

HOUSEHOLD SURVEY

INTRODUCTION

Being randomly selected as a sample household of the Human Development Cash Transfer does not necessarily imply voluntary participation in the survey. Before even opening the computer, the enumerator must explain the survey and its purpose to the participant in order to obtain his voluntary consent to participate in the survey. To do this, the enumerator must make the following 4 steps:

1. **Presentation:** The enumerator presents him/herself by giving his/her name, showing his/her badge and stating that s/he is an agent of CAETIC Development, a survey firm based in Madagascar that is working with an American NGO called ideas42.
2. **Explanation of the Purpose of Visit:** The enumerator must explain that s/he is asking the individual to participate in a survey. The purpose of this household survey is to gather information on consumption, economic activities, food safety, and some information about the education of children at an early age.
3. **Explanation of the Use of Information:** The enumerator will explain that the data and information collected through the survey will be used to monitor and evaluate the impact of the Human Development Cash Transfer program of which the participant is a beneficiary.
4. **Privacy:** The enumerator will explain that the participant's personal information will remain strictly confidential. No sharing of information from this survey shall be permitted outside the team members of ideas42 conducting the impact evaluation. Any publication of results whether oral or written will neither refer to nor cite your personal information.

In the tablet, the enumerator must respond to the following to proceed with the survey (1-Yes ; 2-No):

- | | |
|---|----|
| a- Presentation | __ |
| b- Explanation of the Purpose of Visit: | __ |
| c- Explanation of the Use of Information: | __ |
| d- Confidentiality: | __ |
| e- Consent to be Surveyed: | __ |

Start of Interview (Time: Generated by Computer) : |__|__| : |__|__|

End of Interview (Time: Generated by Computer) : |__|__| : |__|__|

0-GENERAL INFORMATION / IDENTIFICATION

0-1	Region		_ _	0-5	GPS Location	X :	Y :
0-2	District		_ _ _	0-6	Enumerator		_ _
0-3	Commune		_ _	0-7	Supervisor		_ _
0-4	Fokontany		_ _	0-8	Date	_ _ / _ _ / _ _	
0-9	Family		0-10 Category: 1- TMC Beneficiary 2- Not involved in TMC _		0-11: If beneficiary, card number: _ _ _ _		0-12: Survey Number _ _ _
Observation:							

I-SPECIFIC INFORMATION ABOUT THE HOUSEHOLD**I-1 : HOUSEHOLD COMPOSITION**

1-Number		_ _
2-Name	
3-Gender 1=Male ; 2= Female		_
4-What is your age (date of birth)		_ _
5- If less than 5 years of age: age in number of months		_ _
6-Do you have a handicap (mental or physical)		_
7-Have you undergone schooling? : 1=Oui ; 2=No if No >> Q14		_
8-If YES, what is the last year of schooling you finished? 0=Preschool 1=11th 2=10th 3=9th 4=8th 5=7th 6=6th 7=5th	8=4th 9=3rd 10= 2nd 11= 1st 12=Terminal 13=1st year university 14=2 nd year university 15=3rd year university 16=5th year university or greater 98= I don't know	_ _
9-Did you go to school in 2015-2016 ? : 1=Yes ; 2=No		_
10-If YES, what year of school were you in during 2015-2016? 0=Preschool 1=11th 2=10th 3=9th 4=8th	8=4th 9=3rd 10= 2nd 11= 1st 12=Terminal 13=1st year university 14=2 nd year university	_ _

