

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
USAID Nawiri PROJECT
HOUSEHOLD & WOMEN/CAREGIVER QUESTIONNAIRE**

1	BACKGROUND	
1.1	COUNTY NAME	<input type="text"/>
1.3	SUBCOUNTY	<input type="text"/>
1.4	WARD	<input type="text"/>
1.5	LOCATION	<input type="text"/>
1.7	VILLAGE/CLUSTER	<input type="text"/>
1.15	HOUSEHOLD ID (CODE FROM HH QUESTIONNAIRE)	<input type="text"/>
1.16	CAREGIVER CODE	<input type="text"/>
1.17	CAREGIVER NAME	<input type="text"/>
1.20	CONTACTS OF CAREGIVER	<input type="text"/>
1.21	ALTERNATIVE CONTACTS	<input type="text"/>
1.22	RELATIONSHIP TO ALTERNATIVE CONTACT	<input type="text"/>
1.23	HOUSEHOLD FAMILY NAME (REFER FROM HH QUESTIONNAIRE)	<input type="text"/>
1.9	LIVELIHOOD ZONE 1. Pastoral 2. Agro-pastoral 3. Fisher forks	<input type="text"/> <input type="text"/> <input type="text"/>

1.14	SURVEY RESULT __ __ 1. Completed 2. Incomplete 3. Absent/no competent household member present 4. Entire household absent for an extended period /migrated out 5. Postponed 6. Dwelling vacant/no dwelling 7. Dwelling destroyed 8. Not eligible 96. Other (specify) [_____] 97. Refused			
INFORMED CONSENT		SKIP		
	My name is _____ [NAME OF FW] _____ ____. I am working with [NAME ORGANISATION]. As you were told by our colleagues/as I told you last time we are continuing with this survey about nutrition. Just to remind you that the information will be used to plan for interventions to improve the nutrition of vulnerable groups in the community. . Remember all the answers you give will be confidential and will not be shared with anyone other than members of our survey team and again your participation in the survey is voluntary. We hope you will agree to answer the questions since your views are important. If I ask you any questions you would not want to answer, just let me know and I will move on to the next question or you can stop the interview at any time.	1. Yes ----- > 2. No ----- >	If Yes go to 1.12 If No END THE IN TERVIEW	
RECORD START TIME (24 HOURS FORMAT)		__ __ (HR)	__ __ (MIN)	
		HOUSEHOLD DEMOGRAPHICS		SKIP
	1.3 What was your main occupation (HH head) in	1. Livestock Herding		

	<p>the last 4 months?</p> <p>If the household head is not the respondent, frame the question as follows: What was the main occupation of the household head in the last 4 months?</p>	<ol style="list-style-type: none"> 2. Crop Farming/Own Farm Labour 3. Employed (Salaried) 4. Waged Labour (Casual) 5. Petty Trade/Hawking (Handicraft i.e. Beading, Sale of Firewood, Charcoal) 6. Merchant/Trader 7. Self-employment (e.g Bodaboda) 7. Fishing 8. Domestic Work/House Manager 9. Unemployed/None 96. Other (Specify)..... 	
1.4	<p>What was the main current source of income for the household in the last 4 months?</p>	<ol style="list-style-type: none"> 1. No Income 2. Sale of Livestock 3. Sale of Livestock Products 4. Sale of Crops 5. Petty Trading E.g. Sale of Firewood 6. Casual Labour . Sale of Personal Assets 9. Remittance 10. Own Business (Merchant/Trader) 11. Fishing (remove in Samburu) 12. Employed (Permanent/Temporary) 13. Sale of Handcrafts 14. Sale of poultry and its products 96. Other (Specify) 	
3.0 HOUSEHOLD WEALTH RANKING (PERCEPTION)			

	3.3 According to the community wealth ranking system, how do you or other people classify your household?	1. Rich 2. Middle/Average 3. Poor																															
	3.4 How many people in your household earned some income that directly benefitted the household in the last 4 months??People																															
4.0	Household Food insecurity coping strategies																																
	4.1 Now I am going to read several statements about your household food situation.																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Behaviours: In the past 7 days, if there have been times when you did not have enough food or money to buy food, how many days has your household had to:</th> <th style="width: 35%;">Frequency: Number of days out of the 7 to answer number of days; Use NA for not applicable)</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Rely on less preferred and less expensive foods?</td> <td></td> </tr> <tr> <td>B</td> <td>Borrow food, or rely on help from a friend or relative?</td> <td></td> </tr> <tr> <td>C</td> <td>Purchase food on credit?</td> <td></td> </tr> <tr> <td>D</td> <td>Gather wild food, hunt, or harvest immature crops?</td> <td></td> </tr> <tr> <td>E</td> <td>Consume seed stock held for next season?</td> <td></td> </tr> <tr> <td>F</td> <td>Send household members to eat elsewhere?</td> <td></td> </tr> <tr> <td>G</td> <td>Send household members to beg?</td> <td></td> </tr> <tr> <td>H</td> <td>Limit portion size at mealtimes?</td> <td></td> </tr> <tr> <td>I</td> <td>Restrict consumption by adults for small children to eat?</td> <td></td> </tr> </tbody> </table>			Behaviours: In the past 7 days, if there have been times when you did not have enough food or money to buy food, how many days has your household had to:	Frequency: Number of days out of the 7 to answer number of days; Use NA for not applicable)	A	Rely on less preferred and less expensive foods?		B	Borrow food, or rely on help from a friend or relative?		C	Purchase food on credit?		D	Gather wild food, hunt, or harvest immature crops?		E	Consume seed stock held for next season?		F	Send household members to eat elsewhere?		G	Send household members to beg?		H	Limit portion size at mealtimes?		I	Restrict consumption by adults for small children to eat?		
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	J	Feed working members at the expense of non-working members?		
	K	Reduce the number of meals eaten in a day?		
	L	Skip entire days without eating?		
		TOTAL HOUSEHOLD SCORE		
5.0	WATER, HYGIENE AND SANITATION (WASH)			
	SECTION 1: WATER ACCESS, AVAILABILITY AND SEASONALITY			
5.1	What was the main source of drinking water for members of your household in the last 4 months?	<ul style="list-style-type: none"> 1. Piped Water <ul style="list-style-type: none"> a) Piped Into Dwelling b) Piped Into Yard Plot c) Public Tap/ Standpipe 2. Tubewell/Borehole 3. Dugwell <ul style="list-style-type: none"> a) Protected Well b) Unprotected Well 4. Spring <ul style="list-style-type: none"> a) Protected Spring b) Unprotected Spring 5. Rainwater 6. Tanker Truck 7. Cart With Small Tank 8. Water Kiosk 9. Surface Water (River/Dam/Lake/Pond/Stream/Canal/Irrigation Channel) 10. Packaged Water 	If 1a, 1b, 5, 10a, 10b skip to 5.4	

		a) Bottled Water b) Sachet Water 96. Other (Specify).....	
5.2	What was the trekking distance to and from the MAIN water source in the last 4 months?	1. Less Than 500m (Less Than 15 Minutes) 2. More Than 500m To Less Than 2km (15 To 1 Hour) 3. More Than 2 Km (1 – 2 Hrs) 96. Other (Specify).....	
5.3	In the past one week, how many times did you go to get water from the main water source?	_____ times	
5.4	What quantity of water did you carry per trip?	_____ litres	
5.5	Who MAINLY went to fetch water at your MAIN water source in the last 4 months?	1. Women 2. Men 3. Girls 4 . Boys	If response 2-4, skip to Q5.7
5.6f	Why do women fetch water?	1. Culture 2. It is the responsibility of women 3. Men not available 4. Others (specify _____)	
5.7	Did your household do anything to the water to make it safe to drink in the last 4 months?	1. Yes 2. No	If No skip to Q 5.10
5.8	How did you TYPICALLY/USUALLY treat your drinking water in the last 4 months??? MULTIPLE RESPONSES ALLOWED	1. Filter Water 2. Boil 3. Water Guard/Aqua Tabs/Other Chemical (Chlorine) 4. Sitting To Settle/ Sedimentation 5. Use Water Filter (Ceramic, Sand, Composite)	

