

FINAL TECHNICAL REPORT / RAPPORT TECHNIQUE FINAL

ANNEX 11- ATTRITION SURVEY TOOL

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IDRC Grant / Subvention du CRDI: 107982-001-Scale Up of Homestead Food Production for Improved Nutrition in Cambodia (CIFSRF Phase 2)

Household ID:

FF4F Attrition Survey

SCALE UP OF HOMESTEAD FOOD PRODUCTION FOR IMPROVED HOUSEHOLD FOOD SECURITY AND NUTRITION IN CAMBODIA: FAMILY FARMS FOR THE FUTURE

INSTRUCTIONS: *ASK THE QUESTIONS EXACTLY AS THEY ARE WRITTEN. DO NOT READ OPTIONS UNLESS DIRECTED TO DO SO. WORDS IN ITALICS ARE INSTRUCTIONS FOR THE INTERVIEWER AND SHOULD NOT BE READ ALOUD. FOLLOW SKIP PATTERNS AS DIRECTED. WRITE ANSWERS IN THE ANSWER BOX UNLESS OTHERWISE DIRECTED.*

HOUSEHOLD IDENTIFICATION INFORMATION

Q01.	Date of Interview: __ __ / __ __ /20 __ __ (DD/MM/YYYY)	Q02.	Consent given: 1 = YES 0 = NO	<input type="checkbox"/>
Q03.	Province:	Q04.	District:	
Q05.	Commune:	Q06.	Village:	
Q07.	Cluster #:	Q08.	Household ID:	
Q09.	Enumerator ID:	Q10.	Supervisor ID:	
Q11.	Is the household currently located on the homestead or has the whole household (all members) migrated?	0. Household migrated 1. At least one household member still living in original location → Q13		<input type="checkbox"/>
Q12.	What was the main reason for migration? (NOTE: Ask neighbours or village chief for information)	1. Other income generating opportunities 2. Family obligation 3. Death/sickness in family 99. Other – Specify: _____		<input type="checkbox"/> <input type="checkbox"/>
Q13.	<i>OBSERVATION ONLY:</i> Type of Homestead Food Production Model	1. Garden only 2. Garden + poultry 3. Garden + fishpond		<input type="checkbox"/>

Household ID:

FF4F Attrition Survey

	INSTRUCTIONS: RECORD ONLY ONE OPTION. CONFIRM WITH FIELD SUPERVISOR WHICH TYPE OF EHFP MODEL HOUSEHOLD WAS ASSIGNED.	4. Garden + fishpond + poultry	
Q14.	Did you receive vegetable/fruit seeds from HKI between December 2017 and February 2018?	0. No 1. Yes → Skip to Q16	<input type="checkbox"/>
Q15.	If no, what was the last date you received seeds from HKI?	Date: __ / __ /20 __ (DD/MM/YYYY)	
INSTRUCTIONS: IF HOUSEHOLD HAS STOPPED/REFUSED SEEDS FROM HKI SINCE LAST SEED DISTRIBUTION → SKIP TO ATTRITION SURVEY. IF HOUSEHOLD RECEIVED SEEDS DURING THE LAST SEED DISTRIBUTION, COMPLETE END-LINE SURVEY			
Q16.	The last time you received seeds from HKI, what was done with them?	1. Planted in homestead garden 2. Sold 3. Traded 4. Lost 5. Saved for next growing season 99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/>
Q17.	List aloud the following people to the respondent and tick all that have visited their homestead in the past 5 weeks. MARK ALL THAT APPLY	<input type="checkbox"/> VMF <input type="checkbox"/> HKI Staff <input type="checkbox"/> Agriculture extension worker	<input type="checkbox"/> # of visits <input type="checkbox"/> # of visits <input type="checkbox"/> # of visits

Household ID:

FF4F Attrition Survey

	<input type="checkbox"/> Community health worker	<input type="checkbox"/> # of visits
	<input type="checkbox"/> Village health volunteer	<input type="checkbox"/> # of visits
	<input type="checkbox"/> Local NGO staff—specify organization and role of visitor: _____	<input type="checkbox"/> # of visits
	<input type="checkbox"/> Other—Specify: _____	<input type="checkbox"/> # of visits
	<input type="checkbox"/> N/A no visitors in the past 5 weeks	<input type="checkbox"/> # of visits

Household ID:

MODULE 0: PARTICIPANT INFORMATION

INTERVIEWER: THANK YOU FOR MEETING WITH ME TODAY AND PARTICIPATING IN THIS BRIEF SURVEY. WE ARE HERE TO UNDERSTAND YOUR EXPERIENCE IN THE FF4F PROJECT AND HFP ACTIVITIES SINCE DROP-OUT, SO WE CAN BEST MEET THE NEEDS OF FAMILIES IN THE FUTURE. THERE ARE NO RIGHT OR WRONG ANSWERS TO THE QUESTIONS AND IF YOU CANNOT, OR DO NOT WANT TO ANSWER ANY OF THE QUESTIONS, LET ME KNOW AND WE WILL MOVE ON TO THE NEXT QUESTION. WE VERY MUCH APPRECIATE YOUR TIME AND YOUR PARTICIPATION. THE SURVEY WILL TAKE AROUND TWENTY MINUTES. ALL OF THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I CONTINUE?

