

**Strengthen PSNP4 Institutions and Resilience (SPIR)**  
**Development Food Security Activity (DFSA)**  
**MIDLINE SURVEY: Female Questionnaire – August 15, 2019**

DRAFT: For Research Purpose only

**Sample Variables** *(from household questionnaire)*

**Module A: Housing, Water, Sanitation and Hygiene**

- Part 1: Housing and water (Supplemental sample only)
- Part 2: Sanitation and hygiene

**Module C: Livestock Owned by the Woman**

- Part 0: Livestock Ownership and Management
- Part 1: Income from specified agricultural products
- Part 3: Agricultural extension related to livestock

**Module D: Own Business Activities and Wage Employment**

- Part 2: Income Apart from Own-Agricultural Activities: Wage Employment

**Module F: Access to credit and financial services**

- Part 3: Access to savings

**Module L: Aspirations & Wellbeing**

- Part 3: Experience with depression and emotional wellbeing
- Part 4: Safety protocol

**Module H: Dietary Diversity and Food Security**

- Part 1: Women's dietary diversity (24-hour recall)
- Part 3: Household food security

**Universal Codes (Include with all CAPI options):**

-97=Refuse to respond	-98=Don't know	-99= Not applicable
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**Module I: Household activities, decision-making and empowerment**

- Part 1: Decision-making on value chains and market access
- Part 2: Agency
- Part 5: Intrahousehold dynamics and attitudes

**Module J: Nutrition, Health, and Care of Child**

- Part 1: Pregnancy and participation in PSNP4
- Part 2: Use of antenatal and postnatal services
- Part 3: Infant and young child feeding (IYCF) practices
- Part 4: Child health history
- Part 6: Child care activities
- Part 7: Exposure to health and nutrition services
- Part 8: Anthropometry

**Module N: Caregiver Reported Early Development Instruments**

- Part 1: 0-5 months
- Part 2: 6-11 months
- Part 3: 12-17 months
- Part 4: 18-23 months
- Part 5: 24-29 months

**Module L: Aspirations & Wellbeing**

- Part 1: Aspirations

**Module K: Participation in VESA groups**

**Module M: Program Exposure**

- Part 1: Financial education and livelihoods
- Part 2: Health and nutrition
- Part 3: Social analysis and action
- Part 4: Disaster resilience and mitigation

CONSENT OF RESPONDENT

Please tick mark on the right box  
depending on the respondent's consent  
Consent given:  Yes  No

Signature of the Enumerator: \_\_\_\_\_

Date: / **DD** / **MM** / **YY** /

### Sample Variables

No.	Household Identification	Response	Codes
<b>HHID</b>	Household ID (10-digit number) [CAPI: Prompt enumerator: “For this part of the survey, please interview the primary female respondent, [NAME]”]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A16	Is this household part of the supplemental sample? ( <i>from household questionnaire</i> )	<input type="checkbox"/>	1. Yes 2. No

**Module A, Part 1: Housing and Water (Supplemental sample only)**

*Skip if A2\_00=2*

[Enumerator: The respondent for this part of the questionnaire is the primary female respondent whose name is [NAME]. If [NAME] is not available to be interviewed please do not complete this survey right now.]

A_ID	Respondent ID			ID
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Code (a)	Code (b)	Code (c)	Code (d), Water container
1 Gas	1 Piped into dwelling	1 Boil	1 Clay container
2 Electricity	2 Piped into compound/yard	2 Add bleach/chlorine/woha agar	2 Aluminum/metal/steel container
3 Kerosene	3 Public tap outside compound/truck	3 Strain it through a cloth	3 Plastic container
4 Firewood	4 Protected/covered well	4 Use water filter (ceramic, sand, composite etc.)	4 Container with a plastic handle and a lid that can be used to close the top
5 Charcoal	5 Protected spring	5 Solar disinfection	5 Glass bottle
6 Dried cow dung	6 Open/unprotected spring or well	6 Let it stand and settle	6 Other
7 Dry stalks (maize, wheat etc.)	7 River/lake/pond/stream/dam	7 Water purifying product	
8 Dried leaves	8 Rainwater	8 Other	
9 Other			

Code (e), Type of Roof	Code (f), Type of Floor	Code (g), Condition of dwelling	Code (h), Source of electricity
1. Thatched roof	1. Earth	1 Very good condition, no damage	1 Yes, mains
2. Corrugated metal roof	2. Cow dung or cow dung mixed with soil	2 Good condition, slightly damaged	2 Yes, generator
3. Mud/sand/stone, etc	3. Concrete/stone/cement	3 Moderate, little bit damaged	3 Yes, solar panel
4. Plastic sheeting	4. Tile/bricks	4 Bad shape, major damage or starting to fall down	4 Yes, other
		5 Very poor state	5 No

A1_01	What is your main source of <u>cooking fuel</u> ?		Code (a)
A1_02	What is your <u>main</u> source of drinking water in the rainy season?		Code (b)
A1_03	What is your <u>main</u> source of drinking water in the dry season?		Code (b)
A1_04a	How long does it take to go to the water source, get water, and come back? (time to go fetch water <u>and</u> return.)	Hours	Minutes
A1_04b	Who usually gets the water from the source?		1. Self 2. Other adult female member 3. Other female child member 4. Adult male member 5. Male child member
A1_05	Do you treat your water in any way to make it good to drink? (Do <u>not</u> include washing the water container.)		1. Yes 2. No >> skip to A1_07
A1_06	What do you usually do to the water to make it good to drink? (Allow multiple responses)		Code (c)
A1_07	Do you use the same source of drinking water for all other purposes such as cooking, bathing, and washing clothes and household items?		1. Yes 2. No
A1_08	Can you please show me the container that you use to store drinking water?		Code (d)
A1_09	<u>OBSERVE</u> : Is there a lid for the container?		1. Yes 2. No

A1_10	What materials have been used to construct the roof of the main house?		(Code e)
A1_11	What materials have been used to construct the floor of the main house?		Code (f)
A1_12	<i>OBSERVE:</i> What type of dwelling does the household live in?		(Code g)
A1_13	How many rooms does your house have?		
A1_14	How many rooms are used for sleeping?		
A1_15	<i>OBSERVE:</i> What is the total floor area of the dwelling in square metres?		
A1_16	In the last two years, did you spend anything on building a new house or improving your house and other buildings?		1. Yes 2. No
A1_17	Does this household have access to electricity from any source?		Code (h)

## Module A, Part 2: Hygiene and Sanitation

[Enumerator: The respondent for this part of the questionnaire is the primary female respondent, whose name is [NAME]. If [NAME] is not available to be interviewed, please do not complete this survey right now.]

A_ID	Primary Female Respondent ID			ID
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Code (a), Type of toilet	Code (b), Disposal of stools	Code (c), Material used to wash hands
1 Pit latrine/traditional pit toilet	1 Drop in the toilet/garbage can	1 Soil
2 Ventilated improved pit latrine (VIP)	2 Rinse/wash away in open area	2 Ash
3 Flush toilet	3 Rinse/wash away in drainage system	3 Beauty/ bar soap
4 Communal (shared w other hh) latrine	4 Use for compost	4 Soap used to wash clothes
5 No facility/bush/field	5 Throw in the yard/compound	5 Soap powder
6 Other	6 Bury it	6 Liquid soap
	7 Nothing	7 Soapy water
		8 Only water/nothing else
		9 Other

A2_01	What kind of toilet facility do members of your household usually use?		Code (a)
A2_02	What do you usually do to dispose of a young child's (<5 years) stools?		Code (b)
A2_04	Did you wash your hands yesterday, anytime during the day or night?		1. Yes 2. No >> A2_06
A2_05	What was used to wash your hands? <i>(Multiple responses possible)</i>		Code (c)

Code (a)	Code (b)	Code (c),	
1 Carried	1 Clean	1 Clean	
2 Crawling	2 Dirty	2 Dirty	
3 Walking	3 Dusty		
4 Sitting on the floor		99 Cannot observe	
5 Sitting on a chair or bed			
6 Child is sleeping			

	<b>OBSERVATIONS OF YOUNG CHILDREN:</b>		
A2_07	<u>OBSERVE</u> : Is there a young child (a child < 5 years) who is a member of the household present or near the mother (within 10 metres). If there is more than one, these questions pertain to the youngest child present.		1. Yes 2. No >> skip to A2_11
A2_10	<u>OBSERVE</u> : What is the general appearance of the child's hands, hair, body/clothes, and face?		Code (b)
	<b>OBSERVATIONS OF ENVIRONMENT (AROUND HOUSE/COMPOUND):</b>		
A2_11	<u>OBSERVE</u> : What is the general appearance of the compound?		Code (c)
A2_13	<u>OBSERVE</u> : is there human feces around the house/in the compound?		1. Yes 2. No 3. Cannot observe
A2_14	<u>OBSERVE</u> : is there animal feces (chickens, dogs, sheep, goats, cattle) around the house/in the compound?		1. Yes 2. No 3. Cannot observe
A2_15	<u>OBSERVE</u> : is there garbage (open garbage, garbage on the ground) around the house/in the compound?		1. Yes 2. No 3. Cannot observe

<b>Code (a), Appearance</b>	<b>Code (c), Washing arrangements</b>
1 Clean	1 Water in bucket or other container
2 Dirty	2 Tap
99 Cannot observe	3 Soap
	4 Soap material (washing powder/soda)
	5 Soapy water

<b>OBSERVATIONS INSIDE THE HOUSE:</b>			
A2_23	<u>OBSERVE:</u> What is the general appearance of the interior of the house?		Code (a)
A2_25	<u>OBSERVE:</u> Are there piles of dirty clothes inside the house?		1. Yes 2. No 99. Cannot observe
A2_29	<u>OBSERVE:</u> Is there any working hand washing station (water and soap/soap material/soapy water) maintained at the place of food preparation or child feeding area?		1. Yes 2. No >> skip to B1 99. Cannot observe >> skip to B1



**Module C, Part 0: Livestock Ownership and Management**

(Section refers to animals owned SOLELY or JOINTLY by the primary female respondent)

C_ID	Respondent ID	<input type="text"/>	ID
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[Enumerator: *Now I would like to ask you about livestock that are owned solely by you or jointly by you and other household members.*]

Type of Livestock	How many [livestock] do you own at present (either solely or jointly with other household members)?  >> C0_03a if C0_01=0	If you were to buy this many [livestock] in the same condition today, how much would you expect to pay?  >> C0_04	Did you own any [livestock] in the last 12 months (since Hamle 2010)?  >> [next livestock] if C0_01=0 & C0_03a=2	Who is primarily responsible for taking care of these livestock in the household?	Has your household taken any [livestock] to the market to sell in the last 12 months ((since Hamle 2010)?  Yes.....1 No.....2 >> C0_05c	Did you take these [livestock] to the market in the last 12 months (since Hamle 2010)?  Yes.....1 No.....2	What's the total number of these [livestock] your household sold (at home or in the market) in the last 12 months (since Hamle 2010)?  Number
Livestock	C0_01	C0_02	C0_03a	C0_04	C0_05a	C0_05b	C0_05c
110=Sheep							
111=Goats							
116=Poultry, local							
117=Poultry, improved/exotic							

