is $\\${B01}$'s natural mother alive?</p>	<p style="text-align: right;">$\\${B02} \leq 17$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>B15: Does $\\${B01}$'s natural mother usually live in this household?</p>	<p style="text-align: right;">$\\${B14} = 1$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>B15_a: What is her name? <i>Record mother's line number from household roster (using the paper tool). If the mother's name is not on the roster, ensure that the mother is a household member, if yes make sure she is added to the roster list. Enter -8 for don't know</i></p>	<p style="text-align: right;">$\\${B15} = 1$</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 10px;"></div>
<p>B17: Is $\\${B01}$'s natural father alive?</p>	<p style="text-align: right;">$\\${B02} \leq 17$</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>B18: Does <u>§{B01}</u>'s natural father usually live in this household?</p>	<p style="text-align: right;">§{B17}=1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>B18_a: What is his name? <i>Record father's line number from household roster (using the paper tool). If the father's name is not on the roster, ensure that the father is a household member, if yes make sure he is added to the roster list. Enter -8 for don't know</i></p>	<p style="text-align: right;">§{B18}=1</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>B20: Has <u>§{B01}</u> ever attended school?</p>	<p style="text-align: right;">§{B02}>=5</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>B21: What is the highest level of school <u>§{B01}</u> has attended?</p>	<p style="text-align: right;">§{B20}=1</p> <input type="radio"/> Pre-primary <input type="radio"/> Primary <input type="radio"/> Secondaire 1 <input type="radio"/> Secondaire 2 <input type="radio"/> Superieur <input type="radio"/> Don't Know <input type="radio"/> Refused
<p>B21_grade: What is the highest grade <u>§{B01}</u> completed at that level?</p>	<p style="text-align: right;">§{B21}=1 or §{B21}=2 or §{B21}=3 or §{B21}=4</p> <input type="radio"/> Less than 1 year completed <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 <input type="radio"/> T4 <input type="radio"/> T5 <input type="radio"/> T6 (6ème) <input type="radio"/> T7 (5ème) <input type="radio"/> T8 (4ème) <input type="radio"/> T9 (3ème) <input type="radio"/> T10 (2nd)

	<ul style="list-style-type: none"> <input type="radio"/> T11 (1ère) <input type="radio"/> T12 (Terminale) <input type="radio"/> 1ère année <input type="radio"/> 2ème année <input type="radio"/> 3ème année <input type="radio"/> 4ème année <input type="radio"/> ≥ 5ème année <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <p style="text-align: right;">cf=\${B21}</p>
<p>B22: Did <u>\${B01}</u> attend school at any time during the 2019 school year?</p>	<p style="text-align: center;">($\\${B02} \geq 5$ and $\\${B02} \leq 24$) and $\\${B20} = 1$</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>B23: During this school year, what level was <u>\${B01}</u> attending?</p>	<p style="text-align: right;">$\\${B22} = 1$</p> <ul style="list-style-type: none"> <input type="radio"/> Pre-primary <input type="radio"/> Primary <input type="radio"/> Secondaire 1 <input type="radio"/> Secondaire 2 <input type="radio"/> Superieur <input type="radio"/> Don't Know <input type="radio"/> Refused
<p>B23_grade: During this school year, what grade was <u>\${B01}</u> attending?</p>	<p style="text-align: center;">$\\${B23} = 1$ or $\\${B23} = 2$ or $\\${B23} = 3$ or $\\${B23} = 4$</p> <ul style="list-style-type: none"> <input type="radio"/> Less than 1 year completed <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 <input type="radio"/> T4 <input type="radio"/> T5 <input type="radio"/> T6 (6ème) <input type="radio"/> T7 (5ème)

	<ul style="list-style-type: none"> <input type="radio"/> T8 (4ème) <input type="radio"/> T9 (3ème) <input type="radio"/> T10 (2nd) <input type="radio"/> T11 (1ère) <input type="radio"/> T12 (Terminale) <input type="radio"/> 1ère année <input type="radio"/> 2ème année <input type="radio"/> 3ème année <input type="radio"/> 4ème année <input type="radio"/> ≥ 5ème année <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Don't Know <input type="radio"/> Refused <p style="text-align: right;">cf=\${B23}</p>
<p>READ: 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 for child respondents</i></p>	
<p>Program Participation</p>	
<p>B24: Are you (or anyone in HH) participating in Asotry Project or Fararano Project activities? Or have you participated project activities in the past? <i>Use Probes</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>B25: Are you (or anyone in HH) receiving food rations as part of Asotry Project or Fararano Project activities? Or have you received food rations in the past from the project?</p>	<p style="text-align: right;">\${B24} = 1</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>B26: Are you (or anyone in HH) participating in nutrition training/meetings organized as part of Asotry Project or Fararano Project activities? Or have you participated nutrition activities in the past?</p>	<p style="text-align: right;">\${B24} = 1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>B27: Are you (or anyone in HH) participating in agriculture-related trainings/meetings as part of the Asotry Project or Fararano Project activities? Or have you participated agriculture activities in the past?</p>	<p style="text-align: right;">\${B24} = 1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>B28: Are you (or anyone in HH) receiving cash transfers as part of Asotry Project or Fararano Project activities? Or have you received cash transfers in the past?</p>	<p style="text-align: right;">\${B24} = 1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>B29: Are you (or anyone in HH) participating in any other activities as part of the Asotry or Fararano Project? Or have you participated in any other activities in the past?</p>	<p style="text-align: right;">\${B24} = 1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Total number of roster members for this household is "<u>hm_count</u>" Total number of primary person(s) responsible for food preparation in the household "<u>prep_count</u>" (Module C, H1) Total number of responsible adult(s) if the head of household is absent is "<u>res_count</u>" (Module F, H2-H7) Total number eligible children under the age of two years (23 months or younger) is "<u>kid_count2</u>" (Module D1) Total number eligible children under the age of five years (59 months or younger) is "<u>kid_countall</u>" (Module D2) Total number of eligible farmers is "<u>farmers_count</u>" (Module G) Total number of eligible women between the age of 15 and 49 years of age is "<u>wom_age</u>" (Module E) Total number of eligible cash earners is "<u>cash_count</u>" (Module J) Total number of eligible biological parents with children under the age of 2 years is "<u>biopar_count</u>" (Module K) The primary adult decision-maker is "<u>A08</u>" The primary adult female decision maker is "<u>A09</u>"</p>	

<p>Begin Module F. Water, Sanitation and Hygiene <i>Respondent for this module: Head of HH or Responsible Adult There are "<u>res_count</u>" responsible adults of the Head of HH is absent</i></p>	
<p>F1. Is the current primary decision maker willing to continue to the next module?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>F01_sel. Please select the name of the eligible household member <i>Please refer to the paper tool for the name of the head of household or responsible adult who will answer the questions in this section</i></p>	<p><input type="radio"/> \${hm1} <input type="radio"/> \${hm2} <input type="radio"/> \${hm3} <input type="radio"/> \${hm4} <input type="radio"/> \${hm5} <input type="radio"/> \${hm6} <input type="radio"/> \${hm7} <input type="radio"/> \${hm8} <input type="radio"/> \${hm9} <input type="radio"/> \${hm10} <input type="radio"/> \${hm11} <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25}</p> <p style="text-align: right;">hm_category <= \${hm_count}</p>
<p>F01a: Does <u>F01</u> give consent to continue?</p>	<p><input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available</p>
<p>Drinking Water</p>	
<p>F04: What is currently the main source of drinking water for members of your household?</p>	<p><input type="radio"/> Piped into home <input type="radio"/> Piped to yard/plot <input type="radio"/> Public tap/standpipe <input type="radio"/> Tube well or borehole</p>

	<input type="radio"/> Dug well - protected <input type="radio"/> Dug well - unprotected <input type="radio"/> Water from spring - protected <input type="radio"/> Water from spring - unprotected <input type="radio"/> Rainwater <input type="radio"/> Tanker truck <input type="radio"/> Cart with small tank <input type="radio"/> Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation Channel) <input type="radio"/> Digging into a dry river bed <input type="radio"/> Bottled water <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused
F04_other: Specify other:	<div style="text-align: right;">\${F04}=15</div> <input style="width: 100px; height: 20px;" type="text"/>
F05: Where is the water source located?	<div style="text-align: right;">selected (\${F04},"3")or selected (\${F04},"4")or selected (\${F04},"5")or selected (\${F04},"6")or se ...</div> <input type="radio"/> In own dwelling <input type="radio"/> In own yard/plot <input type="radio"/> Elsewhere <input type="radio"/> Don't know <input type="radio"/> Refused
F06: How long does it take to go there, get water and come back?	
F06a: Hours <i>Enter "0" if less than 1 hour; -8 for Don't Know; -9 for Refused</i>	
F06b: Minutes <i>Enter -8 for Don't Know; -9 for Refused</i>	
F07: Is water available from this source all year round?	<div style="text-align: right;">\${F04}!=-8 or \${F04}!=-9</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>F08: In the last two weeks, was water unavailable from this source for a day or longer?</p>	<p style="text-align: right;">\${F04}!=8 or \${F04}!=9</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<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"/> Don't know <input type="radio"/> Refused to answer </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 (Sur'eau) <input type="checkbox"/> Strain through a cloth <input type="checkbox"/> Use water filter (ceramic/sand/composite/etc.) <input type="checkbox"/> Solar disinfection <input type="checkbox"/> Let it stand and settle <input type="checkbox"/> [BIO] sand filtration <input type="checkbox"/> Traditional, with plants (Moringa) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Do not know <input type="checkbox"/> Refused to answer </p>
<p>F10_other: Specify other:</p>	<p style="text-align: right;">selected (\${F10}, "9")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<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 - to piped sewer system <input type="radio"/> Flush or pour flush toilet - to septic tank <input type="radio"/> Flush or pour flush toilet - to pit latrine <input type="radio"/> Flush or pour flush toilet - to somewhere else <input type="radio"/> Flush or pour flush toilet - don't know where <input type="radio"/> Pit latrine - vented improved pit latrine <input type="radio"/> Pit latrine - pit latrine with slab <input type="radio"/> Pit latrine - pit latrine without slab/open pit <input type="radio"/> Bucket toilet <input type="radio"/> No facility/bush/field </p>

	<input type="radio"/> Hanging latrine (pile) <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
F11_other: Specify other:	<div style="text-align: right;">selected (\${F11}, "96")</div> <input type="text"/>
F12: Does your household share the toilet facility with other households?	<div style="text-align: right;">\${F11}!=61</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
F13: How many households share that toilet facility? <i>If sharing a toilet, there must be at least 2 households</i>	<div style="text-align: right;">\${F12}=1</div> <input type="radio"/> Two households <input type="radio"/> Three households <input type="radio"/> Four households <input type="radio"/> Five households <input type="radio"/> Six households <input type="radio"/> Seven households <input type="radio"/> Eight households <input type="radio"/> Nine households <input type="radio"/> Ten or more households <input type="radio"/> Don't know <input type="radio"/> Refused to answer
HANDWASHING	
F14: Please show me where members of your household most often wash their hands	<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 reason
F15: Observe presence of water at the place for handwashing. OBSERVATION ONLY	<div style="text-align: right;">\${F14}=1</div> <input type="radio"/> Water is available <input type="radio"/> Water is not available
F16: Observe presence of soap, detergent or other cleaning agent at the place for handwashing. OBSERVATION ONLY	<div style="text-align: right;">\${F14}=1</div> <input type="checkbox"/> Soap or detergent (bar, liquid, powder, paste) <input type="checkbox"/> Ash, mud, sand <input type="checkbox"/> None

<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>F18: Why was $\\$F01$ unable to complete this part of the survey?</p>	<p style="text-align: right;">($\\$F01a=2$ or $\\$F01a=-10$)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px;"></div>
<p>Begin Module C. Food Access <i>Respondent for this module: Person(s) responsible for the preparation of meals during the past 7 days or an adult having taken their meals in the household during the last 7 days The total number of household members who have prepared food in the past 7 days is "$\\$prep_count$"</i></p>	
<p>C01_sel. Please select the name of the eligible household member who is responsible for food preparation in the household <i>Please refer to the paper tool for the name of the person responsible for the preparation of meals during the past 7 days or an adult having taken their meals in the household during the last 7 days who will answer the questions in this section</i></p>	<p> <input type="radio"/> $\\$hm1$ <input type="radio"/> $\\$hm2$ <input type="radio"/> $\\$hm3$ <input type="radio"/> $\\$hm4$ <input type="radio"/> $\\$hm5$ <input type="radio"/> $\\$hm6$ <input type="radio"/> $\\$hm7$ <input type="radio"/> $\\$hm8$ <input type="radio"/> $\\$hm9$ <input type="radio"/> $\\$hm10$ <input type="radio"/> $\\$hm11$ <input type="radio"/> $\\$hm12$ <input type="radio"/> $\\$hm13$ <input type="radio"/> $\\$hm14$ <input type="radio"/> $\\$hm15$ <input type="radio"/> $\\$hm16$ <input type="radio"/> $\\$hm17$ <input type="radio"/> $\\$hm18$ <input type="radio"/> $\\$hm19$ <input type="radio"/> $\\$hm20$ <input type="radio"/> $\\$hm21$ <input type="radio"/> $\\$hm22$ <input type="radio"/> $\\$hm23$ <input type="radio"/> $\\$hm24$ <input type="radio"/> $\\$hm25$ </p> <p style="text-align: right;">$hm_category \leq \\$hm_count$</p>
<p>C02a. Does $\\$C01$ give consent to continue?</p>	<p> <input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the </p>

	<p>survey</p> <p><input type="radio"/> Household Member was not available</p>
C03: Was yesterday an unusual or special day (Festival, Funeral, etc.) or were most household members absent?	<p style="text-align: right;">§{C02a}=1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
<p>Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night.</p> <p><i>Read the list of foods. Record "yes" if anyone in the household ate the food in question. Record "no" if no one in the household ate the food. The foods listed should be those prepared in the household and eaten in the household or taken elsewhere to eat. Do not include foods consumed outside the home that were prepared elsewhere.</i></p>	
C04: Did you or anyone else in your household eat "Maize or gruel, samp, bread, rice, sorghum, millet, finger millet, wheat, pasta, noodles or other foods made from cereals/grains?" yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
C05: Did you or anyone else in your household eat "Cassava, potatoes, sweet potatoes, yams, taro, breadfruit, or any other foods made from roots, plantains" yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
C06: Did you or anyone else in your household eat "Any vegetables or vegetable leaves (anana), such as carrots, pumpkin, pumpkin leaves, squash, gorges, traditional/indigenous vegetables, mushrooms, etc." yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
C07: Did you or anyone else in your household eat "Any fruits? Including traditional/indigenous fruits such as cactus, tamarin, watermelon, baobab" yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
C08: Did you or anyone else in your household eat "Any meat? Beef, pork, lamb, goat, rabbit, frog, wild game, chicken, duck, or other birds? Liver, kidney, heart, or other organ meats or blood" yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>
C09: Did you or anyone else in your household eat "Any eggs? [chicken, turkey, fowl, duck, quay (oiseau domestique sauvage)]" yesterday?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> Refused to answer</p>

<p>C10: Did you or anyone else in your household eat "Any fresh or dried fish, dried shellfish, crabs, orsin, anguille" yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>C11: Did you or anyone else in your household eat "Any foods made from Voamaina (beans, peas, lentils, cowpeas, pigeon peas), groundnuts, cashew nuts" yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>C12: Did you or anyone else in your household eat "Any cheese, yogurt, milk, sour milk (Abobo) or other dairy products" yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>C13: Did you or anyone else in your household eat "Any foods made with oil, fat, animal fat, lard or butter, peanut butter" yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>C14: Did you or anyone else in your household eat "Any sugar or honey, sugar cane" yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>C15: Did you or anyone else in your household eat "Condiments for flavor, such as chilies, spices, persil, oregon, laurier..." yesterday?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<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>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>C17: How often did this happen in the past [4 WEEKS/30 DAYS]? Read options.</p>	<p style="text-align: right;">\${C16}=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"/> Don't know <input type="radio"/> Refused to answer</p>
<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]? Read options.</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)</p>

	<input type="radio"/> Don't know <input type="radio"/> Refused to answer
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?	<input type="radio"/> Yes <input type="radio"/> No
C21: How often did this happen in the past [4 WEEKS/30 DAYS]? <i>Read options.</i>	<div style="text-align: right;">\${C20}=1</div> <input type="radio"/> Rarely (1-2 times) <input type="radio"/> Sometimes (3-10 times) <input type="radio"/> Often (more than 10) <input type="radio"/> Don't know <input type="radio"/> Refused to answer
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.	
C22: Skip entire days without eating?	<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
C23: Limit portion size at mealtimes?	<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
C24: Reduce number of meals eaten per day?	<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>C25: Borrow food or rely on help from friends or relatives?</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>C26: Rely on less expensive or less preferred foods?</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>C27: Purchase/borrow food on credit?</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>C28: Harvest immature crops?</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>C29: Send household members to eat elsewhere?</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>C30: Send household members to beg?</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>

C31: Reduce adult consumption so children can eat?	<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
C32: Rely on casual labor for food?	<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
C33: Use of savings?	<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
C34: Consumed seed stock reserved for the next season?	<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
C35: Send children to work?	<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
C36: Did you receive any of the following types of assistance during the past 6 months? <i>Read each response and choose all that apply.</i>	<input type="checkbox"/> Food <input type="checkbox"/> Cash <input type="checkbox"/> Crop inputs <input type="checkbox"/> Livestock inputs <input type="checkbox"/> Kit d'urgence (lampe...) <input type="checkbox"/> WASH inputs (aquatabs, jerrycans, etc. that are not included in Kit d'urgence)