<p>Q18.</p>	<p>Name of respondent:</p> <p>_____</p> <p>INSTRUCTIONS: CROSS-REFERENCE RESPONDENT NAME WITH BASELINE RESPONDENT NAME INDICATED BY FIELD SUPERVISOR TO ENSURE RESPONDENT IS SAME AS FOR BASELINE SURVEY.</p> <hr/> <p>IF NOT BASELINE WRA, RECORD REASON WHY SHE IS UNAVAILABLE:</p> <p>REASON: _____</p>	<p>Q19.</p>	<p>Age of respondent (IN YEARS):</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Q20.</p>	<p>Name of youngest child enrolled in the study:</p> <p>_____</p> <p>INSTRUCTIONS: CROSS-REFERENCE CHILD'S NAME WITH BASELINE CHILD'S NAME INDICATED BY FIELD SUPERVISOR TO ENSURE CHILD IS SAME AS FOR BASELINE SURVEY</p>	<p>Q21.</p>	<p>Sex of child:</p> <p>1. Boy</p> <p>2. Girl</p>	<p><input type="checkbox"/></p>

Household ID:

FF4F Attrition Survey

Q22.	Child Date of Birth*: __ / __ /20 __ (DD/MM/YYYY) <i>*Ask to see child's health card to verify DOB*</i>	Q23.	Age of child (<i>IN MONTHS</i>):	<input type="checkbox"/> <input type="checkbox"/>
Q24.	Sex of respondent: CODES: 1. Male 2. Female	<input type="checkbox"/>	Q25. Relationship to the youngest child under five living in the household? <i>RECORD ONLY ONE OPTION</i> CODES: 1. Mother 2. Father 3. Grandmother/father 4. Aunt/uncle 5. Sibling 99. Other – Specify _____	<input type="checkbox"/>

MODULE I: HOUSEHOLD INFORMATION

Q101.	Does your household have electricity?	0. No 1. Yes	<input type="checkbox"/>
Q102.	Does your household have a television?	0. No 1. Yes	<input type="checkbox"/>
Q103.	Does your household have a refrigerator?	0. No 1. Yes	<input type="checkbox"/>
Q104.	Does your household have a CD / DVD player?	0. No 1. Yes	<input type="checkbox"/>
Q105.	Does your household have a wardrobe?	0. No 1. Yes	<input type="checkbox"/>
Q106.	Does your household have a generator / battery / solar panel?	0. No 1. Yes	<input type="checkbox"/>
Q107.	Does any member of your household own a motorcycle / scooter?	0. No 1. Yes	<input type="checkbox"/>
Q108.	Does any member of your household own a watch?	0. No 1. Yes	<input type="checkbox"/>
Q109.	Does any member of this household have a bank account?	0. No 1. Yes	<input type="checkbox"/>
Q110.	<p><u>OBSERVATION ONLY:</u> What is the main material of the floor of the living house?</p> <p><i>RECORD ONLY ONE OBSERVATION.</i></p>	<p>Natural floor:</p> <p>1. Earth/sand</p> <p>2. Dung</p> <p>Rudimentary Floor:</p> <p>3. Bamboo/palm</p> <p>4. Wood planks</p> <p>Finished floor:</p> <p>5. Parquet or polished wood</p> <p>6. Ceramic tiles</p> <p>7. Cement</p>	

Household ID:

		8. Carpet 99. Other – Specify _____	<input type="checkbox"/> <input type="checkbox"/>
Q111.	<p><i>OBSERVATION ONLY:</i> What is the main material of the exterior walls of the living house?</p> <p><i>RECORD ONLY ONE OBSERVATION</i></p>	0. No Walls Natural walls: 1. Earth/sand 2. Dung Rudimentary walls: 3. Bamboo/palm with mud 4. Stone with mud 5. Uncovered adobe 6. Plywood 7. Carboard 8. Resued wood Finished Walls: 9. Metal 10. Cement 11. Stone with lime / cement 12. Bricks 13. Cement blocks 14. Covered adobe 15. Wood planks / shingles 99. Other – Specify _____	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