**Module C, Part 1: Income from Specified Animal Products**

(Section refers to income from animals owned SOLELY or JOINTLY by the primary female respondent)

[Enumerator: *Now I would like to ask you about products from animals that are owned solely by you or jointly by you and other household members.*]

Livestock product	During the last 12 months (since Hamle 2010), did you produce [PRODUCT] for sale or for home consumption? 1 YES 2 NO >> skip to next product	In the last [PERIOD], how much [PRODUCT] did you produce? 1 Kilograms 2 Liters 3 Tassa 4 Kubaya/Kelesa 5 Number 6 Sini 7 Birchiko 8 Kunna			How much did you earn from selling [PRODUCT] in the last [PERIOD]?	Did you consume or use any of this [PRODUCT] at home during the last [PERIOD] 1 YES 2 NO >> skip to next product	In the last [PERIOD] how much [PRODUCT] did you consume at home? 1 Kilograms 2 Liters 3 Tassa 4 Kubaya/Kelesa 5 Number 6 Sini 7 Birchiko 8 Kunna	
	Code↑	Qty	Unit	Period	Birr	Code↑	Qty	Unit
<b>Product</b>	<b>C1_01</b>	<b>C1_02a</b>	<b>C1_02b</b>	<b>C1_02c</b>	<b>C1_04</b>	<b>C1_03</b>	<b>C1_03a</b>	<b>C1_03b</b>
Eggs				30 days				

### Module C, Part 3: Agricultural Extension Relating to Livestock and Livestock Products

(Section refers to assistance SOLELY to the primary female respondent)

Code (a) Who provided advice?		
1 Development Agent	4 Farmers' group	7. Microfinance Institution
2 Staff at Farmer Training Center	5 Cooperative	9. SPIR Staff (ORDA, CARE, or WV)
3 Model farmer	6 Neighbour or relative	8. Other

C3_01	Have <u>YOU</u> had contact with a local Development Agent or other knowledgeable individual about livestock production in the last 12 months (since Hamle 2010), to discuss livestock production or marketing (sheep, goats, poultry, ox, or beekeeping),?		1 YES 2 NO >> skip to D2
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We would like to understand what kind of support you received from Development Agents and other knowledgeable individuals about livestock production or marketing, poultry or beekeeping.	In the last 12 months since Hamle 2010), did a DA or other knowledgeable individual give you any advice on [activity]?	Who provided this advice? [Multiple options allowed]
	1 YES 2 NO >> skip to next activity	
<b>Activity</b>	<b>Code†</b>	<b>Code (a)</b>
<b>C3_ID</b>	<b>C3_02</b>	<b>C3_03</b>
a. Starting or expanding improved breed poultry production		
b. Starting or expanding small-stock (goats, sheep) production (rearing or fattening)		
c. Starting or expanding large-stock (cattle) production?		
e. Starting or expanding honey production?		
f. Livestock related hygiene and/or how to prevent the transmission of diseases from livestock to household members?		
g. Obtaining credit for livestock production?		
h. Obtaining inputs, materials, or animals needed for poultry, animal, dairy, or honey production?		
i. How to market and sell animals?		
j. How to market and sell animal products such as eggs , dairy products, or honey?		
k. How to apply improved or modern animal husbandry practices?		

C3_04	In the last 12 months (,since Hamle 2010), with help from a knowledgeable individual, did you develop a business plan for a livestock related value chainthat was seen and approved by an MFI or RuSSACo?		1. YES 2. NO >> SKIP TO D2_01
C3_05	Who was it that helped you develop a business plan for this livestock related activity?		Code (a)

## Module D, Part 2: Income apart from agricultural activities: Wage employment

D2_ID	Respondent ID			ID
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D2_01	In the last 12 months (since Hamle 2010), did you undertake regular wage work for an employer – that is, work at a job for which you received wages at regular intervals. Examples of these type of jobs include mechanics, truck drivers, government workers such as teachers, nurses.		1. Yes 2. No
D2_02	In the last 12 months (since Hamle 2010), did you undertake casual or irregular agricultural or non-agricultural wage work – such as working as a day labourer on someone else’s land or herding their cattle or cleaning/laundry for someone else? EXCLUDE work undertaken as part of a labour sharing agreement (debbo, wonfel, etc.). EXCLUDE work undertaken as part of the Productive Safety Net Programme (PSNP).		1. Yes 2. No >> skip to Module F if D2_01 = No and D2_02 = No

Year	Month	Did you work in [MONTH] [YEAR]?’ 1. Yes 2. No >> skip to next month [Enumerator: list the last 12 months]	What was the total income received for this work in [MONTH] [YEAR]?’
D2_YY	D2_MM	D2_03	D2_04 (Birr)
EC 2010	Hamle		
	Nehasse		
EC 2011	Meskerem		
	Tikimit		
	Hidar		
	Tahisas		
	Tir		
	Yekatit		
	Megabit		
	Miazia		
	Ginbot		
	Sene		

**Module F, Part 3: Savings and Access to Savings Institutions**

(This section refers to saving activities undertaken/led by the primary female respondent)

F3_23	Do you have any personal savings of your own?	Yes.....1 No.....2
F3_24	Where do you have this money saved?  SELECT ALL THAT APPLY	VESA/VSLA 1 RUSACCO 2 MFI 3 Bank account 4 With a trusted friend or relative 5 Other 6
F3_25	How much money in total do you have in your personal savings?	Birr

**Module L, Part 3: Experience with depression and emotional wellbeing**

L_ID	Respondent ID	<input type="text"/>	ID
L3_00	Is the respondent alone (or with a child < 36 months)?	<input type="text"/>	1. Yes 2. No >> skip to Module H, Part 1

[Enumerator, read out loud:]

*“Now I want to ask you some questions about problems that everyone sometimes has in their lives but are particularly common among people who live in difficult or stressful situations. These problems, resulting from difficult experiences or challenges, can make you feel sad, depressed or hopeless. They can affect your sleep, your appetite or whether you are able to carry on with your usual activities. As I said, everyone experiences these problems at some time in their lives. I want to ask you a series of questions about your recent experience with these problems. For each one, I’m going to ask how many days in the last 2 weeks you had this problem. For each problem you can answer: Not at all, Several days, more than half the days, or nearly every day. For each problem I want you to think about how many days you have had the problem in the last 2 weeks and then choose the answer that best matches that. For example, if you had a problem for 5 days in the last 2 weeks you would choose ‘several days.’ Is this clear?” Let’s begin.*

PHQ code	PHQ topic	On how many days in the past two weeks have you been bothered by [PHQ topic]:	On an average day in the past two weeks when you were bothered by [PHQ topic], how much were you bothered by this problem?
		0 Not at all [0 days] >> Next PHQ topic 1 Several days [1-7 days] 2 More than half days [8-11 days] 3 Nearly every day [12-14 days] 97 Response refused	[Enumerator: read options] Not at all.....1 To a small extent.....2 To a medium extent...3 To a large extent .....4
<b>L3_01</b>	<b>L3_02</b>	<b>L3_03</b>	<b>L3_03a</b>
1	Having little interest or pleasure in doing things.		
2	Feeling down, depressed or hopeless		
3	Having trouble falling asleep, staying asleep or sleeping too much		
4	Feeling tired or having little energy		
5	Having a poor appetite or overeating		
6	Feeling bad about yourself – or that you’re a failure or have let yourself or your family down		
7	Having trouble concentrating on things, such as cooking food, coffee ceremony or listening to the radio		
8	Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual		
9	Having thoughts that you would be better off dead or of hurting yourself in some way		

L3_04	How difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="text"/>	Not difficult at all .....1 Difficult, to a small extent .....2 Difficult, to a moderate extent .....3 Difficult, to a large extent .....4  >> Skip if L3_03=0 for all problems listed in L3_02
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	<b>[Enumerator: if the response to L3_03 question 9 is 2 or 3, then say: “From what you have said, I can tell that you are facing some difficulties. I want to ask you some additional questions to make sure that you are safe.”</b>		
<b>L4_01</b>	Have you wished you were dead or wished you could go to sleep and not wake up in the past month?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_02</b>	Have you actually had any thoughts of killing yourself in the past month?	<input type="checkbox"/>	1. Yes 2. No >> skip to L4_06
<b>L4_03</b>	Have you been thinking about how you might do this?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_04</b>	Have you had these thoughts and had some intention of acting on them?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_05a</b>	Have you started to work out or worked out the details of how to kill yourself?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_05b</b>	Do you intend to carry out this plan?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_06</b>	Have you ever done anything, started to do anything, or prepared to do anything to end your life (in your lifetime)?	<input type="checkbox"/>	1. Yes 2. No >> skip to next module
<b>L4_06a</b>	Have you ever done anything, started to do anything, or prepared to do anything to end your life (in the past 3 months)?	<input type="checkbox"/>	1. Yes 2. No
<b>L4_06b</b>	Record date of last attempt		Date

<b>L4_07</b>	<p>[Enumerator: What is the risk level of the respondent?]</p> <p>[CAPI instructions:</p> <p>If L4_01, L4_02, and L4_06 are 2 (NO), CAPI should read “No risk”</p> <p>If L4_02 is 1 (YES), and L4_03, L4_04, L4_05a, L4_05b and L4_06 are 2 (NO), CAPI should read “Low risk”</p> <p>If L4_02 is 2 (NO), and L4_06 is 1 (YES) and L4_06a is 2 (NO), CAPI should read “Moderate risk”</p> <p>If L4_02 and L4_03 are 1 (YES) and L4_04, L4_05a, L4_05b and L4_06 are 2 (NO), CAPI should read “Moderate risk”</p> <p>If L4_02 is 2 (NO) and L4_06 is 1 (YES) and L4_06a is 1 (YES), CAPI should read “High risk”</p> <p>If L4_02 is 1 (YES), and L4_04 or L4_05a and L4_05b are 1 (YES), CAPI should read “High risk” ]</p>	<input type="checkbox"/>	1. No risk 2. Low risk 3. Moderate risk 4. High risk
<b>L4_08</b>	If L4_07=3 or 4 (moderate or high risk), then: “From what you have told me, I can tell you are in some emotional pain. Do you have a trusted family member or friend who can help you and make sure you are safe?”		1. Yes 2. No
<b>L4_09</b>	Could you please give me their name and telephone number, and can we talk with them now?” [Enumerator: Did the respondent agree to contacting their friend or family member?]		1. Yes 2. No
<b>L4_09a</b>	[Enumerator: Note the name of friend or family member]		
<b>L4_09b</b>	[Enumerator: Note the phone number of the friend or family member]		