	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> No assistance received <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>C36_other: Please specify:</p>	<p style="text-align: right;">selected({C36},"7")</p> <input type="text"/>
<p>C37: Who did you receive the assistance from? <i>NGO=Non-governmental Organization Read each response and choose all that apply.</i></p>	<p style="text-align: right;">not(selected({C36},"8"))</p> <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Community group <input type="checkbox"/> Farmers COOP/Association <input type="checkbox"/> Friend or family member <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>C37_other: Please specify:</p>	<p style="text-align: right;">selected({C37},"6")</p> <input type="text"/>
<p>C38: Did you receive the assistance in response to a shock?</p>	<p style="text-align: right;">not(selected({C36},"8"))</p> <input type="radio"/> Yes <input type="radio"/> No
<p>C39: Did you experience any of the following shocks during the last 12 months? <i>Read each response and choose all that apply.</i></p>	<input type="checkbox"/> Drought <input type="checkbox"/> Flood/water logging <input type="checkbox"/> Strong winds or storms <input type="checkbox"/> Crop disease or crop pests <input type="checkbox"/> Livestock disease or deaths <input type="checkbox"/> Loss of job/non-payment <input type="checkbox"/> Large fall in sale price of crops <input type="checkbox"/> Large rise in prices of food <input type="checkbox"/> Death in household <input type="checkbox"/> Break-up of the household <input type="checkbox"/> Illness <input type="checkbox"/> Theft <input type="checkbox"/> House damaged due to fire <input type="checkbox"/> End of regular assistance, aid or remittances from outside <input type="checkbox"/> Other (Specify)

	<input type="checkbox"/> There was no shock <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
C39_other: Please specify:	<div style="text-align: right;">selected(#{C39},"15")</div> <input type="text"/>
C40: Why was <u>#{C01}</u> unable to complete this part of the survey	<div style="text-align: right;">#{C02a}!=1</div> <input type="text"/>
Begin Module G. Agriculture <i>Respondent for this module: All farmers</i>	
<p>G01_sel. Please select the names of the eligible farmers as indicated on the paper household roster</p> <p><i>Instructions to Respondent When the Farmer is Absent: Because the Head of HH is absent, are you willing to answer these questions about HIS/HER farming?</i></p> <p><i>Total number of eligible farmers from the roster list is <u>#{farmers_count}</u></i></p>	<input type="checkbox"/> #{hm1} <input type="checkbox"/> #{hm2} <input type="checkbox"/> #{hm3} <input type="checkbox"/> #{hm4} <input type="checkbox"/> #{hm5} <input type="checkbox"/> #{hm6} <input type="checkbox"/> #{hm7} <input type="checkbox"/> #{hm8} <input type="checkbox"/> #{hm9} <input type="checkbox"/> #{hm10} <input type="checkbox"/> #{hm11} <input type="checkbox"/> #{hm12} <input type="checkbox"/> #{hm13} <input type="checkbox"/> #{hm14} <input type="checkbox"/> #{hm15} <input type="checkbox"/> #{hm16} <input type="checkbox"/> #{hm17} <input type="checkbox"/> #{hm18} <input type="checkbox"/> #{hm19} <input type="checkbox"/> #{hm20} <input type="checkbox"/> #{hm21} <input type="checkbox"/> #{hm22} <input type="checkbox"/> #{hm23} <input type="checkbox"/> #{hm24} <input type="checkbox"/> #{hm25} <div style="text-align: right;">hm_category <= #{hm_count}</div>

<p>G01a. Does <u>§{G01}</u> give consent to continue?</p>	<p><input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available</p>
<p>G02. What is the farmer's sex?</p>	<p style="text-align: right;">§{G01a}=1</p> <p><input type="radio"/> Male <input type="radio"/> Female</p>
<p>G03. Have you regularly participated in agriculture related trainings/meetings, specifically the Asotry Project and/or Fararano Project projects?</p>	<p style="text-align: right;">§{G01a}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>G04. Does <u>§{G01}</u> have access to a plot of land (even if very small) over which you make decisions about what will be grown, 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 style="text-align: right;">§{G01a}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>G05. Does <u>§{G01}</u> have animals and/or aquaculture products over which you make decisions about their management OR how to dispose of the production?</p>	<p style="text-align: right;">§{G01a}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>G07: Did you take any agricultural credit, in cash or in kind, in the [PAST 12 MONTHS] from any of the following? <i>Read list. Select all that apply. MFI = Microfinance Institution</i></p>	<p><input type="checkbox"/> Agro-dealers <input type="checkbox"/> Contract farming <input type="checkbox"/> Village savings groups <input type="checkbox"/> Farmers associations or cooperatives <input type="checkbox"/> MFI <input type="checkbox"/> Middlemen <input type="checkbox"/> NGO <input type="checkbox"/> Government institution <input type="checkbox"/> Non-cash loans <input type="checkbox"/> Input from buyers <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Did not take any agricultural credit <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

<p>G07_other: Please specify:</p>	<p style="text-align: right;">selected ({G07}, "11")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>G08: Did you save any cash through any of the following institutions in the past 12 months? <i>Read list. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Village savings and loan <input type="checkbox"/> MFI <input type="checkbox"/> Cooperative <input type="checkbox"/> Post Office <input type="checkbox"/> Commercial banks <input type="checkbox"/> Mobile banking <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Did not save any cash <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>G08a: Please specify:</p>	<p style="text-align: right;">selected ({G08}, "7")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>G09: Did you have agricultural insurance in the [PAST 12 MONTHS]? <i>Some people insure their agricultural production against negative unexpected circumstances, such as drought, floods, and pests by paying for this service.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>Now I want 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]? <i>Read each activity. Select all that apply. If none were practiced, then select the last option ("Did not practice any").</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Purchase inputs through agro-dealers and/or community associations <input type="checkbox"/> Use of mobile financial services <input type="checkbox"/> Use of financial services other than mobile <input type="checkbox"/> Use of training and extension services <input type="checkbox"/> Contract farming <input type="checkbox"/> Solar drying <input type="checkbox"/> Storage (warehousing) <input type="checkbox"/> Processing produce (culturing, shelling, roasting, milling, etc.) <input type="checkbox"/> Trading or marketing produce through agro-dealers and/or community associations <input type="checkbox"/> Did not practice any of these activities in past 12 months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

<p>G12: In the past 12 months, did you plant any crops in the plot(s) over which you make decisions?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>G13: What crops did you plant during the past 12 months in the plot(s) over which you make decisions? <i>Select all crops named by the respondent.</i></p>	<p style="text-align: right;">selected ({G12}, "1")</p> <p> <input type="checkbox"/> Maize <input type="checkbox"/> Rice <input type="checkbox"/> Cassava <input type="checkbox"/> Groundnuts <input type="checkbox"/> Soybean <input type="checkbox"/> White sweet potato <input type="checkbox"/> Orange sweet potato <input type="checkbox"/> White potato <input type="checkbox"/> Beans and pulses <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Other(Specify) <input type="checkbox"/> Other(Specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>
<p>G13_other1: Please specify all other crops:</p>	<p style="text-align: right;">selected ({G13}, "12")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>G14: For the crops (including vegetables) that you planted, did you use any of these practices in the [PAST 12 MONTHS]? <i>Read each practice. Select those that were used. If none of these practices were used, then select the last option ("Did not use any").</i></p>	<p style="text-align: right;">selected ({G12}, "1")</p> <p> <input type="checkbox"/> Manure <input type="checkbox"/> Compost <input type="checkbox"/> Mulching <input type="checkbox"/> Weed control <input type="checkbox"/> Row planting <input type="checkbox"/> Planting trees or shrubs around the plot <input type="checkbox"/> Terracing <input type="checkbox"/> Early planting or planting with first rains <input type="checkbox"/> Use of improved crop seeds <input type="checkbox"/> Crop rotations <input type="checkbox"/> Intercropping <input type="checkbox"/> Use of natural pesticides (chili, beer, etc.) <input type="checkbox"/> Use of chemical pesticides <input type="checkbox"/> Use of guano fertilizer </p>

	<input type="checkbox"/> Irrigation management <input type="checkbox"/> Conservation agriculture/farming <input type="checkbox"/> Rice-fish farming <input type="checkbox"/> Use of straw <input type="checkbox"/> Inter-season planting <input type="checkbox"/> Did not use any of these practices in past 12 months <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>G15: What livestock did you raise/care for and make decisions about during the [PAST 12 MONTHS]? <i>Select all animal species (including fish) named by the respondent.</i></p>	<input type="checkbox"/> Cattle <input type="checkbox"/> Goats <input type="checkbox"/> Sheep <input type="checkbox"/> Chickens/poultry <input type="checkbox"/> Fish <input type="checkbox"/> Bees <input type="checkbox"/> Pigs <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>G15_other1: Please specify all other animals:</p>	<div style="text-align: right;">selected ({G15}, "8")</div> <input style="width: 100px; height: 20px;" type="text"/>
<p>G16: Did you use any of the following practices when you cared for the livestock during the [PAST 12 MONTHS]? <i>Read each practice. Select those that were used. If none of these practices were used, then select the last option ("Did not practice any").</i></p>	<input type="checkbox"/> Improved animal shelters <input type="checkbox"/> Vaccinations <input type="checkbox"/> Deworming <input type="checkbox"/> Homemade animal feeds made of locally available products <input type="checkbox"/> Animal feed supplied by stockfeed manufacturer <input type="checkbox"/> Pen feeding <input type="checkbox"/> Fodder production <input type="checkbox"/> Used the services of community animal health workers/paravets <input type="checkbox"/> Race selection <input type="checkbox"/> Building and livestock machinery <input type="checkbox"/> Did not practice any of these activities in past 12 months <input type="checkbox"/> Don't know <input type="checkbox"/> Refused

<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>	<ul style="list-style-type: none"> <input type="checkbox"/> Veterinarian <input type="checkbox"/> Community animal health worker <input type="checkbox"/> Agro-dealer <input type="checkbox"/> Other(Specify) <input type="checkbox"/> Did not purchase drugs/medicines <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>G17_other: Please specify:</p>	<p style="text-align: right;">selected ({G17}, "4")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>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]?</p> <p><i>Read each practice. Select those that were used. If none of these practices were used, then select the last option ("Did not practice any").</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Management or protection of dams or water catchments <input type="checkbox"/> Agro-forestry <input type="checkbox"/> Reforestation <input type="checkbox"/> Sustainable harvesting of forest products <input type="checkbox"/> Did not practice any of these activities in past 12 months <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>G20: During the past 12 months did you store any crops from the plot(s) over which you make decisions?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>G21A: Did you use any of the following methods to store the crops?</p> <p><i>Read each method. Select those that were used. If none of these methods were used, then select the last option ("Did not use any").</i></p>	<p style="text-align: right;">\${G20}=1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improved granary <input type="checkbox"/> Underground storage <input type="checkbox"/> Warehousing <input type="checkbox"/> Triple bag <input type="checkbox"/> Mini tank <input type="checkbox"/> Did not use any of these methods <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>G21B: Why did you store the crops?</p> <p><i>Read each reason. Select all that apply.</i></p>	<p style="text-align: right;">\${G20}=1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Self-consumption <input type="checkbox"/> Sell at better price <input type="checkbox"/> Produce seeds <input type="checkbox"/> Other (Specify)

	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
G21B_other: Please specify:	<input type="text"/> selected ($\{G21B\}$, "4")
G22: During the past 12 months did you sell any crops harvested from the plot(s) over which you make decisions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
G23: How much did you receive for sales of your crops? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	$\{G22\}=1$
G24: In the [PAST 12 MONTHS] have you received any of the following agricultural or livestock services? <i>Select all that apply. If none of these services were received, then select the last option only ("None received")</i>	<input type="checkbox"/> Training <input type="checkbox"/> Oral/written education materials <input type="checkbox"/> Agricultural inputs <input type="checkbox"/> Credit services <input type="checkbox"/> Veterinary services <input type="checkbox"/> Other (specify) <input type="checkbox"/> None received <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
G24_other: Please specify:	<input type="text"/> selected ($\{G24\}$, "6")
G25: Whom did you receive the services from? <i>Select all that apply. Examples of specific projects: AROPA, FORMAPROD, Prosper, PDSR, etc.</i>	$\{G24\}!=7$ <input type="checkbox"/> Specific project <input type="checkbox"/> Government technical <input type="checkbox"/> NGO <input type="checkbox"/> Agro-dealers <input type="checkbox"/> Farmer coops <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
G25_other: Please specify:	<input type="text"/> selected ($\{G25\}$, "6")
G27: Why was $\{G01\}$ unable to complete this part of the survey?	<input type="text"/> $\{G01a\}!=1$

<p>Begin Module D1: Children's Nutritional Status and Feeding Practices</p> <p><i>Respondent for this module: Primary Caregivers</i></p> <p><i>Repetitions: Once for each child under 5 years</i></p>	
<p>I would now like to ask you some questions about your children.</p> <p><i>Respondent for this module: Primary Caregivers</i></p> <p><i>Repetitions: " There are "<u>`\${kid_countall}`</u>" children under the 5 years of age</i></p>	
<p>D04_sel : Please select that names of the <u>children</u> under 5 from the list:</p> <p><i>Please refer to the paper tool for the names of the primary caregivers who will answer the questions in this section and for the names of the children to be selected Total number eligible children under the age of five years (59 months or younger) is "<u>`\${kid_countall}`</u>"</i></p>	<p><input type="checkbox"/> `\${hm1}`</p> <p><input type="checkbox"/> `\${hm2}`</p> <p><input type="checkbox"/> `\${hm3}`</p> <p><input type="checkbox"/> `\${hm4}`</p> <p><input type="checkbox"/> `\${hm5}`</p> <p><input type="checkbox"/> `\${hm6}`</p> <p><input type="checkbox"/> `\${hm7}`</p> <p><input type="checkbox"/> `\${hm8}`</p> <p><input type="checkbox"/> `\${hm9}`</p> <p><input type="checkbox"/> `\${hm10}`</p> <p><input type="checkbox"/> `\${hm11}`</p> <p><input type="checkbox"/> `\${hm12}`</p> <p><input type="checkbox"/> `\${hm13}`</p> <p><input type="checkbox"/> `\${hm14}`</p> <p><input type="checkbox"/> `\${hm15}`</p> <p><input type="checkbox"/> `\${hm16}`</p> <p><input type="checkbox"/> `\${hm17}`</p> <p><input type="checkbox"/> `\${hm18}`</p> <p><input type="checkbox"/> `\${hm19}`</p> <p><input type="checkbox"/> `\${hm20}`</p> <p><input type="checkbox"/> `\${hm21}`</p> <p><input type="checkbox"/> `\${hm22}`</p> <p><input type="checkbox"/> `\${hm23}`</p> <p><input type="checkbox"/> `\${hm24}`</p> <p><input type="checkbox"/> `\${hm25}`</p> <p style="text-align: right;">hm_category <= `\${hm_count}`</p>
<p>D03_sel: Please select the name of the <u>primary caregiver</u> for <u>`\${D04}`</u></p>	<p><input type="radio"/> `\${hm1}`</p> <p><input type="radio"/> `\${hm2}`</p> <p><input type="radio"/> `\${hm3}`</p> <p><input type="radio"/> `\${hm4}`</p>

<p>Please refer to the paper tool for the name of the primary caregiver who will answer the questions in this section</p>	<p> <input type="radio"/> \${hm5} <input type="radio"/> \${hm6} <input type="radio"/> \${hm7} <input type="radio"/> \${hm8} <input type="radio"/> \${hm9} <input type="radio"/> \${hm10} <input type="radio"/> \${hm11} <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25} </p> <p style="text-align: right;">hm_category <= \${hm_count}</p>
<p>D03b: Does <u>\${D03}</u> give consent to continue?</p>	<p> <input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available </p>
<p>D05: Does <u>\${D04}</u> have a health/vaccination card or other documents with the birth date recorded?</p>	<p style="text-align: right;">\${D03b} = 1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D05a: Please select the day, month and year of <u>\${D04}</u>'s birth as shown on their official document. <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 date conversion table to fill in the age in months in D07. Record age in completed months and years.</i></p>	<p style="text-align: right;">\${D03b} = 1 and \${D05} = 1</p> <p style="text-align: right;">Day: <input type="text"/></p> <p style="text-align: right;">Month: <input type="text"/></p> <p style="text-align: right;">Year: <input type="text"/></p>
<p>D05b: In what month and year was <u>\${D04}</u> born?</p>	<p style="text-align: right;">\${D03b} = 1 and (\${D05} = 2 or \${D05} = -8 or \${D05} = -9)</p>

<p><i>Use the month and year of birth to calculate the child's age in completed months and years for questions D06 and D07.</i></p>	<p>Month: <input type="text"/></p> <p>Year: <input type="text"/></p>
<p>D06: How old was $\{D04\}$ on their last birthday? <i>Record age in completed years.</i></p>	<p>$\{D03b\} = 1$</p>
<p>D07: How many months old is $\{D04\}$? <i>Record age in completed months.</i></p>	<p>$\{D03b\} = 1$</p>
<p>D07b: 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, go back to previous screen and enter appropriate age.</p>	<p>$\{D03b\} = 1$</p>
<p><i>All children must be under the age of 5 years old (59 months or younger) If this is a mistake please select the back arrow and enter the correct age of $\{D04\}$ in question D07</i></p>	<p>$\{D03b\} = 1$ and $\{D07\} > 59$</p>
<p>D08: Are you (or anyone in HH) receiving food rations as part of Asotry Project or Fararano Project activities? Or have you received food rations in the past from the project?</p>	<p>$\{D03b\} = 1$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>D08a: Please specify from where? <i>Enter -8 if they don't know and -9 if they refuse to answer</i></p>	<p>$\{D03b\} = 1$ and $\{D08\} = 1$</p> <p><input type="text"/></p>
<p>D09: Are you (or anyone in HH) participating in nutrition training/meetings organized as part of Asotry Project or Fararano Project activities? Or have you participated nutrition activities in the past?</p>	<p>$\{D03b\} = 1$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>Exclusive Breast Feeding and Minimum Acceptable Diet</p>	
<p>D16 : Has $\{D04\}$ ever been breastfed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>