		6. Pot Filter 7. Uv Rays From The Sun/ Solar 8. Sieve Through Cloth 9. Traditional Herb 96. Other (Specify).....	
5.9	When was the last time your household treated water for drinking in the last 4 months?	1. Today 2. Yesterday 3. Within The Last One Week 4. Within The Last Two Weeks 5. Within The Last One Month 6. More Than One Month Ago 98. Do Not Remember	
5.10	Where did your household store water for drinking in the last 4 months?	1. Open Container/Jerrican 2. Closed Container/Jerrican 96. Other (Specify).....	
5.11	How many 20-litre jerricans of water did your household NORMALLY use per day(excluding for animals) in the last 4 months?	_____ Number of 20 Litre Jerrican	
5.12	How much water did your household use YESTERDAY (excluding for animals)?	_____ Number of 20 Litre Jerrican	
5.13	In the last 2 weeks, has the water from your main source been unavailable for at least one day?	1. Yes 2. No	
5.14	Do you USUALLY pay for this water?	1. Yes 2. No	If No , skip to Q5.16
5.15	Do you have sufficient income to pay for the water?	1. Yes 2. No	

SECTION 2: HOUSEHOLD WATER INSECURITY EXPERIENCES (HWISE) SCALE [ASK THE FOLLOWING QUESTIONS FOR THE LAST FOUR WEEKS]		
5.16	How frequently did you or anyone in your household worry you would not have enough water for all of your household needs in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This
5.17	How frequently has your main water source been interrupted or limited (e.g., low water pressure, less water than expected, the river dried up) in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This
5.18	How frequently did your household have problems with water that clothes could not be washed in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This
5.19	How frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation in the last 4 weeks? (Activities that may have been interrupted include caring for others, doing	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times)

	household chores, agricultural work, income-generating activities, etc.)	3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.20	How frequently have you or anyone in your household had to change what was being eaten because there were problems with water in the last 4 weeks? (e.g., for washing foods, cooking, etc.)?	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.21	How frequently have you or anyone in your household had to go without washing hands after dirty activities (e.g. defecating or changing diapers, cleaning a child who has soiled themselves, cleaning animal dung) because of problems with water in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.22	How frequently have you or anyone in your household had to go without washing their body because of problems with water in the last 4 weeks? (e.g., not enough water, dirty, unsafe)?	0. Never (0 Times) 1. Rarely (1-2 Times) 2. Sometimes (3-10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	

5.23	How frequently has there not been as much water to drink as you would like for you or anyone in your household in the last 4 weeks?	<ul style="list-style-type: none"> 0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This 	
5.24	How frequently did you or anyone in your household feel angry about your water situation in the last 4 weeks?	<ul style="list-style-type: none"> 0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This 	
5.25	How frequently have you or anyone in your household gone to sleep thirsty because there wasn't any water to drink in the last 4 weeks?	<ul style="list-style-type: none"> 0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This 	
5.26	How frequently has there been no usable or drinkable water whatsoever in your household in the last 4 weeks?	<ul style="list-style-type: none"> 0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 	

		3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
5.27	How frequently have problems with water caused you or anyone in your household to feel ashamed/excluded/stigmatised in the last 4 weeks?	0. Never (0 Times) 1. Rarely (1–2 Times) 2. Sometimes (3–10 Times) 3. Often (11-20 Times) 4. Always (More Than 20 Times) 98. Don't Know and not Applicable/Don't Have This	
SECTION 3: HYGIENE AND SANITATION			
5.28	What kind of toilet facility did members of your household used during the day in the last 4 weeks? MULTIPLE RESPONSES ALLOWED	1. Own Flush/Traditional Pit/VIP Toilet 2. Flush Trench Toilet 3. Toilet Without Pit/Working Flush 4. No Facility/Bush/Field/Flying Toilet 96. Other (Specify).....	If response 4, skip to Q5.32
5.29	How many households use this toilet facility?	1. No. Of Households If Less Than 10 _____ 2. 10 Or More Households 98. Don't Know	
5.30	How far is the toilet facility from the house?	1. Within The Compound 2. Outside The Compound, < 5 Minutes 3. Outside The Compound, 5 - 10 Minutes 4. Outside The Compound, >10 Minutes	
5.31	Did your household pay to use the toilet facility in the last 4 months?	1.Yes	

		2.No	
5.32	Did you or your household wash hands with clean water in the last 4 months?	1. Yes 2.No	If No skip to Q5.35
5.33	If yes, did you or members of your household wash hands with soap in the last 4 months?	1. Yes 2.No	
5.34	When did you or members of your household wash their hands in the last 4 months? MULTIPLE RESPONSES ALLOWED	1. After Visiting Toilet 2. Before Eating 3. Before Preparing Food 4. After Handling Child's Waste 5. Before Feeding A Child 96. Other (Specify)	
5.35	Where has your household MAINLY disposed of garbage/waste in the last 4 weeks? MULTIPLE RESPONSES ALLOWED	1. Garbage Dump 2. In The River 3. On The Road/In Drainage Or Trench 4. In Private Pit 5. In Public Pit 6. Garbage Disposal Services 7. Burning 8. No Designated Place/All Over 96. Other (Specify)	
6.0	HOUSEHOLD SHOCKS EXPERIENCED		SKIP
		Q 6.1	Q6.2 Fw instructions: Probe
			Q6.3
			Q6.4
	SHOCKS/STRESS EXPERIENCED	Did your household experience any shock within the	How many times over the last 4 months
			How severe was the impact on
			How severe was the impact on your household's food

		last 4 months? 1. Yes 2. No If No to all, skip to Q6.11	has your household experienced the shock? >>Next shock	your household's income over the last 4 months? (See Code) Only ask if Q 6.1=1	consumption over the last 4 months? Only ask if Q6.1 =1	you experienced over the last 4 months? (See Code) Only ask if Q6.1 =1
	CLIMATIC SHOCKS					
	a) Excessive rains /flooding					
	b) Variable rain/drought					
	BIOLOGICAL SHOCKS					
	c) Livestock disease outbreak					
	d) Crop pests' invasion (locust)					
	e) Crop disease outbreak					
	f) Invasive weeds and plant species outbreak					
	g) Human disease outbreak (cholera etc.)					
	h) Severe illness					
	i) COVID 19					