<p>Q112.</p>	<p>What type of fuel does your household mainly use for cooking?</p>	<ol style="list-style-type: none"> 1. Charcoal 2. Wood 3. Electricity 4. LPG (natural gas) 5. Biogas 6. Straw/shrubs/grass 7. Animal dung <p>Other – Specify _____</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>Q113.</p>	<p>What is the main source of drinking water during the rainy season for members of your household?</p> <p>**NOTE THIS QUESTION IS PULLED FROM MODULE 5, WATER, SANITATION AND HYGIENE</p>	<ol style="list-style-type: none"> 1. Piped into dwelling 2. Open well 3. Covered well 4. Drilled Borehole (with hand pump or other type of pumping system) 5. Surface water (e.g. spring, river/stream, pond/lake/dam) 6. Rainwater 7. Bottled water 8. 99. Other – Specify: _____ 	<input type="checkbox"/> <input type="checkbox"/>
<p>Q114.</p>	<p>What kind of toilet facility do members of your household usually use?</p> <p>. **NOTE THIS QUESTION IS PULLED FROM MODULE 5, WATER, SANITATION AND HYGIENE</p>	<ol style="list-style-type: none"> 0. No facility—bush, field 1. Flush to piped sewer system (not shared with other households) 2. Flush to septic tank (not shared with other households) 3. Flush or pour toilet piped sewer system (shared with other households) 4. Flush or pour toilet to septic tank (shared with other households) 5. Traditional pit latrine 6. Ventilated Improved Pit (VIP) latrine 7. Pit latrine without slab 8. Composting toilet 	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

		<p>9. Bucket</p> <p>10. No permission to see</p> <p>9. 99. Other – Specify: _____</p>	
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Household ID:

MODULE II: HOMESTEAD FOOD PRODUCTION			
A. HORTICULTURE			
Q201.	<u>OBSERVATION ONLY:</u> Does the household currently have a home garden?	0. No → Skip to Section B. Poultry Production 1. Yes	<input type="checkbox"/>
Q202.	What is the area currently under cultivation for the homestead garden?	Sq meters under cultivation	<input type="checkbox"/> <input type="checkbox"/>
Q203.	<u>OBSERVATION ONLY:</u> Tick the available crops/vegetables in the household's garden MARK ALL THAT APPLY	0. None → Skip to Q208 1. kangkong 2. amaranth 3. Indian spinach 4. spinach 5. lettuce 6. white petiole 7. Gourd/pumpkin leaves 8. mustard greens 9. cassava leaves 10. sweet potato leaves 11. moringa leaves 12. chayah leaves 13. taro leaves 14. radish leaves 15. water mimosa 16. Chinese cabbage 17. common cabbage 18. Chinese kale 19. cucumber	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

		<ul style="list-style-type: none">20. bottle gourd21. pumpkin22. bitter gourd23. wax (ash) gourd24. sponge gourd25. ivy gourd26. moringa27. snake gourd28. yard long bean29. sewing bean30. red chili31. green chili32. capsicum (sweet pepper)33. green tomato34. red tomato35. bitter eggplant36. medium round eggplant37. long eggplant38. watermelon (green)39. basil40. holy basil41. mint42. lemon grass43. coriander44. ginger45. garlic46. turmeric47. parsley48. chirona49. sweet potato (white)50. sweet potato (purple)	
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Household ID:

		51. sweet potato (yellow) 52. cassava 53. potato 54. yam 55. carrot 56. radish 57. taro 58. onion 59. bunching onion 99. Other vegetable – Specify: _____	
INSTRUCTIONS: ASK QUESTIONS Q204-Q207 ON VEGETABLE PRODUCTION PRACTICES ONLY FOR THOSE CROPS/VEGETABLES NOTED IN Q203.			
Q204.	<u>OBSERVATION ONLY:</u> Are these vegetables are in a plotted area?	0. No 1. Yes	<input type="checkbox"/>
Q205.	<u>OBSERVATION ONLY:</u> Are these vegetables within a fenced area?	0. No 1. Yes	<input type="checkbox"/>
Q206.	<u>OBSERVATION ONLY:</u> Are using manure in (.....) ?	0. No 1. Yes	<input type="checkbox"/>
Q207.	<u>OBSERVATION ONLY:</u> Are using bio-pesticide in (.....) ?	0. No 1. Yes	<input type="checkbox"/>
Q208.	<u>OBSERVATION ONLY:</u> What type of manure does the household have? If (0) or (99), skip to Q211 ; If (1) go to Q209 ; if (2) go to Q210 .	0. None → Skip to Q211 1. Compost pit / heap (i.e. plant and animal waste mixed together with soil) 2. Farmyard pit / heap (e.g. cow manure, pig manure) 3. Poultry manure 4. Vermiculture 99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