<p>D17: Was $\\$D04$ breastfed yesterday during the day or night?</p>	<p style="text-align: right;">$\\$D16=1$</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby for various reasons, such as the mother is sick or away, has mastitis, etc.</p>	<p style="text-align: center;">$\\$D17=2$ or $\\$D17=-8$ or $\\$D17=-9$</p>
<p>D18: Did $\\$D04$ consume breast milk in any of these ways yesterday during the day or at night?</p>	<p style="text-align: center;">$\\$D17=2$ or $\\$D17=-8$ or $\\$D17=-9$</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.</p>	
<p>D19: Was $\\$D04$ 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"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D20: Was $\\$D04$ given oral rehydration solution yesterday during the day or at night?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Next I would like to ask you about some liquids that $\\$D04$ may have had yesterday during the night or at day. Did $\\$D04$ have:</p>	
<p>D21: Plain Water?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D22: Any kind of infant 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"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D23: How many times yesterday during the day or at night did $\\$D04$ consume any formula?</p>	<p style="text-align: right;">$\\$D22=1$</p>

<p>D24: Did $\\$D04$ have any milk such as tinned, powdered or fresh animal milk?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D25: How many times yesterday during the day or at night did $\\$D04$ consume any milk?</p>	<p style="text-align: right;">$\\$D24=1$</p>
<p>D26: Did $\\$D04$ have any jus naturels ou gazeux?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D27: Clear broth?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D28: Yogurt?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D29: How many times yesterday during the day or at night did $\\$D04$ consume any yogurt?</p>	<p style="text-align: right;">$\\$D28=1$</p>
<p>D30: Did $\\$D04$ have any thin porridge? (PROBES: KobaAina, FARICAL, Koba Soa) <i>Limit to porridge mixed very thin or thick drinks made from cereal. Thicker less liquid porridge is included under item D33.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D31: Any other liquids? <i>PROBES: Gripe water, glucose water, sugar water?</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Next I would like to ask you about (other) liquids or foods that $\\$D04$ ate yesterday during the day or at night.</p> <p>I am interested in whether your child had the item even if it was combined with other foods. For example, if $\\$D04$ ate a rice porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce.</p> <p>Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder). I will ask you about those foods separately.</p>	

Yesterday, during the day and night, did <u>{D04}</u> eat any of the following: (Ask questions D33-D49)	
D33: Bread, biscuits (savory), pasta, noodles, rice, crackers, porridge or other foods made from grains such as corn, wheat, millet, sorghum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D34: Carotte, courge orange ou jaune, patate douce de chair orange, ou tout aliment à chair jaune foncé ou orangée?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D35: White potatoes, white yams, cassava or any other foods made from roots or tubers?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D36A: Any dark green leafy vegetables comme feuille de manioc, feuille de haricot, épinard, feuille de patate ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D36B: Any other vegetables, like fresh green beans, tomato, etc.?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D37A: Kaki, mangues et papayes mures, abricots, melons oranges ou tout fruit à chair jaune foncé ou orangée?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D37B: Any other fruits like bananas, apples, avocado, etc.?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D38A: Liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, or duck?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D38B: Any meat, such as beef, pork, lamb, rabbit, goat, chicken, or duck?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D39A: Any organs from wild animals, such as herissons, chats sauvages, chauve-souris...?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Don't know <input type="radio"/> Refused to answer
D39B: Any flesh from wild animals, such as herissons, chats sauvages, chauve-souris...?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D40: Eggs? (chicken, turkey, fowl, duck)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D41: Fresh or dried fish, shellfish, crabs or seafood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D42: Any foods made from beans, peas, lentils, groundnuts or other legumes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D43: Any foods made from nuts and seeds such as mahabibo, (sakoa dans le Sud) ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D44: Milk, cheese, yogurt, lait caillé or other milk products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D45: Any oils, fats, butter, or foods made with any of these?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D46: Any sugary foods such as chocolates, sweets, candies, pastries, sweet biscuits or cakes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D47: Condiments for flavor, such as chilies, spices, persil, oregon, laurier...?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D48: Vers, escargots, insectes (locusts, chenille...)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

D49: Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
Check Questions D33-D48	$\$ \{D33\} = 2$ and $\$ \{D34\} = 2$ and $\$ \{D35\} = 2$ and $\$ \{D36A\} = 2$ and $\$ \{D36B\} = 2$ and $\$ \{D37A\} = 2$ and $\$ \{D37B\} = 2$ an ...
D50: Now, I'd just like to verify. Did $\$ \{D04\}$ eat any solid, semi-solid, or soft foods yesterday during the day or at night? <i>PROBE: What kind of solid, semi-solid, or soft foods did $\\$ \{D04\}$ eat? If "YES" survey will automatically repeat questions D33-D49`</i>	$\$ \{D33\} = 2$ and $\$ \{D34\} = 2$ and $\$ \{D35\} = 2$ and $\$ \{D36A\} = 2$ and $\$ \{D36B\} = 2$ and $\$ \{D37A\} = 2$ and $\$ \{D37B\} = 2$ an ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D33a: Bread, biscuits (savory), pasta, noodles, rice, crackers, porridge or other foods made from grains such as corn, wheat, millet, sorghum?	$\$ \{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D34a: Carotte, courge orange ou jaune, patate douce de chair orange, ou tout aliment à chair jaune foncé ou orangée?	$\$ \{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D35a: White potatoes, white yams, cassava or any other foods made from roots or tubers?	$\$ \{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D36Ab: Any dark green leafy vegetables comme feuille de manioc, feuille de haricot, épinard, feuille de patate ?	$\$ \{D50\} = 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D36Bb: Any other vegetables, like fresh green beans, tomato, etc.?	$\$ \{D50\} = 1$

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D37Ab: Kaki, mangues et papayes mures, abricots, melons oranges ou tout fruit à chair jaune foncé ou orangée?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D37Bb: Any other fruits like bananas, apples, avocado, etc.?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D38Ab: Liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, or duck?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D38Bb: Any meat, such as beef, pork, lamb, rabbit, goat, chicken, or duck?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D39Ab: Any organs from wild animals, such as herissons, chats sauvages, chauve-souris...?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D39Bb: Any flesh from wild animals, such as herissons, chats sauvages, chauve-souris...?	<div style="text-align: right;">\${D50}=1</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

D40a: Eggs? (chicken, turkey, fowl, duck)	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D41a: Fresh or dried fish, shellfish, crabs or seafood?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D42a: Any foods made from beans, peas, lentils, groundnuts or other legumes?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D43a: Any foods made from nuts and seeds such as mahabibo, (sakoa dans le Sud)?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D44a: Milk, cheese, yogurt, lait caillé or other milk products?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D45a: Any oils, fats, butter, or foods made with any of these?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
D46a: Any sugary foods such as chocolates, sweets, candies, pastries, sweet biscuits or cakes?	\${D50}=1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>D47a: Condiments for flavor, such as chilies, spices, persil, oregon, laurier...?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D48a: Vers, escargots, insectes (locusts, chenille...)?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D49a: Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?</p>	<p style="text-align: right;">\${D50}=1</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D51: How many times did <u>§{D04}</u> eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	<p style="text-align: center;"> §{D33}=1 or §{D34}=1 or §{D35}=1 or §{D36A}=1 or §{D36B}= 1 or §{D37A}=1 or §{D37B}=1 or §{D38A}=1 ... </p>
<p>D52: Did <u>§{D04}</u> drink anything from a bottle with a nipple yesterday during the day or night?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>Begin Module D2. Children’s Diarrhea and Oral Rehydration Therapy <i>Respondent for this module: Primary Caregivers</i> <i>Repetitions: Once for each child under 5 years</i> <i>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.</i></p>	
<p>D54: Has <u>§{D04}</u> had diarrhea in the last 2 weeks? <i>Diarrhea is defined as 3 or more watery stools in a day.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>
<p>D55: Was there any blood in the stools?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer </p>

<p>D56: Now I would like to know how much <u>§{D04}</u> was given to drink during the period that <u>§{D04}</u> had diarrhea (including breastmilk). Was <u>§{D04}</u> given less than usual to drink, about the same amount, or more than usual to drink?</p> <p><i>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</i></p>	<p><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</p>
<p>D57: When <u>§{D04}</u> had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p><i>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</i></p>	<p><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</p>
<p>D58: Did you seek advice or treatment for the diarrhea from any source?</p>	<p style="text-align: right;">§{D54}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>D59: Where did you seek advice or treatment? <i>Anywhere else? Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place in the last "Other" category.</i></p>	<p style="text-align: right;">§{D58}=1</p> <p><input type="checkbox"/> Secteur publique : CHU <input type="checkbox"/> Secteur publique : CH Régional de Reference <input type="checkbox"/> Secteur publique : CH de District <input type="checkbox"/> Secteur publique : Centre de Santé de Base I <input type="checkbox"/> Secteur publique : Centre de Santé de Base II <input type="checkbox"/> Secteur publique : Agent de Santé Communautaire <input type="checkbox"/> Secteur publique : Autres (Specify) <input type="checkbox"/> Hôpital ou Dispensaire Religieux <input type="checkbox"/> Secteur privé : Hôpital/clinique privé <input type="checkbox"/> Secteur privé : Pharmacie <input type="checkbox"/> Secteur privé : Médecin privé <input type="checkbox"/> Secteur privé : Autre (Specify) <input type="checkbox"/> Autre source : Shop <input type="checkbox"/> Autre source : Traditional Practitioner <input type="checkbox"/> Autre source : Market <input type="checkbox"/> Autre source : (Specify) <input type="checkbox"/> Autre: (Specify the name of the place) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer</p>

<p>D59_public: Please specify:</p>	<p style="text-align: right;">selected ({D59}, "7")</p> <input type="text"/>
<p>D59_private: Please specify:</p>	<p style="text-align: right;">selected ({D59}, "12")</p> <input type="text"/>
<p>D59_other: Please specify:</p>	<p style="text-align: right;">selected ({D59}, "16")</p> <input type="text"/>
<p>D59_name: Please specify name:</p>	<p style="text-align: right;">selected ({D59}, "17")</p> <input type="text"/>
<p>D61: Where did you seek advice or treatment FIRST?</p>	<p style="text-align: right;">count-selected({D59}) > 1</p> <ul style="list-style-type: none"> <input type="radio"/> Secteur publique : CHU <input type="radio"/> Secteur publique : CH Régional de Reference <input type="radio"/> Secteur publique : CH de District <input type="radio"/> Secteur publique : Centre de Santé de Base I <input type="radio"/> Secteur publique : Centre de Santé de Base II <input type="radio"/> Secteur publique : Agent de Santé Communautaire <input type="radio"/> Secteur publique : Autres (Specify) <input type="radio"/> Hôpital ou Dispensaire Religieux <input type="radio"/> Secteur privé : Hôpital/clinique privé <input type="radio"/> Secteur privé : Pharmacie <input type="radio"/> Secteur privé : Médecin privé <input type="radio"/> Secteur privé : Autre (Specify) <input type="radio"/> Autre source : Shop <input type="radio"/> Autre source : Traditional Practitioner <input type="radio"/> Autre source : Market <input type="radio"/> Autre source : (Specify) <input type="radio"/> Autre: (Specify the name of the place) <input type="radio"/> Don't know <input type="radio"/> Refused to answer
<p>D62: Was he/she given any of the following to drink at any time since he/she started having the diarrhea?</p>	
<p>D62_1: A fluid made from a special packet called an ORS sachet ?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>D62_2: A home-made sugar-salt water solution (SSS)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>D62_3: Eau de coco</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>D63: Was anything (else) given to treat the diarrhea?</p>	<p style="text-align: right;">\${D54}=1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>D64: What (else) was given to treat the diarrhea? Anything else?</p>	<p style="text-align: right;">\${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 antibiotic, antimotility, or zinc) <input type="checkbox"/> Pill or syrup - Unknown pill or syrup <input type="checkbox"/> Injection - Antibiotic <input type="checkbox"/> Injection - Non-antibiotic <input type="checkbox"/> Injection - Unknown injection <input type="checkbox"/> Injection - (IV) Intravenous (drips) <input type="checkbox"/> Home remedy/herbal medicine <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer</p>
<p>D64_other: Please specify:</p>	<p style="text-align: right;">\${D64}=11</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>All children must be under the age of 5 years old (59 months or younger) and part of the Household Roster If this is a mistake please select the back arrow and enter the correct age of <u> \${D04} </u> in question D07</p>	<p style="text-align: right;">\${D03b}=1 and \${D07}>59</p>
<p>All children must part of the Household Roster, please add additional eligible household rosters members by selecting "add group"</p>	<p style="text-align: right;">count-selected(\${D04}) = 0</p>

<p>D66: Why was $\\$D03$ unable to complete this part of the survey</p> <p><i>Consent from the primary caregiver of $\\$D04$ is required for module D1 and D2</i></p>	<p style="text-align: right;">$\\$D03b \neq 1$</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 10px auto;"></div>
<p>Begin Module E. Women's Nutrition, Breastfeeding and Antenatal Care</p> <p><i>Respondent for this module: Only to female respondent Repetitions: Once for each woman aged 15-49</i></p>	
<p>Beginning of Women's Module.</p> <p><i>Please refer to the paper tool for the names of the women aged 15-49 who will answer the questions in this section</i></p>	
<p>E01_sel. Please select the names of the eligible Female Respondents as indicated on the paper household roster</p> <p><i>Total number of eligible women between the age of 15 and 49 years of age from the roster is "$\\$wom_age$"</i></p>	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <ul style="list-style-type: none"> <input type="checkbox"/> $\\$hm1$ <input type="checkbox"/> $\\$hm2$ <input type="checkbox"/> $\\$hm3$ <input type="checkbox"/> $\\$hm4$ <input type="checkbox"/> $\\$hm5$ <input type="checkbox"/> $\\$hm6$ <input type="checkbox"/> $\\$hm7$ <input type="checkbox"/> $\\$hm8$ <input type="checkbox"/> $\\$hm9$ <input type="checkbox"/> $\\$hm10$ <input type="checkbox"/> $\\$hm11$ <input type="checkbox"/> $\\$hm12$ <input type="checkbox"/> $\\$hm13$ <input type="checkbox"/> $\\$hm14$ <input type="checkbox"/> $\\$hm15$ <input type="checkbox"/> $\\$hm16$ <input type="checkbox"/> $\\$hm17$ <input type="checkbox"/> $\\$hm18$ <input type="checkbox"/> $\\$hm19$ <input type="checkbox"/> $\\$hm20$ <input type="checkbox"/> $\\$hm21$ <input type="checkbox"/> $\\$hm22$ <input type="checkbox"/> $\\$hm23$ <input type="checkbox"/> $\\$hm24$ <input type="checkbox"/> $\\$hm25$ <p style="text-align: right; margin-top: 20px;">$hm_category \leq \\$hm_count$</p> </div>

<p>E02. Does $\{E01\}$ give consent to participate in the women's section of the household survey? <i>Respondents must be between the age of 15-49 years of age</i></p>	<p><input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available</p>
<p>E03. In what month and year were you born?</p>	<p style="text-align: right;">$\{E02\}=1$</p> <p>Month: <input type="text"/></p> <p>Year: <input type="text"/></p>
<p>E04. Please tell me how old you are. What was your age at your last birthday? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	<p style="text-align: right;">$\{E02\}=1$</p>
<p>Now I would like to ask you about liquids or foods that you ate yesterday during the day or at night. I am interested in whether you had the item even if it was combined with other foods. For example, if you ate a rice porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce. Please do not include any food used in a small amount for seasoning or condiments (like chilies, spices, herbs, or fish powder), I will ask you about those foods separately. Yesterday during the day or night did you drink/eat any [ASK QUESTIONS E07 to E27]?</p>	
<p>E07: Bread, biscuits (savory), pasta, noodles, rice, crackers, porridge or other foods made from grains such as corn, wheat, millet, sorghum?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E08: Carotte, courge orange ou jaune, patate douce de chair orange, ou tout aliment à chair jaune foncé ou orangée?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E09: White potatoes, white yams, cassava, or any other foods made from roots or tubers?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E10: Any dark green leafy vegetables comme feuille de manioc, feuille de haricot, épinard, feuille de patate ?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>

<p>E11: Any other vegetables, like fresh green beans, tomato, etc.?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E12: Kaki, mangues et papayes mures, abricots, melons orange ou tout fruit à chair jaune foncé ou orangée?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E13: Any other fruits like bananas, apples, avocados, etc.?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E14: Any liver, kidney, heart, or other organ meats from domesticated animals such as beef, pork, lamb, goat, chicken, or duck?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E15: Any meat from domesticated animals, such as beef, pork, lamb, rabbit, goat, chicken, or duck?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E16: Any organs from wild animals, such as herissons, chats sauvages, chauve-souris...?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E17: Any flesh from wild animals, such as herissons, chats sauvages, chauve-souris...?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E18: Eggs? (chicken, turkey, fowl, duck)</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E19: Fresh or dried fish, shellfish, crabs or seafood?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E20: Any foods made from beans, peas, lentils, groundnuts or other legumes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer</p>
<p>E21: Any foods made from nuts and seeds such as mahabibo, (sakoa dans le Sud)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Don't know <input type="radio"/> Refused to answer
E22: Milk, cheese, yogurt, or other milk products?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E23: Any oils, fats, butter, or foods made with any of these?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E24: Any sugary foods such as chocolates, sweets, candies, pastries, sweet biscuits or cakes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E25: Condiments for flavor, such as chilies, spices, persil, oregon, laurier...?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E26: Vers, escargots, insectes (locusts, chenille...)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E27: Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
Now I would like to ask you about pregnancies and births you may have had.	
E28: Are you currently pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E29: Have you ever been pregnant?	<p style="text-align: right;">\${E28}=2 or \${E28}=3 or \${E28}=4</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E30: Have you ever given birth?	\${E29}=1