5=7th 6=6th 7=5th	15=3rd year university 16=5th year university or greater 98= I don't know	
11-Were you ever suspended or held back a grade in 2015-2016 ? 1=Yes ; 2=No		_
12-What type of school did you attend in 2015-2016 ? 1= Public 2=Community 3=Religious 4=Industrial 5=Private 6=Other (specify)		_
13-What was your rate of attendance during the school year of 2015-2016 ? 1=90-100% 2=50-89% 3=10-49% 4=0-9%		_
14-What reasons kept you from school in 2015-2016 ? 1=Already had the desired education 2=Didn't have the money to pay fees 3=Too old to continue school 4=Married/became pregnant 5=Fell ill/handicap 6=Found employment 7=Not interested 8=Parents forbid it 9=Had to work to help out at home 10=School didn't have the capacity to take me in 11=Poor quality of education 12=Teacher was absent 13=School is dangerous for girls 14=School is too far 15=Have to take care of dependents 16=Failed exam 17=Rejected/excluded 18=Insecurity/safety reasons 19=Other (specify)		_ _ _ _
15-Will you be attending school in 2016-2017 ? 1=Yes ; 2=No if No >> Q17		_
16-En quelle classe serez-vous pour l'année 2016-2017 ? 0=Preschool 1=11th 2=10th 3=9th 4=8th 5=7th 6=6th 7=5th	8=4th 9=3rd 10= 2nd 11= 1st 12=Terminal 13=1st year university 14=2 nd year university 15=3rd year university 16=5th year university or greater 98= I don't know	_ _

17- In general, how much time do you spend studying on a typical day (not counting the time spent at school)?	Hours : _ _ Minutes : _ _
18-What is your marital status? For people 15 years of age or older 1=Single 2=Married 3=Divorced or separated 4=Widow	_
19-Are you employed? 1=Yes ; 2=No ; if No → Q24	_
20-If Yes : What type of employment? 1=Domestic tasks and activities; 2=Productive but unpaid work; 3=Productive paid work	_
21- How many hours did you spend engaging in paid work in the last two weeks?	_ _ _
22-What is your primary paid employment? (1)	_
23-What is your secondary paid employment? (1)	_
24-Have you fallen ill in the past 2 months? 1=Yes ; 2=No>>Q26	_
25-If yes, were you taken to and treated in a health center? 1=Yes ; 2=No	_
For individuals 5 to 18 years of age	
26-Do you have a blanket (shared or not)? 1=Yes ; 2=No ; 8=Don't know	_
27-Do you have a pair of shoes? 1=Yes ; 2=No ; 8=Don't know	_
28-Do you have at least two pairs of clothing (top and bottom)? 1=Yes ; 2=No ; 8=Don't know	_
(1) Activity Code: 1=Housework; 2=Agriculture; 3=Raising ; 4=Fishing ; 5=Artisan ; 6=Commerce ; 7=Temporary salary; 8=Permanent Salary; 9=Other (specify)	

I-2 : General Questions about the Household

- 1- What is the distance (in KM) of the nearest school to which your children go (or could go)? |_|_|
- 2- How many schools (that your children attend or could attend) are there in the commune? |_|_|
- 3- What level of education would you like for your female children? |_|_|
1 to 12 : number of years with 12 no baccalaureate
13=Baccalaureate A/B obtained ; 14=Bacc C/D obtained ; 15=Licence ; 16=Maîtrise ; 17=DEA ; 18=Doctorate or more
99=No female children
- 4- What level of education would you like for your male children? |_|_|
1 to 12 : number of years with 12 no baccalaureate
13=Baccalaureate A/B obtained ; 14=Bacc C/D obtained ; 15=Licence ; 16=Maîtrise ; 17=DEA ; 18=Doctorate or more
99=No male children
- 5- At what age would you like your daughters to be married? |_|_|
99=no daughters; 98=all daughters are married ;97=stay single

6- At what age would you like your sons to be married? |__|__|
99=no sons; 98=all sons are married ;97=stay single

7- Has your household ever received assistance (whatever it may be) from the government, NGOs, or other programs? |__|
1=Yes ; 2=No : 8 Don't Know

I-3 : Housing Characteristics and Indicators of Comfort

1- What is the floor in your home made of?

