

# FINAL TECHNICAL REPORT / RAPPORT TECHNIQUE FINAL

## ANNEX 3A- ENDLINE 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)

## 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

<b>Q01.</b>	Date of Interview: __ / __ /20 __ (DD/MM/YYYY)	<b>Q02.</b>	Consent given: 1 = YES    0 = NO	<input type="checkbox"/>
<b>Q03.</b>	Province:	<b>Q04.</b>	District:	
<b>Q05.</b>	Commune:	<b>Q06.</b>	Village:	
<b>Q07.</b>	Cluster #:	<b>Q08.</b>	Household ID:	
<b>Q09.</b>	Enumerator ID:	<b>Q10.</b>	Supervisor ID:	
<b>Q11.</b>	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 → <b>Q13</b>		<input type="checkbox"/>
<b>Q12.</b>	What was the main reason for migration? (NOTE: Ask neighbours or village chief)	1. Other income generating opportunities 2. Family obligation 3. Death/sickness in family 99. Other – Specify: _____		<input type="checkbox"/> <input type="checkbox"/>
<b>Q13.</b>	<b><i>OBSERVATION ONLY:</i></b> Type of Homestead Food Production Model  <i>RECORD ONLY ONE OPTION. CONFIRM WITH FIELD SUPERVISOR WHICH TYPE OF EHFP MODEL HOUSEHOLD WAS ASSIGNED.</i>	1. Garden only 2. Garden + poultry 3. Garden + fishpond 4. Garden + fishpond + poultry		<input type="checkbox"/>
<b>Q14.</b>	Did you receive vegetable/fruit seeds from HKI between December 2017 and February 2018?	0. No 1. Yes → <b>Skip to Q16</b>		<input type="checkbox"/>
<b>Q15.</b>	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

<p><b>Q16.</b></p>	<p>The last time you received seeds from HKI, what was done with them?</p>	<p>1. Planted in homestead garden                  2. Sold                  3. Traded                  4. Lost                  5. Kept for next growing season                  99. Other – Specify:                  _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
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<p><b>Q17.</b></p>	<p>List aloud the following people to the respondent and tick all that have visited their homestead in the past 5 weeks.</p> <p>MARK ALL THAT APPLY</p>	<p><input type="checkbox"/> VMF  <input type="checkbox"/> HKI Staff  <input type="checkbox"/> Agriculture extension worker  <input type="checkbox"/> Community health worker  <input type="checkbox"/> Village health volunteer  <input type="checkbox"/> Local NGO staff—specify organization and role of visitor: _____  <input type="checkbox"/> Other—Specify:                  _____  <input type="checkbox"/> N/A no visitors in the past 5 weeks</p>	<p><input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits  <input type="checkbox"/> # of visits</p>
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## MODULE 0: PARTICIPANT INFORMATION

**INTERVIEWER:** THANK YOU FOR MEETING WITH ME TODAY AND PARTICIPATING IN THIS STUDY. WE ARE HERE TO LEARN FROM YOU 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 INTERVIEW WILL TAKE AROUND ONE HOUR. ALL OF THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

<b>Q18.</b>	Name of respondent:  <hr style="width: 50%; margin-left: 0;"/> <p><b>INSTRUCTIONS:</b> CROSS-REFERENCE RESPONDENT NAME WITH BASELINE RESPONDENT NAME INDICATED BY FIELD SUPERVISOR TO ENSURE RESPONDENT IS SAME AS FOR BASELINE SURVEY.</p>	<b>Q19.</b>	Age of respondent ( <i>IN YEARS</i> ):  <input type="checkbox"/>  <input type="checkbox"/>
	IF NOT BASELINE WRA, RECORD REASON WHY SHE IS UNAVAILABLE:  REASON: _____		
<b>Q20.</b>	Name of youngest child enrolled in the study:  <hr style="width: 50%; margin-left: 0;"/> <p><b>INSTRUCTIONS:</b> CROSS-REFERENCE CHILD'S NAME WITH BASELINE CHILD'S NAME INDICATED BY FIELD SUPERVISOR TO ENSURE CHILD IS SAME AS FOR BASELINE SURVEY</p>	<b>Q21.</b>	Sex of child:  1. Boy 2. Girl  <input type="checkbox"/>
<b>Q22.</b>	Child Date of Birth*:  __ / __ /20 __ (DD/MM/YYYY)  <i>*Ask to see child's health card to verify DOB*</i>	<b>Q23.</b>	Age of child ( <i>IN MONTHS</i> ):  <input type="checkbox"/>  <input type="checkbox"/>