	<input type="radio"/> Yes <input type="radio"/> No
<p>E31: When was the last time you gave birth to a boy or girl who was born alive?</p> <p><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>Day: <input type="text"/></p> <p>Month: <input type="text"/></p> <p>Year: <input type="text"/></p>
<p>E31a: Check answer to Question 31: Did the respondent's last live birth occur within the past 5 years? That is, since June 2014?</p>	<p style="text-align: right;">\${E30}=1</p> <input type="radio"/> Yes <input type="radio"/> No
<p>E32_sel: What is the name of your child who was born last?</p> <p><i>All children must be part of the Household Roster If the child is deceased, this question can be skipped.</i></p>	<input type="radio"/> \${hm1} <input type="radio"/> \${hm2} <input type="radio"/> \${hm3} <input type="radio"/> \${hm4} <input type="radio"/> \${hm5} <input type="radio"/> \${hm6} <input type="radio"/> \${hm7} <input type="radio"/> \${hm8} <input type="radio"/> \${hm9} <input type="radio"/> \${hm10} <input type="radio"/> \${hm11} <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25}

hm_category <= \${hm_count}

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?	$\$ \{E34\}=1$ <input type="radio"/> Immediately <input type="radio"/> Hours afterwards <input type="radio"/> Days afterwards <input type="radio"/> Don't know <input type="radio"/> Refused to answer
E35a: RECORD number of "HOURS" before breastfeeding	$\$ \{E35\}=2$
E35b: 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
E37: What was $\$ \{E32\}$ given to drink? <i>Anything else?</i> <i>Probe to identify each type of drink and select all mentioned.</i>	$\$ \{E36\}=1$ <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"/> Other (Specify) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused to answer
E37_other: Please specify:	$\$ \{E37\}$, "11" <input type="text"/>
E38: Did you see anyone for antenatal care during the pregnancy?	<input type="radio"/> Yes <input type="radio"/> No
E39: Whom did you see? <i>Anyone else? Probe to identify each type of caregiver and select all mentioned. Respondents may think a</i>	$\$ \{E38\}=1$

<p><i>nurse is always a woman and a doctor a man. Probe to identify each appropriately.</i></p>	<p><input type="checkbox"/> Doctor <input type="checkbox"/> Nurse/midwife <input type="checkbox"/> Traditional birth attendant <input type="checkbox"/> Village health worker <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>E39_other: Please specify:</p>	<p style="text-align: right;">selected ({E39}, "5")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>E40: Where did you receive antenatal care for this pregnancy? <i>Anywhere else? Probe to identify each type of facility and select all mentioned.</i></p>	<p style="text-align: right;">\${E38}=1</p> <p><input type="checkbox"/> CHU <input type="checkbox"/> CH Régional de Reference <input type="checkbox"/> CH de District <input type="checkbox"/> Centre de Santé de Base I <input type="checkbox"/> Centre de Santé de Base II <input type="checkbox"/> Private hospital <input type="checkbox"/> Private clinic <input type="checkbox"/> Home of traditional birth attendant <input type="checkbox"/> Your home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>E40a: Please specify:</p>	<p style="text-align: right;">selected ({E40}, "10")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>E41: How many months pregnant were you when you first received antenatal care during this pregnancy?</p>	<p style="text-align: right;">\${E38}=1</p>
<p>E42: How many times did you receive antenatal care during this pregnancy?</p>	<p style="text-align: right;">\${E38}=1</p>
<p>E47: Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p style="text-align: right;">\${E28}=2</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>E48: Which method are you using? <i>Select all methods mentioned.</i></p>	<p style="text-align: right;">\${E47}=1</p>

	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Implants <input type="checkbox"/> Pill <input type="checkbox"/> Condom <input type="checkbox"/> Female condom <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Standard days method <input type="checkbox"/> Lactational amen method <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other modern method <input type="checkbox"/> Other traditional method <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>E46: Why was $\\$E01$ unable to complete this part of the survey?</p>	<p>selected ($\\$E02$, "2") or selected ($\\$E02$, "3") or $\\$E03$ = -10</p> <input type="text"/>
<p>Begin Module J. Gender - Cash <i>Respondent for this module: Men and Women who Earned Cash Repetitions: Once for each adult who earned cash</i></p>	
<p>J01_sel. Please select the names the household members who earned cash as indicated on the paper household roster <i>All men and women who earned cash Total number of eligible cash earners is "$\\$cash_count$"</i></p>	<input type="checkbox"/> $\$hm1$ <input type="checkbox"/> $\$hm2$ <input type="checkbox"/> $\$hm3$ <input type="checkbox"/> $\$hm4$ <input type="checkbox"/> $\$hm5$ <input type="checkbox"/> $\$hm6$ <input type="checkbox"/> $\$hm7$ <input type="checkbox"/> $\$hm8$ <input type="checkbox"/> $\$hm9$ <input type="checkbox"/> $\$hm10$ <input type="checkbox"/> $\$hm11$ <input type="checkbox"/> $\$hm12$ <input type="checkbox"/> $\$hm13$ <input type="checkbox"/> $\$hm14$

	<input type="checkbox"/> \${hm15} <input type="checkbox"/> \${hm16} <input type="checkbox"/> \${hm17} <input type="checkbox"/> \${hm18} <input type="checkbox"/> \${hm19} <input type="checkbox"/> \${hm20} <input type="checkbox"/> \${hm21} <input type="checkbox"/> \${hm22} <input type="checkbox"/> \${hm23} <input type="checkbox"/> \${hm24} <input type="checkbox"/> \${hm25} <div style="text-align: right;">hm_category <= \${hm_count}</div>
<p>J01a. Does <u>\$(J01)</u> consent to continue?</p>	<input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available
<p>J02: <u>\$(J01)</u>: Do you work in exchange for cash or in-kind? <i>This question applies to all who responded to question B12 positively -- stating that they earned cash (option 1) or earned a combination of cash and in-kind (option 2).</i></p>	<input type="radio"/> Yes <input type="radio"/> No
<p>J03: Marital status of the respondent <i>Check household roster question B15.</i></p>	<div style="text-align: right;">\$(J02)=1</div> <input type="radio"/> Married or living together <input type="radio"/> Divorced/separated <input type="radio"/> Widowed <input type="radio"/> Never married and never lived together <input type="radio"/> Don't Know <input type="radio"/> Refused
<p>J06: <u>\$(J01)</u>: Have you done any work in the past 12 months? <i>Read definition of work from Module B, which is re-stated here: Work includes jobs in the formal and/or informal sector, full time, part time, or seasonal work that is done within and/or outside the home. It includes, but is not limited to agricultural daily wage labor, off-farm daily wage labor, income generation activities, sale of goods produced or processed outside the home or at the home, homestead garden or farm (e.g., vegetables, eggs, fish, livestock,</i></p>	<input type="radio"/> Yes <input type="radio"/> No

<p><i>artisanal goods), or petty trading. For this indicator, work does not include participating in cash for work, food for work, or conditional transfers and/or productive safety net programs. It does not include either caring for own children, cooking, cleaning or doing other routine chores for own household (e.g., fetching water, collecting firewood) or being involved in agricultural production solely for household consumption.</i></p>	
<p>J07: During the past 12 months, were you usually paid in cash or kind for this work or were you not paid at all?</p>	<p style="text-align: right;">\${J06}=1</p> <p> <input type="radio"/> Cash only <input type="radio"/> Cash and in-kind <input type="radio"/> In-kind only <input type="radio"/> Not paid <input type="radio"/> Don't Know <input type="radio"/> Refused </p>
<p>J08: When you were paid in cash for this work, was the payment usually made directly to you, to your spouse/partner or to someone else in your household? <i>If response is someone else in household or another person, then specify the relationship to the respondent.</i></p>	<p style="text-align: right;">selected (\${J07}, "2") or selected (\${J07}, "1")</p> <p> <input type="radio"/> A: Respondent <input type="radio"/> B: Spouse/partner <input type="radio"/> C: Someone else in HH (specify) <input type="radio"/> D: Other (Specify) </p>
<p>J08_someone: Please specify:</p>	<p style="text-align: right;">selected (\${J08}, "3")</p> <input type="text"/>
<p>J08_other: Please specify:</p>	<p style="text-align: right;">selected (\${J08}, "4")</p> <input type="text"/>
<p>J09A: Do you usually discuss with someone about how the cash you earn will be used?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>J09B: With whom do you usually talk about how the cash you earn will be used? <i>Select all that apply. For responses B and C, specify the relationship to the respondent.</i></p>	<p style="text-align: right;">\${J09A}=1</p> <p> <input type="checkbox"/> A: Spouse/partner <input type="checkbox"/> B: Someone else in HH (specify relationship) <input type="checkbox"/> C: Other (Specify) </p>
<p>J09B_someone: Please specify:</p>	<p style="text-align: right;">selected (\${J09B}, "2")</p> <input type="text"/>
<p>J09B_other: Please specify:</p>	<p style="text-align: right;">selected (\${J09B}, "3")</p> <input type="text"/>

<p>J10: Who usually decides how the cash you earn will be used? <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i></p>	<p> <input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly <input type="radio"/> 4. Yourself (respondent) and other jointly (specify) <input type="radio"/> 5. Other (specify) </p>
<p>J10_someone: Please specify:</p>	<p style="text-align: right;">selected({J10}, "4")</p> <input type="text"/>
<p>J10_other: Please specify:</p>	<p style="text-align: right;">selected({J10}, "5")</p> <input type="text"/>
<p>J11: Who usually makes decisions about making major household purchases? <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i></p>	<p> <input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly <input type="radio"/> 4. Yourself (respondent) and other jointly (specify) <input type="radio"/> 5. Other (specify) </p>
<p>J11_someone: Please specify:</p>	<p style="text-align: right;">selected({J11}, "4")</p> <input type="text"/>
<p>J11_other: Please specify:</p>	<p style="text-align: right;">selected({J11}, "5")</p> <input type="text"/>
<p>J13: Why was {J01} unable to complete this part of the survey?</p>	<p>selected ({J01a}, "2") or selected ({J01a}, "3") and {J02}=2 or selected ({J03}, "3") or select ...</p> <input type="text"/>
<p>Module K. Gender - MCHN <i>Respondent for this module: Men and Women with Child Under 2 Years Repetitions: Once for each adult with child under 2 years</i></p>	
<p>K01_sel: Please select the names the household members who have a child under 2 years <i>All Men and Women with Child Under 2 Years Total number of eligible biological parents with a child under the age of 2 years living in the household is "{biopar_count}" Total number of children under the age of two years (23 months or younger) living in the household is "{kid_count2}"</i></p>	<p> <input type="checkbox"/> {hm1} <input type="checkbox"/> {hm2} <input type="checkbox"/> {hm3} <input type="checkbox"/> {hm4} <input type="checkbox"/> {hm5} <input type="checkbox"/> {hm6} <input type="checkbox"/> {hm7} </p>

	<input type="checkbox"/> \${hm8} <input type="checkbox"/> \${hm9} <input type="checkbox"/> \${hm10} <input type="checkbox"/> \${hm11} <input type="checkbox"/> \${hm12} <input type="checkbox"/> \${hm13} <input type="checkbox"/> \${hm14} <input type="checkbox"/> \${hm15} <input type="checkbox"/> \${hm16} <input type="checkbox"/> \${hm17} <input type="checkbox"/> \${hm18} <input type="checkbox"/> \${hm19} <input type="checkbox"/> \${hm20} <input type="checkbox"/> \${hm21} <input type="checkbox"/> \${hm22} <input type="checkbox"/> \${hm23} <input type="checkbox"/> \${hm24} <input type="checkbox"/> \${hm25} <p style="text-align: right;">hm_category <= \${hm_count}</p>
<p>K01a: Does <u>\${K01}</u> consent to continue?</p>	<input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available
<p>K01b: <u>\${K01}</u>: Do you have any children under 2 years age? <i>This question applies to all men and women who responded to question B13 positively -- stating that they had a child under 2 years (option 1).</i></p>	<p style="text-align: right;">\${K01a}=1</p> <input type="radio"/> Yes <input type="radio"/> No
<p>K01c_sel: <u>\${K01}</u>: What is the name of your child under 2 years of age? <i>All children must be part of the Household roster</i></p>	<p style="text-align: right;">\${K01b}=1</p> <input type="radio"/> \${hm1} <input type="radio"/> \${hm2} <input type="radio"/> \${hm3} <input type="radio"/> \${hm4} <input type="radio"/> \${hm5} <input type="radio"/> \${hm6} <input type="radio"/> \${hm7} <input type="radio"/> \${hm8} <input type="radio"/> \${hm9}

	<ul style="list-style-type: none"> <input type="radio"/> \${hm10} <input type="radio"/> \${hm11} <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25} <p style="text-align: right;">hm_category <= \${hm_count}</p>
K02: Sex of the respondent	<ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female
K03: Marital status of the respondent	<ul style="list-style-type: none"> <input type="radio"/> Married or living together <input type="radio"/> Divorced/separated <input type="radio"/> Widowed <input type="radio"/> Never married and never lived together <input type="radio"/> Don't Know <input type="radio"/> Refused
K07: How many times should a pregnant woman go for antenatal check-ups during the pregnancy? <i>Enter -8 for Don't Know; -9 for Refused</i>	
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?	<ul style="list-style-type: none"> <input type="radio"/> More <input type="radio"/> Less <input type="radio"/> Same <input type="radio"/> Don't know <input type="radio"/> Refused to answer
K09: How long after birth should a mother first put her baby to the breast?	<ul style="list-style-type: none"> <input type="radio"/> Immediately <input type="radio"/> Less than 1 hour after delivery <input type="radio"/> Some hours later but less than 24 hours <input type="radio"/> 1 day later <input type="radio"/> More than 1 day later <input type="radio"/> Baby should not be breastfed <input type="radio"/> Don't know <input type="radio"/> Refused to answer

<p>K10: At what age should a breast-fed child be introduced to semi-solid or solid foods? <i>Age in months. Enter "-8" if the respondent doesn't know; -9 for Refused</i></p>	
<p>K12_f: IF FEMALE RESPONDENT ASK: $\\$ \{K01\}$: Is there someone with whom you usually discuss your or your child's health and nutrition?</p>	<p style="text-align: right;">selected($\\$ \{K02\}$, "2")</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>K13_f: IF FEMALE RESPONDENT ASK: $\\$ \{K01\}$: With whom do you usually discuss this? <i>Select all that apply. For responses B and C, specify the relationship to the respondent.</i></p>	<p style="text-align: right;">selected($\\$ \{K02\}$, "2") and selected ($\\$ \{K12_f\}$, "1")</p> <p><input type="radio"/> A: Spouse/partner <input type="radio"/> B: Someone else in HH (specify relationship) <input type="radio"/> C: Other (Specify)</p>
<p>K13_f_someone: Please specify</p>	<p style="text-align: right;">selected($\\$ \{K13_f\}$, "2")</p> <input type="text"/>
<p>K13_f_other: Please specify</p>	<p style="text-align: right;">selected($\\$ \{K13_f\}$, "3")</p> <input type="text"/>
<p>K12_m: IF MALE RESPONDENT ASK: $\\$ \{K01\}$: Is there someone with whom you usually discuss your spouse/partner's or your child's health and nutrition?</p>	<p style="text-align: right;">selected($\\$ \{K02\}$, "1")</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>K13_m: IF MALE RESPONDENT ASK: $\\$ \{K01\}$: With whom do you usually discuss this? <i>Select all that apply. For responses B and C, specify the relationship to the respondent.</i></p>	<p style="text-align: right;">selected($\\$ \{K02\}$, "1") and selected ($\\$ \{K12_m\}$, "1")</p> <p><input type="radio"/> A: Spouse/partner <input type="radio"/> B: Someone else in HH (specify relationship) <input type="radio"/> C: Other (Specify)</p>
<p>K13_m_someone: Please specify</p>	<p style="text-align: right;">selected($\\$ \{K13_m\}$, "2")</p> <input type="text"/>
<p>K13_m_other: Please specify</p>	<p style="text-align: right;">selected($\\$ \{K13_m\}$, "3")</p> <input type="text"/>
<p>K14_f: IF FEMALE RESPONDENT ASK: Who usually makes decisions about your health and nutrition? <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i></p>	<p style="text-align: right;">selected($\\$ \{K02\}$, "2")</p> <p><input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly</p>

	<input type="radio"/> 4. Yourself (respondent) and other jointly (specify) <input type="radio"/> 5. Other (specify)
K14_f_someone: Please specify	<input type="text"/> selected({K14_f}, "4")
K14_f_other: Please specify	<input type="text"/> selected({K14_f}, "5")
K14_m: IF MALE RESPONDENT ASK: Who usually makes decisions about your spouse/partner's health and nutrition <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i>	<input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly <input type="radio"/> 4. Yourself (respondent) and other jointly (specify) <input type="radio"/> 5. Other (specify)
K14_m_someone: Please specify	<input type="text"/> selected({K14_m}, "4")
K14_m_other: Please specify	<input type="text"/> selected({K14_m}, "5")
K15: Who usually makes decisions about your child's health and nutrition? <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i>	<input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly <input type="radio"/> 4. Yourself (respondent) and other jointly (specify) <input type="radio"/> 5. Other (specify)
K15_someone: Please specify	<input type="text"/> selected({K15}, "4")
K15_other: Please specify	<input type="text"/> selected({K15}, "5")
K16: Who usually makes decisions about making major household purchases? <i>Read all responses and select only one. For responses 4 and 5, specify the relationship to the respondent.</i>	<input type="radio"/> 1. Respondent <input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Yourself (respondent) and spouse/partner jointly <input type="radio"/> 4. Yourself (respondent) and other jointly