1=Concrete

2= Balatum

3= Boards

4=Soil covered with a mat

5=Bare soil

6=Other (specify)

|__|

Banana	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Other fruit (specify)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
6-Vegetables _ If YES, what are they? (specify) ?								
Grain vegetable	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Leafy vegetable (3)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Leafy greens (4)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Tuber or root vegetable (5)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Other vegetable (specify)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
7-Meat, fish or poultry _ If YES, what are they? (specify) ?								
Beef	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Pork	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Mutton/goat	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Sausage	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Poultry	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Fresh fish	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Dried fish	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Small shrimps (dried or raw)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
8-Animal products _ If YES, what are they? (specify)?								
Milk	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Yoghurt	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Butter or cheese	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Egg	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Honey	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Other	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
9- Processed products:								
Bread	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Muffins, etc.	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Coffee or tea or cocoa	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
10- Other food products:								
Oil	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Salt	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Sugar	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Pasta (macaroni, etc.)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
Other (specify)	_	_	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

(1):**Unit:** 1- element; 2- package/bottle; 3- Tin; 4- pile; 5- gr; 6- Kg; 7- Liter; 8- Daba/can/bucket; 9- Basket; 10- bag; 11- Wheelbarrow; 12- Cart; 13- Other
 (2) : unit count ;(3) : cabbage, cauliflower, lettuce, ... ; (4) : leafy greens : pe-tsai, anamamy, tisam,... ;(5) : Carrots, Turnips, beets, leech, leeks, ...

(**) : Here, the enumerator must fill out either the total amount or the quantity with the unit price, not both.

III-NON FOOD CONSUMPTION AND HOUSEHOLD EXPENSES

In the last 30 days, did your family buy the following products?

Stuff bought	YES/NO 1-Yes; 2-No	If YES,			
		Count unit (1)	Quantity bought (2)	Unit price (Ar)	Total Value (4) (Ar)
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matches or lighters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraffin lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity (JIRAMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charcoal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firewood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care services and products (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel (petrol or gasoil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Count unit: 1- element; 2- package/bottle; 3- Tin; 4- pile; 5- gr; 6- Kg; 7- Liter; 8- Daba/can/bucket; 9- basket; 10- bag; 11- wheelbarrow; 12- cart; 13- other

(2) Quantity bought: unit count

(3) Personal Care Services and Products: Hair care, shower, toiletries, toothpaste, etc.

(4) Total Value: Calculated and inserted automatically by the tablet

IV-OTHER HOUSEHOLD EXPENSES

In the last 12 months has your family spent on the following?

Expenses	YES/NO	If YES,	
	1-Yes ; 2-No	How many people are involved ?	Total expenses (Ar)
1- school fees/school registration fees	_	_ _	_ _ _ _ _ _ _
2- School monetary contribution	_	_ _	_ _ _ _ _ _ _
3- School supplies and accessories	_	_ _	_ _ _ _ _ _ _
4- Medical expenses (medical consultation fees, medicines, hospital admission fees, transportation fees)	_	_ _	_ _ _ _ _ _ _
5- Transportation fees (Public transport)	_	_ _	_ _ _ _ _ _ _
6-Private transportation methods for the household (motorbike, bicycle, car)	_	_ _	_ _ _ _ _ _ _
7- Adult clothing purchase	_	_ _	_ _ _ _ _ _ _
8- Child clothing purchase	_	_ _	_ _ _ _ _ _ _
9- Kitchen utensils purchase	_		_ _ _ _ _ _ _
10- Furniture purchase	_		_ _ _ _ _ _ _
11- Housing maintenance or repairs	_		_ _ _ _ _ _ _
12- Family events (funerals, clothing for special occasions)	_		_ _ _ _ _ _ _
13- Social duties (within community or at church)	_		_ _ _ _ _ _ _
14- Other expenses not mentioned above	_	_ _	_ _ _ _ _ _ _

V-FOOD CROPS PRODUCED BY FAMILY

1- What food crops have you produced in the last 12 months ?

For each crop grown and produced within the last 12 months ask the following:

Crops produced (drop-down menu with the product code)	Product code	Unit	Quantity produced	Quantity consumed by family	Reserved for seeds/ as land rent	Quantity sold	Total money earned (Ariary)
Rice	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Cassava	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Corn	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Etc...	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _

2- What cash crops have you produced in the last 12 months?