	CONFLICT SHOCKS							
	j) Theft/destruction of assets							
	k) Theft of livestock							
	l) Domestic violence							
	m) Community conflict							
	ECONOMIC SHOCK							
	n) Loss of livelihood/laying off							
	o) Increased food prices							
	p) Decreased prices for agricultural or livestock products							
	q) Increased prices of agricultural or livestock inputs							
	r) Loss of land/rental property (evictions/demolitions)							
	s) Unemployment for youths							
	t) Loss/death of a household member							
	u) Delay in food							

	assistance						
	v) Delay in other safety net programs or remittances from family members						
	w) Fire						
	zz). Other Shocks (Specify)						
	Codes						
	Q6.5	Q6.6	Q6.7				
	1. No impact 2. Slight decrease 3. Severe decrease 4. Worst ever happened 97. Refused 98. Don't know	1. No impact 2. Slight decrease 3. Severe decrease 4. Worst ever happened 97. Refused 98. Don't know	1. Did not recover 2. Fully recovered, same as before the shock 3. Fully recovered and better than before the shock 4. Partially recovered 5. Not affected by [event] 97. Refused 98. Don't know				
6.8	Did you or your household use any of the following strategies to cope with any shock/stress in the last 4 months?						
	Read list; MULTIPLE RESPONSES ALLOWED						
	LIVESTOCK, AGRICULTURE, AND LAND HOLDINGS		1. YES	COPING STRATEGIES TO GET MORE FO			
			2. NO				
	a. Sent livestock in search of pasture			m. Took up new/additional work			

		(casual labour, wage labour)			
	b. Sold livestock		n. Sold household items (e.g., radio, bed)		
	c. Slaughtered livestock		o. Sold productive assets (e.g., plough, water pump)		
	d. Leased out land		p. Took out a loan (with interest) from a (formal) bank		
	MIGRATION		q. Took out a loan (with interest) from a Sacco/cooperative or village savings group		
	e) HH member migrated for work		r. Took out a loan (with interest) from a money-lender/mobile money		
	f. Migrate (the whole family)		s. Took out a loan (no interest) from friends or relatives within the community (bonding)		
	g. Sent children or an adult to stay with relatives		t. Took out a loan (no interest) from friends or relatives outside of the community (bridging)		
	COPING STRATEGIES TO REDUCE CURRENT EXPENDITURE		u. Unconditional gift of money (not remittances) or food from family, friends, church, or other groups within the community (bonding)		
	h. Took children out of school		v. Unconditional gift of money (not remittances) or food from family, friends, church, or other groups outside of the community (bridging)		
	I. Moved to less expensive housing		w. Sent children to work for money (e.g., domestic service, petty trade)		
	j. Reduced food consumption (quantity/meal; # of meals/day)		x. Received emergency food aid from the government or NGO		
	k. Reduced non-essential HH expenses		y. Received emergency cash transfer from the government or NGO		
	l. Got food on credit from a local merchant		z. Participated in government or NGO food-for-work or cash-for-work activities (conditional)		

	aa. Used own savings		bb. Relied on remittances from a relative that migrated		
	cc. Did nothing		dd. Engaged in spiritual efforts (e.g., prayed, sacrifices, etc.)		
	zz .other (specify)...				
6.9	If YES for 6.2 a) flooding, how did it affect your household? MULTIPLE RESPONSES ALLOWED		1. Destruction of Property Including Residential House 2. Destruction of School/Road Infrastructure 3. Disease Outbreak 4. Loss of Lives 5. Livestock Loss 7. Crop Loss 96. Other (Specify).....		
6.10	If YES for 6.2 b) drought/variable rain, how did it affect the environment? MULTIPLE RESPONSES ALLOWED		a) Reduced Rainfall Data (3 Months Normal For Turkana: 80-120ml; Samburu: 35-50ml) b) Reduced Vegetation And Its Greenness c) Reduced Water Sources d) Increased Trekking Distance To Water For Cattle e) Reduced Milk Production/Consumption f) Reduced Livestock Body Condition g) Reduced Fish Production h) More Livestock Migration		

		<ul style="list-style-type: none"> i) More Livestock Deaths j) Decreased Cattle Prices k) Less Crop Production/Decreased Food Stocks l) Increase In Food Prices zz) Other (Specify) [_____] 		
6.11	<p>If YES, for 6.2 d) crops pests' invasion, how did it affect the environment?</p> <p>MULTIPLE RESPONSES ALLOWED</p>	<ul style="list-style-type: none"> 1. Destroyed Crop 2. Destroyed Grazing Grass 96. Other (Specify).... 		
6.12	<p>How did any of the above SHOCKS/events pose a challenge to your household?</p> <p>Instruction: (Probe for all challenges experienced)</p> <p>MULTIPLE RESPONSES ALLOWED</p>	<ul style="list-style-type: none"> 1. The Shocks Did Not Challenge The Household 2. Difficulty/Reduced Earnings/Income 3. Difficulty in Meeting Survival Threshold for Food 4. Difficulty in Meeting Survival Threshold for Grazing Land 5. Decrease Access to Market/Goods/Foods 6. Decreased in Market Value of Livestock/Farm Products 7. Increased Debt in The Household 8. Reduction in Coping Strategies 96. Other (Specify) 		
6.13	<p>What have you done to protect your household from the impact of shocks in the future?</p> <p>[Read list; MULTIPLE RESPONSES ALLOWED</p>	<ul style="list-style-type: none"> 1. Nothing 2. Increased Savings 3. Put Aside Grains (For HH or Animals) 4. Switched to Different Crop(s) 		

		<ul style="list-style-type: none"> 5. Switched to Different Livestock 6. Added Additional Agricultural Activity 7. Added Additional Non-Agricultural Activity 8. Diversified into Agricultural Livelihood 9. Diversified into Non-Agricultural Activity 10. Changed from Agriculture to Non-Agriculture Livelihood 11. Changed from Non-Agriculture to Agriculture Livelihood 12. Acquired Crop Insurance 13. Acquired Livestock Insurance 14. Acquired Other Insurance (e.g., Health) 15. Relocated Temporarily 16. Relocated Permanently 96. Other (Specify)..... 98. Don't Know 	
7.0	SOCIAL SAFETY NETS AND ECONOMIC SAFETY GUARDS		SKIP
	7.1 Did you or any other household member regularly save cash in the last 4 months???	<ul style="list-style-type: none"> 1. Yes 2. No 	If No, skip to Q7.4
	7.2 Where were the savings primarily held in the last 4 months?	<ul style="list-style-type: none"> 1. At Home 2. Mobile Phone Banking 3. Sacco/Cooperative/Village Savings Group 4. Bank 5. NGO 	