	(specify) <input type="radio"/> 5. Other (specify)
K16_someone: Please specify	<input type="text"/> selected({K16}, "4")
K16_other: Please specify	<input type="text"/> selected({K16}, "5")
K18: Why was <u>{K01}</u> unable to complete this part of the survey?	<input type="text"/> {K01a}!=1
<p>MODULE H1. FOOD CONSUMPTION OVER PAST 7 DAYS</p> <p><i>Instructions: Ask these questions about all household members. For module H1, ask whoever is most knowledgeable about the food the household members have eaten in the past week. For modules H2 through H7, ask the person who is most knowledgeable about other household expenditures, including non-food items that household members have bought. Read to respondent: "Now I would like to ask you about the kinds of foods that you and other members of your household have eaten over the past week. I'd also like to ask you about items that you or members of your household may have bought in the past week. Please include foods in meals that are shared with other members of the household, as well as foods that individual members of the household may have consumed independently of other family members. First, we will ask about foods that were eaten at your home, or at the home of friends or other family. Later we will ask about foods that were purchased already prepared from a restaurant or a vendor."</i></p>	
H01_sel: Please select the name of the person in charge of food preparation in last 7 days (same person as Module C)	<input type="radio"/> {hm1} <input type="radio"/> {hm2} <input type="radio"/> {hm3} <input type="radio"/> {hm4} <input type="radio"/> {hm5} <input type="radio"/> {hm6} <input type="radio"/> {hm7} <input type="radio"/> {hm8} <input type="radio"/> {hm9} <input type="radio"/> {hm10} <input type="radio"/> {hm11}

	<ul style="list-style-type: none"> <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25} <p style="text-align: right;">hm_category <= \${hm_count}</p>
<p>H02: Does <u>\${H01}</u> give consent to continue?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available
<p>H1_1_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"> <input type="checkbox"/> Rice <input type="checkbox"/> Rice flour Maize grain <input type="checkbox"/> Maize (Mangahazo) <input type="checkbox"/> Maize grain <input type="checkbox"/> Green maize <input type="checkbox"/> Sorghum <input type="checkbox"/> Wheat flour <input type="checkbox"/> Bread <input type="checkbox"/> Buns, scones <input type="checkbox"/> Biscuits <input type="checkbox"/> Spaghetti, macaroni, pasta <input type="checkbox"/> Breakfast cereal <input type="checkbox"/> Infant feeding cereals <input type="checkbox"/> Other cereals 1 (specify) <input type="checkbox"/> Other cereals 2 (specify) <input type="checkbox"/> Other cereals 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<p>H1_1_1_other1: Please specify</p>	<p style="text-align: right;">selected(\${H1_1_1}, "14")</p>

	<input type="text"/>
H1_1_1_other2: Please specify	<input type="text"/> selected({H1_1_1}, "15")
H1_1_1_other3: Please specify	<input type="text"/> selected({H1_1_1}, "16")
H1_1_2: How much $\{H1_1_food_asset1\}$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_1_2a: Indicate in what unit the respondent gave their answer	<input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
H1_1_2a_other: Please specify	<input type="text"/> selected({H1_1_2a}, "25")

<p>H1_1_3: How much of the $\{H1_1_food_asset1\}$ consumed by your household in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_1_4: How much did you spend on the $\{H1_1_food_asset1\}$ consumed by your household in the past 7 days? <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_1_5: How much of the $\{H1_1_food_asset1\}$ consumed by your household in the past 7 days came from your household's own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_1_5c: Please tell me how much it would have cost to buy that much $\{H1_1_food_asset1\}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_1_6: How much of the $\{H1_1_food_asset1\}$ consumed by your household in the past 7 days came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_1_6c: Please tell me how much it would have cost to buy that much $\{H1_1_food_asset1\}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<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"> <input type="checkbox"/> Cassava tubers <input type="checkbox"/> Cassava flour <input type="checkbox"/> Sweet potato <input type="checkbox"/> Yam <input type="checkbox"/> Breadfruit <input type="checkbox"/> Potato <input type="checkbox"/> Plantain, cooking banana <input type="checkbox"/> Taro (Saonjo) <input type="checkbox"/> Other roots, tubers, or plantains 1 (specify) <input type="checkbox"/> Other roots, tubers, or plantains 2 (specify) <input type="checkbox"/> Other roots, tubers, or plantains 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

H1_2_1_other1: Please specify	<input type="text"/>	selected({H1_2_1}, "9")
H1_2_1_other2: Please specify	<input type="text"/>	selected({H1_2_1}, "10")
H1_2_1_other3: Please specify	<input type="text"/>	selected({H1_2_1}, "11")
H1_2_2: How much $\{H1_2_food_asset2\}$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i>		
H1_2_2a: Indicate in what unit the respondent gave their answer	<input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused	
H1_2_2a_other: Please specify	<input type="text"/>	selected({H1_2_2a}, "25")

<p>H1_2_3: How much $\\$(H1_2_food_asset2)$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_2_4: How much did you spend on the $\\$(H1_2_food_asset2)$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_2_5: How much $\\$(H1_2_food_asset2)$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_2_5c: How much it would have cost to buy that much $\\$(H1_2_food_asset2)$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_2_6: How much $\\$(H1_2_food_asset2)$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_2_6c: How much it would have cost to buy that much $\\$(H1_2_food_asset2)$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_3_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"> <input type="checkbox"/> Bean, white <input type="checkbox"/> Bean, brown <input type="checkbox"/> Pigeon pea <input type="checkbox"/> Groundnut <input type="checkbox"/> Groundnut flour <input type="checkbox"/> Soybean flour <input type="checkbox"/> Voanemba <input type="checkbox"/> Cowpea (Niebe) <input type="checkbox"/> Kabaro <input type="checkbox"/> Voanjobory <input type="checkbox"/> Other nuts or pulses (Specify: Tsiasisa, Lojy, Antake, Antsoroky...) <input type="checkbox"/> Other nuts or pulses (Specify: Tsiasisa, Lojy, Antake, Antsoroky...) <input type="checkbox"/> Other nuts or pulses (Specify: Tsiasisa, Lojy, Antake, Antsoroky...)

	<input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H1_3_1_other1: Please specify	<input type="text"/> selected({H1_3_1}, "11")
H1_3_1_other2: Please specify	<input type="text"/> selected({H1_3_1}, "12")
H1_3_1_other3: Please specify	<input type="text"/> selected({H1_3_1}, "13")
H1_3_2: How much <u>{H1_3_food_asset3}</u> in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_3_2a: Indicate in what unit the respondent gave their answer	<input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused

<p>H1_3_2a_other: Please specify</p>	<p>selected({H1_3_2a}, "25")</p> <input data-bbox="850 243 1037 291" type="text"/>
<p>H1_3_3: How much $\\${H1_3_food_asset3}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>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 MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_3_5: How much $\\${H1_3_food_asset3}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_3_5c: How much it would have cost to buy that much $\\${H1_3_food_asset3}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_3_6: How much $\\${H1_3_food_asset3}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_3_6c: How much it would have cost to buy that much $\\${H1_3_food_asset3}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<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"> <input type="checkbox"/> Onion, fresh or processed <input type="checkbox"/> Cabbage, fresh or processed <input type="checkbox"/> Carrot <input type="checkbox"/> Zucchini <input type="checkbox"/> Cauliflower <input type="checkbox"/> Other cultivated green leafy vegetables, fresh or processed <input type="checkbox"/> Gathered wild green leaves (Ananambo, Anamadinika, ...) <input type="checkbox"/> Tomato, fresh or processed <input type="checkbox"/> Cucumber, fresh or processed <input type="checkbox"/> Pumpkin, fresh or processed <input type="checkbox"/> Green beans

	<input type="checkbox"/> Pepper (green, red or yellow) <input type="checkbox"/> Eggplant <input type="checkbox"/> Sakay fantsin'akoholahy <input type="checkbox"/> Mushroom, fresh or processed <input type="checkbox"/> Other vegetables, fresh or processed 1 (specify) <input type="checkbox"/> Other vegetables, fresh or processed 2 (specify) <input type="checkbox"/> Other vegetables, fresh or processed 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H1_4_1_other1: Please specify	<input type="text"/> selected({H1_4_1}, "16")
H1_4_1_other2: Please specify	<input type="text"/> selected({H1_4_1}, "17")
H1_4_1_other3: Please specify	<input type="text"/> selected({H1_4_1}, "18")
H1_4_2: How much {H1_4_food_asset4} in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_2a: Indicate in what unit the respondent gave their answer	<input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large)

	<input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
H1_4_2a_other: Please specify	<div style="text-align: right;">selected({H1_4_2a}, "25")</div> <input style="width: 100px; height: 20px;" type="text"/>
H1_4_3: How much $\${H1_4_food_asset4}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_4: How much did you spend on the $\${H1_4_food_asset4}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_5: How much $\${H1_4_food_asset4}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_5c: How much it would have cost to buy that much $\${H1_4_food_asset4}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_6: How much $\${H1_4_food_asset4}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_4_6c: How much it would have cost to buy that much $\${H1_4_food_asset4}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
H1_5_1: Over the past 7 days, did you or others in your household consume any of the following items?	<input type="checkbox"/> Eggs <input type="checkbox"/> Dried fish <input type="checkbox"/> Fresh fish

	<input type="checkbox"/> Shellfish <input type="checkbox"/> Beef <input type="checkbox"/> Goat <input type="checkbox"/> Pork <input type="checkbox"/> Mutton <input type="checkbox"/> Chicken <input type="checkbox"/> Other poultry - guinea fowl, doves, etc. <input type="checkbox"/> Small animal – rabbit, etc. <input type="checkbox"/> Wild animals <input type="checkbox"/> Termites, other insects, for example Ngumbi (caterpillar) <input type="checkbox"/> Tinned meat or fish <input type="checkbox"/> Smoked fish <input type="checkbox"/> Fish Soup/Sauce <input type="checkbox"/> Other meat 1 (specify) <input type="checkbox"/> Other meat 2 (specify) <input type="checkbox"/> Other meat 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H1_5_1_other1: Please specify	<input type="text"/> selected({H1_5_1}, "17")
H1_5_1_other2: Please specify	<input type="text"/> selected({H1_5_1}, "18")
H1_5_1_other3: Please specify	<input type="text"/> selected({H1_5_1}, "19")
H1_5_2: How much <u>{H1_5_food_asset5}</u> in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_5_2a: Indicate in what unit the respondent gave their answer	<input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate

	<input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_5_2a_other: Please specify</p>	<p style="text-align: right;">selected(\${H1_5_2a}, "25")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H1_5_3: How much $\\${H1_5_food_asset5}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_5_4: How much did you spend on the $\\${H1_5_food_asset5}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_5_5: How much $\\${H1_5_food_asset5}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_5_5c: How much it would have cost to buy that much $\\${H1_5_food_asset5}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_5_6: How much $\\${H1_5_food_asset5}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	

<p>H1_5_6c: How much it would have cost to buy that much $\\${H1_5_food_asset5}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_6_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<p><input type="checkbox"/> Mango <input type="checkbox"/> Banana <input type="checkbox"/> Citrus – orange, etc. <input type="checkbox"/> Pineapple <input type="checkbox"/> Papaya <input type="checkbox"/> Guava, Chinese guava <input type="checkbox"/> Avocado <input type="checkbox"/> Wild fruit (Cactus, Baobab, soursop...) <input type="checkbox"/> Lychee <input type="checkbox"/> Baobab <input type="checkbox"/> Coconut <input type="checkbox"/> Apple <input type="checkbox"/> Other fruits 1 (specify) <input type="checkbox"/> Other fruits 2 (specify) <input type="checkbox"/> Other fruits 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>H1_6_1_other1: Please specify</p>	<p>selected($\\${H1_6_1}$, "13") <input type="text"/></p>
<p>H1_6_1_other2: Please specify</p>	<p>selected($\\${H1_6_1}$, "14") <input type="text"/></p>
<p>H1_6_1_other3: Please specify</p>	<p>selected($\\${H1_6_1}$, "15") <input type="text"/></p>
<p>H1_6_2: How much $\\${H1_6_food_asset6}$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_6_2a: Indicate in what unit the respondent gave their answer</p>	<p><input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram</p>

	<input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_6_2a_other: Please specify</p>	<p style="text-align: right;">selected({H1_6_2a}, "25")</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px;"></div>
<p>H1_6_3: How much $\\${H1_6_food_asset6}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>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 MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_6_5: How much $\\${H1_6_food_asset6}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_6_5c: How much it would have cost to buy that much $\\${H1_6_food_asset6}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	

<p>H1_6_6: How much $\\$ \{H1_6_food_asset6\}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_6_6c: How much it would have cost to buy that much $\\$ \{H1_6_food_asset6\}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_7_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<p><input type="checkbox"/> Fresh milk <input type="checkbox"/> Powdered milk <input type="checkbox"/> Margarine - Blue band <input type="checkbox"/> Butter <input type="checkbox"/> Soured milk (Abobo) <input type="checkbox"/> Yoghurt <input type="checkbox"/> Cheese <input type="checkbox"/> Infant feeding formula (for bottle) <input type="checkbox"/> Other milk 1 (specify) <input type="checkbox"/> Other milk 2 (specify) <input type="checkbox"/> Other milk 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>H1_7_1_other1: Please specify</p>	<p style="text-align: right;">selected($\{H1_7_1\}$, "9")</p> <input type="text"/>
<p>H1_7_1_other2: Please specify</p>	<p style="text-align: right;">selected($\{H1_7_1\}$, "10")</p> <input type="text"/>
<p>H1_7_1_other3: Please specify</p>	<p style="text-align: right;">selected($\{H1_7_1\}$, "11")</p> <input type="text"/>
<p>H1_7_2: How much $\\$ \{H1_7_food_asset7\}$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_7_2a: Indicate in what unit the respondent gave their answer</p>	<p><input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube</p>

	<input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
H1_7_2a_other: Please specify	<div style="text-align: right;">selected($\{H1_7_2a\}$, "25")</div> <input style="width: 100px; height: 20px;" type="text"/>
H1_7_3: How much $\{H1_7_food_asset7\}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_7_4: How much did you spend on the $\{H1_7_food_asset7\}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i>	
H1_7_5: How much $\{H1_7_food_asset7\}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i>	
H1_7_5c: How much it would have cost to buy that much $\{H1_7_food_asset7\}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
H1_7_6: How much $\{H1_7_food_asset7\}$ came from gifts or other sources?	

<i>Enter -8 for Don't Know; -9 for Refused</i>	
<p>H1_7_6c: How much it would have cost to buy that much $\\$(H1_7_food_asset7)$ if you had to purchase it in the market today?</p> <p><i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<p><input type="checkbox"/> Sugar</p> <p><input type="checkbox"/> Sugar Cane</p> <p><input type="checkbox"/> Cooking oil</p> <p><input type="checkbox"/> Coco butter</p> <p><input type="checkbox"/> Other sugars, fats, or oils (specify)</p> <p><input type="checkbox"/> Other sugars, fats, or oils (specify)</p> <p><input type="checkbox"/> Other sugars, fats, or oils (specify)</p> <p><input type="checkbox"/> Did not have any of this category</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>H1_8_1_other1: Please specify</p>	<p style="text-align: right;">selected($\{H1_8_1\}$, "5")</p> <input type="text"/>
<p>H1_8_1_other2: Please specify</p>	<p style="text-align: right;">selected($\{H1_8_1\}$, "6")</p> <input type="text"/>
<p>H1_8_1_other3: Please specify</p>	<p style="text-align: right;">selected($\{H1_8_1\}$, "7")</p> <input type="text"/>
<p>H1_8_2: How much $\\$(H1_8_food_asset8)$ in total did your household consume in the past 7 days?</p> <p><i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_2a: Indicate in what unit the respondent gave their answer</p>	<p><input type="radio"/> Kilogramme(s)</p> <p><input type="radio"/> Tin</p> <p><input type="radio"/> Litre</p> <p><input type="radio"/> Cup</p> <p><input type="radio"/> Millilitre</p> <p><input type="radio"/> Piece / slice / portion</p> <p><input type="radio"/> Gram</p> <p><input type="radio"/> Sachet/tube</p> <p><input type="radio"/> No. 10 plate</p> <p><input type="radio"/> No. 12 plate</p> <p><input type="radio"/> Heap</p> <p><input type="radio"/> 50 Kg. bag</p> <p><input type="radio"/> 90 Kg. bag</p> <p><input type="radio"/> Boite MADCO</p>

	<input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_8_2a_other: Please specify</p>	<p style="text-align: right;">selected(\${H1_8_2a}, "25")</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>H1_8_3: How much $\\${H1_8_food_asset8} in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_4: How much did you spend on the $\\${H1_8_food_asset8} consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_5: How much $\\${H1_8_food_asset8} came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_5c: How much it would have cost to buy that much $\\${H1_8_food_asset8} if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_6: How much $\\${H1_8_food_asset8} came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_8_6c: How much it would have cost to buy that much $\\${H1_8_food_asset8} if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	