<b>Q24.</b>	Sex of respondent:  <b>CODES:</b> 1. Male 2. Female	<input type="checkbox"/>	<b>Q25.</b> Relationship to the youngest child under five living in the household?  <i>RECORD ONLY ONE OPTION</i>  <b>CODES:</b> 1. Mother 2. Father 3. Grandmother/father 4. Aunt/uncle 5. Sibling 99. Other – Specify _____  <i>If not mother, skip to Q31</i>	<input type="checkbox"/>
<b>Q26.</b>	How many children have you given birth to?		<input type="checkbox"/>  <input type="checkbox"/>	
<b>Q27.</b>	Are you currently pregnant?	0. No → <b>Skip to Q29</b> 1. Yes  77. Not sure → <b>Skip to Q29</b>		<input type="checkbox"/>
<b>Q28.</b>	How many months pregnant are you?  <i>NOTE:</i> 1 Week = 00.25 Months 2 Week = 00.50 Months 3 Week = 00.75 Months	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> MONTHS		
<b>Q29.</b>	Are you currently breastfeeding?	0. No → <b>Skip to Q31</b> 1. Yes		<input type="checkbox"/>
<b>Q30.</b>	How many days in the last week did you breastfeed?	<input type="checkbox"/> <input type="checkbox"/> DAYS		

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**Q31. LIST OF HOUSEHOLD MEMBERS:** First, please tell me the name of each person who usually lives here, starting with the head of the household. List the head of the household in line 01. LIST ALL HOUSEHOLD MEMBERS NAMES (A.), THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD (B.), THEIR AGE (C.), THEIR SEX (D.), AND FOR THE PRIMARY CAREGIVERS ONLY (E.G. MOTHER AND FATHER) ASK ABOUT THEIR HIGHEST LEVEL OF SCHOOL COMPLETED (E). *THEN ASK: Are there any others who live here, even if they are not at home now? IF YES, COMPLETE LISTING FOR QUESTIONS A-E. USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE LIST OF HOUSEHOLD MEMBERS HAVE BEEN USED.*

LINE#	A. NAME OF HOUSEHOLD MEMBER (FIRST NAME, LAST NAME)	B. RELATION 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. AGE (IN YEARS) <i>(IF AGE IS LESS THAN 1 YEAR, RECORD 00)</i>	D. SEX 1=BOY 2=GIRL	E. HIGHEST LEVEL OF SCHOOL COMPLETED*  *ASK ABOUT PRIMARY CAREGIVER(S) ONLY  0= NO STUDY 1=PRIMARY 2=LOWER SECONDARY SCHOOL 3=UPPER SECONDARY SCHOOL 4=HIGHER EDUCATION 98= N/A 99=OTHER—SPECIFY
L01.					
L02.					
L03.					
L04.					
L05.					
L06.					
L07.					
L08.					
L09.					

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

### MODULE I: HOUSEHOLD INFORMATION

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

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		5. Parquet or polished wood 6. Ceramic tiles 7. Cement 8. Carpet 99. Other – Specify _____	<input type="checkbox"/> <input type="checkbox"/>
<b>Q111.</b>	<p><b><u>OBSERVATION ONLY:</u></b> What is the <b>main</b> material of the exterior walls of the living house?</p> <p><i>RECORD ONLY ONE OBSERVATION</i></p>	0. No Walls <b>Natural walls:</b> 1. Earth/sand 2. Dung <b>Rudimentary walls:</b> 3. Bamboo/palm with mud 4. Stone with mud 5. Uncovered adobe 6. Plywood 7. Carboard 8. Resued wood <b>Finished Walls:</b> 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:

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<b>Q112.</b>	What type of fuel does your household <b>mainly</b> use for cooking?	<ol style="list-style-type: none"><li>1. Charcoal</li><li>2. Wood</li><li>3. Electricity</li><li>4. LPG (natural gas)</li><li>5. Biogas</li><li>6. Straw/shrubs/grass</li><li>7. Animal dung</li></ol> Other – Specify _____	<input type="checkbox"/> <input type="checkbox"/>
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**MODULE II: HOMESTEAD FOOD PRODUCTION**  
**A. HORTICULTURE**

<b>Q201.</b>	<b><u>OBSERVATION ONLY:</u></b> Does the household currently have a home garden?	0. No → <b>Skip to Section B. Poultry</b> 1. Yes	<input type="checkbox"/>
<b>Q202.</b>	What is the area currently under cultivation for the homestead garden?	Sq meters under cultivation .....	<input type="checkbox"/> <input type="checkbox"/>
<b>Q203.</b>	<b><u>OBSERVATION ONLY:</u></b> Tick the available crops/vegetables in the household's garden  MARK ALL THAT APPLY	0. None → <b>Skip to Q208</b> 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 20. bottle gourd	<input type="checkbox"/> <input type="checkbox"/>

Household ID:

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		<ul style="list-style-type: none"><li>21. pumpkin</li><li>22. bitter gourd</li><li>23. wax (ash) gourd</li><li>24. sponge gourd</li><li>25. ivy gourd</li><li>26. moringa</li><li>27. snake gourd</li><li>28. yard long bean</li><li>29. sewing bean</li><li>30. red chili</li><li>31. green chili</li><li>32. capsicum (sweet pepper)</li><li>33. green tomato</li><li>34. red tomato</li><li>35. bitter eggplant</li><li>36. medium round eggplant</li><li>37. long eggplant</li><li>38. watermelon (green)</li><li>39. basil</li><li>40. holy basil</li><li>41. mint</li><li>42. lemon grass</li><li>43. coriander</li><li>44. ginger</li><li>45. garlic</li><li>46. turmeric</li><li>47. parsley</li><li>48. chirona</li><li>49. sweet potato (white)</li><li>50. sweet potato (purple)</li><li>51. sweet potato (yellow)</li><li>52. cassava</li></ul>	
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		53. potato 54. yam 55. carrot 56. radish 57. taro 58. onion 59. bunching onion 99. Other vegetable – Specify: _____	
<b>INSTRUCTIONS: ASK QUESTIONS Q204-Q207 ON VEGETABLE PRODUCTION PRACTICES ONLY FOR THOSE CROPS/VEGETABLES NOTED IN Q203.</b>			
<b>Q204.</b>	<b>OBSERVATION ONLY:</b> Are these vegetables are in a plotted area?	0. No. 1. Yes	<input type="checkbox"/>
<b>Q205.</b>	<b>OBSERVATION ONLY:</b> Are these vegetables within a fenced area?	0. No 1. Yes	<input type="checkbox"/>
<b>Q206.</b>	<b>OBSERVATION ONLY:</b> Are using manure in (.....) ?	0. No 1. Yes	<input type="checkbox"/>
<b>Q207.</b>	<b>OBSERVATION ONLY:</b> Are using bio-pesticide in (.....) ?	0. No 1. Yes	<input type="checkbox"/>
<b>Q208.</b>	<b>OBSERVATION ONLY:</b> What type of manure does the household have?  If (0) or (99), skip to <b>Q211</b> ; If (1) go to <b>Q209</b> ; if (2) go to <b>Q210</b> .	0. None → <b>Skip to Q211</b> 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"/>
<b>Q209.</b>	<b>OBSERVATION ONLY:</b> Is the compost pit / heap covered?	0. No 1. Yes	<input type="checkbox"/>