For each crop grown and produced within the last 12 months ask the following:

Crops produced (drop-down menu with the product code)	Product code	Unit	Quantity produced	Quantity consumed by family	Reserved for seeds/ as land rent	Quantity sold	Total money earned (Ariary)
Coffee	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Vanilla	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Cocoa	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
ETC...	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _

3- What industrial crops have you produced in the last 12 months?

For each crop grown and produced within the last 12 months ask the following:

Crops produced (drop-down menu with the product code)	Product code	Unit	Quantity produced	Quantity consumed by family	Quantity sold	Quantity stored	Total money earned (Ariary)
Cotton	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Tobacco	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
Sugarcane	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
ETC...	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _
	_ _ _	_ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _ _ _ _

Quantity produced: crops produced left from those lost during gathering (economic production)

Quantity consumed by family: quantity reserved for family consumption (consumed and to be consumed);

Quantity sold: crops sold up to the time of the survey

Quantity stored: crops reserved for sale opportunities

Total money earned: related to quantity sold

Unit: 1- element; 2- package/bottle; 3- Tin; 4- pile; 5- gr; 6- Kg; 7- Liter; 8- Daba/can/bucket; 9- Basket; 10- bag; 11- Wheelbarrow; 12- Cart; 13- Other

4- Does your family have the following farm animals? If YES, how many?

Types of farm animals	Species Code	YES/NO (1/2)	Current count
Oxen (male)	_ _	_	_ _ _
Cows (female)	_ _	_	_ _ _
Milk cows	_ _	_	_ _ _
Pigs	_ _	_	_ _ _
Sheep/goats	_ _	_	_ _ _
Ducks/Geese/wild ducks	_ _	_	_ _ _
Turkeys	_ _	_	_ _ _
Chicken	_ _	_	_ _ _

VI-OTHER SOURCES OF HOUSEHOLD REVENUE

1- Has your family rented out land in the last 12 months?

1=YES, 2=NO

|_|

If YES, how much money was earned in the last 12 months (ariary):

|_|_|_|_|_|_|

2- Has your family let land for crop sharing in the last 12?

1=YES, 2=NO

|_|

If YES, how much crop/money equivalent have you earned in the last 12 months (Ariary) :

|_|_|_|_|_|_|

3- Has any member of your family earned a salary in the last 12 months?

1=YES, 2=NO

|_|

If YES, how much in total has (s)he earned in the last 12 months for the following job types:

a- Permanent job :

|_|_|_|_|_|_|

b- Temporary job (agriculture or other areas) :

|_|_|_|_|_|_|

A-Questions for female family heads / young mothers likely to be involved in TMC

1- In your family who makes decisions for food purchases?

- 1= Myself
- 2= My husband
- 3= Both my husband and I |__|
- 4=Other people (specify).....

2- In your family who makes decisions for buying expensive items or for making large purchases?

- 1= Myself
- 2=My husband
- 3= Both my husband and I |__|
- 4= Other people (specify).....

3- In your family, who makes decisions regarding children's education and schooling?

- 1= Myself
- 2= My husband
- 3= Both my husband and I |__|
- 4= Other people (specify).....

4- In your family who makes decisions about your medical care if you fall ill?

- 1= Myself
- 2= My husband
- 3= Both my husband and I |__|
- 4= Other people (specify).....

5- In your family who makes decisions about medical care if children fall ill?

- 1= Myself
- 2= My husband
- 3= Both my husband and I |__|
- 4= Other people (specify).....

6- What do you think your family's standard of living is?

- 1= Very rich
- 2= Rich
- 3= Average |__|
- 4=Needy
- 5=Poor

7- What do you think your neighbors' standard of living is?

- 1= Very rich
- 2= Rich
- 3= Average |__|
- 4= Needy
- 5= Poor

8- What do you think your friends' standard of living is?