**Module H, Part 1: Food Consumption by Primary Female Respondent Yesterday**

H_ID	Respondent ID			ID
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	Please describe everything that <b>you</b> ate yesterday during the day or night, whether at home or outside the home.		
	<b>READ OUT</b> EACH ITEM IN THE LIST OF FOODS.)		
H1_00	H1_00a		H1_01
Food Group			Yesterday, during the day or night, did you eat any [FOOD]?
01	CEREALS: Rice, bread made of wheat, injera, teff, barley, sorghum, oats, puffed and pressed rice, noodles, or any other food made with rice, wheat, maize/corn, or other grains?		Yes.....1 No.....0
02	VITAMIN A RICH VEGETABLES AND TUBERS: Pumpkin, carrots, squash, or sweet potatoes that are orange or yellow inside?		Yes.....1 No.....0
03	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS: White potatoes, white yams, white sweet potato (not orange inside), potato crisps, or other food made from roots (not orange or yellow)?		Yes.....1 No.....0
04	DARK GREEN LEAFY VEGETABLES: Any dark green leafy vegetables, spinach, kale, or costa?		Yes.....1 No.....0
05	OTHER VEGETABLES: Eggplant, green pepper, cauliflower, head cabbage, or onion?		Yes.....1 No.....0
06	VITAMIN A RICH FRUITS: Ripe mangos, or ripe papaya?		Yes.....1 No.....0
07	OTHER FRUITS: Bananas, apples, guava, oranges, other citrus fruits, pineapple, watermelon, olives, grapes, grapefruit, berries, or plums?		Yes.....1 No.....0
08	BEEF, GOAT, LAMB, CHICKEN, OR OTHER BIRDS, LIVER, KIDNEY, HEART, OR OTHER ORGAN MEATS?		Yes.....1 No.....0
09	EGGS: Eggs of different birds – chicken, , turkey, etc.; with yolk, without yolk?		Yes.....1 No.....0
10	FISH: Big/small fresh or dried fish or shellfish?		Yes.....1 No.....0
11	ANY FOODS MADE FROM BEANS, PEAS OR LENTILS: Beans, haricot beans, peas, lentils, other pulses, or soybeans?		Yes.....1 No.....0
12	ANY NUTS AND SEEDS?		Yes.....1 No.....0
13	MILK OR MILK PRODUCTS: Milk, cheese, yogurt, or other milk products?		Yes.....1 No.....0
14	OILS AND FATS: Oil, fat, or butter added to food or used for cooking including ghee?		Yes.....1 No.....0
15	SWEETS: Sugar, molasses, honey, misti, cold drinks, chocolates, candies, or biscuits?		Yes.....1 No.....0
16	SPICES, CONDIMENTS, OR BEVERAGES: Spices (fenugreek, cumin, coriander, salt), condiments (pickles, chutney), coffee, or tea?		Yes.....1 No.....0



### Module H, Part 3: Food Security in the last 12 months

Code (a): Food source	Code (b): Months
1 Own production	1 Meskerem
2 Purchase	2 Tikmit
3 Gifts/transfers from family or relatives	3 Hidar
4 Gifts/transfers from neighbours	4 Tahsas
5 Direct Support	5 Tir
6 Other	6 Yekatit
	7 Megabit
	8 Miazia
	9 Guenbot
	10 Sene
	11 Hamle
	12 Nahassie

H3_02	How many months in the last 12 months (since Hamle 2010), did you have problems satisfying the food needs of the household?		Number
H3_07a	During the fasting periods, do children under age 5 in your household consume animal products (e.g. eggs, milk, chicken, beef)?		Yes.....1 No.....2
H3_07b	During the fasting periods, do pregnant women in your household consume animal products (e.g. eggs, milk, chicken, beef)?		Yes.....1 No.....2
H3_07c	During the fasting periods, do lactating women in your household consume animal products (e.g. eggs, milk, chicken, beef)?		Yes.....1 No.....2

**Module I, Part 1: Role in Household Decision Making Around Production and Income Generation and access to markets (Pro-WEAI value chains)**

I_ID	Respondent ID		ID
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CODE A	
LITTLE TO NO INPUT IN DECISIONS.....	1
INPUT INTO SOME DECISIONS .....	2
INPUT INTO MOST OR ALL DECISIONS.....	3
NOT APPLICABLE / NO DECISION MADE .....	98

Activity code	Activity name	Did your household participate in [activity] in the past 12 months (since Hamle 2010)?	Did you yourself participate in [activity] in the past 12 months (since Hamle 2010)?	What aspects of [ACTIVITY] did you participate in? <i>Allow multiple responses</i>	When decisions are made regarding [activity], who is it that normally makes the decision? <i>Allow multiple responses</i> [Household ID]	How much input did you have in making decisions about [activity]?	To what extent do you feel you could make your own personal decisions about [activity] if you wanted to?  Not at all.....1 To a small extent....2 To a medium extent..3 To a large extent...4
		Yes.....1 No.....2 >> next activity	Yes.....1 No.....2 >> I1_04	Production.....1 Processing.....2 Trading/marketing...3 Not applicable.....98	If only primary female respondent >> skip to I1_06a  94=Non HH Member		
	ACTIVITY	Code↑	Code↑	Code↑	ID	Code A	
		I1_01	I1_02	I1_03	I1_04	I1_05	I1_06a
A	Crop selection and land preparation on agricultural parcels; seed selection and seed sowing; irrigating and fertilizing parcels; and harvesting of agricultural parcels						
F	Horticulture (gardens)						
GA	Large livestock raising (cattle, camel); and processing of milk and/or meat from large livestock						
HA	Small livestock raising (sheep, goats, pigs); and processing of milk and/or meat from small livestock						
I	Poultry and other small animals raising (chickens, turkeys) and processing of eggs and/or meat						

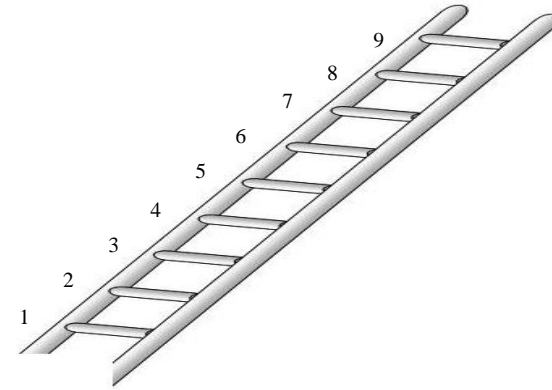
Activity code	Activity name	Did your household participate in [activity] in the past 12 months (since Hamle 2010)?	Did you yourself participate in [activity] in the past 12 months (since Hamle 2010)?	What aspects of [ACTIVITY] did you participate in? <i>Allow multiple responses</i>	When decisions are made regarding [activity], who is it that normally makes the decision? <i>Allow multiple responses</i> [Household ID]  If only primary female respondent >> skip to I1_06a  94=Non HH Member	How much input did you have in making decisions about [activity]?	To what extent do you feel you could make your own personal decisions about [activity] if you wanted to?  Not at all.....1 To a small extent....2 To a medium extent..3 To a large extent...4
	ACTIVITY	Code↑	Code↑	Code↑	ID	Code A	
		<b>I1_01</b>	<b>I1_02</b>	<b>I1_03</b>	<b>I1_04</b>	<b>I1_05</b>	<b>I1_06a</b>
M	Large, occasional household purchases (bicycles, land, transport vehicles)						
N	Routine household purchases (food for daily consumption or other household needs)						

**Module I, Part 1: Role in Household Decision Making Around Production and Income Generation and access to markets, cont.**

Activity code	Activity name	How much input did you have in decisions about how much inputs (seeds, fertilizers, feed, labor, etc) should be used for [ACTIVITY] ?	How much input did you have in decisions about how much of the outputs of [ACTIVITY] to keep for consumption at home rather than selling?	How much input did you have in decisions on the use of income generated from [activity]?	Who usually takes products from [ACTIVITY] to sell in the market?  <i>Allow multiple responses</i>  [Household IDs] 94=Non HH Member
	ACTIVITY	Code A	Code A	Code A	ID
		<b>I1_07</b>	<b>I1_08</b>	<b>I1_09</b>	<b>I1_10</b>
A	Crop selection and land preparation on agricultural parcels; seed selection and seed sowing; irrigating and fertilizing parcels; and harvesting of agricultural parcels				
F	Horticulture (gardens)				
GA	Large livestock raising (cattle, camel); and processing of milk and/or meat from small livestock				
HA	Small livestock raising (sheep, goats, pigs); and processing of milk and/or meat from small livestock				
I	Poultry and other small animals raising (chickens turkeys) and processing of eggs and/or meat				
M	Large, occasional household purchases (bicycles, land, transport vehicles)				
N	Routine household purchases (food for daily consumption or other household needs)				

Module I, Part 2: Agency (New General Self Efficacy Scale)

I2_02	<p>Please imagine a <b>ten-step</b> ladder, where on the bottom, the first step, are those who are <b>totally unable to change their lives</b>, while on step 10, the highest step, stand those who have <b>full control over their own life</b>. On which step are you?</p> <p>1=first 2=second 3=third 4=fourth 5=fifth 6=sixth 7=seventh 8=eighth 9=ninth 10=tenth</p>
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**Module I, Part 5: Intrahousehold Dynamics and Attitudes**

	Questions	Response	Response code
I5_01	Marital Status Code	<input type="text"/>	Single.....1>> skip to I5_07 Married, lives with husband ..... 2 Married, does not live with husband                    3 Widow ..... 4>> skip to I5_07 Divorced ..... 5>> skip to I5_07 Separated/Deserted ..... 6>> skip to I5_07 Unmarried, lives with partner .... 7
I5_02	[CAPI: Only ask if A09=1] What age were you when you first married?		[AGE]

Now I would like to ask about your opinion on the following issues.. Please keep in mind that I am not asking about your personal experience or whether the following scenarios have happened to you. I would only like to know whether you think the following issues are acceptable.		In your opinion, is a husband justified in hitting or beating his wife in the following situations?1=Yes 2=No
<b>SITUATION</b>		<b>I5_07</b>
<b>A</b>	If she goes out without telling him?	
<b>B</b>	If she neglects the children?	
<b>C</b>	If she argues with him?	
<b>D</b>	If she burns the food?	
<b>E</b>	If she refuses to have sex with him?	
		In your opinion, is it acceptable for a woman to travel alone to: 1=Yes 2=No 3= It depends
		<b>I5_08</b>
<b>A</b>	The market	
<b>B</b>	Visit friends/family	
<b>C</b>	The health center	

I5_09	In the last 13 months have you lived with your husband/partner ?	1=Yes 2=No >>skip to next module I6
I5_10	[ENUMERATOR]: <b>Only continue if a woman is alone or with a child less than 36 months.</b>	<b>1=Yes, woman is alone or only with a child less than 36 months</b> <b>2=No she is not alone &gt;&gt;skip to next module I6</b>