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	Once answered → Skip to Q211		
<b>Q210.</b>	<b><u>OBSERVATION ONLY:</u></b> Is the farmyard pit / heap protected?	0. No 1. Yes	<input type="checkbox"/>
<b>Q211.</b>	<b><u>OBSERVATION ONLY:</u></b> Is there a container (e.g. pit/ bin / drum) for bio pesticide to minimize insect / pest attacks?	0. No 1. Yes	<input type="checkbox"/>
<b>Q212.</b>	Do you use any chemical fertilizers, such as urea, phosphorus, potassium, and compound fertilizers in your garden?	0. No 1. Yes	<input type="checkbox"/>
<b>Q213.</b>	What is the <b>main</b> type of irrigation you are using for growing vegetables?	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: _____	<input type="checkbox"/> <input type="checkbox"/>
<b>Q214.</b>	In the last year, how many months did you garden?	0. None → Skip to Q216 1. 1-5 months 2. 6-8 months 3. 9-12 months	<input type="checkbox"/>

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<p><b>Q215.</b></p>	<p>On average, how much time a week do you spend tending to your homestead garden?</p>	<p>0. None          1. &lt; 5 hours per week          2. 5 – 10 hours per week          3. 10 – 20 hours per week          4. &gt; 20 hours per week</p>	<p><input type="checkbox"/></p>
<p><b>Q216.</b></p>	<p>What type of vegetables did you produce in the last <b><u>2</u></b> <b><u>months?</u></b></p> <p>MARK ALL THAT APPLY</p>	<p>0. None → <b>Skip to Q223</b>          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          22. bitter gourd          23. wax (ash) gourd          24. sponge gourd</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

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		<ul style="list-style-type: none"><li>25. ivy gourd</li><li>26. moringa</li><li>27. snake gourd</li><li>28. yard long bean</li><li>29. sewing bean</li><li>30. red chili</li><li>31. green chili</li><li>32. capsicum (sweet pepper)</li><li>33. green tomato</li><li>34. red tomato</li><li>35. bitter eggplant</li><li>36. medium round eggplant</li><li>37. long eggplant</li><li>38. watermelon (green)</li><li>39. basil</li><li>40. holy basil</li><li>41. mint</li><li>42. lemon grass</li><li>43. coriander</li><li>44. ginger</li><li>45. garlic</li><li>46. turmeric</li><li>47. parsley</li><li>48. chirona</li><li>49. sweet potato (white)</li><li>50. sweet potato (purple)</li><li>51. sweet potato (yellow)</li><li>52. cassava</li><li>53. potato</li><li>54. yam</li><li>55. carrot</li><li>56. radish</li></ul>	
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		57. taro 58. onion 59. bunching onion 99. Other vegetable – Specify: _____	
<b>INSTRUCTIONS: ASK QUESTIONS (Q217-Q222) FOR EACH TYPE OF VEGETABLE/CROP NOTED IN Q216).</b>			
<b>Q217.</b>	What quantity (kg) of (....) did you harvest in the last 2 months?	Kg harvested .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q218.</b>	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"/>
<b>Q219.</b>	About what quantity (kg) of the (....) produced was eaten by the household?	Kg eaten .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q220.</b>	About what quantity (kg) of the (....) produced in the last 2 months was stored?	Kg stored .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q221.</b>	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"/>
<b>Q222.</b>	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"/>
<b>Q223.</b>	What type of vegetables seeds did you produce in the last growing season?  MARK ALL THAT APPLY	0. None 1. kangkong 2. amaranth 3. Indian spinach 4. spinach 5. lettuce 6. white petiole 7. Gourd/pumpkin leaves 8. mustard greens	<input type="checkbox"/> <input type="checkbox"/>