<p>Q209.</p>	<p><u>OBSERVATION ONLY:</u> Is the compost pit / heap covered?</p> <p>Once answered → Skip to Q211</p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q210.</p>	<p><u>OBSERVATION ONLY:</u> Is the farmyard pit / heap protected?</p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q211.</p>	<p><u>OBSERVATION ONLY:</u> Is there a container (e.g. pit/ bin / drum) for bio pesticide to minimize insect / pest attacks?</p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q212.</p>	<p>Do you use any chemical fertilizers, such as urea, phosphorus, potassium, and compound fertilizers in your garden?</p>	<p>0. No 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q213.</p>	<p>What is the main type of irrigation you are using for growing vegetables?</p>	<p>0. No irrigation is being used 1. Irrigation-drip, sprinkler 2. Rain water harvesting 3. Grey water from kitchen (waste water management) 4. Tap water 5. Pond 6. Tube-well water 7. Well 99. Other – Specify: _____</p>	<p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q214.</p>	<p>In the last year, how many months did you garden?</p>	<p>0. None → Skip to Q216 1. 1-5 months 2. 6-8 months</p>	<p><input type="checkbox"/></p>

Household ID:

		3. 9-12 months	
Q215.	On average, how much time a week do you spend tending to your homestead garden?	<ul style="list-style-type: none"> 0. None 1. < 5 hours per week 2. 5 – 10 hours per week 3. 10 – 20 hours per week 4. > 20 hours per week 	<input type="checkbox"/>
Q216.	<p>What type of vegetables did you produce in the last <u>2 months?</u></p> <p>MARK ALL THAT APPLY</p>	<ul style="list-style-type: none"> 0. None → Skip to Q223 1. kangkong 2. amaranth 3. Indian spinach 4. spinach 5. lettuce 6. white petiole 7. Gourd/pumpkin leaves 8. mustard greens 9. cassava leaves 10. sweet potato leaves 11. moringa leaves 12. chiyah leaves 13. taro leaves 14. radish leaves 15. water mimosa 16. Chinese cabbage 17. common cabbage 18. Chinese kale 19. cucumber 20. bottle gourd 21. pumpkin 	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

		<ul style="list-style-type: none">22. bitter gourd23. wax (ash) gourd24. sponge gourd25. ivy gourd26. moringa27. snake gourd28. yard long bean29. sewing bean30. red chili31. green chili32. capsicum (sweet pepper)33. green tomato34. red tomato35. bitter eggplant36. medium round eggplant37. long eggplant38. watermelon (green)39. basil40. holy basil41. mint42. lemon grass43. coriander44. ginger45. garlic46. turmeric47. parsley48. chirona49. sweet potato (white)50. sweet potato (purple)51. sweet potato (yellow)52. cassava	
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Household ID:

		53. potato 54. yam 55. carrot 56. radish 57. taro 58. onion 59. bunching onion 99. Other vegetable – Specify: _____	
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INSTRUCTIONS: ASK QUESTIONS (Q217-Q222) FOR EACH TYPE OF VEGETABLE/CROP NOTED IN Q216).

Q217.	What quantity (kg) of (...) did you harvest in the last 2 months?	Kg harvested	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q218.	About what quantity (kg) of the (...) produced in the last 2 months was lost (e.g. theft, disaster, pests / disease ...)?	Kg lost	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q219.	About what quantity (kg) of the (...) produced was eaten by the household?	Kg eaten	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q220.	About what quantity (kg) of the (...) produced in the last 2 months was stored?	Kg produced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q221.	About what quantity (kg) of the (...) produced in the last 2 months was sold?	Kg sold	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q222.	About what quantity (kg) of the (...) produced in the last 2 months was given away?	Kg given away	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q223.	What type of vegetables seeds did you produce in the last growing season?	0. None 1. kangkong 2. amaranth 3. Indian spinach	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

	MARK ALL THAT APPLY	<ol style="list-style-type: none">4. spinach5. lettuce6. white petiole7. Gourd/pumpkin leaves8. mustard greens9. cassava leaves10. sweet potato leaves11. moringa leaves12. chayah leaves13. taro leaves14. radish leaves15. water mimosa16. Chinese cabbage17. common cabbage18. Chinese kale19. cucumber20. bottle gourd21. pumpkin22. bitter gourd23. wax (ash) gourd24. sponge gourd25. ivy gourd26. moringa27. snake gourd28. yard long bean29. sewing bean30. red chili31. green chili32. capsicum (sweet pepper)33. green tomato34. red tomato	
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Household ID:

		<p>35. bitter eggplant</p> <p>36. medium round eggplant</p> <p>37. long eggplant</p> <p>38. watermelon (green)</p> <p>39. basil</p> <p>40. holy basil</p> <p>41. mint</p> <p>42. lemon grass</p> <p>43. coriander</p> <p>44. ginger</p> <p>45. garlic</p> <p>46. turmeric</p> <p>47. parsley</p> <p>48. chirona</p> <p>49. sweet potato (white)</p> <p>50. sweet potato (purple)</p> <p>51. sweet potato (yellow)</p> <p>52. cassava</p> <p>53. potato</p> <p>54. yam</p> <p>55. carrot</p> <p>56. radish</p> <p>57. taro</p> <p>58. onion</p> <p>59. bunching onion</p> <p>99. Other vegetable – Specify: _____</p>	
<p>Q224.</p>	<p><u>OBSERVATION ONLY:</u> How many varieties of fruit plants are currently grown at the homestead?</p>	<p>Number of fruit varieties currently grown.....</p>	<p><input type="checkbox"/><input type="checkbox"/></p>

MODULE II: HOMESTEAD FOOD PRODUCTION			
B. POULTRY PRODUCTION			
Q225.	Please show me your chickens/ducks, if you have any?	0. No chickens/ducks → Skip to Section C. Aquaculture 1. Yes	<input type="checkbox"/>
Q226.	How many chickens, if any, did you receive from HKI? <i>IF NONE → SKIP TO Q228</i>	a. Number of chickens.....	a. <input type="checkbox"/> <input type="checkbox"/>
Q227.	When did you receive the chickens from HKI?	0. Less than 1 month ago 1. 1 month ago 2. 2 months ago 3. 3 months ago 4. 4 months ago 5. 5 months ago 6. 6 months ago 7. 7 months ago 8. 8 months ago 9. 9 months ago 10. 10 months ago 11. 11 months ago 12. 12 or more months ago	<input type="checkbox"/> <input type="checkbox"/>
Q228.	What type of chicken and/or duck breeds does the household have? MARK ALL THAT APPLY	1. Hybrid chicken breed (e.g. CP breed, Cystal Diamond breed, and Maykha breed) 2. Local chicken breed (e.g. Kork, Sampov, Prochul, Kandong, Chey, Samlei, Kragnas, Khmao, Skuoy) 3. Layers / broiler / Kuroiler chickens 4. Exotic duck breed (e.g. Khaki Campbell, White Peking)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Household ID:

		5. Local duck breed (e.g. Sampauv, Angkam, Long-neck Krolas)	<input type="checkbox"/>
Q229.	OBSERVATION ONLY: Note number of chickens and/or ducks by type?	a. Hybrid (chickens)..... b. Local (chickens) c. Layers / broiler / Kuroiler (chickens)..... d. Exotic (duck) e. Local duck breed	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> e. <input type="checkbox"/> <input type="checkbox"/>
Q230.	During an entire day (24-hour period), where do you usually keep these (.....) chickens/ducks? NOTE WHERE POULTRY ARE KEPT BY TYPE (A-E)	0. No coop/duck house is being used → Skip to Q232 1. Free ranging chickens 2. Grazing in the rice paddy fields 3. Grazing on pond/lake 4. Inside coop/duck house at all times 5. Inside coop/ duck house at night 6. Coop/duck house with fencing areas for grazing 99. Other – Specify: _____	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> e. <input type="checkbox"/> <input type="checkbox"/>
Q231.	OBSERVATION ONLY: What are the conditions and what facilities does the coop have for these (.....) chickens/ducks? MARK ALL THAT APPLY	0. None 1. Fresh air and ventilated space 2. Facility of clean water and pot 3. Clean and fresh chicken/duck feed and pot 4. Proper security 99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q232.	In the last 1 month, how did you manage poultry feed (i.e. what were you	0. None 1. Concentrated feed (i.e. commercial product)	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

Household ID:

	<p>chickens/ducks given for feed)?</p> <p><i>MARK TYPE OF FEED GIVEN TO (A) CHICKENS AND (B) DUCKS SEPARATELY</i></p>	<p>2. Homemade / prepared feed (e.g. paddy rice, rice bran, fish meal, crabs, banana stems, water spinach/mimosa)</p> <p>3. Gave leftover kitchen food waste or grains</p> <p>4. Purchased feed at market (i.e. local product)</p> <p>5. HKI provided feed</p> <p>6. Another NGO provided feed</p> <p>99. Other – Specify: _____</p>	
Q233.	<p>In the last 1 month, were any of your chickens/ducks sick?</p>	<p>0. No → Skip to Q235</p> <p>1. Yes</p>	<input type="checkbox"/>
Q234.	<p>In the last 1 month, what did you do for the sick chickens/ducks?</p> <p><i>MARK ALL THAT APPLY</i></p>	<p>0. Nothing</p> <p>1. Separate the sick chicken(s) immediately</p> <p>2. Seek support from agri / livestock extension worker</p> <p>3. Seek support from HKI staff</p> <p>4. Seek support from another NGO</p> <p>5. Vaccinated</p> <p>99. Other – Specify: _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q235.	<p>In the last 2 months, how many chicks and/or ducklings were hatched / regenerated, if any?</p>	<p>a. Number chicks</p> <p>b. Number ducklings</p>	<p>a. <input type="checkbox"/><input type="checkbox"/></p> <p>b. <input type="checkbox"/><input type="checkbox"/></p>
Q236.	<p>In the last 2 months, how many, if any, regenerated chicks and/or ducklings did you sell?</p>	<p>a. Number chicks</p> <p>b. Number ducklings</p>	<p>a. <input type="checkbox"/><input type="checkbox"/></p> <p>b. <input type="checkbox"/><input type="checkbox"/></p>
Q237.	<p>In the last 2 months, how many, if any, eggs did your chickens/ducks produce?</p> <p><i>IF NONE → SKIP TO Q244</i></p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="checkbox"/><input type="checkbox"/></p> <p>b. <input type="checkbox"/><input type="checkbox"/></p>