<p><b>Instructions for CAPI:</b></p> <ul style="list-style-type: none"> <li>○ At the household level, randomly assign 50% of households to receive the LIST module and 50% of households not to receive the LIST module</li> <li>○ For the 50% of households that receive the LIST module, randomly assign them into 1 of 4 groups (A, B, C, D)</li> <li>○ Mothers in Group A, B,C,D will receive the 3 lists below. But question 5 in each list will vary depending on what group the mother is in. So for example, a mother randomly assigned to <b>Group A</b> will receive LIST 1, LIST 2, and LIST 3, and within each list she will receive question <b>5a</b>. A mother randomly assigned to <b>Group B</b> will receive all three lists, and within each list she will receive question <b>5b</b>, etc...</li> </ul>	
<p>I5_11. Here is a list of five (CAPI replace with “four” if randomized to group D) things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months: [CAPI, place 5a, 5b, or 5c in the third place]</p>	<p>I5_11. RESPONSE</p> <p>_____</p>
<b>1</b>	Have you taken care of a sick relative who is unable to care for themselves
<b>2</b>	Have you heard of a girl who has been forced to marry a man against her will or wishes
<b>3</b>	Has your husband traveled to the kebele/village center to buy goods or sell items produced by your household
<b>4</b>	Have you and your husband/spouse attended the wedding celebration of a friend
<b>Randomly administer one of the following:</b>	
<b>5a</b>	Has your husband/spouse said or done something to humiliate you in front of others
<b>5b</b>	Has your husband/spouse pushed you, shook you, or thrown something at you?
<b>5c</b>	Has your husband/spouse physically forced you to have sexual intercourse with him when you did not want to
<b>5d</b>	BLANK

<p>15_12. Again, here is a list of five (CAPI replace with “four” if randomized to group D) things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months: [CAPI, place 5a, 5b, or 5c in the second place]</p>		<p>15_12. RESPONSE</p> <p>_____</p>
1	Have you and your husband attended a funeral of a friend or family member	
2	Had a relative or close family friend’s daughter undergo genital circumcision	
3	Has your husband/spouse traveled to a market to buy livestock (small or large)	
4	Have you traveled outside your community to visit a friend	
<b>Randomly administer one of the following:</b>		
5a	Has your husband/spouse threatened to hurt or harm you or someone you care about	
5b	Has your husband/spouse slapped you?	
5c	Has your husband/spouse physically forced you to perform any other sexual acts you did not want to?	
5d	BLANK	

<p>15_13 Again, here is a list of five (CAPI replace with “four” if randomized to group D) things that some people have done or experienced, and some people have not. Please listen to them and then tell me HOW MANY of them you have done or experienced in the last 13 months. Do not tell me which you have experienced, just tell me how many total. Wait until I have read the entire list to respond. I will read the entire list 2 times. If you need me to read it again, please let me know.</p> <p>In the past 13 months: [CAPI, place 5a, 5b, or 5c in the fourth place]</p>		<p>15_13. RESPONSE</p> <p>_____</p>
1	Has your husband/spouse became too sick to work or attend to daily chores	
2	Have you used a mobile phone to make a call to a friend	
3	Have you traveled to a market to purchase clothes for yourself and/or child	
4	Have you and your husband/spouse had any money or items stolen from you	
<b>Randomly administer one of the following</b>		
5a	Has your husband/spouse insulted you or made you feel bad about yourself?	
5b	Has your husband/spouse twisted your arm or pulled your hair	
5c	Has your husband/spouse force you with threats or in any other way to perform sexual acts you did not want to?	
5d	BLANK	



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 Ethiopia. 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. 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.

**I5\_14. May I continue? 1=Yes, 2=No>skip to next module I6**

		<b>I5_15. First</b> , I am going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he:  1=Yes, 2=No
a	Does not permit you to meet your female friends?	
b	Tries to limit your contact with your family?	
c	Insists on knowing where you are at all times?	
d	Gets jealous or angry if you talk to other men?	
e	Frequently accuses you of being unfaithful?	

	The next questions are about things that happen to many women, and that your current husband/partner, or last husband/partner may have done to you	<b>I5_16.</b> Has your current (or most recent) husband/partner ever [ITEM]? 1 Yes, 2 No>>Skip to next item	<b>I5_17.</b> Has this happened in the last 13 months? 1 Yes, 2 No>>Skip to next item
a	Insulted you or made you feel bad about yourself?		
b	Said or done something to humiliate you in front of other people?		
c	Threatened to hurt or harm you or someone you care about?		

		<b>I5_18.</b> Has your current (or most recent) husband/partner ever [ITEM]? 1 Yes, 2 No>>Skip to next item	<b>I5_19.</b> Has this happened in the last 13 months? 1 Yes, 2 No>>Skip to next item
a	Slapped you?		
b	Pushed you, shook you, or thrown something at you?		
c	Twisted your arm or pulled your hair?		
d	Punched you with his fist or with something else that could hurt you?		
e	Kicked you, dragged you or beat you up?		
f	Tried to choke or burn you on purpose?		
g	Threatened or attacked you with a gun, knife or other weapon		
h	physically forced you to have sexual intercourse with him when you did not want to?		
I	physically forced you to perform any other sexual acts you did not want to?		
j	forced you with threats or in any other way to perform sexual acts you did not want to?		

I5_20	If all items in I5_17 and I5_19= No then skip to I6. If any items in I5_17 or I5_19 = Yes then: "From what you have told me, I can tell that you have experienced some difficult times in your life. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances. If you would like, I can refer you to the Women's Affairs Committee that provides support to women in this woreda. They will keep anything that you say private. You can go whenever you feel ready to, either soon or later. If you would like me to do this then I will need to inform my supervisor who will inform the committee. Do you agree for me to inform my supervisor?" [Enumerator: Did the respondent give consent to inform the supervisor?]		1. Yes 2. No
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**Module J, Part 1: PSNP during pregnancy and lactation**

I_ID	Respondent ID		ID
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ENUMERATOR: THESE QUESTIONS REFER TO THE PREGNANCY EXPECTING THE MIDLINE INDEX CHILD, NAME [MIC NAME].  
Skip if there is no midline index child.

Read: "Now I would like to ask you some questions about your pregnancy with [NAME OF MIC]"

J1_02	Was your household receiving PSNP benefits when you/[MIC]'s mother first learned you/they were pregnant with [MIC]?		Yes.....1 No.....2
J1_03	Were you/[MIC]'s mother working on public works when you/they first learned you/they were pregnant?		Yes.....1 No.....2 >> skip to J1_10
J1_04	Did you/[MIC]'s mother stop working on public works when you/they first learned you/they were pregnant?		Yes.....1 No.....2 >> skip to J1_10
J1_05	How many months pregnant were you/[MIC]'s mother when you/they stopped working?		Number
J1_06	Did you/[MIC]'s mother resume working on public works after you/they gave birth?		Yes.....1 No.....2 >> skip to J1_010
J1_07	How many months after giving birth did you/[MIC]'s mother resume working?		Number
J1_10	Have you ever asked to come late or leave early from public work after resuming working?		Yes.....1 No.....2 >> skip to J1_08
J1_11	Was your request accepted?		Yes, with no argument or negotiation 1 Yes, with some argument or negotiation 2 No, not allowed 3
J1_08	Did your household receive any Temporary Direct Support payments after you/[MIC]'s mother reported this pregnancy?		Yes.....1 No.....2 >> skip to J1_10
J1_09	How many Temporary Direct Support payments have you received since you/[MIC]'s mother reported this pregnancy?		Number
J1_12	Did you/[MIC]'s mother attend any C-BCC sessions that was a part of the Public Works co-responsibility after you reported this pregnancy?		Yes.....1 No.....2

**Module J, Part 2: Use of antenatal and postnatal services**

ENUMERATOR: THESE QUESTIONS REFER TO THE PREGNANCY EXPECTING THE MIDLINE INDEX CHILD, NAME [MIC NAME].  
Skip if there is no midline index child.

Code (a)	Code (b)	Code (c)	
1 HEW	1 Health post	1 HEW	8 Husband

2 Volunteer (HDA/WDA)	2 Health center	2 Doctor	9 Mother/mother-in-law
3 Social worker	3 Hospital	3 Nurse/midwife	10 Other family members
4 Traditional birth attendant	4 Outreach area	4 TBA	11 Friends/neighbours
5 Other	5 NGO facility	5 Volunteer (HAD/WDA)	12 School teacher
	6 Private clinic	6 Social worker	13 Religious leader
	7 Home	7 Pharmacy	14 Other
	8 Other		

J2_01	NAME OF YOUNGEST CHILD (COPY FROM HH ROSTER)		
J2_02	MEMBER ID OF YOUNGEST CHILD (COPY FROM HH ROSTER)		[____ ____]
J2_06	Did you/[MIC]'s mother receive any antenatal care during this pregnancy?		1 YES 2 NO >> J2_08 98 DON'T KNOW>> J2_08
J2_07	Where did you/[MIC]'s mother get the antenatal care?		<b>Code (b)</b>
J2_08	During this pregnancy, how many months pregnant were you/[MIC]'s mother the first time you/they went to a health facility?		[MONTHS 1-10] 98=DON'T KNOW 99=NOT APPLICABLE/NEVER WENT>> skip to J2_24
J2_09	How many times did you/[MIC]'s mother go to the health facility (for antenatal care) during this pregnancy?		
J2_24	Did you/[MIC]'s mother receive any postnatal care after this pregnancy?		1 Yes 2 No >> skip to Module J Section 3a
J2_25	How many times did you/[MIC]'s mother go to the health facility (for postnatal care) after this pregnancy?		

### MODULE J, SECTION 3a: Infant and Young Child Feeding (IYCF) Practices

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE MIDLINE INDEX CHILD.. IF THERE IS NO ELIGIBLE MIC, SKIP TO NEXT SECTION, J4.

CAPI: THESE QUESTIONS SHOULD BE ASKED ABOUT THE MIDLINE INDEX CHILD. IF THERE IS NO ELIGIBLE MIC, SKIP TO NEXT SECTION, J3b.