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		<ol style="list-style-type: none"><li>9. cassava leaves</li><li>10. sweet potato leaves</li><li>11. moringa leaves</li><li>12. chiyah leaves</li><li>13. taro leaves</li><li>14. radish leaves</li><li>15. water mimosa</li><li>16. Chinese cabbage</li><li>17. common cabbage</li><li>18. Chinese kale</li><li>19. cucumber</li><li>20. bottle gourd</li><li>21. pumpkin</li><li>22. bitter gourd</li><li>23. wax (ash) gourd</li><li>24. sponge gourd</li><li>25. ivy gourd</li><li>26. moringa</li><li>27. snake gourd</li><li>28. yard long bean</li><li>29. sewing bean</li><li>30. red chili</li><li>31. green chili</li><li>32. capsicum (sweet pepper)</li><li>33. green tomato</li><li>34. red tomato</li><li>35. bitter eggplant</li><li>36. medium round eggplant</li><li>37. long eggplant</li><li>38. watermelon (green)</li><li>39. basil</li><li>40. holy basil</li></ol>	
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		41. mint 42. lemon grass 43. coriander 44. ginger 45. garlic 46. turmeric 47. parsley 48. chirona 49. sweet potato (white) 50. sweet potato (purple) 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: _____	
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Q224.	<b>OBSERVATION ONLY:</b> How many varieties of fruit plants are currently grown at the homestead?	Number of fruit varieties currently grown.....	<input type="checkbox"/> <input type="checkbox"/>
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**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. <b>Aquaculture</b> 1. Yes	<input type="checkbox"/>
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<p><b>Q226.</b></p>	<p>How many chickens, if any, did you receive from HKI?</p> <p><i>IF NONE → SKIP TO Q228</i></p>	<p>a. Number of chickens.....</p>	<p>a. <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Q227.</b></p>	<p>When did you receive the chickens 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><b>Q228.</b></p>	<p>What type of chicken and/or duck breeds does the household have?</p> <p>MARK ALL THAT APPLY</p>	<p>1. Hybrid chicken breed (e.g. CP breed, Cystal Diamond breed, and Maykha breed)</p> <p>2. Local chicken breed (e.g. Kork, Sampov, Prochul, Kandong, Chey, Samlei, Kragnas, Khmao, Skuoy)</p> <p>3. Layers / broiler / Kuroiler chickens</p> <p>4. Exotic duck breed (e.g. Khaki Campbell, White Peking)</p> <p>5. Local duck breed (e.g. Sampauv, Angkam, Long-neck Krolas)</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><b>Q229.</b></p>	<p><b><u>OBSERVATION ONLY:</u></b> Note number of chickens and/or ducks by type?</p>	<p>a. Hybrid (chickens).....</p> <p>b. Local (chickens) .....</p> <p>c. Layers / broiler / Kuroiler (chickens).....</p>	<p>a. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. <input type="checkbox"/> <input type="checkbox"/></p>

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

Q233.	In the last 1 month, were any of your chickens/ducks sick?	0. No → <b>Skip to Q235</b> 1. Yes	<input type="checkbox"/>
Q234.	In the last 1 month, what did you do for the sick chickens/ducks?  MARK ALL THAT APPLY	0. Nothing 1. Separate the sick chicken(s) immediately 2. Seek support from agri / livestock extension worker 3. Seek support from HKI staff 4. Seek support from another NGO 5. Vaccinated  99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q235.	In the last 2 months, how many chicks and/or ducklings were hatched / regenerated, if any?	a. Number chicks ..... b. Number ducklings .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
Q236.	In the last 2 months, how many, if any, regenerated chicks and/or ducklings did you sell?	a. Number chicks ..... b. Number ducklings .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
Q237.	In the last 2 months, how many, if any, eggs did your chickens/ducks produce?  <b>IF NONE → SKIP TO Q244</b>	a. Number chicken eggs ..... b. Number duck eggs .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
Q238.	In the last 2 months, about how many of these total eggs were eaten by the household?	a. Number chicken eggs ..... b. Number duck eggs .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
Q239.	In the last 2 months, about how many of these total eggs were sold?	a. Number chicken eggs ..... b. Number duck eggs .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
Q240.	In the last 2 months, about how many of these total eggs	a. Number chicken eggs .....	a. <input type="checkbox"/> <input type="checkbox"/>