<p>H1_9_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"> <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Cocoa, Milo <input type="checkbox"/> Foster clark <input type="checkbox"/> Fruit juice <input type="checkbox"/> Soft drinks (Coca-cola, Fanta, Sprite, etc.) <input type="checkbox"/> Toaka gasy, galeoka, betsabetsa (commercial traditional-style beer) <input type="checkbox"/> Bottled water <input type="checkbox"/> Bottled / canned beer (Carlsberg, etc.) <input type="checkbox"/> Mangidy <input type="checkbox"/> Wine or commercial liquor <input type="checkbox"/> Other beverages 1 (specify) <input type="checkbox"/> Other beverages 2 (specify) <input type="checkbox"/> Other beverages 3 (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H1_9_1_other1: Please specify</p>	<p style="text-align: right;">selected({H1_9_1}, "12")</p> <input style="width: 100%;" type="text"/>
<p>H1_9_1_other2: Please specify</p>	<p style="text-align: right;">selected({H1_9_1}, "13")</p> <input style="width: 100%;" type="text"/>
<p>H1_9_1_other3: Please specify</p>	<p style="text-align: right;">selected({H1_9_1}, "14")</p> <input style="width: 100%;" type="text"/>
<p>H1_9_2: How much $\{H1_9_food_asset9\}$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_9_2a: Indicate in what unit the respondent gave their answer</p>	<ul style="list-style-type: none"> <input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap

	<input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_9_2a_other: Please specify</p>	<p style="text-align: right;">selected(\${H1_9_2a}, "25")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H1_9_3: How much $\\${H1_9_food_asset9}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_9_4: How much did you spend on the $\\${H1_9_food_asset9}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_9_5: How much $\\${H1_9_food_asset9}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_9_5c: How much it would have cost to buy that much $\\${H1_9_food_asset9}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_9_6: How much $\\${H1_9_food_asset9}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	

<p>H1_9_6c: How much it would have cost to buy that much $\\$(H1_9_food_asset9)$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<p><input type="checkbox"/> Salt <input type="checkbox"/> Spices (Curry, black pepper, clove, cinnamon) <input type="checkbox"/> Yeast, baking powder, bicarbonate of soda <input type="checkbox"/> Tomato sauce (bottle) <input type="checkbox"/> Hot sauce (Sakay, etc.) <input type="checkbox"/> Jam, jelly <input type="checkbox"/> Sweets, candy, chocolates <input type="checkbox"/> Honey <input type="checkbox"/> Other spices, condiments, etc. (specify) <input type="checkbox"/> Other spices, condiments, etc. (specify) <input type="checkbox"/> Other spices, condiments, etc. (specify) <input type="checkbox"/> Did not have any of this category <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>H1_10_1_other1: Please specify</p>	<p style="text-align: right;">selected($\\$(H1_10_1)$, "9")</p> <input type="text"/>
<p>H1_10_1_other2: Please specify</p>	<p style="text-align: right;">selected($\\$(H1_10_1)$, "10")</p> <input type="text"/>
<p>H1_10_1_other3: Please specify</p>	<p style="text-align: right;">selected($\\$(H1_10_1)$, "11")</p> <input type="text"/>
<p>H1_10_2: How much $\\$(H1_10_food_asset10)$ in total did your household consume in the past 7 days? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_2a: Indicate in what unit the respondent gave their answer</p>	<p><input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate</p>

	<input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_10_2a_other: Please specify</p>	<p style="text-align: right;">selected(#{H1_10_2a}, "25")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H1_10_3: How much $\{H1_10_food_asset10\}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_4: How much did you spend on the $\{H1_10_food_asset10\}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_5: How much $\{H1_10_food_asset10\}$ came from your own production? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_5c: How much it would have cost to buy that much $\{H1_10_food_asset10\}$ if you had to purchase it in the market today? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_10_6: How much $\{H1_10_food_asset10\}$ came from gifts or other sources? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	

<p>H1_10_6c: How much it would have cost to buy that much $\\${H1_10_food_asset10}$ if you had to purchase it in the market today?</p> <p><i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_11_1: Over the past 7 days, did you or others in your household consume any of the following items?</p>	<p><input type="checkbox"/> Maize - boiled or roasted (vendor)</p> <p><input type="checkbox"/> Chips (vendor)</p> <p><input type="checkbox"/> Cassava - boiled (vendor)</p> <p><input type="checkbox"/> Eggs - boiled (vendor)</p> <p><input type="checkbox"/> Chicken (vendor)</p> <p><input type="checkbox"/> Meat, skewers (vendor)</p> <p><input type="checkbox"/> Mofo gasy, Menakely, Ramanonaka, Mofo akondro</p> <p><input type="checkbox"/> Fish (vendor)</p> <p><input type="checkbox"/> Bageda</p> <p><input type="checkbox"/> Samosa, nems (vendor)</p> <p><input type="checkbox"/> Meal eaten at restaurant (Compose...)</p> <p><input type="checkbox"/> Koba</p> <p><input type="checkbox"/> Soup</p> <p><input type="checkbox"/> Achard</p> <p><input type="checkbox"/> Other cooked foods from vendors (specify)</p> <p><input type="checkbox"/> Other cooked foods from vendors (specify)</p> <p><input type="checkbox"/> Other cooked foods from vendors (specify)</p> <p><input type="checkbox"/> Did not have any of this category</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>H1_11_1_other1: Please specify</p>	<p>selected($\\${H1_11_1}$, "15")</p> <input type="text"/>
<p>H1_11_1_other2: Please specify</p>	<p>selected($\\${H1_11_1}$, "16")</p> <input type="text"/>
<p>H1_11_1_other3: Please specify</p>	<p>selected($\\${H1_11_1}$, "17")</p> <input type="text"/>
<p>H1_11_2: How much $\\${H1_11_food_asset11}$ in total did your household consume in the past 7 days?</p> <p><i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_11_2a: Indicate in what unit the respondent gave their answer</p>	<p><input type="radio"/> Kilogramme(s)</p> <p><input type="radio"/> Tin</p> <p><input type="radio"/> Litre</p>

	<input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled) <input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
<p>H1_11_2a_other: Please specify</p>	<p style="text-align: right;">selected({H1_11_2a}, "25")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H1_11_3: How much $\\${H1_11_food_asset11}$ in total did your household consume in the past 7 days came from purchases? <i>Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1_11_4: How much did you spend on the $\\${H1_11_food_asset11}$ consumed in the Past 7 days? In dollars <i>Indicate in MALAGASY AR. If your family ate part but not all of something you purchased, estimate what you spent only on the part that was consumed. Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H1s_08: Over the past one week (7 days), did any people who are not members of your household eat any meals in your household?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer

H1s_09: Over the past one week (7 days), how many people who are not members of your household ate meals in your household? <i>Enter -8 for Don't Know; -9 for Refused</i>	$\${H1s_08}=1$
H1s_10: Over the past one week (7 days), what was the total number of days in which any meal was shared with people who are not members of your household? <i>Enter -8 for Don't Know; -9 for Refused</i>	$\${H1s_08}=1$
H1s_11: Over the past one week (7 days), what was the total number of meals that were shared with people who are not members of your household? <i>Enter -8 for Don't Know; -9 for Refused</i>	$\${H1s_08}=1$
H1s_12: Over the past one week (7 days), did your household purchase pet food for family pets like a cat or a dog?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
H1s_13: How much did you spend on pet food last week? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	$\${H1s_12}=1$
H1s_14: Over the past one week (7 days), were there any other expenditures on pets?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused to answer
H1s_15: How much did you spend on other purchases for pets last week? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	$\${H1s_14}=1$
H1_1_16: Why was $\${H01}$ unable to complete this part of the survey?	selected ($\${H01}$, "2") or selected ($\${H01}$, "3") <input type="text"/>
MODULE H2. NON-FOOD EXPENDITURES OVER PAST 7 DAYS) <i>Respondent for this module: Head of Household or Responsible Adult</i>	
H21_sel: Please select the name of the Head of Household or Responsible Adult	<input type="radio"/> $\${hm1}$ <input type="radio"/> $\${hm2}$ <input type="radio"/> $\${hm3}$ <input type="radio"/> $\${hm4}$ <input type="radio"/> $\${hm5}$ <input type="radio"/> $\${hm6}$ <input type="radio"/> $\${hm7}$

	<ul style="list-style-type: none"> <input type="radio"/> \${hm8} <input type="radio"/> \${hm9} <input type="radio"/> \${hm10} <input type="radio"/> \${hm11} <input type="radio"/> \${hm12} <input type="radio"/> \${hm13} <input type="radio"/> \${hm14} <input type="radio"/> \${hm15} <input type="radio"/> \${hm16} <input type="radio"/> \${hm17} <input type="radio"/> \${hm18} <input type="radio"/> \${hm19} <input type="radio"/> \${hm20} <input type="radio"/> \${hm21} <input type="radio"/> \${hm22} <input type="radio"/> \${hm23} <input type="radio"/> \${hm24} <input type="radio"/> \${hm25} <p style="text-align: right;">hm_category <= \${hm_count}</p>
<p>H22: Does <u>\${H21}</u> give consent to continue?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes, I agree to participate in the survey <input type="radio"/> No, I do not agree to participate in the survey <input type="radio"/> Household Member was not available
<p>H2_1_1: Over the past one week (7 days), did your household purchase or pay for any of the following items?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Charcoal, Kitay <input type="checkbox"/> Petrol <input type="checkbox"/> Cigarettes or other tobacco <input type="checkbox"/> Candles <input type="checkbox"/> Rickshaw (Pousse-pousse) <input type="checkbox"/> Pirogue (lakana) <input type="checkbox"/> Matches <input type="checkbox"/> Newspapers or magazines <input type="checkbox"/> Public transport - Bicycle Taxi (include any used for school under education costs; include any used for obtaining health care under health expenditures) <input type="checkbox"/> Public transport - Bus/Minibus (include any used for school under education costs; include any used for obtaining health care under health expenditures) <input type="checkbox"/> Public transport - Other (truck, oxcart, etc.)

	<p>(include any used for school under education costs; include any used for obtaining health care under health expenditures)</p> <p><input type="checkbox"/> Other1 (specify)</p> <p><input type="checkbox"/> Other2 (specify)</p> <p><input type="checkbox"/> Other3 (specify)</p> <p><input type="checkbox"/> None of these options</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>H2_1_1_other1: Please specify:</p>	<p style="text-align: right;">selected({H2_1_1}, "12")</p> <input data-bbox="850 625 1037 678" type="text"/>
<p>H2_1_1_other2: Please specify:</p>	<p style="text-align: right;">selected({H2_1_1}, "13")</p> <input data-bbox="850 739 1037 791" type="text"/>
<p>H2_1_1_other3: Please specify:</p>	<p style="text-align: right;">selected({H2_1_1}, "14")</p> <input data-bbox="850 852 1037 905" type="text"/>
<p>H2_1_2: How much did you pay for <u>{H2_1_one_week_recall}</u>?</p> <p><i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>MODULE H3: NON-FOOD EXPENDITURES OVER PAST ONE MONTH</p> <p><i>Head of Household or Responsible Adult</i></p>	
<p>H3_1_1: Over the past 30 DAYS (one month), did your household use or buy any of the following items?</p>	<p><input type="checkbox"/> Milling fees for grains (not including cost of grain itself), grain</p> <p><input type="checkbox"/> Bar soap (body soap or clothes soap)</p> <p><input type="checkbox"/> Clothes soap (powder, paste)</p> <p><input type="checkbox"/> Toothpaste, toothbrush</p> <p><input type="checkbox"/> Toilet paper</p> <p><input type="checkbox"/> Glycerin, Vaseline, skin creams, coconut oil, green clay</p> <p><input type="checkbox"/> Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)</p> <p><input type="checkbox"/> Light bulbs</p> <p><input type="checkbox"/> Postage stamps or other postal fees (Frais d'envoi pour le taxi - brousse ou DHL)</p> <p><input type="checkbox"/> Donations - to church, charity, beggar, etc.</p> <p><input type="checkbox"/> Petrol or diesel</p> <p><input type="checkbox"/> Motor vehicle service, repair, or parts</p> <p><input type="checkbox"/> Bicycle service, repair, or parts</p>

	<input type="checkbox"/> Wages paid to servants <input type="checkbox"/> Repairs to household and personal items (radios, watches, etc., excluding battery purchases) <input type="checkbox"/> Utilities: Natural gas <input type="checkbox"/> Utilities: Electricity <input type="checkbox"/> Utilities: Water <input type="checkbox"/> Batteries <input type="checkbox"/> Recharging of batteries, cell phones, etc. <input type="checkbox"/> Air time for cell phones <input type="checkbox"/> Anything related to illnesses and injuries, including for medicine, tests, consultation, & in-patient fees <input type="checkbox"/> Medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc. <input type="checkbox"/> Non-prescription medicines, for example, Panadol, Fansidar, cough syrup, etc. <input type="checkbox"/> Transportation used to access health-related services or care that did not require an overnight stay in a health facility or at a traditional healer's dwelling <input type="checkbox"/> Traditional/natural medicine <input type="checkbox"/> Other health expenditures 1: Specify <input type="checkbox"/> Other health expenditures 2: Specify <input type="checkbox"/> Other health expenditures 3: Specify <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H3_1_1_other1: Please specify:	<input type="text"/> selected({H3_1_1}, "27")
H3_1_1_other2: Please specify:	<input type="text"/> selected({H3_1_1}, "28")
H3_1_1_other3: Please specify:	<input type="text"/> selected({H3_1_1}, "29")
H3_1_2: How much did you pay for <u>{H3_1_one_month_recall}</u> ? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	

MODULE H4: NON-FOOD EXPENDITURES OVER PAST THREE MONTHS <i>Head of Household or Responsible Adult</i>	
H4_1_1: Over the past 3 months, did your household purchase or pay for any of the following items?	<input type="checkbox"/> Infant clothing <input type="checkbox"/> Baby nappies/diapers <input type="checkbox"/> Boy's clothing (trousers, shirts, jackets...) <input type="checkbox"/> Boy's undergarments <input type="checkbox"/> Men's clothing (trousers, shirt, jackets...) <input type="checkbox"/> Men's undergarments <input type="checkbox"/> Girl's clothing (blouse/shirt, dress/skirt...) <input type="checkbox"/> Girl's undergarments <input type="checkbox"/> Women's clothing (blouse/shirt, dress/skirt...) <input type="checkbox"/> Women's undergarments <input type="checkbox"/> Lambahoany <input type="checkbox"/> Boys shoes <input type="checkbox"/> Men's shoes <input type="checkbox"/> Girl's shoes <input type="checkbox"/> Women's shoes <input type="checkbox"/> Cloth, thread, other sewing material <input type="checkbox"/> Laundry, dry cleaning, tailoring fees <input type="checkbox"/> Bowls, glassware, plates, silverware, etc. <input type="checkbox"/> Cooking utensils (cookpots, stirring spoons and whisks, etc.) <input type="checkbox"/> Cleaning utensils (brooms, brushes, etc.) <input type="checkbox"/> Torch / flashlight <input type="checkbox"/> Umbrella <input type="checkbox"/> Petrol lamp <input type="checkbox"/> Stationery items (excluding school related) <input type="checkbox"/> Books (excluding school related) <input type="checkbox"/> Music or video cassette or CD/DVD <input type="checkbox"/> Tickets for sports / entertainment events <input type="checkbox"/> House decorations <input type="checkbox"/> Night's lodging in rest house or hotel (excluding school or health related) <input type="checkbox"/> Other: Specify <input type="checkbox"/> Other: Specify <input type="checkbox"/> Other: Specify <input type="checkbox"/> None of these options

	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H4_1_1_other1: Please specify:	<input type="text"/> selected({H4_1_1}, "30")
H4_1_1_other2: Please specify:	<input type="text"/> selected({H4_1_1}, "31")
H4_1_1_other3: Please specify:	<input type="text"/> selected({H4_1_1}, "32")
H4_1_2: How much did you pay for <u>{H4_1 three month recall}</u> ? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
MODULE H5. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS <i>Head of Household or Responsible Adult</i>	
H5_1_1: Over the past one year (twelve months), did your household purchase or pay for any of the following items?	<input type="checkbox"/> Carpet, rugs, drapes, curtains, tsihy <input type="checkbox"/> Linen - towels, sheets, blankets <input type="checkbox"/> Mat - sleeping or for drying maize flour <input type="checkbox"/> Mosquito net <input type="checkbox"/> Mattress <input type="checkbox"/> Sports & hobby equipment, musical instruments, toys <input type="checkbox"/> Film, film processing, camera <input type="checkbox"/> Cement <input type="checkbox"/> Bricks <input type="checkbox"/> Construction timber <input type="checkbox"/> Purchase of land for non-farming purposes <input type="checkbox"/> Adidy <input type="checkbox"/> Insurance - health (MASM, etc.), auto, home, life <input type="checkbox"/> Fines or legal fees <input type="checkbox"/> Lobola (bridewealth) costs <input type="checkbox"/> Marriage ceremony costs <input type="checkbox"/> Funeral costs, exhumation, circumcision, household members <input type="checkbox"/> Funeral costs, exhumation, circumcision, non-household members (relatives, neighbors/friends)

	<input type="checkbox"/> Hospitalizations or overnight stay in any hospital – total cost for treatment <input type="checkbox"/> Travel to and from the medical facility for any overnight stay(s) or hospitalization <input type="checkbox"/> Food costs during overnight stay(s) at the medical facility or hospitalization (if not already included above) <input type="checkbox"/> Over-night(s) stay at a traditional healer's or faith healer's dwelling – total costs for treatment <input type="checkbox"/> Travel costs to the traditional healer's or faith healer's dwelling for overnight stay(s) <input type="checkbox"/> Food costs during overnight stay(s) at the traditional healer's or faith healer's dwelling <input type="checkbox"/> Tuition, including extra tuition fees <input type="checkbox"/> Expenditures on after school programs and tutoring <input type="checkbox"/> School books and stationery <input type="checkbox"/> School uniform <input type="checkbox"/> Boarding fees (including VAT) <input type="checkbox"/> Contribution to school building maintenance <input type="checkbox"/> Transport to and from school <input type="checkbox"/> Parent/Teacher Association and other related fees <input type="checkbox"/> Other 1: Specify <input type="checkbox"/> Other 2: Specify <input type="checkbox"/> Other 3: Specify <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H5_1_1_other1: Please specify:	<input type="text"/> selected({H5_1_1}, "33")
H5_1_1_other2: Please specify:	<input type="text"/> selected({H5_1_1}, "34")
H5_1_1_other3: Please specify:	<input type="text"/> selected({H5_1_1}, "35")
H5_1_2: How much did you pay for <u>{H5_1_one_year_recall}</u> ?	