- 1= Very rich
- 2= Rich
- 3= Average |__|
- 4= Needy
- 5= Poor

9- As you see it, what will your standard of living be like within one year's time from now?

1= Very rich
 2= Rich
 3= Average
 4= Needy
 5= Poor

|__|

B- Questions o be asked women who bring up or take care of the youngest two children in the family.

The youngest one (last)

last but one

Children's age (full months: see part I) :

|__|__|

|__|__|

Names

.....

.....

In the last 3 days has any one member of your family done the following:

1- Read or leaf through a book with (name of the child)

1=YES; 2=NO

|__|

|__|

If YES, who is that person:

1= his/ her mother,

2= his/ her father

3=another adult

|__|

|__|

2- Tell a story to (Name of the child)

1=YES; 2=NO

|__|

|__|

If YES, who is that person:

1= his/ her mother,

2= his/ her father

3=another adult

|__|

|__|

3- Sing a song with (Name of the child), including lullabies

1=YES; 2=NO

|__|

|__|

If YES, who is that person :

1= his/ her mother,

2= his/ her father

3=another adult

|__|

|__|

4- Take (Name of child) for a walk outside of the house

1=YES; 2=NO

|__|

|__|

If YES, who is that person:

1= his/ her mother,

2= his/ her father

3=another adult

|__|

|__|

5- Play with (Name of child)

1=YES; 2=NO

|__|

|__|

If YES, who is that person:

1= his/ her mother,

2= his/ her father

|__|

|__|

3=another adult

6- Spend time with (Name of the child) and teach him/her to count and to draw, ...

1=YES; 2=NO

|__|

|__|

If YES, who is that person :

1= his/ her mother,

2= his/ her father

|__|

|__|

3= another adult

C- Questions to the head of household (head of household)

1- Have you borrowed money in the last 12 months? 1= YES; 2= NO

|__|

(If NO, proceed immediately to question 2)

If YES, have you paid back the whole amount? 1=YES; 2=NO

|__|

If NO, how much will you still have to pay back?

Ar |__|__|__|__|__|__|

2- Are you a member of a savings and credit mutual?

1=YES; 2=NO

|__|

VIII- HOUSEHOLD FOOD SECURITY

1- In the last 12 months, have there been moments where your household did not have enough to eat?

1=YES; 2=NO

|__|

(If NO, proceed immediately to question 4)

If YES, how many months did such a situation last?

|__|__|

What are the major 3 reasons for such a situation?

|__|__| |__|__| |__|__|

01. Insufficient crops quantity due to lack of rain

02. Insufficient crops quantity due to loss of crops due to bush fire and crop diseases

03. Flooding or hail

04. Insufficient crops quantity due to small size of land used

05. Insufficient crops quantity due to lack of seeds

06. Food market prices are too expensive

07. Inability to go to the market due to expensive transportation fees

08. No food to buy on the market

09. No money to buy food

10. Other reasons (specify)_____

2- In the last 7 days, have there been moments where your household did not have enough to eat?

1=YES; 2=NO

|__|

3- In the last 7 days ;

a- How many days did your household have to bear eating food they did not like?

|__|

- b- How many days was your household unable to diversify types food consumed? |__|
- c- How many days did your household have to reduce quantity of food consumed? |__|
- d- How many days did your family to reduce the number of daily meals? |__|
- e- How many days did adults in the household reduce their food to feed children? |__|
- f- How many days did you have to borrow food or rely on gifts? |__|
- g- How many days did your family not have anything to eat at all? |__|

4- How many meals did you prepare at home yesterday for :

- a- All the members of family? |__|
- b- Children 6 to 59 months (under 5 years of age)? |__|

5- Do members of your household have approximately the same diet (quantity, number and type)? |__|

6- What do you think about the meal your family had yesterday?

- 1. More than sufficient
- 2. Sufficient
- 3. Not really sufficient |__|
- 4. The same as usual
- 8. I don't know