	were used for hatching / regeneration purposes?	b. Number duck eggs .....	b. <input type="checkbox"/> <input type="checkbox"/>
<b>Q241.</b>	In the last 2 months, about how many of these total eggs were given away (i.e. share with neighbours / relatives)?	a. Number chicken eggs ..... b. Number duck eggs .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
<b>Q242.</b>	In the last 2 months, about how many of these total eggs were damaged /rotten?	a. Number chicken eggs ..... b. Number duck eggs .....	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
<b>MODULE II: HOMESTEAD FOOD PRODUCTION</b>			
<b>C. AQUACULTURE</b>			
<b>Q243.</b>	Does your household have a homestead fishpond?	0. No → <b>Skip to Module III</b> 1. Yes	<input type="checkbox"/>
<b>Q244.</b>	<b><u>OBSERVATION ONLY:</u></b> Is there mosquito net around the fishpond?	0. No 1. Yes	<input type="checkbox"/>
<b>Q245.</b>	<b><u>OBSERVATION ONLY:</u></b> Note depth, shape, dimensions and slope of fishpond?  MARK ALL THAT APPLY	1. Depth of pond at least 1.5 meters 2. Circular fishpond 3. Rectangular fishpond 4. Turbid pond water (i.e. cloudy pond water) 5. Clear pond water (i.e. no particles or debris floating) 99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q246.</b>	<b><u>OBSERVATION ONLY:</u></b> Note colour of fishpond?	1. Light green 2. Dark green 3. Light brown	<input type="checkbox"/> <input type="checkbox"/>

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		4. Dark brown 99. Other colour – Specify: _____	
<b>Q247.</b>	What is the size of your fishpond (in square metres)?	Size in m <sup>2</sup> .....	□ □ □ □ □ □
<b>Q248.</b>	What species of <b>small fish</b> , if any, were stocked in 2017?  <i>MARK ALL THAT APPLY</i>	0. None 1. Amblypharyngodon chulabhornae (Princess carplet) 2. Esomus metallicus (Striped flying barb) 3. Trichopsis vittata Croaking gourami 77. Don't know 99. Other – Specify: _____	□ □ □ □ □ □ □ □
<b>Q249.</b>	What species of <b>large fish</b> , if any, were stocked in 2017?  <i>MARK ALL THAT APPLY</i>	0. None 1. Common carp 2. Silverbarb 3. Tilapia 4. Roho 5. Mrigal 77. Don't know 99. Other – Specify: _____	□ □ □ □ □ □ □ □ □
<b>Q250.</b>	How many fingerlings, if any, did you receive from HKI?  <i>IF NONE → SKIP TO Q253</i>	a. Number of fingerlings (large fish).....	a. □ □
<b>Q251.</b>	When did you receive the fish and/or fingerlings from HKI?	0. Less than 1 month ago	□ □