		6. Microfinance Institution 96. Other (Specify)..... 98. Don't Know	
7.3	Who primarily decided how savings were used in the household in the last 4 months?	1. Yourself 2. Your Spouse/Partner 3. You and Your Spouse /Partner Jointly 4. Yourself and Other HH Jointly 5. Yourself or Your Partner and Other HH Member Jointly 96. Other (Specify)..... 98 Don't Know	
7.4	Have you or anyone in the household borrowed money from someone else in the last 4 months?	1. Yes 2.No	If No, skip to Q7.6
7.5	What was the reason for borrowing the money in the last 4 months??	1. Purchase Food 2. Purchase Other Household Items 3. Health Care Expenses 4. School Fees 5. Invest in Business 6. Purchase of Livestock 7. Purchase of Farm Inputs 8. Personal Needs 96. Other (Specify)	

7.6	Has any of your household members received any financial support (i.e. cash transfer) in the last 4 months?	1. Yes 2.No	If No skip to Q7.13
7.7	What is the source?	1. Government Programs (Elderly, OVC) 2. County Government 3. Non-Governmental Organisations 4. Faith-Based Organisation/Church 5. Remittance 6. Gift 96. Other (Specify)	
7.8	What was the mode of transfer used for the financial support in the last 4 months?	1. Bank 2. Mobile Networks 3. Cash 4. Vouchers 5. Food Aid 96. Others (Specify).....	
7.9	If from the Government or NGO, how were you selected to get the support?	1. Attended A Meeting Organized by The Organization 2. Filled Forms for Support 96. Other (Specify)	
7.10	Did the financial support, you received, come at the time indicated?	1. Yes 2.No	If No skip to Q7.13
7.11	How long did it take for you to receive the financial support?Days	<i>Removed months and remained with months</i>

	<p>7.12 If there were delays in receiving the financial support what were the reasons?</p>	<ol style="list-style-type: none"> 1. Delay in The Organization /Government Financial Transfer 2. Network Challenges 3. Lack of Transport to Go Pick the Cash Transfer 4. Lack of Phone to Know When the Cash Transfer Comes In 5. Was Away When the Cash Transfer Came Through 96. Other (Specify) 98. Don't Know 	
	<p>7.13 Are there any government or NGO programmes or activities in this village that helped households when they faced a shock in the last 4 months???</p>	<ol style="list-style-type: none"> 1. Yes 2. No 	<p>If No skip to Q7.14</p>
	<p>7.13a What type of help did they provide?</p> <p>MULTIPLE RESPONSES ALLOWED</p>	<ol style="list-style-type: none"> 1. Emergency Food Assistance 2. Emergency Cash Assistance 3. Conditional Food Transfer (FFW) 4. Conditional Cash Transfer (CFW) 5. Unconditional Food Transfer (Non-Emergency) 6. Unconditional Cash Transfer (Non-Emergency) 7. Household Materials and Non-Food Items 8. Educational Assistance/School Feeding 9. Agricultural Inputs (Seeds, Fertilizer, Etc.) 10. Livestock Inputs (Feed, Fodder, Medicine, Etc.) 11. Water, sanitation and hygiene (WASH) 	

		12. Nutrition/Supplemental Feeding 96. Other (Specify)..... 97. Refused 98. Don't Know																	
7.14	Are any of the following types of insurance available in your area? Instruction: Please read the list?	<table border="1"> <thead> <tr> <th>Insurance</th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>A. Livestock</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B. Crop</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C. Health</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>	Insurance	Yes	No	Don't Know	A. Livestock	1	2	98	B. Crop	1	2	98	C. Health	1	2	98	
Insurance	Yes	No	Don't Know																
A. Livestock	1	2	98																
B. Crop	1	2	98																
C. Health	1	2	98																
7.15	Have you or does anyone in your household taken any insurance in the last 4 months???	1. Yes 2. No 98. Don't Know																	

1.0	MOTHER'S/CAREGIVERS INFORMATION		SKIP
1.1	Has the caregiver of NAME changed?	1. Yes 2. No	If No, skip to Q1.4
1.1a	Where is the previous caregiver of NAME?	1. Travelled 2. Gone to school 3. Gone to work 4. Is late 5. Other (specify)	
1.2	Please, tell me how old are you? Years	
1.3	Are you the biological mother of NAME?	1. Yes 2. No	If 1.3 is No, then add '1.3a).

1,3 a	If 1.3 is No, then add '1.3a). What is your relationship to the (Index) child?'	1. Grandmother 2. Stepmother 3. Aunt 4. Adopted/foster parent 5. Other relative (Specify) 96. Other (Specify)	
1.4	What is your current marital status?	Options for marital status	If NOT currently married/Living together, skip Q1.6
1.4	Does your husband or partner have other wives (co-wives)? For existing caregivers ask; 1.4. Between the last round and now has your husband married another wife?	1. Yes 2. No	If No , skip to Q1.6
1.4a	If Yes , how many? Number	
1.5	What is your position?	1. 1st wife 2. 2nd wife 3. Third wife 4. fourth wife 5. Other (specify)_____	
1.6	Do you currently smoke or use any type of tobacco?	1. Yes 2. No	
1.7	Do you drink alcohol?	1. Yes	

		2. No																			
3.0	PREGNANCY AND ANTENATAL CARE																				
3.1a	Are you currently pregnant ?	1. Yes 2. No																			
3.1b	Are you currently breastfeeding?	1. Yes 2. No																			
3.16	Are you currently consuming any of the following?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Fortified blended flours e.g. CSB, Advantage plus, Unimix</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Ready to use supplementary food</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Herbal supplements</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Soil/mineral stones</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Others (specify).....</td> <td>96</td> <td>96</td> </tr> </tbody> </table>		Yes	No	a) Fortified blended flours e.g. CSB, Advantage plus, Unimix	1	2	b) Ready to use supplementary food	1	2	c) Herbal supplements	1	2	d) Soil/mineral stones	1	2	e) Others (specify).....	96	96	
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e) Others (specify).....	96	96																			
4.0	FAMILY PLANNING		SKIP																		
4.1	Are you currently doing something or using any family planning method to delay or avoid getting pregnant?	1. Yes 2. No 99. NA	If No , skip to Q5.4																		

4.2	What family planning method are you currently using?	1. Implants 2. Pills 3. Injection 4. Female/Male Condom 5. IUD 6. Lactation Amenorrhoea 7. Traditional Rhythm Method 8. Other Traditional Method 9. Spermicide 10. Female sterilization 11. Male sterilization 12. Withdrawal 13. Diaphragm 96. Other (Specify).....	
5.0	INFANT AND YOUNG CHILD FEEDING PRACTICES		SKIP
INSTRUCTIONS: THIS SECTION IS ADMINISTERED TO ALL CHILDREN			
5.4	Is [NAME] still breastfeeding?	1. Yes 2. No	If NO , skip to Q5.8
5.7	Was [NAME] breastfed yesterday during the day or at night?	1. Yes 2. No 98. Don't Know	If No , skip to Q5.9
5.8	Was [NAME] given [<i>Local name for ORS</i>] yesterday during the day or at night?	1. Yes 2. No 98. Don't Know 99. NA	
Read the Questions below. Read the list of liquids one by one and mark 'yes' or 'no', accordingly. After you have completed the list, continue by asking Question 5.9 (see far right-hand column) for those items (5.9b, 5.9c, and/or 5.9f) where the respondents replied 'yes'			