<p><i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H5_1_5: Over the past one year (twelve months), did your household gather, purchase or pay for any of the following items?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Wood poles, bamboo <input type="checkbox"/> Material for the roof <input type="checkbox"/> Grass for thatching roof or other use <input type="checkbox"/> Other: Specify <input type="checkbox"/> Other: Specify <input type="checkbox"/> Other: Specify <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<p>H5_1_5_other1: Please specify:</p>	<p style="text-align: right;">selected({H5_1_5}, "4")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H5_1_5_other2: Please specify:</p>	<p style="text-align: right;">selected({H5_1_5}, "5")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H5_1_5_other3: Please specify:</p>	<p style="text-align: right;">selected({H5_1_5}, "6")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>H5_1_6: What was the estimated total quantity of <u>{H5_1_one_year_recall1}</u> used?</p>	
<p>H5_1_6a: Indicate in what unit the respondent gave</p>	<ul style="list-style-type: none"> <input type="radio"/> Kilogramme(s) <input type="radio"/> Tin <input type="radio"/> Litre <input type="radio"/> Cup <input type="radio"/> Millilitre <input type="radio"/> Piece / slice / portion <input type="radio"/> Gram <input type="radio"/> Sachet/tube <input type="radio"/> No. 10 plate <input type="radio"/> No. 12 plate <input type="radio"/> Heap <input type="radio"/> 50 Kg. bag <input type="radio"/> 90 Kg. bag <input type="radio"/> Boite MADCO <input type="radio"/> Bunch <input type="radio"/> Pail (small) <input type="radio"/> Pail (large) <input type="radio"/> Teaspoon <input type="radio"/> Tablespoon <input type="radio"/> Basket (Dengu) (Shelled) <input type="radio"/> Basket (Dengu) (Unshelled)

	<input type="radio"/> Bale <input type="radio"/> Ox-cart (Unshelled) <input type="radio"/> Basin <input type="radio"/> Other (specify) <input type="radio"/> Don't know <input type="radio"/> Refused
H5_1_7: Did your household gather the <u>\${H5_1_one_year_recall1}</u> , or did your household purchase or pay for the <u>\${H5_1_one_year_recall1}</u> ?	<input type="checkbox"/> Gathered <input type="checkbox"/> Purchased <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H5_1_7a: What was the total estimated value of <u>\${H5_1_one_year_recall1}</u> that you gathered? <i>Indicate in MALAGASY AR</i>	selected(\${H5_1_7},"1")
H5_1_7b: What was the total estimated value of <u>\${H5_1_one_year_recall1}</u> that you purchased? <i>Indicate in MALAGASY AR</i>	selected(\${H5_1_7},"2")
MODULE H6. HOUSING EXPENDITURES <i>Head of Household or Responsible Adult</i>	
H6_01: Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	<input type="radio"/> Own <input type="radio"/> Being purchased <input type="radio"/> Employer provides <input type="radio"/> Free <input type="radio"/> Rented <input type="radio"/> Don't Know <input type="radio"/> Refused
H6_02: If you sold this dwelling today, how much would you receive for it in MALAGASY AR? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	\${H6_01}=1 or \${H6_01}=2
H6_03: How old is this house, in years? <i>Use '000' if house is less than one year.</i>	\${H6_01}=1 or \${H6_01}=2
H6_04: If you rented this dwelling out today, how much rent would you receive in MALAGASY AR? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
H6_04a: Indicate in what unit the respondent would rent	<input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year <input type="radio"/> Don't Know <input type="radio"/> Refused

<p>H6_05: How much do you pay to rent this dwelling in MALAGASY AR? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>H6_05a: Indicate in what unit the respondent would rent</p>	<p> <input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year <input type="radio"/> Don't Know <input type="radio"/> Refused </p>
<p>H6_06: Do you pay a mortgage on this house, that is, a regular payment towards purchasing the house?</p>	<p style="text-align: right;">\${H6_01}=1 or \${H6_01}=2</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>H6_07: How often do you make mortgage payments?</p>	<p style="text-align: right;">\${H6_06}=1</p> <p> <input type="radio"/> Once a month <input type="radio"/> Once every 3 months <input type="radio"/> Once every 6 months <input type="radio"/> Once a year <input type="radio"/> Other (Specify) <input type="radio"/> Don't Know <input type="radio"/> Refused </p>
<p>H6_07_other: Please specify:</p>	<p style="text-align: right;">\${H6_07}=5</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-top: 5px;"></div>
<p>H6_08: How much do you pay each time you make a payment on your mortgage in MALAGASY AR? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	<p style="text-align: right;">\${H6_06}=1</p>
<p>H6_09: In the past one month, how much did you spend on <i>repairs & maintenance</i> to this house in MALAGASY AR? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i></p>	
<p>MODULE H7. DURABLE GOODS EXPENDITURES <i>Head of Household or Responsible Adult</i></p>	
<p>H7_1_1: Does your household own any of the following items?</p>	<p> <input type="checkbox"/> Bed/table/chair <input type="checkbox"/> Fan <input type="checkbox"/> Radio <input type="checkbox"/> Tape or CD/DVD player/VCR <input type="checkbox"/> Television <input type="checkbox"/> Sewing machine <input type="checkbox"/> Kerosene/paraffin stove </p>

	<input type="checkbox"/> Electric stove; hot plate <input type="checkbox"/> Gas stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Bicycle <input type="checkbox"/> Boat <input type="checkbox"/> Motorcycle/scooter <input type="checkbox"/> Car <input type="checkbox"/> Mini-bus <input type="checkbox"/> Lorry <input type="checkbox"/> Beer-brewing drum (Toaka, Betsabetsa) <input type="checkbox"/> Sofa <input type="checkbox"/> Cupboard, drawers, bureau <input type="checkbox"/> Lantern (paraffin) <input type="checkbox"/> Desk <input type="checkbox"/> Clock <input type="checkbox"/> Iron (for pressing clothes) <input type="checkbox"/> Computer equipment & accessories <input type="checkbox"/> Satellite dish <input type="checkbox"/> Solar panel <input type="checkbox"/> Generator <input type="checkbox"/> None of these options <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
H7_1_2: How many $\{H7_1_assets\}$ do you own?	
H7_1_3: What is the age of $\{H7_1_assets\}$ /s? <i>Age in years. If more than one item, average age</i>	
H7_1_4: If you wanted to sell these $\{H7_1_assets\}$ /s today, how much would you receive? <i>Indicate in MALAGASY AR If more than one item, average value</i>	
H7_1_5: Did you purchase or pay for any of these $\{H7_1_assets\}$ /s in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No
H7_1_6: How much did you pay for all these $\{H7_1_assets\}$ /s all together (total) in the last 12 months? <i>Ariary Enter -8 for Don't Know; -9 for Refused</i>	
H8_1_2: Why was $\{H21\}$ unable to complete this part of the survey?	selected ($\{H22\}$, "2") or selected ($\{H22\}$, "3")

	<input type="text"/>
End of Survey THANK YOU	
Interviewer's Observations	
Comments about respondent:	<input type="text"/>
Comments on specific questions:	<input type="text"/>
Any other comments:	<input type="text"/>

ANTHROPOMETRIC SURVEY

Madagascar Endline-Pilot	
Begin Module A: Household ID and Informed Consent <i>Head of HH and/or Responsible Adult</i>	
A01. Region	<input type="radio"/> AMORON I MANIA <input type="radio"/> ATSIMO ANDREFANA <input type="radio"/> ATSIANANA <input type="radio"/> HAUTE MATSIATRA <input type="radio"/> VATOVAVY FITOVINANY
A02. District	<input type="radio"/> AMBATOFINANDRAHANA <input type="radio"/> AMBOSITRA <input type="radio"/> FANDRIANA <input type="radio"/> MANANDRIANA <input type="radio"/> AMPANIHY OUEST <input type="radio"/> BETIOKY ATSIMO <input type="radio"/> MOROMBE <input type="radio"/> SAKARAH <input type="radio"/> TOLIARY-II <input type="radio"/> BRICKAVILLE <input type="radio"/> TOAMASINA II <input type="radio"/> AMBALAVAO <input type="radio"/> AMBOHIMAHASOA <input type="radio"/> LALANGINA <input type="radio"/> VOHIBATO <input type="radio"/> IFANADIANA <input type="radio"/> MANANJARY <p style="text-align: right;">p_cat=\${A01}</p>
A03. Commune	<input type="radio"/> AMBONDROMISOTRA <input type="radio"/> SOAVINA <input type="radio"/> TSARASAOTRA <input type="radio"/> ALAKAMISY AMBOHIMAHAZO <input type="radio"/> MAHAZOARIVO <input type="radio"/> AMBOHIMAHAZO <input type="radio"/> ANKILIMIVORY <input type="radio"/> BELAFIKE HAUT <input type="radio"/> BEROY SUD <input type="radio"/> GOGOGOGO <input type="radio"/> VOHITANY <input type="radio"/> ANKAZOMANGA OUEST

-
- LAZARIVO
 - MAROARIVO ANKAZOMANGA
 - MAROSAVOA
 - AMBAHIKILY
 - ANTANIMIEVA
 - BASIBASY
 - BEFANDRIANA SUD
 - TANANDAVA STATION
 - MIKOBOKA
 - MITSINJO
 - ANDRANOVOVORY
 - BEHOMPY
 - BELALANDA
 - MAROMIANDRA
 - MIARY
 - MITSINJO BETANIMENA
 - TSIANISIHA
 - AMBALARONDRA
 - AMPASIMBE
 - ANDOVORANTO
 - ANIVORANO EST
 - ANTSAPANANA
 - BRICKAVILLE
 - RANOMAFANA EST
 - VOHIPENO RAZANAKA
 - VOHITRANIVONA
 - AMBODITANDROROHO
 - FANANDRANA
 - AMBINANINDOVOKA
 - AMBOHIMANDROSO
 - ANJOMA
 - MAHAZOMY
 - AMPITANA
 - ANKAFINA TSARAFIDY
 - SAHAVE
 - VOHIPOSA
 - AMBALAKELY
 - IVOAMBA
 - MAHATSINJONY
 - SAHAMBAVY
 - MAHASOABE
 - VOHITRAFENO
 - AMBIABE

	<ul style="list-style-type: none"> <input type="radio"/> ANDRORANGAVOLA <input type="radio"/> IFANADIANA <input type="radio"/> KELILALINA <input type="radio"/> AMBOHIMIARINA II <input type="radio"/> ANDONABE <input type="radio"/> ANKATAFANA <input type="radio"/> ANOSIMPARIHY <input type="radio"/> ANTSENAVOLO <input type="radio"/> KIANJAVATO <input type="radio"/> MAHATSARA SUD <input type="radio"/> TSARAVARY <input type="radio"/> TSIATOSIKA <p style="text-align: right;">dis_cat=\${A02}</p>
<p>A04. Enumeration area (EA) code</p>	<ul style="list-style-type: none"> <input type="radio"/> EA-22307011 <input type="radio"/> EA-22308001 <input type="radio"/> EA-22308009 (Replacement) <input type="radio"/> EA-22308016 <input type="radio"/> EA-22308031 <input type="radio"/> EA-22106001 <input type="radio"/> EA-22106010 (Replacement) <input type="radio"/> EA-22106023 <input type="radio"/> EA-22215004 <input type="radio"/> EA-22212003 <input type="radio"/> EA-22212011 (Replacement) <input type="radio"/> EA-22407006 <input type="radio"/> EA-22407007 (Replacement) <input type="radio"/> EA-51912013 <input type="radio"/> EA-51908009 <input type="radio"/> EA-51902004 <input type="radio"/> EA-51902022 <input type="radio"/> EA-51907004 (Replacement) <input type="radio"/> EA-51907011 <input type="radio"/> EA-51907029 <input type="radio"/> EA-51905016 <input type="radio"/> EA-51819003 <input type="radio"/> EA-51829009 <input type="radio"/> EA-51820006 <input type="radio"/> EA-51820013 (Replacement) <input type="radio"/> EA-51827005 <input type="radio"/> EA-51305022 <input type="radio"/> EA-51305043 <input type="radio"/> EA-51305061

-
- EA-51309013
 - EA-51303005
 - EA-51303027
 - EA-51308010
 - EA-51308034
 - EA-51306011
 - EA-51306014 (Replacement)
 - EA-51511012 (Replacement)
 - EA-51512005
 - EA-51614018
 - EA-51613006 (Replacement)
 - EA-51613008
 - EA-51611010
 - EA-51612010
 - EA-51601001
 - EA-51616005
 - EA-51616019
 - EA-51609010
 - EA-31303012
 - EA-31314008
 - EA-31317002
 - EA-31308002
 - EA-31318008
 - EA-31301015
 - EA-31315012
 - EA-31310007 (Replacement)
 - EA-31309011
 - EA-31216004 (Replacement)
 - EA-31215003
 - EA-31215026
 - EA-21703008
 - EA-21708005
 - EA-21704013
 - EA-21704022 (Replacement)
 - EA-21706002
 - EA-21202006
 - EA-21206012
 - EA-21207004 (Replacement)
 - EA-21207013
 - EA-21210012
 - EA-21501007
 - EA-21505007
 - EA-21507005 (Replacement)

	<input type="radio"/> EA-21507013 <input type="radio"/> EA-21508013 <input type="radio"/> EA-21602004 <input type="radio"/> EA-21602023 <input type="radio"/> EA-21609012 (Replacement) <input type="radio"/> EA-23415002 (Replacement) <input type="radio"/> EA-23412016 <input type="radio"/> EA-23401001 <input type="radio"/> EA-23411009 <input type="radio"/> EA-23321001 (Replacement) <input type="radio"/> EA-23326004 <input type="radio"/> EA-23323013 <input type="radio"/> EA-23325008 (Replacement) <input type="radio"/> EA-23322013 <input type="radio"/> EA-23320009 <input type="radio"/> EA-23314007 <input type="radio"/> EA-23329002 <input type="radio"/> EA-23315017 <p style="text-align: right;">w_cat=\${A03}</p>
<p>A05. Unique Household ID (hh) <i>Household Listing ID: This is the HH number from the listing map (sketch map)</i></p>	
<p>A05b. Unique Household ID (hh) <i>Question A05b is an intentional duplicate question. Enumerator must correctly enter the "Unique HH ID" twice to be able to continue with the survey.</i></p>	
<p>A06. Supervisor Code</p>	<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
<p>A07. Anthropometrist Code</p>	<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
Anthropometry Children Section (children under 5 years of age)	
ant_1. Please enter the name of the child <i>If there are no eligible children with their primary caregivers, please enter -8 to skip to move on to the Women's section of Anthropometry Module</i>	<input type="text"/>
ant_2. Please enter the name of the primary caregiver	<input type="text"/> \${ant_1}!=-8
All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't 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 don't 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. Another member of my team will come and take height and weight measurements of the eligible children in the HH. <i>Please read aloud to any new person giving consent</i>	<input type="text"/> \${ant_1}!=-8
ant_3. Do you give consent to participate in the survey and allow your child to be weighed and measured?	<input type="radio"/> Yes, I agree to participate in the survey and allow my child to be weighed and measured <input type="radio"/> No, I do not agree to participate in the survey and allow my child to be weighed and measured
ant_4. Does <u>ant_2</u> have any documents with the birth date of <u>ant_1</u> recorded?	<input type="radio"/> Birth Certificate <input type="radio"/> Baptismal/Church Record <input type="radio"/> Health Registration Card <input type="radio"/> Home Record <input type="radio"/> Parent Statement

	<input type="radio"/> Specify Other: <input type="radio"/> Does Not Know <input type="radio"/> Refused
ant_4a. Specify Other:	<input type="text"/> selected ($\{ant_4\}$, "6")
<p>Instructions for Birth conversion Table:</p> <p>1. Use the child's birth year given in question D05a, to convert child's age into months 2. 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 2017, use the table with "Birth Date – 2017" on the side. 3. Using the current month, select the appropriate "Study Date" column. Example: If it is April 2019, use the middle column labeled Apr... 4. 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 April 11, 2019 and the child is born on September 27, 2017. Cross the middle column "Apr." with the row "Sept." in the table "Birth Date – 2017". 5. 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 above, the child is 19 months old. 6. Enter this number for question D07. Double check for consistency</p>	
<p>ant_5. Record the month and year of birthdate of $\{ant_1\}$ from the documents given by $\{ant_2\}$</p> <p><i>If the child does not have records present, please record birthday given or by asking the primary caregiver "what month and year was your child born?" Note: This will be equivalent to the "parent statement"</i></p>	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
<p>ant_5a. What is the age of $\{ant_1\}$ (in months)?</p> <p><i>Children need to be 59 months or younger, if older you will be prompted to add any other eligible children.</i></p>	$\{ant_3\}= 1$
ant_6. Sex of $\{ant_1\}$	<input type="radio"/> Male <input type="radio"/> Female
<p>ant_8. Height of $\{ant_1\}$ in Centimeters (laying down)</p> <p><i>For children from 0 to 23 months of age For height measurements, be sure to include ONE digit after the decimal point (e.g., XX.X) If $\{ant_1\}$ was unable to be measured please enter "-8" for measurement</i></p>	$\{ant_5a\} \leq 23$ or $\{ant_5a\} = -8$ or $\{ant_5a\} = -9$
<p>ant_9. Height of $\{ant_1\}$ in Centimeters (standing up)</p> <p><i>For children 24 months of age and over For height measurements, be sure to include ONE digit after the decimal</i></p>	$\{ant_5a\} \geq 24$ or $\{ant_5a\} = -8$ or $\{ant_5a\} = -9$