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		<ol style="list-style-type: none"> <li>1. 1 month ago</li> <li>2. 2 months ago</li> <li>3. 3 months ago</li> <li>4. 4 months ago</li> <li>5. 5 months ago</li> <li>6. 6 months ago</li> <li>7. 7 months ago</li> <li>8. 8 months ago</li> <li>9. 9 months ago</li> <li>10. 10 months ago</li> <li>11. 11 months ago</li> <li>12. 12 or more months ago</li> </ol>	
<b>Q252.</b>	How many fish fingerlings ( <b>large fish species</b> ) in total were stocked in the pond in 2017?	# large fish fingerlings .....	<input type="checkbox"/> <input type="checkbox"/>
<b>Q253.</b>	How many fish fingerlings ( <b>small fish species</b> ) in total were stocked in the pond in 2017?	# small fish fingerlings .....	<input type="checkbox"/> <input type="checkbox"/>
<b>Q254.</b>	Do you use fertilizer in your fishpond?	<ol style="list-style-type: none"> <li>0. No → <b>Skip to Q257</b></li> <li>1. Yes</li> </ol>	<input type="checkbox"/>
<b>Q255.</b>	What type of fertilizer do you use in your fishpond?  <i>MARK ALL THAT APPLY</i>	<ol style="list-style-type: none"> <li>1. Chicken manure</li> <li>2. Pig manure</li> <li>3. Cattle manure</li> <li>4. Compost / organic household waste</li> <li>5. Green manure (i.e. plant leaves and stock)</li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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		<p>6. Liquid manure</p> <p>7. Lime</p> <p>8. Chemical fertilizer (e.g. Urea, DAP)</p> <p>9. Tuntrean Khet leaves</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"/> <input type="checkbox"/></p>
<p><b>Q256.</b></p> <p>In the last 1 month, how did you manage fish feed (i.e. what were your fish given for feed)?</p> <p>MARK ALL THAT APPLY</p>	<p>0. No feed</p> <p>1. Homemade / prepared feed (e.g. broken rice, termites, vermi-compost, duckweeds, cool rice, wasted vegetables, rice bran, insects)</p> <p>2. Commercial feed (pellet feed)</p> <p>3. HKI provided fish feed</p> <p>4. Another NGO provided fish feed</p> <p>99. Other – Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>Q257.</b></p> <p>In the last year, have you had any issues with diseases / pests impacting your fish?</p>	<p>0. No → <b>Skip to Q261</b></p> <p>1. Yes</p>	<p><input type="checkbox"/></p>	
<p><b>Q258.</b></p> <p>What were the main diseases and/or pests encountered?</p> <p>MARK ALL THAT APPLY</p>	<p>1. Snakes</p> <p>2. Rodents</p> <p>3. Frog</p> <p>4. Eel</p> <p>5. Tail and fin rot</p> <p>6. Dropsy (i.e. abdominal swelling)</p> <p>7. White spot disease</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"/> <input type="checkbox"/></p>	

<b>Q259.</b> What did you do to manage the diseased fish and/ or pests?  MARK ALL THAT APPLY		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: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
<b>Q260.</b>	During the last year, did your fishpond flood?	0. No → <b>Skip to Q263</b>  1. Yes	<input type="checkbox"/>
<b>Q261.</b>  MARK ALL THAT APPLY	What actions were taken to protect fish during the flooding?	1. Use screen nets to prevent fish from getting out  2. Use screen nets to prevent predators from getting into the pond  3. Raise pond dike higher (above level of flooded water)  99. Other – Specify: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<b>Q262.</b>	In the last 2 months, how many kilograms of <b>small fish</b> , if any, did your fishpond produce?  <i>IF NONE → SKIP TO Q269</i>	Kilograms of <b>small fish</b> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q263.</b>	In the last 2 months, what proportion of the total <b>small fish</b> produced were eaten by the household?	Kg <b>sm fish</b> eaten .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q264.</b>	In the last 2 months, what proportion of the total <b>small fish</b> produced were sold?	Kg <b>sm fish</b> sold .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q265.</b>	In the last 2 months, about what proportion of the total <b>small fish</b> produced were used for regeneration purposes?	Kg <b>sm fish</b> regenerated .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q266.</b>	In the last 2 months, about what proportion of the total	Kg <b>sm fish</b> gifted .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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	<b>small fish</b> produced were given away (i.e. share with neighbours / relatives)?		
Q267.	In the last 2 months, about what proportion of the total <b>small fish</b> produced were damaged /rotten?	Kg <b>sm fish</b> damaged .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q268.	In the last 2 months, how many kilograms of <b>large fish</b> , if any, did your fishpond produce? <i>IF NONE → SKIP TO Q301</i>	Kilograms of <b>large fish</b> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q269.	In the last 2 months, what proportion of the total <b>large fish</b> produced were eaten by the household?	Kg <b>lrg fish</b> eaten .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q270.	In the last 2 months, what proportion of the total <b>large fish</b> produced were sold?	Kg <b>lrg fish</b> sold .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q271.	In the last 2 months, about what proportion of the total <b>large fish</b> produced were used for regeneration purposes?	Kg <b>lrg fish</b> regeneration .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q272.	In the last 2 months, about what proportion of the total <b>large fish</b> produced were given away (i.e. share with neighbours / relatives)?	Kg <b>lrg fish</b> gifted .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q273.	In the last 2 months, about what proportion of the total <b>large fish</b> produced were damaged /rotten?	Kg <b>lrg fish</b> damaged .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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**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 **Q31** 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.), TYPE OF TRAININGS ATTENDED (B.), NUMBER OF TRAINING(S) ATTENDED (C.) WHO DELIVERED THE TRAINING (D.). *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-D. 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. FROM Q31	A. NAME OF HOUSEHOLD MEMBER (FIRST NAME, LAST NAME)	B. 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	C. NUMBER OF TRAINING(S) ATTENDED	D. 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