5.9	<p>I would like to ask you about some liquids that <i>[NAME]</i> may have had yesterday during the day or at night.</p> <p>Did <i>[NAME]</i> consume any (<i>item from List</i>)? <i>Read the List of Liquids starting with 'Plain water'.</i></p>				
		Yes	No	Don't Know	
A	Plain Water?	1	2	98	
B	Infant Formula Such As [Nan, Cow And Gates,Aptamil]?	1	2	98	
C	Milk Such As Tinned, Powdered, Or Fresh Animal Milk?	1	2	98	
D	Juice Or Juice Drinks?	1	2	98	
E	Sodas, other sweet drinks	1	2	98	
F	Clear Broth?	1	2	98	
G	Yogurt?	1	2	98	
H	Thin Porridge?	1	2	98	
I	Any Other Liquids Such As [Sugar Salt Solution, Sugar Glucose Water]?	1	2	98	
J	Any Other Liquids? i.e. Tea, Coffee, Honey	1	2	98	

5.9a	<p>IF OPTIONS B, C, OR G ARE CHOSEN ON Q.5.9, THEN ASK 5.9a.</p> <p>Other than breast milk, how many times did (NAME) drink other milk, formula or yoghurt yesterday, during the day and night?</p> <p>DO NOT INCLUDE THE NUMBER OF TIMES THE CHILD WAS BREASTFED IN THIS QUESTION. THIS VARIABLE IS ONLY TO CAPTURE MILK OR MILK PRODUCTS <u>OTHER THAN BREAST MILK.</u></p>	<p>___ ___ Number of times</p> <p>Don't know 98</p>	
------	--	---	--

<p>Probing questions for Q5.10</p>	<p>Please describe everything that (<u>NAME</u>) ate yesterday during the day or night, whether at home or outside the home.</p> <p>(a) Think about when (<u>NAME</u>) first woke up yesterday to when (<u>NAME</u>) went to sleep until the next day: Please tell me everything (<u>NAME</u>) ate at that time. probe: anything else? until the respondent says nothing else. if No, continue to Question b).</p> <p>(b) What did (<u>NAME</u>) do after that? did (<u>NAME</u>) eat anything at that time?</p> <p><i>if Yes: Please tell me everything (<u>NAME</u>) ate at that time. probe: anything else? until the respondent says nothing else. Repeat Question b) above until respondent says the child went to sleep until the next day. if respondent mentions mixed dishes Like a porridge, sauce, or stew, probe:</i></p> <p>(c) What ingredients were in that (<u>Mixed dish</u>)? probe: anything else? until the respondent says nothing else.</p> <p><i>As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box Labelled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.</i></p> <p><i>Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following Question and circle '1' if the respondent says yes, '2' if no and '98' if don't know: yesterday during the day or night, did (<u>NAME</u>) drink/eat any (<u>food group items</u>)?</i></p>																																				
<p>5.10</p>	<p>Yesterday during the day or night, did (<u>NAME</u>) drink/eat any (<u>food group items</u>)?</p>	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Porridge, bread, rice, noodles, pasta (spaghetti), ugali, mandazi, chapati, githeri or other foods made from grains</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B</td> <td>Pumpkin, carrots, butternut, or sweet potatoes that are yellow or orange inside</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C</td> <td>White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas or any other foods made from roots tubers</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>D</td> <td>any dark green leafy vegetables</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>E</td> <td>ripe mangoes, ripe papayas, guava or</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>F</td> <td>any other fruits or vegetables</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>			Yes	No	Don't Know	A	Porridge, bread, rice, noodles, pasta (spaghetti), ugali, mandazi, chapati, githeri or other foods made from grains	1	2	98	B	Pumpkin, carrots, butternut, or sweet potatoes that are yellow or orange inside	1	2	98	C	White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas or any other foods made from roots tubers	1	2	98	D	any dark green leafy vegetables	1	2	98	E	ripe mangoes, ripe papayas, guava or	1	2	98	F	any other fruits or vegetables	1	2	98
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		G	liver, kidney, heart, or other organ meats	1	2	98		
		H	any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	98		
		I	eggs	1	2	98		
		J	fresh or dried fish, shellfish, or seafood	1	2	98		
		K	any foods made from beans, peas, lentils, nuts, or seeds	1	2	98		
		L	cheese, yogurt, or other milk products	1	2	98		
		M	any oil, fats, or butter, or foods made with any of these	1	2	98		
		N	any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits or packaged snacks	1	2	98		
		O	condiments for flavour, such as chilies, spices, herbs, or fish powder	1	2	98		
		P	Insects	1	2	98		
		Q	foods made with peanut sauce, coconut milk/oil	1	2	98		
	check categories A–Q if all ‘no’: →go to 5.11 if at least one ‘yes’ or all ‘dk’: →go to 5.12							
5.11	Did (<u>NAME</u>) eat any solid, semi-solid, or soft foods yesterday during the day or at night? <i>if ‘yes’ probe: What kind of solid, semi-solid, or soft foods did (<u>NAME</u>) eat?</i>	1. Yes <i>check Q5.10 to confirm. If not recorded please record and Then Continue With Q5.12</i> 2. No 98 Don’t Know						
5.12	How many times did (<u>NAME</u>) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	Number Of Times <input type="text"/> Don’t Know 98						

5.13	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night?	1. Yes 2. No 98 Don't Know																					
6.0	SUPPLEMENTATION AND CONSUMPTION OF IRON-RICH OR IRON-FORTIFIED FOODS		SKIP																				
6.1	Has (NAME) received iron supplements in the last 4 months?	1. Yes 2.No 98. Do Not Know																					
6.2	Has (NAME) received Micronutrient powders (sachets with vitamin and minerals) supplements (added to food) in the last 4 months?	1. Yes 2.No 98. Do Not Know																					
	Now I would like to ask you about some particular foods (NAME) may eat. I am interested in whether your child had the item even if it was combined with other foods.																						
6.3	Yesterday, during the day or night, did (NAME) consume any [list iron-fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting]?																						
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6.4	Yesterday, during the day or night, did (NAME) consume any food to which you added a [micronutrient powder or sprinkles] like this? Show common types of micronutrient powders available in the survey area E.g. Iron, Vitamin A, D, C, E, Zinc, etc.	1. Yes 2. No																					

6.5	Yesterday, during the day or night, did (NAME) consume any [list lipid-based nutrient supplement (LNS) available in the local setting]? E.g. Plumpy nut, Plumpy sup, CSB mix	1. Yes 2. No	
FOOD FORTIFICATION			
6.6	Did you use foods and food products enriched with vitamins and minerals (fortified foods/products) in the last 4 months?	1. Yes 2. No	If NO skip to Q 8.1
6.7	Which of these fortified food/products did you use in your household in the last 4 months?	1. Fortified Maize Flour 2. Fortified Wheat Flour 3. Fortified Sugar 4. Fortified Oil and Cooking Fat 5. Fortified Margarine 6. Fortified Salt 96. Other (Specify)..... 99. Not Applicable – do not use fortified foods	
8.0	CAREGIVING PRACTICES		SKIP
8.1	Who usually/mostly looks after (NAME) (during the day)?	1. Mother 2. Father 3. Grandmother 4. Other Relative 5. Older Children/Siblings (Instruction -Please Indicate Age of Child) 6. House girl 7. Neighbour 96. Other (Specify).....	