Household ID:

<p>Q238.</p>	<p>In the last 2 months, about how many of these total eggs were eaten by the household?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
<p>Q239.</p>	<p>In the last 2 months, about how many of these total eggs were sold?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
<p>Q240.</p>	<p>In the last 2 months, about how many of these total eggs were stored?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
<p>Q241.</p>	<p>In the last 2 months, about how many of these total eggs were used for hatching / regeneration purposes?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
<p>Q242.</p>	<p>In the last 2 months, about how many of these total eggs were given away (i.e. share with neighbours / relatives)?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
<p>Q243.</p>	<p>In the last 2 months, about how many of these total eggs were damaged /rotten?</p>	<p>a. Number chicken eggs</p> <p>b. Number duck eggs</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>

MODULE II: HOMESTEAD FOOD PRODUCTION

C. AQUACULTURE

<p>Q244.</p>	<p>Does your household have a homestead fishpond?</p>	<p>0. No → Skip to Module III</p> <p>1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q245.</p>	<p><u>OBSERVATION ONLY:</u> Is there mosquito net around the fishpond?</p>	<p>0. No</p> <p>1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q246.</p>	<p><u>OBSERVATION ONLY:</u> Note depth, shape, dimensions and slope of fishpond?</p>	<p>1. Depth of pond at least 1.5 meters</p> <p>2. Circular fishpond</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Household ID:

	<p>MARK ALL THAT APPLY</p>	<p>3. Rectangular fishpond</p> <p>4. Turbid pond water (i.e. cloudy pond water)</p> <p>5. Clear pond water (i.e. no particles or debris floating)</p> <p>99. Other – Specify: _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q247.</p>	<p><u>OBSERVATION ONLY:</u> Note colour of fishpond?</p>	<p>1. Light green</p> <p>2. Dark green</p> <p>3. Light brown</p> <p>4. Dark brown</p> <p>99. Other colour – Specify: _____</p>	<p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q248.</p>	<p>What is the size of your fishpond (in square metres)?</p>	<p>Size in m²</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>Q249.</p>	<p>What species of small fish, if any, were stocked in 2017?</p> <p>MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Amblypharyngodon chulabhornae (Princess carplet)</p> <p>2. Esomus metallicus (Striped flying barb)</p> <p>3. Trichopsis vittata Croaking gourami</p> <p>77. Don't know</p> <p>99. Other – Specify: _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q250.</p>	<p>What species of large fish, if any, were stocked in 2017?</p> <p>MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Common carp</p> <p>2. Silverbarb</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Household ID:

		<p>3. Tilapia</p> <p>4. Roho</p> <p>5. Mrigal</p> <p>77. Don't know</p> <p>99. Other – Specify: _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q251.</p>	<p>How many fingerlings, if any, did you receive from HKI?</p> <p><i>IF NONE → SKIP TO Q253</i></p>	<p>a. Number of fingerlings (large fish).....</p>	<p>a. <input type="checkbox"/><input type="checkbox"/></p>
<p>Q252.</p>	<p>When did you receive the fish and/or fingerlings from HKI?</p>	<p>0. Less than 1 month ago</p> <p>1. 1 month ago</p> <p>2. 2 months ago</p> <p>3. 3 months ago</p> <p>4. 4 months ago</p> <p>5. 5 months ago</p> <p>6. 6 months ago</p> <p>7. 7 months ago</p> <p>8. 8 months ago</p> <p>9. 9 months ago</p> <p>10. 10 months ago</p> <p>11. 11 months ago</p> <p>12. 12 or more months ago</p>	<p><input type="checkbox"/><input type="checkbox"/></p>
<p>Q253.</p>	<p>How many fish fingerlings (large fish species) in total were stocked in the pond in 2017?</p>	<p># large fish fingerlings</p>	<p><input type="checkbox"/><input type="checkbox"/></p>