<p><i>point (e.g., XX.X) If $\\$ant_1$ was unable to be measured please enter "-8" for measurement</i></p>	
<p>ant_7. Weight of $\\$ant_1$ in Kilograms <i>For weight measurements, be sure to include TWO digits after the decimal point (e.g., XX.XX) If $\\$ant_1$ was unable to be measured please enter "-8" for measurement</i></p>	
<p>ant_10. Results of Measurement Process for $\\$ant_1$</p>	<p><input type="radio"/> Measured <input type="radio"/> Unable to be Measured <input type="radio"/> Specify other:</p>
<p>ant_10a. Specify Other:</p>	<p>selected ($\\$ant_{10}$, "3") <input type="text"/></p>
<p>ant_11. Comments on measurement procedure <i>Please explain if $\\$ant_1$ was unable to be measured.</i></p>	<p>selected ($\\$ant_{10}$, "2") <input type="text"/></p>
<p>ant_12. Does $\\$ant_1$ have EDEMA?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>ant_12a. Does the supervisor confirm that $\\$ant_1$ has edema? <i>Please mark "yes" to "EDEMA" question on the "Control Sheet" for this child. If the Supervisor is not present, then leave this blank and they will return at the end of the day and confirm the presence of Edema.</i></p>	<p style="text-align: right;">$\\$ant_{12}=1$</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Results for: $\\$ant_1$ <i>Age: $\\$ant_5a$ months Height: $\\$ant_8$ $\\$ant_9$ cm Weight: $\\$ant_7$ kgs</i></p>	
<p>All Children must be under the age of 5 years old (59 months or younger). <i>If there is more than one child under 5 years, with their primary caregiver, please add additional respondents as needed.</i></p>	
<p>Anthropometry Women's Section: Selected Women's (15-49 years of age) Information.</p>	
<p>SW_1. Please enter the name of a NON-PREGNANT woman between the age 15-49 years of age <i>Omit women who are pregnant and omit women who are within 2 weeks of postpartum. If there are no eligible women available, please enter -8 to skip to move on to the end of the Anthropometry Section.</i></p>	<p><input type="text"/></p>
<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 don't have to be in the survey, but we hope you</p>	<p style="text-align: right;">$\\$SW_1 \neq -8$</p>

<p>will agree to answer the questions since your views are important. If I ask you any question you don't 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. Another member of my team will come and take height and weight measurements of the eligible children in the HH. <i>Please read aloud to any new person giving consent</i></p>	
<p>SW_2. $\{SW_1\}$: Do you give consent to participate in the survey and allow yourself to be weighed and measured?</p>	<p style="text-align: right;">$\{SW_1\} \neq -8$</p> <p><input type="radio"/> Yes, I agree to participate in the survey and allow myself to be weighed and measured</p> <p><input type="radio"/> No, I do not agree to participate in the survey and allow myself to be weighed and measured</p>
<p>SW_3. $\{SW_1\}$: Are you currently pregnant? <i>All women must be NON-PREGNANT</i></p>	<p style="text-align: right;">$\{SW_2\} = 1$</p> <p><input type="radio"/> Yes, I am pregnant</p> <p><input type="radio"/> No, I am NOT pregnant</p> <p><input type="radio"/> Does not know</p> <p><input type="radio"/> Refused to answer</p>
<p>SW_4. Age of $\{SW_1\}$ (in YEARS) <i>Eligible women need to be between 15 and 49 years of age, if older or younger you will be prompted to add any other eligible woman.</i></p>	<p style="text-align: right;">$\{SW_3\} \neq 1$ and $\{SW_2\} = 1$</p>
<p>SW_7. Height of in Centimeters of $\{SW_1\}$ <i>For height measurements, be sure to include ONE number after the decimal point (e.g., XX.X) If $\{SW_1\}$ was unable to be measured please enter "-8" for measurement</i></p>	
<p>SW_6. Weight in Kilograms of $\{SW_1\}$ <i>For weight measurements, be sure to include two numbers after the decimal point (e.g., XX.XX) If $\{SW_1\}$ was unable to be measured please enter "-8" for measurement</i></p>	
<p>SW_8. Results of Measurement Process for $\{SW_1\}$</p>	<p><input type="radio"/> Measured</p> <p><input type="radio"/> Unable to be Measured</p> <p><input type="radio"/> Specify other:</p>
<p>SW_8a. Specify Other</p>	<p style="text-align: right;">selected ($\{SW_8\}$, "3")</p> <input style="width: 100px; height: 20px;" type="text"/>
<p>SW_9. Comments on measurement procedure <i>Please explain if $\{SW_1\}$ was unable to be measured.</i></p>	<p style="text-align: right;">selected ($\{SW_8\}$, "2")</p> <input style="width: 100px; height: 20px;" type="text"/>

<p>Results for: $\\$ \{SW_1\}$ Age: $\\$ \{SW_4\}$ years Height: $\\$ \{SW_7\}$ cm Weight: $\\$ \{SW_6\}$ kgs</p>	
<p>All women must be NON-PREGNANT and between the ages of 15 and 49 years old. Please inquire if there is an eligible NON-PREGNANT woman for measurement and select "add group". If there are no eligible women, please select "do not add" and complete the survey.</p>	
<p>End of Survey! THANK YOU!</p>	
<p>Interviewer's Observations</p>	
<p>int_comment. Comments about respondent: To be done after Interview</p>	<input type="text"/>
<p>int_specific. Comments on specific questions: To be done after Interview</p>	<input type="text"/>
<p>int_other. Any other comments: To be done after Interview</p>	<input type="text"/>

ANNEX K: 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.




Name	
Title	
Organization	
Evaluation Position?	<input type="checkbox"/> Team Leader <input type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes answered above, I disclose the following facts:</p> <p><i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> <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> <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> <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> <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> <i>5. Current or previous work experience with an organization that may be seen</i> 	

<p><i>as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p>6. <i>Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
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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.

Signature	
Date	



ANNEX L: FARARANO INFRASTRUCTURE OBSERVATION RECORD


Site 2 - Fokontany Fanandrana	Sanitation (monobloc)
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Since 2015 • Six toilets, two showers, laundry place with solar pumped water. Disabled access. • About 75 users/week for toilets. Unusable for drinking water or laundry as water is iron-rich. • Earns no more than 10,000 Ar/week. • <i>Association Usagers de l'Eau</i> (AUE) only three members. Run jointly by commune and AUE. • Functional but will not survive first major technical hurdle. • Now part of RANO WASH project. • Electrical wiring is very exposed.
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Commune wants more infrastructure. • Monobloc open 7-17h. • Operated by the commune gardener (cannot pay for a dedicated operator) – cleans and collects money (100/200 Ar for toilet, 300 Ar for shower). • Max income is 10k/week - handed over to <i>Association des Usagers de l'Eau</i> (AUE); commune gardener responsible for the maintenance. • Some people pay a monthly fee and get a key. • Now working with RANO WASH to improve commune-level WASH facilities; now collecting data. • AUE is now only three members – others all left
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Contract with <i>Structure Locale de Concertation</i> (SLC): under commune, fourth power: the other three being: advisors, conseiller, executive/mayor, and the AUE. • Claim did not know of iron issue before, not checked? • CRS/ODDIT did <i>appel d'offre</i> to build monobloc, electrical controller got fixed during warranty period and added second solar panel. • All three hand pumps not working. No technician, no training (is it true?) • Commune has no budget for facility maintenance and employees have difficulty getting paid.


Site 2 - Fokontany Fanandrana	Sanitation (monobloc)
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Night guard lets some pre-approved people in. • Slow increase in usage since start. • Mindset on sanitation slowly changing. <p>Comments:</p> <ol style="list-style-type: none"> 1. Need to change to different well. 2. Looking for other water sourcing and distribution system (RANO WASH).
 <p>Photo credit: Bernard Crenn</p>	<p>Place for doing laundry, but never used due to cost and iron staining</p>
 <p>Photo credit: Bernard Crenn</p>	<p>Extremely exposed wiring between solar panel and pump</p>





Site 2 - Fokontany Fanandrana	Sanitation (monobloc)
 <p data-bbox="203 588 511 619">Photo credit: Bernard Crenn</p>	<p data-bbox="893 409 1226 441">Use of an existing well nearby</p>

	
<p data-bbox="527 1039 1096 1071">Rarely used and very stained squat toilet and <i>urinoir</i></p> <p data-bbox="657 1071 966 1102">Photo credit: Bernard Crenn</p>	

 <p data-bbox="203 1501 787 1564">The two right-most smaller panels are for the system Photo credit: Bernard Crenn</p>	 <p data-bbox="847 1501 1161 1564">Charge controller Photo credit: Bernard Crenn</p>
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Commune Ambinaninony	Sanitation (monobloc)
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Since 2017. • In good condition; looks used and cared for. • Active woman manager – part of PPP with water supply company with 60 private users. • She pays only water bill (40,000 Ar/month or 1,000 Ar /three months), no rent and company does the repairs. She earns 4,000-5,000 Ar /day, six days/week. • Gets 300 Ar (\$0.12) for phone charged. • Solar panels for lighting only. • Charges 100/200 for toilet, 300 for shower, 25 for 20 liters of water, laundry 100/tank. • More demand in summer and slow increase of client base. • 60 percent women clients. • Her child takes care if she is not here. • Water supply is spring box 4 km away. • Sometimes there is no water for three to four days. • The water network has 60 customers.


Site 5 - Fokontany Manaratsandry	Irrigation (Périmètre Autonome)
 <p>Photo credit: Bernard Crenn</p>	<p>Since 2018. Up to 5 km of channel and backfill – 40 ha now out of 85ha possible – no drainage channels – needs more irrigation channels – two crops/year, now higher yield with irrigation but no new techniques used yet but shown in demo plot. Will do line planting. 57 members in AUE but 10 users are non-members and non-contributors (contribution is set at 2k Ar/month) – thinking of doing potatoes and vegetables also. OK for now to do maintenance but flood damage hard to repair. Project gave them a technical plan and await other projects to assist with more infrastructure work. Irrigation system is coarse.</p>

<p>Site 5 - Fokontany Manarantsandry</p>	<p>Irrigation (Périmetre Autonome)</p>
	
<p>Mostly earth canals with occasional concrete sections Photo credit: Bernard Crenn</p>	<p>Very uneven irrigated ground, unlevelled Photo credit: Bernard Crenn</p>
 <p>Photo credit: Bernard Crenn</p>	<p>Concrete dam upstream built by the project for water collection in a higher part of the swamp.</p>
<p>Site 7 Fokontany Antsenavolo</p>	<p>Pumped water system</p>
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Only dam from previous project. • Built settling tanks, machine house (12 solar panels + 24 batteries), 45m³ tank. • 3-5 km of piping, nine <i>borne fontaines</i> and 25 individual connections. • Water with iron and colored, untreated. • Does tank chlorination.



Site 7 Fokontany Antsenavolo	Pumped water system		
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Three solar panels stopped working early on (25 percent). • With battery bank (now not functioning). • Put in diesel genset in March 2018, now not working for two to three months. 		
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • <i>Borne fontaine</i>: charges 50 Ar/ 20 liters <i>bidon</i> – water only for one to two hours between 15-17h – pays monthly water bill (7500 Ar@1500/m³) • Now people pay 200-600 Ar/<i>bidon</i> depending on distance – water was free for first 4 m (pilot), paid for two months and then stopped. • Private connection: paid 120k Ar for water one hour/day – paid once 1600Ar, used 44m³ - used water for drinking. 		
 <p>Three out of fourteen batteries have failed (overcharge?) Photo credit: Bernard Crenn</p>	 <p>Inside <i>borne-fontaine</i> Photo credit: Bernard Crenn</p>	 <p>Individual connection Photo credit: Bernard Crenn</p>	


Other commune system run by Mick-Ael – Commune Kianjavato – Fktn Kianjavato	
<p>Mickaël is regional construction company, branching into water supply three years ago.</p> <p>Now waiting on Ministry of Water for contract to fix Antsenavolo and others – change in gov't policy and now teaching people to pay for water – busy constructing four more systems with RANO WASH – running nine sites in total, eight working.</p> <p>Here combining two old systems (broken pipes) with one new (<i>captage</i> + 40m³ tank + 5BF + 60 individuals + 1 monobloc) – not enough water in Oct/Nov – people don't pay, so more sensitisation on budgeting (spend harvest money 2x/yr) – tests water 6x/year for PH (but not coliform) – system was advertised as providing safe water - water price is 2000 Ar/m³ (1500 for BF) – schools and hospital get first 2m³ free – will be profitable in five years, they have a business plan – vandals break pipes for fun or to provide water for zebus, no sanctions but more sensitisation.</p> <p>Monobloc: 40-60/day, more women, prices posted No laundry as too expensive. Busy day is Sunday market. Was 50 Ar/20 liters but now paying up to 600/20 liters with transport.</p>	   <p>Photo credit: Bernard Crenn</p>


Site 10 Fokontany Ambohimahavelona	Irrigation system
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Fifteen-member water users' group for 180 users. • Unsure of irrigated area. • Users pay 1000 Ar at harvest. • They supervise canal maintenance. • Their decision to improve it with FFA (only about 50 m of concrete canal, some already broken)


<p>Site 10 Fokontany Ambohimahavelona</p>	<p>Irrigation system</p>
 <p>Photo credit: Bernard Crenn</p>	<p>Satisfied but issue of watercress, want split system higher up – cress was in rivers, now transplanted to paddies, get income 1/m – complained at commune/district but no reply – supposed to be only between Jan-May when no rice growing but rule not enforced, since 2012 – same 10 cress growers but now more rice growers – don’t want conflict, so now use “water police” to shut water to cress growers at 3pm each day – they do constant maintenance and is all OK.</p>

<p>Site 13 Piste between Basibasy and Antanimieva</p>	
 <p>Photo credit: Bernard Crenn</p>	<p>Very Relevant a. Now usable by motor vehicles and trucks. Project constructed >15 new culverts/fords but old one broken and two new ones done by government are damaged.</p>
 <p>Photo credit: Bernard Crenn</p>	<p>High impact and effectiveness a. Now do onion agriculture – before was 25 km, now 17 – more small traders, better market, vaccinations campaigns on time.</p> <p>High satisfaction but poor sustainability a. Committee has not done any maintenance and there is no fundraising. Expecting to find project/donation to repair damaged culverts. Main activity is to fend off cattle from damaging road during rainy season. b. By not replacing <i>all</i> the culverts (only 1/4 more), the road will soon be useless to motor vehicles.</p>

<p>Site 15 Fokontany Ankilikasy</p>  <p>Photo credit: Bernard Crenn</p>	<p>Irrigation system (artesian spring)</p> <p>Relevant</p> <ol style="list-style-type: none"> 12 members (two women – some have 20-80 ha) – selected at <i>Assemblée Générale</i> by farmers. About 150 users altogether and more than 600 ha. Got two-day training and other regular trainings on water management. They do irregular canal maintenance (last time was in March). From four channels to now six (decided by community). <p>Good impact, unclear effectiveness</p> <ol style="list-style-type: none"> Land is now 40 percent more expensive. Some members now get less water (large landowners on committee) but others probably get more. All do rice, up to three crops/year (unclear if change from before).
 <p>Photo credit: Bernard Crenn</p>	<p>Reasonable satisfaction and sustainability</p> <ol style="list-style-type: none"> Arguments among members about water availability and usefulness of new system. No member financial contribution, only labor. Though there are six branch committees, only four are represented on committee (original four) – one channel is too flat to be useful. Thinking of creating a “water police” to ensure better water sharing. They want more infrastructure. Satisfied with project staff. Get no support from <i>Direction Regionale</i>.

<p>Around commune Antanimieva (Morombe district)</p>  <p>Photo credit: Bernard Crenn</p>	<p>Village water systems</p> <ul style="list-style-type: none"> Wash: two unused monoblocs, built Mar-Jun 2019 Supposed to be part of town water supply. Apparently waiting for Ministry approval for PPP operation.
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<p>Around commune Antanimieva (Morombe district)</p>	<p>Village water systems</p>
 <p>Photo credit: Bernard Crenn</p>	<ul style="list-style-type: none"> • Seventeen solar pump 3m³ with kiosks (\$6000-7000 to build) • 50 Ar/20 liters. • Only 1m³ used/day (40 -50 <i>bidons</i>) – makes 2500 Ar and pays 1500 Ar/m³. • Hand pump is not used though usable. • Did not talk to any users.

<p>Fokontany Mangotroka (Morombe district)</p>	
 <p>Photo credit: Bernard Crenn</p>	<p>The village has two pumps. This one in constant use and not a project pump. There is a project pump by the school at the edge of town but was not seen used. Note lack of fence and water puddles around the pump.</p> <p>This pump has been in used for 20 years but the AUE was created with project – they do sensitisation to drink clean water, to make more wells – there was a fence around pump, no money for spare part, just make a collection when needed but cannot do now as lean season - used to ask Chinese/Japanese to fix pump – they know they need a 120,000 Ar part from a Tulear technician – sometimes get fixed for free.</p>