8.2	Who usually/mostly feeds (NAME) during the day?	1. Mother 2. Father 3. Grandmother 4. Other Relative 5. Older Children/Siblings (Instruction -Please Indicate Age of Child) 6. Housegirl 7. Neighbour 8. Child Feeds Self 96. Other (Specify).....													
8.4	How does the child usually feed, is s/he fed directly or assisted by someone?	1. Fed Directly 2. Assisted 3. Baby Feeds Him/Herself 96. Other (Specify).....													
8.5	Who mainly decides what [NAME] should and should not eat?	1. Baby's Mother 2. Baby's Father 3. Baby's Grandmother 4. Other Relative 96. Other (Specify).....													
10.0	FOOD SAFETY, HYGIENE, AND SANITATION PRACTICES		SKIP												
10.1	Yesterday (within the last 24 hours), at what instances did you wash your hands? MULTIPLE RESPONSES ALLOWED	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>After Toilet</td> <td>1</td> <td>2</td> </tr> <tr> <td>B</td> <td>Before Cooking</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Yes	No	A	After Toilet	1	2	B	Before Cooking	1	2	
		Yes	No												
A	After Toilet	1	2												
B	Before Cooking	1	2												

		C	Before Eating	1	2	
		D	After Taking Children To The Toilet	1	2	
		E	Cleaning a child after they have soiled themselves?	1	2	
		F	Other (Specify)	96	96	
10.2	What is done with children/baby faeces? MULTIPLE RESPONSES ALLOWED	1. Thrown Out with Normal Rubbish/Trash 2. Deposited Immediately in A Latrine 3. Scattered Around the Compound/House /Flying Toilet 4. Buried In Soil 96. Other (Specify)..... 98. Don't Know				
10.3	How often do you wash your hands using soap?	1. Never 2. Rarely 3. Sometimes 4. Often 5. Always				
11.0	CHILD IMMUNIZATION, HEALTH AND HEALTH-SEEKING PRACTICES					SKIP
	Instructions; please check on mother-child booklet/card if available-					
	Prefilled what was given at baseline					
11.3	In the last 4 months, has your child (NAME) received Vitamin A?	1. Yes 2. No 98. Don't Know				
11.5	In the last 4 months, has your child received drugs for worms?	1. Yes 2. No 98. Don't Know				

	Fever with Malaria: High temperature with shivering	Cough/ARI: Any episode with a severe, persistent cough or difficulty breathing	Watery diarrhoea: Any episode of three or more watery stools per day	Bloody diarrhoea: Any episode of three or more stools with blood per day																					
11.7	Has your child (NAME) had diarrhoea in the last 2 weeks?		1. Yes 2. No		If No , skip to Q11.18																				
11.9	Did you seek advice or treatment for the diarrhoea from any source?		1. Yes 2. No																						
11.10	Where did you seek advice or treatment? MULTIPLE RESPONSES ALLOWED		1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker 5. Traditional Healer 6. Shop/Kiosk 7. Mobile Clinic/Outreach 8. Relative /Friend 9. NGO/FBO 96. Other (Specify).....																						
11.11	During the time your child (NAME) had diarrhoea, was he/she given;		<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>A fluid made from ORS packet</td> <td>1</td> <td>2</td> </tr> <tr> <td>B</td> <td>A pre-packed ORS fluid</td> <td>1</td> <td>2</td> </tr> <tr> <td>C</td> <td>Zinc tablets or syrup</td> <td>1</td> <td>2</td> </tr> <tr> <td>D</td> <td>Government recommended homemade fluid</td> <td>1</td> <td>2</td> </tr> </tbody> </table>				Yes	No	A	A fluid made from ORS packet	1	2	B	A pre-packed ORS fluid	1	2	C	Zinc tablets or syrup	1	2	D	Government recommended homemade fluid	1	2	
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		E	Other home-made liquids such as porridge, soup, yoghurt, water, fresh fruit juice, tea, milk.	1	2	
11.12	Was anything (else) given to treat the diarrhoea?	1. Yes 2. No				If No , skip to Q11.14
11.13	Which treatment did (NAME) get?	1. Antibiotic Pill/Syrup 2. Zinc Tablet 3. Antimotility 4. Injection 5. Intravenous 6. Home Remedy/Herbal Medicine 96. Other (Specify)..... 98. Don't Know				
11.14	During the time (name) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? If 'less', probe: Was (he/she) given much less than usual to drink, or somewhat less?	1. Much Less. 2. Somewhat Less. 3. About The Same 4. More 5. Nothing To Drink 98. Don't Know				
11.15	During the time (name) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? If 'less', probe: Was (he/she) given much less than usual to eat or somewhat less?	1. Much Less. 2. Somewhat Less. 3. About The Same 4. More 5. Stopped Food				

		6. Never Gave Food 98. Do Not Know	
11.16	Has (NAME) been ill with a fever at any time in the last 2 weeks?	1. Yes 2.No	If No , skip to Q11.19
11.17	Did you seek advice or treatment for the FEVER from any source? MULTIPLE RESPONSES ALLOWED	1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker 5. Traditional Healer 6. Shop/Kiosk 7. Mobile Clinic/Outreach 8. Relative /Friend 9. NGO/FBO 96. Other (Specify).....	
11.18	At any time during the FEVER, did (NAME) take any drugs for the illness?	1. Yes 2. No	
11.19	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	1. Yes 2. No	If No , skip to Q12.1
11.20	Did you seek advice or treatment for the illness from any source? MULTIPLE RESPONSES ALLOWED	1. Public Health Facility 2. Private Health Facility 3. Pharmacy/Chemist 4. Community Health Worker 5. Traditional Healer	

		6. Shop/Kiosk 7. Mobile Clinic/Outreach 8. Relative /Friend 9. NGO/FBO 96. Other (Specify).....	
11.21	At any time during the illness, did (NAME) take any drugs for the illness? MULTIPLE RESPONSES ALLOWED	1. Antibiotic Drugs 2. Pill/Syrup 3. Injection 4. Aspirin 5. Acetaminophen 6. Paracetamol 7. Ibuprofen 96. Other (Specify)	
12.0	ACUTE MALNUTRITION SCREENING		SKIP
12.1	Did anyone take MUAC measurements of (NAME) in the last four months? Instruction: Explain how this measurement is done	1. Yes 2.No	
12.2	Has the child been enrolled in any nutrition program in the last 4 months?	1. Yes 2.No	If No , skip to Q12.5
12.3	If Yes , which nutritional program?	1. Out-Patient Therapeutic Program (OTP) 2. Supplementary Feeding Program (SFP) 3. Blanket Supplementary Feeding Program (BSFP) 4. Other (Specify).....	