Household ID:

<p>Q254.</p>	<p>How many fish fingerlings (<i>small fish species</i>) in total were stocked in the pond in 2017?</p>	<p># small fish fingerlings</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Q255.</p>	<p>Do you use fertilizer in your fishpond?</p>	<p>0. No → Skip to Q257 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q256.</p>	<p>What type of fertilizer do you use in your fishpond?</p> <p><i>MARK ALL THAT APPLY</i></p>	<p>1. Chicken manure 2. Pig manure 3. Cattle manure 4. Compost / organic household waste 5. Green manure (i.e. plant leaves and stock) 6. Liquid manure 7. Lime 8. Chemical fertilizer (e.g. Urea, DAP) 9. Tuntrean Khet leaves 99. Other – Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Q257.</p>	<p>In the last 1 month, how did you manage fish feed (i.e. what were your fish given for feed)?</p> <p><i>MARK ALL THAT APPLY</i></p>	<p>0. No feed 1. Homemade / prepared feed (e.g. broken rice, termites, vermi-compost, duckweeds, cool rice, wasted vegetables, rice bran, insects) 2. Commercial feed (pellet feed) 3. HKI provided fish feed 4. Another NGO provided fish feed 99. Other – Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

Household ID:

<p>Q258.</p>	<p>In the last year, have you had any issues with diseases / pests impacting your fish?</p>	<p>0. No → Skip to Q261 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q259.</p>	<p>What were the main diseases and/or pests encountered?</p> <p>MARK ALL THAT APPLY</p>	<p>1. Snakes 2. Rodents 3. Frog 4. Eel 5. Tail and fin rot 6. Dropsy (i.e. abdominal swelling) 7. White spot disease 99. Other – Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Q260.</p>	<p>What did you do to manage the diseased fish and/ or pests?</p> <p>MARK ALL THAT APPLY</p>	<p>0. Nothing 1. Remove the diseased fish immediately 2. Seek support from agri extension worker 3. Seek support from HKI staff 4. Seek support from another NGO 99. Other – Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Q261.</p>	<p>During the last year, did your fishpond flood?</p>	<p>0. No → Skip to Q263 1. Yes</p>	<p><input type="checkbox"/></p>
<p>Q262.</p>	<p>What actions were taken to protect fish during the flooding?</p> <p>MARK ALL THAT APPLY</p>	<p>1. Use screen nets to prevent fish from getting out 2. Use screen nets to prevent predators from getting into the pond</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

Household ID:

		3. Raise pond dike higher (above level of flooded water) 99. Other – Specify: _____	<input type="checkbox"/>
Q263.	In the last 2 months, how many kilograms of small fish , if any, did your fishpond produce? <i>IF NONE → SKIP TO Q269</i>	Kilograms of small fish	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q264.	In the last 2 months, what proportion of the total small fish produced were eaten by the household?	Kg sm fish eaten	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q265.	In the last 2 months, what proportion of the total small fish produced were sold?	Kg sm fish sold	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q266.	In the last 2 months, about what proportion of the total small fish produced were used for regeneration purposes?	Kg sm fish regenerated	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q267.	In the last 2 months, about what proportion of the total small fish produced were given away (i.e. share with neighbours / relatives)?	Kg sm fish gifted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q268.	In the last 2 months, about what proportion of the total small fish produced were damaged /rotten?	Kg sm fish damaged	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q269.	In the last 2 months, how many kilograms of large fish , if any, did your fishpond produce? <i>IF NONE → SKIP TO Q301</i>	Kilograms of large fish	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q270.	In the last 2 months, what proportion of the total large fish produced were eaten by the household?	Kg lrg fish eaten	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q271.	In the last 2 months, what proportion of the total large fish produced were sold?	Kg lrg fish sold	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Household ID:

<p>Q272.</p>	<p>In the last 2 months, about what proportion of the total large fish produced were used for regeneration purposes?</p>	<p>Kg lrg fish regeneration</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Q273.</p>	<p>In the last 2 months, about what proportion of the total large fish produced were given away (i.e. share with neighbours / relatives)?</p>	<p>Kg lrg fish gifted</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Q274.</p>	<p>In the last 2 months, about what proportion of the total large fish produced were damaged /rotten?</p>	<p>Kg lrg fish damaged</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

MODULE III: TRAINING

Q301. PROJECT TRAINING: First, please tell me the name of each person who has attended any type of training provided by the project staff, starting with the head of the household. Using the same Line number for each household member listed in that attended training (e.g. if it was the head of the household who attended training, list in L01 under "LINE#"). LIST ALL HOUSEHOLD MEMBERS NAMES (A.), RELATION TO THE HEAD OF THE HOUSEHOLD (B.), TYPE OF TRAININGS ATTENDED (C.), AND NUMBER OF TRAINING(S) ATTENDED (D.) WHO DELIVERED THE TRAINING (E.). THEN ASK: *Are there any others who live here, even if they are not at home now, who attended project training? IF YES, COMPLETE LISTING FOR QUESTIONS A-E. USE ADDITIONAL QUESTIONNAIRE IF ALL ROWS HAVE BEEN USED. Tick here and skip to Q302 if no training was attended by any member of the household* .