Code (a)	
1 Honey	8 Infant formula
2 Fruit juice	9 Raw butter
3 Plain water	10 Ersho
4 Sugar water	11 Abish water
5 Tea	12 Water with rue, thyme, other herbal extract
6 Milk (other than breastmilk)	98 Do not know / Cannot remember
7 Breastmilk	

			MIC
J3_01	NAME OF [INDEX CHILD] (FROM HH ROSTER)		
J3_02	MEMBER ID OF [INDEX CHILD] (FROM HH ROSTER)		[____ ____]

<b>J3_03</b>	Did you ever breastfeed [INDEX CHILD]?		1 YES 2 NO>>J3_06
<b>J3_04</b>	How soon after birth did you put [INDEX CHILD] to the breast for the first time? (Enter the number of hours OR days. If immediately or <1 hour, enter "0". If >24 hours, enter number of days.)		[_] Hours [_] Days 99 if not applicable, never put to the breast
<b>J3_05</b>	Did you give [INDEX CHILD] colostrum? (Colostrum is the first yellow milk from the mother's breast: "inger")		1 YES 2 NO
<b>J3_06</b>	During the first three days after [INDEX CHILD] was born, what was given to the baby by you or by anyone else?		<b>Code (a)</b> Allow multiple responses
<b>J3_07</b>	Is [INDEX CHILD] still breastfeeding?		1 YES 2 NO>> J3_09 99 NEVER BREASTFED>> J3_12
<b>J3_08</b>	Was [INDEX CHILD] breastfeed yesterday, during the day or at night?		1 YES 2 NO
<b>J3_09</b>	At what age did you stop EXCLUSIVELY breastfeeding [INDEX CHILD]?		Months
<b>J3_10</b>	At what age did you stop breastfeeding [INDEX CHILD] altogether?		Months
<b>J3_12</b>	How many times did [INDEX CHILD] eat solid, semi-solid or soft foods other than liquids yesterday, during the day <u>and</u> night?  ( <b>Semi-solid</b> foods such as porridge, mashed potato, ripe banana, or other mashed family foods. <b>Solid</b> foods such as injera, firfir, bread, or wheat.) (NUMBER OF TIMES INCLUDES BOTH MEALS AND SNACKS, OTHER THAN TRIVIAL AMOUNTS.)		[_] Times  Not applicable/Not given yet..... 99

Next, I would like to ask you about some liquids that (INDEX CHILD NAME) may have had yesterday during the day or at night.					
				MIC	
				<b>J3_13.</b> Yesterday, during the day or night, did [INDEX CHILD] drink any (READ LIQUID ITEM)?  Yes.....1 No.....2	<b>J3_13b.</b> How many times yesterday during the day or at night did [INDEX CHILD] consume any (ITEM)?:
01	Water				
02	Baby formula				TIMES? ____
03	Any other kind of milk (powder, cow/goat milk, etc.)				TIMES? ____
04	Fruit juice or juice drinks				
05	Clear broth				
06	Water-based liquids, teas, sugar water, coffee				
07	Yogurt				TIMES? ____
08	Thin porridge				

09	Other				
----	-------	--	--	--	--

		MIC	
<b>J3_14</b>	Yesterday (during the day and night), did you use a baby bottle to feed the child? Yes.....1 No.....2		
<b>J3_15</b>	Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night? Yes.....1 No.....2		

### Module J, Part 3b: Infant and Young Child Feeding (IYCF) Practices

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE MIDLINE INDEX CHILD. IF THERE ARE NO ELIGIBLE MIC, SKIP TO NEXT SECTION, J4.

CAPI: THESE QUESTIONS SHOULD BE ASKED ABOUT THE MIDLINE INDEX CHILD. IF THERE ARE NO ELIGIBLE MIC, SKIP TO NEXT SECTION, J4.

J3b_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)		
J3b_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)		
	<p>Please describe everything that [INDEX CHILD NAME] ate yesterday during the day or night, whether at home or outside the home.</p> <p>a) Think about when [NAME] first woke up yesterday. Did [NAME] eat anything at that time? (IF YES) Tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION (b).)</p> <p>b) What did [NAME] do after that? Did [NAME] eat anything at that time? (IF YES) Please tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE)</p> <p>(REPEAT QUESTION (b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.)</p> <p>c) (IF RESPONDENT MENTIONS MIXED DISHES LIKE PORRIDGE, SAUCE OR STEW, PROBE) What ingredients were in that [MIXED DISH]? (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE.)</p> <p>(AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE FOOD ITEM 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 LABELED "OTHER FOODS". IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP. ONCE THE RESPONDENT FINISHES RECALLING ALL FOODS EATEN, READ EACH FOOD GROUP WHERE "1" WAS NOT CIRCLED. ASK THE FOLLOWING QUESTION.)</p> <p>J3b_03. Yesterday, during the day or night, did [INDEX CHILD NAME] eat any (READ FOOD GROUP ITEMS)?</p>		
			<b>MIC</b>
			Yes.....1 No.....2
01	Any porridge		
02	Any gruel		
03	Commercially fortified food (Cerifam, Fafa, Farmixt milk, Favena, Berta, Mother's Choice)		
04	Bread, pasta, rice, noodles, biscuits, cookies, or any other foods made from oats, maize, barley, wheat, sorghum, millet or other grain		
05	Injera or kita		
06	White potatoes, white yams, Bulla, Kocho, Kasava, or any other foods made from roots		
07	Pumpkin, carrot, squash, or sweet potato that are yellow or orange inside Ripe mangoes, ripe papayas, or other fruits that are dark yellow or orange inside		
08	Dark green leafy vegetables such as kale, spinach or Amaranth leaves		
09	Any other vegetables such as starchy vegetables like plantain Any other fruits (bananas, apples, other)		
10	Liver, kidney, heart or organ meats		
11	Any meat (which does not include organ meats, dry meat, chicken or other birds)		
12	Any dry meat		
13	Chicken or other birds		
14	Eggs		
15	Fresh or dried fish or shellfish		

16	Any food made from beans, peas, lentil or pulses		
17	Nuts or seeds such as peanuts, sesame, sunflower seeds		
18	Milk product like cottage cheese, yogurt		
19	Any food made from oil, fat or butter		
20	Candies, chocolates, cakes or donuts, Biscuits or cookies		
21	Spices or condiments		
22	Kolo, chips or crisps, popcorn		
23	Ready-to-use-therapeutic foods (Plumpy nut, F100)		
24	Any iron-containing tablet, syrup or sprinkles		
26	Lipid-Based Nutrient Supplement (LNS)		
25	Any other solid or semi-solid food		

## Module J, Part 4: Child Health History

**ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE BASELINE INDEX CHILD AND ABOUT THE MIDLINE INDEX CHILD. COMPLETE QUESTIONS ABOUT BASELINE CHILD BEFORE THE QUESTIONS ABOUT MIDLINE CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT SECTION, J5.**

*CAP: THESE QUESTIONS SHOULD FIRST BE ASKED ABOUT ALL THE BASELINE INDEX CHILD. THEN THE **SAME QUESTIONS** SHOULD BE ASKED ABOUT MIDLINE INDEX CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT SECTION, J5.*

Code (a)	Code (b)	Code (c)
1 Commercial packaged salt (with iodine)	1 Exclusively breastfeed (give only breast milk)	8 Enrich child's food with special ingredients (milk, egg, meat, or vegetables)
2 Salt sold by weight/without packaging	2 Continue breastfeeding	9 Give vitamins/supplementary food
3 Other	3 Feed infant formula	10 Feed additional food during and after illness
-98 Do not know / do not remember	4 Start feeding complementary foods	11 Receive rehabilitation/therapeutic care for severe malnutrition
	5 Feed other kinds of milk	12 Other
	6 Increase frequency of feeding	13. Participated in 2 week rehabilitation session (community participatory Nutrition promotion /CPNP)
	7 Feed a variety of foods	-98 Don't know/Do not remember
		1 Infant formula
		2 Plumpy Nut
		3 F100
		4 Other
		-98 Do not know / remember

**We would now like to ask you some questions about the health history of [NAME OF CHILD].**

J4_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)		
J4_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)		[____ ____]
J4_03	In the past six months, did [NAME] receive a dose of vitamin A? (Show 200,000 IY vitamin A capsule.)		1 YES 2 NO
J4_03b	In the past six months, did [NAME] receive any iron supplement?		1 YES 2 NO
J4_04	In the past six months, did [NAME] receive any micronutrient powder (sachet/packet) to add to his/her food?		1 YES 2 NO
J4_05	What type of salt do you use in your household?		<b>Code (a)</b>
J4_06	Does [NAME] have his/her immunization/health card		1 YES, seen 2 YES, not seen 3 No card

J4_07	Where does [INDEX CHILD NAME] usually get his/her immunizations?		Government hospital ..... 1 Health center ..... 2 Health post..... 3 Child Health Days (CHD) ..... 4 Enhanced Outreach Strategy (EOS) ..... 5 Private hospital/clinic ..... 6 Pharmacy ..... 7 Never vaccinated ..... 8 Other..... 9		
J4_08	In the <u>past 6 months</u> , was the weight, height or mid-upper arm circumference (MUAC) of [NAME] measured?		Weight 1 YES 2 NO	Height 1 YES 2 NO	MUAC 1 YES 2 NO>>if no to all - height, weight and MUAC, then skip to J4_16
J4_09	Where was your child measured?		Government hospital ..... 1 Health center ..... 2 Health post..... 3 Child Health Days (CHD) ..... 4 Enhanced Outreach Strategy (EOS) ..... 5 Private hospital/clinic ..... 6 Pharmacy ..... 7 In CPNP session ..... 7 Other ..... 8		
J4_10	Were you given any advice or information about feeding your child after he/she was measured?		1 YES 2 NO>> J4_12 -98 DON'T KNOW>> J4_12		
J4_11	What advice or information about child feeding did you receive?		<b>Code (b)</b> Multiple responses possible		
J4_26	In the past 6 months, was [NAME] identified as being severely or moderately underweight?		1 Yes 2 No >> J4_12		
J4_27	Did [NAME] participate in a two-week cooking demonstration and feeding session (community participatory nutrition promotion session)?		1 Yes 2 No >> J4_12		
J4_28	Who contributed the food ingredients for this session?		1 Me/My household 2 NGO 3 Other		
J4_29	What was the weight gained by [NAME] by the end of the two-week session (at discharge from the session)?		1 < 200 grams 2 200-300 grams 3 300-400 grams 4 > 400 grams -98 Don't know		
J4_30	At the end of the 2 week session what decision was taken about [NAME]		1 Discharged 2 Repeated the session 3 Referred to health center		



			-98 Don't know
J4_12	In the past 6 months, was [NAME] identified as being severely malnourished (based on MUAC measurement)?		1 YES 2 NO>> J6_02 98 DON'T KNOW>> J6_02
J4_13	Did you receive any specific food or milk (treatment for severe acute malnutrition) for [NAME]?		1 YES 2 NO>> J4_15
J4_14	What type of food or milk (treatment) did you receive?		Code (c)
J4_15	Did you receive any referral to a facility to receive treatment for severe malnutrition?		1 YES 2 NO

## Module J, Part 6: Child care activities

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE BASELINE INDEX CHILD IF THE AGE OF BIC IS 0-29.9 MONTHS. THE QUESTIONS ARE ALSO ASKED ABOUT THE MIDLINE INDEX CHILD. COMPLETE QUESTIONS ABOUT BASELINE CHILD BEFORE THE QUESTIONS ABOUT MIDLINE CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT SECTION, J7.

CAP: THESE QUESTIONS SHOULD BE ASKED ABOUT THE BASELINE INDEX CHILD IF THE AGE OF BIC IS 0-23.9 MONTHS AND ABOUT THE MIDLINE INDEX CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT SECTION, J7.