12.4	What treatment was (NAME) given?	1. Ready-to-Use Therapeutic Food (RUTF) 2. Hospitalized 3. Advice On Feeding the Baby 4. Other (Specify).....		
COMMUNITY HEALTH VOLUNTEERS				
12.5	Has a CHV visited your house in the last four months?	1. Yes 2. No	If No , skip to Q 13.1	
12.6	How often does the CHV visit you in the last 4 months? Weeks		
12.7	What do you think about the CHV services?	1. Satisfactory 2. Good 3. Average 4. Poor 5. Very Poor		
13.0	WOMEN'S MINIMUM DIETARY DIVERSITY		SKIP	
13.1	Yesterday during the day or night, did (YOU/RESPONDENT) drink/eat any (<i>food group items</i>)?			
	Food Group	Yes	No	Don't Know
A	Food Made from Grains: Porridge, bread, rice, noodles, pasta (spaghetti), ugali, mandazi, chapatti, githeri, or other foods made from grains	1	2	98
B	White Roots And Tubers And Plantains: White sweet potatoes, Irish potato, white yams, manioc, cassava, bananas	1	2	98

	C	Pulses (beans, peas, and lentils) <i>Mature beans or peas (fresh or dried seed), lentils or bean/pea products</i>	1	2	98	
	D	Nuts And Seeds; <i>Any tree nut, groundnut/peanut or certain seeds, or nut/seed “butters” or pastes</i>	1	2	98	
	E	Milk and Milk Products: <i>Milk, cheese, yoghurt, or other milk products but NOT including butter, ice cream, cream, or sour cream</i>	1	2	98	
	F	Organ Meat: <i>Liver, kidney, heart, or other organ meats or blood-based foods, including from wild game</i>	1	2	98	
	G	Meat and Poultry: <i>Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, or other bird</i>	1	2	98	
	H	Fish and Seafood: <i>Fresh or dried fish, shellfish or seafood</i>	1	2	98	
	I	Eggs	1	2	98	
	J	Dark Green Leafy Vegetables (terere, manage, osuga, pumpkin leaves, kales, spinach etc.)	1	2	98	
	K	Vitamin A-Rich Vegetables, Roots and Tubers; <i>Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside</i>	1	2	98	
	L	Vitamin A-Rich Fruits; <i>Ripe mango, ripe papaya ,Guava</i>	1	2	98	
	M	Other Vegetables; Cabbages, onions, green pepper, okra	1	2	98	
	N	Other Fruits; Pineapple, oranges	1	2	98	
14.0	HOUSEHOLD FOOD INSECURITY EXPERIENCE SCALE (FIES)					SKIP
	Now I would like to ask you some questions about your food consumption in the last 4 months. During the last 4 MONTHS, was there a time when:					

14.1	You were worried you would run out of food because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.2	You were unable to eat healthy and nutritious food because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.3	You ate only a few kinds of foods because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.4	You had to skip a meal because there was not enough money or other resources to get food in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.5	You ate less than you thought you should because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.6	Your household ran out of food because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	
14.7	You were hungry but did not eat because there was not enough money or other resources for food in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know	

14.8	You went without eating for a whole day because of a lack of money or other resources in the last 4 months??	1. Yes 2. No 97. Refuse 98. Don't Know									
15.0		GENDER, WOMEN EMPOWERMENT, VIOLENCE AND COMMUNITY CONFLICT		SKIP							
		<p>INSTRUCTIONS: This section is to be asked to those married/living with a man or were formally married/lived with a man (check from the household schedule)</p> <p>Check for Presence of Others: Do Not Continue Until Privacy Is Ensured</p> <p>Read to The Respondent</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in your community. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>									
15.1	<p>Gender-Equitable Decision-Making</p> <table border="1" data-bbox="468 775 1924 1423"> <tr> <td data-bbox="468 775 1182 1126"> <p>1. I am solely responsible for decision making</p> <p>2. I ask other HH members but I almost always have the final say</p> <p>3. Husband /partner alone</p> <p>4. Husband/partner and I jointly</p> <p>5. Husband/partner or other male asks for my opinion but they make the decision</p> </td> <td data-bbox="1182 775 1924 1126"> <p>6. Husband /partner or other male informs me of the decision</p> <p>7. I have no say in the decision</p> <p>8. Mother-in-law</p> <p>9. Spouse or partner has no earning/income</p> <p>96. Other household members (specify).....</p> </td> </tr> <tr> <td data-bbox="468 1126 1182 1227">a) Overall, who primarily makes most household decisions?</td> <td data-bbox="1182 1126 1924 1227"></td> </tr> <tr> <td data-bbox="468 1227 1182 1327">b) Who primarily makes decisions on how household income is used?</td> <td data-bbox="1182 1227 1924 1327"></td> </tr> <tr> <td data-bbox="468 1327 1182 1423">c) Who usually decides how the money you earn will be used?</td> <td data-bbox="1182 1327 1924 1423"></td> </tr> </table>		<p>1. I am solely responsible for decision making</p> <p>2. I ask other HH members but I almost always have the final say</p> <p>3. Husband /partner alone</p> <p>4. Husband/partner and I jointly</p> <p>5. Husband/partner or other male asks for my opinion but they make the decision</p>	<p>6. Husband /partner or other male informs me of the decision</p> <p>7. I have no say in the decision</p> <p>8. Mother-in-law</p> <p>9. Spouse or partner has no earning/income</p> <p>96. Other household members (specify).....</p>	a) Overall, who primarily makes most household decisions?		b) Who primarily makes decisions on how household income is used?		c) Who usually decides how the money you earn will be used?		
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	d) Who primarily makes household decisions over child health care?		
	e) Who primarily makes household decisions over your (women's) health care?		
	f) Who primarily makes household decisions about food purchases?		
	g) Who primarily makes decisions about major household purchases?		
	h) Who usually makes decisions about visits to your family or relatives?		
15.2	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	<ul style="list-style-type: none"> 1. More Than Him 2. Less Than Him 3. About The Same 4. Husband/Partner Has No Earnings 98. Don't Know 	
15.3	Do you own this or any other house either alone or jointly with someone else?	<ul style="list-style-type: none"> 1. Alone Only 2. Jointly Only 4. Does Not Own 	
15.4	Do you own any land either alone or jointly with someone else?	<ul style="list-style-type: none"> 1. Alone Only 2. Jointly Only 4. Does Not Own 	
DOMESTIC VIOLENCE AND ABUSE			