LINE NO.	A. NAME OF HOUSEHOLD MEMBER (FIRST NAME, LAST NAME)	B. RELATION TO HEAD OF HOUSEHOLD 1=HEAD OF THE HOUSEHOLD 2=SPOUSE 3=SON OR DAUGHTER 4=SON/DAUGHTER-IN-LAW 5=GRANDCHILD 6=PARENT 7=PARENT-IN-LAW 8=BROTHER OR SISTER 9=NEPHEW OR NIECE 10=ADOPTED/FOSTER/STEP CHILD 11=AUNT/UNCLE 99=OTHER—SPECIFY	C. TYPE OF TRAINING ATTENDED 1=TECHNICAL TRAINING ON FRUIT/VEG PRODUCTION 2=TECHNICAL TRAINING ON FISH PRODUCTION 3= TECHNICAL TRAINING ON POULTRY PRODUCTION 4=NUTRITION 5=HYGIENE / WASH 6=MARKETING/FINANCIAL LITERACY 7=MICROFINANCE 8= NURTURING CONNECTIONS/GENDER EMPOWERMENT 9= FOOD-PROCESSING 10= OTHER—SPECIFY INSTRUCTIONS: READ ALOUD	D. NUMBER OF TRAINING(S) ATTENDED	E. WHO DELIVERED THE TRAINING? 1=VILLAGE MODEL FARMER 2=GOVERNMENT AG EXTENSION WORKER 3=VILLAGE HEALTH VOLUNTEER 4=HKI FIELD OFFICER(S) 5= HKI PHNOM PENH STAFF 6= OTHER GOV WORKER—SPECIFY 7=OTHER NGO STAFF—SPECIFY 8=OTHER —SPECIFY
L01					
L02					
L03					
L04					
L05					
L06					

TICK HERE IF AN ADDITIONAL QUESTIONNAIRE WAS USED TO RECORD HOUSEHOLD MEMBERS

<p>Q302.</p>	<p>Modules learned in technical training on horticulture</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Land and bed preparation</p> <p>2. Vegetable seed sowing, transplanting and seed production</p> <p>3. Techniques for (i) crop rotation, (ii) crop mulching, and (iii) crop diversification</p> <p>4. Soil fertility management</p> <p>5. Pest and disease control and management</p> <p>6. Techniques for vegetable harvesting</p> <p>7. Garden flood and drought management of</p> <p>8. Crop selection techniques based on season and nutrition</p> <p>99. Other: Specify_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Q303.</p>	<p>Modules learned in technical training on fish-farming</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Small and large fish polyculture</p> <p>2. Fish pond preparation</p> <p>3. Fertilizer application in fish pond</p> <p>4. Local fish feed preparation and fish feeding</p> <p>5. Fish harvesting techniques</p> <p>6. Fish pond maintenance and management</p> <p>99. Other: Specify_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Q304.</p>	<p>Modules learned in technical training on poultry raising</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Chicken house construction</p> <p>2. Chicken breed selection</p> <p>3. Local chicken feed preparation and chicken feeding</p> <p>4. Methods to increase egg production</p> <p>5. Methods of chick production</p> <p>6. Poultry disease prevention and control</p> <p>7. Chicken hygiene and sanitation</p> <p>99. Other: Specify_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q308.	<p>Modules learned in technical training on microfinance</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Interest rate</p> <p>2. Loan instalment</p> <p>3. Eligibility of borrower</p> <p>99. Other: Specify_____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q309.	<p>Modules learned in technical training on nurturing connections women empowerment</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. <u>Session 1</u>: swapping places, hopes and fears, and ground rules</p> <p>2. <u>Session 2</u>: defining trust, demonstration & building trust, and obstacles to listening</p> <p>3. <u>Session 3</u>: partial viewpoints, exploring gendered behaviors and access to nutrition</p> <p>4. <u>Session 4</u>: power hierarchies, relations of power, domestic violence, and managing cash-flow</p> <p>5. <u>Session 5</u>: asset control mapping, negotiating change and assertiveness</p> <p>6. <u>Session 6</u>: learning to say no, decision making, looking at/for changes, and obstacles to changes</p> <p>7. <u>Session 7</u>: working towards changes</p> <p>99. Other: Specify_____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>