**“In the past 3 days, did you engage in any of the following activities with [NAME]”**

J6_02	Did you tell stories to [NAME]?		1 Yes 2 No
J6_03	Did you sing songs to or with [NAME]?		1 Yes 2 No
J6_04	Did you take [NAME] outside the home?		1 Yes 2 No
J6_05	Did you play with [NAME]?		1 Yes 2 No
J6_06	Did you name, count, or draw things with or for [NAME]?		1 Yes 2 No
J6_07	Did you prepare food for [NAME]?		1 Yes 2 No
J6_08	Did you physically feed [NAME]?		1 Yes 2 No
J6_09	Did you give [NAME] a bath?		1 Yes 2 No
J6_10	Did you care for [NAME] when they were sick?		1 Yes 2 No -99 Not sick in the past 3 days
J6_11	Did you eat a meal together with [NAME]?		1 Yes 2 No

## Module J, Part 7: Exposure to health and nutrition services

Code (a)			
1 Family planning	7 Postnatal care	13 Diarrhea treatment (ORS)	19 Health education about sanitation and hygiene
2 Immunization	8 Neonatal care	14 Malaria treatment	20 Information on safe water use
3 Vitamin A or iron supplementation	9 Growth monitoring	15 Provide or sell bed nets	21 Don't know any services
4 Deworming	10 Breastfeeding counseling	16 Pneumonia treatment	
5 Antenatal care	11 Complementary feeding counseling	17 Management of severe malnutrition (OTP)	
6 Delivery care	12 Referral or management of sick child	18 HIV/ AIDS counseling	
Code (b)			

1 Family planning	6 Delivery care	11 Complementary feeding	16 Pneumonia treatment
2 Immunization	7 Postnatal care	12 Referral or management of sick child	17 Management of severe malnutrition (OTP)
3 Vitamin A or iron supplementation	8 Neonatal care	13 Diarrhea treatment (ORS)	18 HIV/ AIDS counseling
4 Deworming	9 Growth monitoring	14 Malaria treatment	19 Sanitation (latrine use) and hygiene
5 Antenatal care	10 Breastfeeding	15 Provide or sell bed nets	20 Safe water use
			21 Maternal nutrition

J7_01	Do you know the Health Extension Worker (HEW) working in your area?		1 YES 2 NO
J7_02	In your opinion, what are the services you can receive from the HEW?		<b>Code (a).</b> Multiple responses possible
J7_03	Have you ever had any contact with HEW? (at home, at the health post, or in the community)		1 YES 2 NO >> J7_07 98 Don't know>> J7_07
J7_04	Did you have any contact with a HEW in the <u>past 3 months</u> ? (at home, at the health post, or in the community)		1 YES 2 NO >> J7_06
J7_05	Were you visited by a HEW at your home in the <u>past 3 months</u> ?		1 YES 2 NO
J7_06	During the last time you had contact with HEW, what topics did she discuss with you?		<b>Code (b)</b> Multiple responses possible
J7_07	Have you ever visited the health post?		1 YES 2 NO >> J7_10
J7_08	Did you visit the health post for any reasons related to your child or yourself in the <u>last 3 months</u> ?		1 YES 2 NO
J7_09	During your last visit to the health post, did you receive any advice or information about breastfeeding, child feeding or nutrition?		1 YES 2 NO

Code (d)	Code (f)	Code (g)
1 HEW	1 Types of locally available food that should be fed to children/household	1 Almost every day
2 Volunteer (HDA/WDA)	2 How to make special porridge for children	2 Several times a week
3 Social worker	3 How to feed the child	3 About once a week
4 Community leader	4 How to make nutritious/delicious meal for household	4 Few times a month
5 Woreda health officer	5 How to make drinking water safe	5 Once a month
8 SPIR Health Community Facilitator / Health Animator	6 Hand washing	6 Less than once a month
6 Other NGO	7 Washing dishes	
9 Agricultural extension workers		
7 Other	8 Other	

J7_10	Are you a member of a Health Development Army (HDA)?	1 YES 2 NO
J7_11	Do you know a HDA/leader working in your area?	1 YES 2 NO
J7_12	Have you ever had any contact with the HDA/leader?	1 YES 2 NO >> J7_16 98 Don't know>> J7_16
J7_13	Did you have any contact with the HDA/leader in the <u>past 3 months</u> ? (at home or in the community)	1 YES 2 NO >> J7_15
J7_14	Were you visited by a HDA/leader at your home in the <u>past 3 months</u> ?	1 YES 2 NO
J7_14a	How many times were you visited by a HDA/leader in the <u>past 3 months</u> ?	Number
J7_14b	During the HDA leader visit, who else participated with you in the discussion?  (Multiple options allowed)	1. Mother –in-law 2. Mother 3. My Husband 4. My older children 5. Other relative /friends
J7_14c	Who has supported you while you tried any of the promoted behaviours that you discussed with HDA leader?  (Multiple options allowed)	1. Mother –in-law 2. Mother 3. My Husband 4. My older children 5. Other relative /friends 6. No one supported me
J7_15	During the last time you had contact with the HDA/leader, what topics did she discuss with you?	<b>Code (b)</b> Multiple responses possible
J7_16	Have you ever attended a food demonstration in your community?	1 YES 2 NO >> J7_20
J7_17	Did you attend a food demonstration in your community in the <u>last 3 months</u> ?	1 YES 2 NO
J7_18	Who conducted/led the last food demonstration?	<b>Code (d)</b>
J7_19	During the last food demonstration you attended, what advice or message did you receive?	<b>Code (f)</b> Multiple responses possible

J7_20	Have you ever attended a behavior change communication (BCC) session to talk about maternal nutrition, breastfeeding, complementary feeding or child nutrition at public work site or health post?	1 YES 2 NO >> J7_26
J7_21	Did you attend a behavior change communication (BCC) session to talk about maternal nutrition, breastfeeding, complementary feeding or child nutrition at public work site or health in the <u>last 3 months at public work site or health post</u> ?	1 YES 2 NO
J7_22	Who conducted/led the behavior change communication (BCC) about child or maternal nutrition at public work site or health post ?	<b>Code (d)</b>
J7_26	Have you ever attended a community led total sanitation and hygiene (CLTSH) triggering event?	1 YES 2 NO
J7_27	Have you ever participated in a CLTSH follow-up / Open Defecation Free (ODF) event?	1 YES 2 NO
J7_29	Did you attend any Growth Monitoring Promotion (GMP) session?	1 YES 2 NO

## Module J, Part 8: Anthropometry

CHECK HOUSEHOLD COMPOSITION TABLE, AND NOTE THE MEMBER ID, NAME, AND AGE OF RESPONDENT MOTHER, BASELINE INDEX CHILD AND MIDLINE INDEX CHILD.

ASK THE RESPONDENT FOR DATES OF BIRTH. TAKE TWO MEASUREMENTS OF THE MOTHER, TWO MEASUREMENTS OF THE BASELINE INDEX CHILD AND TWO MEASUREMENTS OF THE MIDLINE INDEX CHILD, AND MAKE SURE THE MEASUREMENTS ARE THE SAME OR WITHIN ACCEPTABLE DIFFERENCE. IF VERY DIFFERENT, RETAKE MEASUREMENT A THIRD TIME TO VERIFY.

<b>MOTHER OF INDEX CHILD:</b>										
J8_00	J8_01	J8_02	J8_03d	J8_03m	J8_03y	J8_04	J8_05	J8_05a	J8_06	J8_07
MEMBER ID	NAME	AGE (YEARS)	DATE OF BIRTH (DD/MM/YYYY)			WEIGHT (KG)	HEIGHT (CM)	Mid-upper Arm Circumference (cm)	CURRENT PREGNANCY STATUS	RESULT
1		[ ]	[ ]/[ ]/[ ]			[ ]	[ ]	[ ]	[ ]	[ ]
						J8_04a	J8_05a	J8_05a	J8_06a	J8_07a
	(same as above)					[ ]	[ ]	[ ]	[ ]	[ ]
<b>BASELINE INDEX CHILD:</b>										
J8_08	J8_09	J8_10	J8_11d	J8_11m	J8_11y	J8_12	J8_13	J8_13a	J8_14	J8_15
MEMBER ID	NAME	AGE (MONTHS)	DATE OF BIRTH (DD/MM/YYYY)			WEIGHT (KG)	HEIGHT (CM)	Mid-upper Arm Circumference (cm)	MEASURED LYING DOWN OR STANDING UP	RESULT
		[ ]	[ ]/[ ]/[ ]			[ ]	[ ]	[ ]	Lying ..... 1 Standing ..... 2	Measured ..... 1 Absent ..... 2 Refused ..... 3 Other ..... 4
						J8_12a	J8_13a	J8_13aa	J8_14a	J8_15a
	(same as above)					[ ]	[ ]	[ ]	[ ]	[ ]

MIDLINE INDEX CHILD								
J8_16	J8_17	J8_18	J8_19	J8_20	J8_21	J8_21a	J8_22	J8_23
MEMBER ID.		[_____]	[____/____/____]	[____.____]	[____.____]	[____.____]	[__]	[__]
				J8_20a	J8_21a	J8_21aa	J8_22a	J8_23a
	(same as above)			[____.____]	[____.____]	[____.____]	[__]	[__]

J8_24	[ENUMERATOR: For any children < 59 months old with a MUAC measuring <115 mm, please leave a referral slip for SAM with the mother/primary caregiver of the child]. Was any member of this household referred to the health post because of a MUAC measurement indicating possible severe acute malnutrition?		1. Yes 2. No>> skip to L1
J8_25	ID of member referred to the health post.		ID

**Module N: Caregiver Reported Early Development Instruments**

N_ID	Respondent name and ID	<input type="text"/>	ID of primary female respondent (Mother or primary female caregiver of Baseline Index Child if A09==0 or mother or primary female caregiver of Midline Index Child if A09==1)
N_01	Name and ID of Baseline Index Child <i>(loaded from Module C)</i>	<input type="text"/>	ID 96 = Not applicable
N_01a	Age of Baseline Index Child <i>(loaded from Module C)</i>	<input type="text"/>	Age in months
N_02	Name and ID of Midline Index Child <i>(loaded from Module C)</i>	<input type="text"/>	ID 96 = Not applicable
N_02a	Age of Midline Index Child <i>(loaded from Module C)</i>	<input type="text"/>	Age in months

**ENUMERATOR: THE RESPONDENT FOR THIS PART OF THE QUESTIONNAIRE IS THE MOTHER OR PRIMARY FEMALE CAREGIVER OF THE INDEX CHILD, WHOSE NAME IS [NAME]. IF [NAME] IS NOT AVAILABLE TO BE INTERVIEWED, PLEASE DO NOT COMPLETE THIS PART OF THE SURVEY. THESE QUESTIONS ARE TO BE ASKED ABOUT THE BASELINE INDEX CHILD AND ABOUT THE MIDLINE INDEX CHILD. COMPLETE THE WHOLE MODULE ABOUT BASELINE CHILD BEFORE THE MODULE ABOUT MIDLINE CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT MODULE.**

*CAP: THIS MODULE SHOULD FIRST BE ASKED ABOUT THE BASELINE INDEX CHILD. THEN THE MODULE SHOULD BE ASKED ABOUT THE MIDLINE INDEX CHILD. IF THERE ARE NO ELIGIBLE BIC OR MIC, SKIP TO NEXT MODULE.*

**Module N, Part 1: 0-5 months**

*CAP: Administer if age of BIC is <6 (N\_01a < 6) OR age of MIC is <6 (N\_02a < 6)*

Enumerator instructions:

- 1 Administer the set of questions that corresponds with the child's age band.
- 2 Remember to show caregivers the corresponding full-page illustration for those items that include an image.
- 3 Before administering items, SAY (to caregivers):

*Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer by saying "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.*

N1_01	Does the child smile when others smile at him/her?	<input type="text"/>	Yes .....1 No.....2 Don't know.....98
N1_02	Does the child grasp onto a small object (e.g., your finger, a spoon) when put in his/her hand?	<input type="text"/>	Yes .....1 No.....2 Don't know.....98
N1_03	Does the child recognize you or other family members (e.g., smile when they enter a room or move toward them)?	<input type="text"/>	Yes .....1 No.....2 Don't know.....98



N1_04	Does the child show interest in new objects by trying to put them in his/her mouth?		Yes .....1 No.....2 Don't know.....98
N1_05	When lying on his/her stomach, can the child hold his/her head and chest off the ground using only his/her hands and arms for support?		Yes .....1 No.....2 Don't know.....98
N1_06	Can the child pick up a small object (e.g., a small toy or small stone) using just one hand?		Yes .....1 No.....2 Don't know.....98
N1_07	When lying on his/her back, does the child grab his/her feet?		Yes .....1 No.....2 Don't know.....98
N1_08	Does the child look at an object when someone says "look!" and points to it?		Yes .....1 No.....2 Don't know.....98
N1_09	Does the child look for an object of interest when it is removed from sight or hidden?		Yes .....1 No.....2 Don't know.....98
N1_10	Does the child intentionally move or change his/her position to get objects that are out of reach?		Yes .....1 No.....2 Don't know.....98
N1_11	Does the child play by tapping an object on the ground or a table?		Yes .....1 No.....2 Don't know.....98
N1_12	Can the child hold him/herself in a sitting position without help or support for longer than a few seconds?		Yes .....1 No.....2 Don't know.....98
N1_13	Can the child pick up and eat small pieces of food with his/her fingers?		Yes .....1 No.....2 Don't know.....98
N1_14	Can the child transfer a small object (e.g., a small toy or small stone) from one hand to the other?		Yes .....1 No.....2 Don't know.....98
N1_15	Can the child use gestures to indicate what he/she wants (e.g., put arms up to indicate that he/she wants to be held, or point to water)?		Yes .....1 No.....2 Don't know.....98
N1_16	Can the child crawl, roll, or scoot forward on his/her own?		Yes .....1 No.....2 Don't know.....98
N1_17	Can the child throw a small ball or small stone in a forward direction using his/her hand?		Yes .....1 No.....2 Don't know.....98
N1_18	Can the child pick up and drop a small object (e.g., a small toy or small stone) into a bucket or bowl while sitting?		Yes .....1 No.....2 Don't know.....98

N1_19	Can the child say one or more words (e.g., names like "Mama" or "ba" for "ball")?		Yes .....1 No.....2 Don't know.....98
N1_20	Can the child walk several steps while holding on to a person or object (e.g., wall or furniture)?		Yes .....1 No.....2 Don't know.....98

**Module N, Part 2: 6-11 months**

CAP: Administer if age of BIC is 6-11 months (N\_01a => 6 & N\_01a < 12) OR age of MIC is 6-11 months (N\_02a => 6 & N\_02a < 12)

Enumerator instructions:

- 1 Administer the set of questions that corresponds with the child's age band.
- 2 Remember to show caregivers the corresponding full-page illustration for those items that include an image.
- 3 Before administering items, SAY (to caregivers):

*Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer by saying "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.*

N2_01	Can the child pick up a small object (e.g., a small toy or small stone) using just one hand?		Yes .....1 No.....2 Don't know.....98
N2_02	Does the child play by tapping an object on the ground or a table?		Yes .....1 No.....2 Don't know.....98
N2_03	Does the child intentionally move or change his/her position to get objects that are out of reach?		Yes .....1 No.....2 Don't know.....98
N2_04	Does the child look for an object of interest when it is removed from sight or hidden from him/her (e.g., put under a cover, behind another object)?		Yes .....1 No.....2 Don't know.....98
N2_05	Can the child hold him/herself in a sitting position without help or support for longer than a few seconds?		Yes .....1 No.....2 Don't know.....98
N2_06	Does the child look at an object when someone says "look!" and points to it?		Yes .....1 No.....2 Don't know.....98
N2_07	Can the child pick up and eat small pieces of food with his/her fingers?		Yes .....1 No.....2 Don't know.....98
N2_08	Can the child crawl, roll, or scoot forward on his/her own?		Yes .....1 No.....2 Don't know.....98

N2_09	Can the child transfer a small object (e.g., a small toy or small stone) from one hand to the other?	Yes .....1 No.....2 Don't know.....98
N2_10	Can the child use gestures to indicate what he/she wants (e.g., put arms up to indicate that he/she wants to be held, or point to water)?	Yes .....1 No.....2 Don't know.....98
N2_11	Can the child pick up and drop a small object (e.g., a small toy or small stone) into a bucket or bowl while sitting?	Yes .....1 No.....2 Don't know.....98
N2_12	Can the child throw a small ball or small stone in a forward direction using his/her hand?	Yes .....1 No.....2 Don't know.....98
N2_13	Can the child say one or more words (e.g., names like "Mama" or "ba" for "ball")?	Yes .....1 No.....2 Don't know.....98
N2_14	Does the child ask you for help using signs or words when he/she cannot do something on his/her own (e.g., to reach an object up high)?	Yes .....1 No.....2 Don't know.....98
N2_15	Can the child walk several steps while holding on to a person or object (e.g., wall or furniture)?	Yes .....1 No.....2 Don't know.....98
N2_16	Can the child follow simple directions (e.g., "Stand up" or "Come here")?	Yes .....1 No.....2 Don't know.....98
N2_17	Can the child maintain a standing position on his/her own, without holding on or receiving support?	Yes .....1 No.....2 Don't know.....98
N2_18	Can the child point to a person or object when asked (e.g., "Where is mama?" or "Where is the ball?")?	Yes .....1 No.....2 Don't know.....98
N2_19	Can the child climb onto an object such as a chair or bench?	Yes .....1 No.....2 Don't know.....98
N2_20	Can the child kick a ball or other round object forward using his/her foot?	Yes .....1 No.....2 Don't know.....98

**Module N, Part 3: 12-17 months**

*CAP: Administer if age of BIC is 12-17 months (N\_01a => 12 & N\_01a < 18) OR age of MIC is 12-17 months (N\_02a => 12 & N\_02a < 18)*

Enumerator instructions:

- 1 Administer the set of questions that corresponds with the child's age band.
- 2 Remember to show caregivers the corresponding full-page illustration for those items that include an image.
- 3 Before administering items, SAY (to caregivers):

Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer by saying "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.

N3_01	Can the child maintain a standing position on his/her own, without holding on or receiving support?	Yes .....1 No.....2 Don't know.....98
N3_02	Can the child follow simple directions (e.g., "Stand up" or "Come here")?	Yes .....1 No.....2 Don't know.....98
N3_03	Does the child imitate others' behaviors (e.g., washing hands or dishes)?	Yes .....1 No.....2 Don't know.....98
N3_04	Can the child climb onto an object such as a chair or bench?	Yes .....1 No.....2 Don't know.....98
N3_05	Is the child kind to younger children (e.g., speaks to them nicely and touches them gently)?	Yes .....1 No.....2 Don't know.....98
N3_06	Does the child show curiosity to learn new things (e.g., by asking questions or exploring a new area)?	Yes .....1 No.....2 Don't know.....98
N3_07	Can the child point to a person or object when asked (e.g., "Where is mama?" or "Where is the ball?")?	Yes .....1 No.....2 Don't know.....98
N3_08	Can the child kick a ball or other round object forward using his/her foot?	Yes .....1 No.....2 Don't know.....98
N3_09	Does the child involve others in play (i.e., play interactive games with other children)?	Yes .....1 No.....2 Don't know.....98
N3_10	Does the child show sympathy or look concerned when others are hurt or sad?	Yes .....1 No.....2 Don't know.....98
N3_11	Can the child run more than a few steps without falling or bumping into objects?	Yes .....1 No.....2 Don't know.....98
N3_12	Can the child drink from a cup (without a lid) on his/her own without spilling?	Yes .....1 No.....2 Don't know.....98
N3_13	Can the child stack three or more small objects (e.g., blocks, cups, bottle caps) on top of each other?	Yes .....1 No.....2 Don't know.....98

N3_14	Can the child answer simple questions (e.g., "Do you want water?") by saying "yes" or "no", rather than nodding?		Yes .....1 No.....2 Don't know.....98
N3_15	Does the child play by pretending objects are something else (e.g., imagining a bottle is a doll, a stone is a car, or a spoon is an airplane)?		Yes .....1 No.....2 Don't know.....98
N3_16	Can the child correctly name at least one family member other than mom and dad (e.g., name of brother, sister, aunt, uncle)?		Yes .....1 No.....2 Don't know.....98
N3_17	Can the child ask for something (e.g., food, water) by name when he/she wants it?		Yes .....1 No.....2 Don't know.....98
N3_18	Can the child walk backwards?		Yes .....1 No.....2 Don't know.....98
N3_19	If you show the child an object he/she knows well (e.g., a cup or animal), can he/she consistently name it?		Yes .....1 No.....2 Don't know.....98
N3_20	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?		Yes .....1 No.....2 Don't know.....98

**Module N, Part 4: 18-23 months**

*CAPL: Administer if age of BIC is 18-23 months (N\_01a => 18 & N\_01a < 24) OR age of MIC is 18-23 months (N\_02a => 18 & N\_02a < 24)*

Enumerator instructions:

- 1 Administer the set of questions that corresponds with the child's age band.
- 2 Remember to show caregivers the corresponding full-page illustration for those items that include an image.
- 3 Before administering items, SAY (to caregivers):

*Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer by saying "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.*

N4_01	Can the child walk backwards?		Yes .....1 No.....2 Don't know.....98
N4_02	Can the child ask for something (e.g., food, water) by name when he/she wants it?		Yes .....1 No.....2 Don't know.....98
N4_03	Can the child correctly name at least one family member other than mom and dad (e.g., name of brother, sister, aunt, uncle)?		Yes .....1 No.....2 Don't know.....98