15.5	Now I need to ask some more questions about your relationship with your (husband/partner) or (last husband/partner).					
Psychological (Emotional) violence						
a) Did your (husband/partner) or (last husband/partner) ever;		Ever	b) How often did this happen during the last 4 months: often, only sometimes, or not at all?			
		1=Yes 2=No	Often	Sometimes	Not In The Last 4 Months	
a) Say or do something to humiliate you in front of others			1	2	3	
b) Threaten to hurt or harm you or someone close to you			1	2	3	
c) Insult you or make you feel bad about yourself			1	2	3	
15.6	Physical violence					
a) Did your (husband/partner) or (last husband/partner) ever do any of the following to you;		Ever	b) How often did this happen during the last 4 months: often, only sometimes, or not at all?			
		1=Yes 2=No	Often	Sometimes	Not In The Last 4 Months	
a) Push you, shake you, or throw something at you			1	2	3	
b) Slap you			1	2	3	
c) Twist your arm or pull your hair			1	2	3	
d) Punch you with his fist or something that could hurt you			1	2	3	
e) Kick you, drag you, or beat you up			1	2	3	

	f) Try to choke you or burn you on purpose		1	2	3																															
	g) Threatened to attack you with a knife or other weapon		1	2	3																															
	h) Attacked you with a weapon		1	2	3																															
	INSTRUCTIONS: CHECK Q15.6 if at LEAST one YES to any questions (a-h) ask the following questions					If No, skip to Q15.17																														
15.10	Has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you or done anything else to hurt you physically in the last 4 months?	1. Yes 2. No 97. Refused to Answer																																		
15.11	Has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse or perform any sexual acts when you did not want to or perform any other form of sexual abuse to you in the last 4 months?	1. Yes 2. No 97. Refused to Answer																																		
15.16	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="1"> <thead> <tr> <th></th> <th></th> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>If she goes out without telling him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B</td> <td>If she neglects the children?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C</td> <td>If she argues with him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>D</td> <td>If she refuses to have sex with him?</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>E</td> <td>If she burns the food?</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>						Yes	No	Don't Know	A	If she goes out without telling him?	1	2	98	B	If she neglects the children?	1	2	98	C	If she argues with him?	1	2	98	D	If she refuses to have sex with him?	1	2	98	E	If she burns the food?	1	2	98	
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15.17	In the last 4 weeks, was there any community-based violence in your area/village?	1. Yes 2.No	
15.18	What were the consequences of community violence on your household?	1. Migration/Displacement 2. Destruction Of Resources 3. Disability 4. Death 96. Other (Specify).....	
ALLOW FOR MULTIPLE RESPONSE			
Thank the respondent for her cooperation and reassure her about the confidentiality of her answers.			
WOMEN'S TIME USE AND POVERTY			
15.19	Have you done any work for cash or kind in the last 4 months?	1. Yes 2. No	If No , skip to Q16.1
15.20	What is the kind of work you mainly did in the last 4 months?	1. Livestock Herding 2. Crop Farming/Own Farm Labour 3. Employed (Salaried) 4. Waged Labour (Casual) 5. Petty Trade/Hawking (Handicraft i.e. Beading, Sale of Firewood, Charcoal) 6. Merchant/Trader 7. Self-employment (boda, boda) 8. Fishing 9. Domestic Work/House Manager 10. Unemployed/None 96. Other (Specify)	
16.0	PSYCHOLOGICAL WELLBEING		SKIP
Now I am going to read to you a series of statements about how often you have certain feelings. If you are uncomfortable, let me know [ENUMERATOR] to check for the presence of others before continuing. Ensure privacy. Move to secluded or private place if necessary			
16.1	Over the last 7 days, how often ...		

		<p>1. Never 2. A Little of the Time (1 - 2 Days During the Past Week) 3. A Moderate Amount of Time (3 - 4 Days During the Past Week) 4. Most or All of the Time (5 - 7 Days During the Past Week)</p> <p>a) Did you sleep well?</p> <p>b) Were you happy</p> <p>c) Did you have trouble concentrating?</p> <p>d) Do you feel hopeful about the future?</p> <p>e) Did you feel that everything you did was an effort?</p> <p>f) Did you feel lonely?</p> <p>g) Did you feel depressed/Stressed?</p> <p>h) Did you feel that you could not 'get going'?</p> <p>i) Were you bothered by things that don't usually bother you?</p> <p>j) Did you feel fearful?</p>	
16.2	I will now read out a number of statements. Indicate to what extent you agree with the statement.		
		<p>1. Strongly Agree 2. Agree 3. Undecided 4. Disagree 5. Strongly Disagree</p> <p>a) I can usually achieve what I want if I work hard for it</p> <p>b) Once I make plans, I am almost certain to make them work</p> <p>c) I usually do not set goals for myself</p> <p>d) I can learn almost anything if I set my mind to it</p>	

	d) I find it difficult to follow through on goals that I set for myself		
	f) Bad luck often prevents me from achieving things		
	g) Almost anything is possible for me if I want it.		
	h) Most of what happens in my life is beyond my control		
	i) I give up working on something that is difficult for me		

17.0	ANTHROPOMETRIC MEASUREMENTS	SKIP
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17.1	Index Child			
	Instruction; Check Child Born In xx Month xxx Year Or Later			
	Code Number (From HH Schedule)			
	Name			
	Sex of Child			
	1. Male 2. Female			

	Mother's DOB Copied Here; If Mother Not Interviewed, Ask What is (Name) Birthday? (DD/MM/YY)					If No, Skip 17.4.ii and 17.4.iii
17.4.i. Is the child weighed with beads on? (1. YES, 2. NO) 17.4.ii. Select the type of beads worn by the child (MULTIPLE RESPONSES ALLOWED) 1. Small size 2. Medium size 3. Big size 17.4.iii. How many beads are worn by the child? 1. Small size (Specify number) 2. Medium size (Specify number) 3. Big size (Specify number)						
Weight In Kgs	1 st Reading 2 nd Reading Average Kgs 94. Not Present 96. Other 97. Refused					
Height In Cm	1 st Reading 2 nd Reading Average cms					

		1. Standing 2. Recumbent 94. Not Present 96. Other 97. Refused																								
	MUAC in cm	1 st Reading 2 nd Reading Average cms 94. Not Present 96. Other 97. Refused																								
	Check For Oedema Presence	1. Yes 2.No																								
17.2	<table border="1"> <thead> <tr> <th>Women Anthropometric Measurement</th> <th></th> <th>Pregnant/Lactating Women</th> <th>Non-Lactating/Pregnant Women</th> </tr> </thead> <tbody> <tr> <td>MUAC (cm)</td> <td>1st Reading</td> <td></td> <td></td> </tr> <tr> <td></td> <td>2nd Reading</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Average MUAC (Cm)</td> <td></td> <td></td> </tr> <tr> <td>Weight(kgs)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Women Anthropometric Measurement		Pregnant/Lactating Women	Non-Lactating/Pregnant Women	MUAC (cm)	1 st Reading				2 nd Reading				Average MUAC (Cm)			Weight(kgs)				
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		1 st Reading			
		2 nd Reading			
		Average (Kgs)			
	Height (cm)	1 st Reading			
		2 nd Reading			
		Average (cm)			
	<p>17.9.i. Is the caregiver weighed with beads on? (1. YES, 2. NO)</p> <p>17.9.ii. Select the type of beads worn by the caregiver (MULTIPLE RESPONSES ALLOWED)</p> <ol style="list-style-type: none"> 1. Small size 2. Medium size 3. Big size <p>17.9.iii. How many beads are worn by the caregiver?</p> <ol style="list-style-type: none"> 1. Small size (Specify number) 2. Medium size (Specify number) 3. Big size (Specify number) 				If No, Skip 17.9.ii and 17.9.iii
18.0	END INTERVIEW				SKIP
18.1	COMMENTS				
18.2	END TIME (24 HR FORMAT)	_ _ _ _			
18.3	TEAM LEADER CODE	_ _ _ _ _ _ _			
18.4	GPS COORDINATES				