N4_04	If you show the child an object he/she knows well (e.g., a cup or animal), can he/she consistently name it?	Yes .....1 No.....2 Don't know.....98
N4_05	Can the child remove an item of clothing (e.g., take off his/her shirt)?	Yes .....1 No.....2 Don't know.....98
N4_06	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?	Yes .....1 No.....2 Don't know.....98
N4_07	Can the child tell you when he/she is tired or hungry?	Yes .....1 No.....2 Don't know.....98
N4_08	Can the child sing a short song or repeat parts of a rhyme from memory by him/herself?	Yes .....1 No.....2 Don't know.....98
N4_09	Can the child jump with both feet leaving the ground?	Yes .....1 No.....2 Don't know.....98
N4_10	Can the child correctly use any of the words "I," "you," "she," or "he" (e.g., "I go to store," or "He eats rice")?	Yes .....1 No.....2 Don't know.....98
N4_11	Can the child correctly ask questions using any of the words "what," "which," "where," or "who"?	Yes .....1 No.....2 Don't know.....98
N4_12	Can the child count up to five objects (e.g., fingers, people)?	Yes .....1 No.....2 Don't know.....98
N4_13	Can the child speak using sentences of three or more words that go together (e.g., "I want water" or "The house is big")?	Yes .....1 No.....2 Don't know.....98
N4_14	If you show the child two objects or people of different size, can he/she tell you which one is the big one and which is the small one?	Yes .....1 No.....2 Don't know.....98
N4_15	Can the child identify at least one color (e.g., red, blue, yellow)?	Yes .....1 No.....2 Don't know.....98
N4_16	Can the child explain in words what common objects like a cup or chair are used for?	Yes .....1 No.....2 Don't know.....98
N4_17	If you ask the child to give you three objects (e.g., stones, beans), does the child give you the correct amount?	Yes .....1 No.....2 Don't know.....98
N4_18	If you point to an object, can the child correctly use the words "on," "in," or "under" to describe where it is (e.g., "The cup is on the table" instead of "The cup is in the table.")	Yes .....1 No.....2 Don't know.....98

N4_19	Does the child ask about familiar people other than parents when they are not there (e.g., "Where is the neighbor?")?		Yes ..... 1 No..... 2 Don't know..... 98
N4_20	Does the child ask "why" questions (e.g., "Why are you tall?")?		Yes ..... 1 No..... 2 Don't know..... 98

## Module L, Part 1: Aspirations

<b>Code (c): Education (Highest class passed)</b>	Completed Senior High School/ Completed Prep/TVEI/Grade 12 .12
Never attended school.....96	BA/BSC .....14
Reads in class I.....0	Higher National Diploma .....15
Completed class I.....1	MA/MSC and above.....16
Completed class II.....2	Certificate.....22
Put number of highest completed class. For example, If currently in class IV, put 3 (class III completed)	Preschool class (general) .....66
	Religious school .....67
	Literacy/Adult programs.....68
Completed class X .....10	Other .....76

[Enumerator, read out loud: “Annual household income is the amount of income your household earns from all agricultural and non-agricultural activities, and money from PSNP or other programmes in the last 12 months.”]

L1_01a	What is the level of your annual household income?		Birr
L1_02a	What is the level of household income that you would like to achieve?		Birr
L1_03a	What is the level of household income that you think you will reach in 10 years?		Birr
L1_01d	What is the level of education your oldest child has at present?		Code c
L1_02d	What is the level of education that you would like your oldest child would like to achieve?		Code c
L1_03d	What is the level of education that you think your oldest child will reach in 10 years?		Code c
L1_03dd	What is the sex of your oldest child?		1=Female 2=Male



**Module K, Part 1: Participation in Village Economic and Social Associations (VESAs) and SPIR activities**

K1_01	Are you or is another member of your household a member of a VESA group?		1. Yes 2. No >> skip to Module M
K1_02y	Which year did you or your household join the VESA group?		
K1_02m	Which month did you or your household join the VESA group?		1. Meskerem 2. Tikimit 3. Hidar 4. Tahisas 5. Tir 6. Yekatit 7. Megabit 8. Miazia 9. Ginbot 10. Sene 11. Hamle 12. Nehase

## Module M: Experience with the program

[Enumerator: The respondent for this part of the questionnaire is the primary female respondent whose name is [NAME]. If [NAME] is not available to be interviewed, please do not complete this survey right now.]

M_ID	Primary Female Respondent ID			ID
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### Module M, Part 1: Financial education and livelihoods

M1_01	Did you participate in any SPIR financial education (literacy) trainings or discussions?		Yes .....1 No.....2 >> skip to M1_19
M1_03	How many trainings have you attended in total?		Number
M1_05	How satisfied were you with the financial education trainings and discussions? [Enumerator: Read options aloud]		Very unsatisfied.....1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied .....5
M1_19	Did you participate in any SPIR Income Generation Activity (IGA) trainings or discussions?		Yes .....1 No.....2 >> skip to M1_07
M1_21	Did you start up a new IGA activity as a result of participating in this training?		Yes .....1 No.....2
M1_22	How satisfied were you with the Income Generation Activity training? [Enumerator: Read options aloud]		Very unsatisfied.....1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied .....5
M1_07	Did you participate in any SPIR value chain trainings?		Yes .....1 No.....2 >> skip to M1_12
M1_08y	In what year did you first attend a SPIR value chain training?		Year
M1_08m	In what month did you first attend a SPIR value chain training?		Month
M1_09	Which value chain trainings did you attend? [Enumerator: allow for multiple responses. Do not read response options out loud.]		Sheep/goat fattening or rearing 1 Poultry production 2 Ox fattening 3 Beekeeping 4 Haricot Bean production 5 Vegetable production 6

M1_11	How satisfied were you with the SPIR value chain training? [Enumerator: Read options aloud]		Very unsatisfied..... 1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied .....5
M1_12	Did you receive any of the following? [Enumerator: allow for multiple responses. <u>Read</u> response options out loud.]		Improved forage seeds or seedlings..... 1 Three-month-old improved breed chicken .....2 Water harvesting structure/lined pond...3 Gardening kit for home gardening.....4 Shallow-well hand-pump (rope/washer) Perma-garden installation.....5
M1_13	Did you receive an improved breed poultry start-up package, including pullets, feed, cash, poultry housing material and training?		Yes ..... 1 No.....2 >> skip to M1_14
M1_13y	In what year did you receive the start-up package?		Year
M1_13m	In what month did you receive the start-up package?		Month
M1_13a	How many chickens did you receive from the start-up package?		Number
M1_13aa	What breed of chicken did you receive?		Bovan Brown ..... 1 Sasso.....2 Other.....3 Don't know.....-98
M1_13b	How many of these chickens do you have now?		Number If M1_13a=M1_13b, skip to M1_13d
M1_13c	What happened to the chickens that you no longer have? [Enumerator: allow for multiple responses. <u>Read</u> response options out loud.]		Sold them ..... 1 Gave them away .....2 Used as food.....3 They died.....4 They were lost.....5 They were stolen.....6 Other.....7
M1_13d	How much cash (amount in Birr) did you receive as a part of the improved breed poultry start-up package?		Birr >> if 0, skip to M1_14

M1_14a	Are you a member of a producer marketing group associated with one of the SPIR promoted value chains?		Yes ..... 1 No.....2 >> skip to M1_18
M1_14b	Which SPIR promoted value chain is your producer marketing group associated with?		Sheep/goat fattening or rearing 1 Poultry production 2 Ox fattening 3 Beekeeping 4 Haricot Bean production 5 Vegetable production 6
M1_15y	In what year did you first join the producer marketing group?		Year
M1_15m	In what month did you first join the producer marketing group?		Month
M1_16	Did you collectively buy and inputs or collectively sell any products as a group?		Yes ..... 1 No.....2
M1_17	How satisfied are you with the SPIR supported Producer Marketing Group?		Very unsatisfied..... 1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied .....5
M1_18	Did you receive a one-time unconditional cash grant from an NGO (ORDA, CARE, World Vision)?		Yes ..... 1 No.....2 >> skip to next module
M1_18y	In what year did you receive the one-time cash grant from an NGO (ORDA, CARE, World Vision)?		Year
M1_18m	In what month did you receive the one-time cash grant from an NGO (ORDA, CARE, World Vision)?		Month
M1_18a	What was the amount you received as the one-time cash grant from an NGO (World Vision, CARE, ORDA)?		Birr

## Module M, Part 2: Health and nutrition

M2_01	How many VESA group meetings or discussions have you attended in the past 12 months (since Hamle 2010)?		Number >> if 0, skip to M3_06
M2_02	In the VESA group meetings or discussions that you attended, how many times were health and nutrition topics discussed in your VESA group? [CAPI: If M2_02>M2_01, show error: Enumerator: Number of health and nutrition meetings cannot be greater than total meetings attended]		Number
M2_03	What topics were covered in the health and nutrition discussions in the VESA group? [Enumerator: allow for multiple responses. Do not read response options out loud.]		IYCF practices..... 1 Equitable access to adolescent girls' nutrition .....2 Maternal nutrition .....3 Nutritious food preparation training .....4

			Handwashing .....5 Food hygiene .....6 Safe water collection, transportation, management and treatment .....7 Latrine use and waste management .....8 Saving money for health emergency....9 Healthy timing and spacing of pregnancy 10
M2_04	Who facilitated these discussions?		HDA Leader 1 VESA Facilitator 2 Community Facilitator 3 Health Community Facilitator/Animator 4 HEW 5 VESA member 6 Other 7

### Module M, Part 3: Social analysis and action

M3_01	In the VESA group meetings or discussions that you attended, how many times were gender topics or couple's relationship meetings discussed in your VESA group? [CAPI: If M1_03>M2_01, show error: Enumerator: Number of gender or couple's meetings cannot be greater than total meetings attended]		Number >> if 0 skip to M3_06
M3_02	What topics were covered at the dialogue?  [Enumerator: allow for multiple responses. Do not read options out loud.]		1. Work load sharing 2. Male engagement in child care 3. Respect or mutual understanding 4. Assigning gender equitable tasks to boys and girls 5. Shared decision making on household finance 6. Violence against women
M3_05 M3_03	Have you observed any changes in your spouse's behaviour or actions?		Yes 1 No 2 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied.....5
M3_06	Did you attend an aspirations' video screening?		Yes .....1 No.....2 >> skip to M4_01
M3_07y	In what year did you attend an aspirations' video screening?		Year
M3_07m	In what month did you attend an aspirations' video screening?		Month

M3_08	How satisfied were you with the aspirations' video screening? [Enumerator: Read options aloud]	Very unsatisfied..... 1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied.....5
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**Module M, Part 4: Disaster resilience and mitigation**

M4_01	Have you participated in a training on natural resource management such as for Farmer Managed Natural Regeneration (FMNR) or climate smart agriculture?		Yes .....1 No.....2 >> skip to M4_04
M4_07	What topics were covered at the trainings?		Minimum tillage .....1 Forage development .....2 Cover crops .....3 Intercropping .....4 Double cropping .....5 Agroforestry .....6 Nitrogen fixers.....7 Other.....8
M4_03	How satisfied are you with the natural resource management training?  [Enumerator: Read options aloud]		Very unsatisfied.....1 Unsatisfied.....2 Neither unsatisfied nor satisfied .....3 Satisfied.....4 Very satisfied.....5
M4_04	Are you a member of organized land user group?		Yes .....1 No.....2
M4_12	Are you using an improved cook stove?		Yes .....1 No.....2
M4_13	Are you using a solar-based electricity or heat solution (i.e. fuel-efficient stoves, solar lanterns, solar cookers, mobile phone charging)?		Yes .....1 No.....2
M4_17	Have you attended a Participatory Scenario Planning (PSP) workshop?		Yes .....1 No.....2
M4_18	Have you received alerts about upcoming bad weather or climate information in supporting you to make informed decisions about your livelihoods?		Yes .....1 No.....2