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

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<p><b>Q302.</b></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><b>Q303.</b></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><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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		<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"/><input type="checkbox"/></p>
<p><b>Q304.</b></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"/><input type="checkbox"/></p>

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<p><b>Q305.</b></p>	<p>Modules learned in technical training on nutrition</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Woman's Nutrition</p> <p>2. Sources and role of Iron, Vitamin A, and Iodine</p> <p>3. Recommended breastfeeding practices</p> <p>4. How to breastfeed</p> <p>5. Common situations that can affect infant and young child feeding</p> <p>6. Common breastfeeding difficulties: prevention and solutions</p> <p>7. Complementary foods</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><b>Q306.</b></p>	<p>Modules learned in technical training on WASH</p> <p>ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY</p>	<p>0. None</p> <p>1. Hand-washing critical times</p> <p>2. Food hygiene</p> <p>3. Safe options for drinking water</p> <p>4. Safe options for defecation</p> <p>5. Waste management</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

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		6. Safe play area for children 99. Other: Specify_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q307.</b>	Modules learned in technical training on marketing/financial literacy  ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY	0. None 1. Market information board 2. Price tracking ledger 3. Income-expense record book 4. Crop profitability chart 5. Crop selection checklist 99. Other: Specify_____	<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"/>



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<p><b>Q308.</b></p>	<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>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Q309.</b></p>	<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 &amp; 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><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"/> <input type="checkbox"/></p>

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		7. <u>Session 7</u> : working towards changes  99. Other: Specify_____	
<b>Q310.</b>	Modules learned in technical training on food-processing  ASK RESPONDENT TO RECALL AND MARK ALL THAT APPLY	0. None 1. Vegetable Pickling 2. Fermentation 3. Fruit Jam/Jelly preparation  99. Other: Specify_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### MODULE IV: GENDER EQUITY

**INTERVIEWER:** *Now I'd like to ask you some questions about your participation in certain types of work activities and on making decisions on various aspects of household life. **NOTE: THIS SECTION IS IN REFERENCE TO THE CHILD OF THE MOTHER IN THE HH***

<b>Q401.</b>	Did you participate in <b>food crop farming</b> (e.g. crops that are grown primarily for household food consumption) in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → <b>Skip to Q406</b> 1. Yes	<input type="checkbox"/>
<b>Q402.</b>	When decisions are made regarding <b>food crop farming</b> , who is it that normally takes the decision?  MARK ALL THAT APPLY	1. Mother of child → <b>Skip tp Q406</b> 2. Father of child 3. Other household member 4. Other non-household member 98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q403.</b>	How much input did you have in making decisions about <b>food crop farming</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made → <b>Skip tp Q406</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q404.</b>	To what extent do you feel you can make your own personal decisions regarding <b>food crop farming</b> if you want(ed) to?  <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>
<b>Q405.</b>	How much input did you have in decisions on the use of income	1. No input or input into very few decisions	

	generated from <b>food crop farming</b> ? <i>RECORD ONLY ONE OPTION</i>	2. Input into some decisions 3. Input into most or all decisions 98. No decision made	<input type="checkbox"/> <input type="checkbox"/>
<b>Q406.</b>	Did you participate in <b>cash crop farming</b> (e.g. crops that are grown primary for sale in the market) in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → Skip to Q411 1. Yes	<input type="checkbox"/>
<b>Q407.</b>	When decisions are made regarding <b>cash crop farming</b> , who is it that normally takes the decision?  MARK ALL THAT APPLY	1. Mother of child → Skip to Q411 2. Father of child 3. Other household member 4. Other non-household member 98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q408.</b>	How much input did you have in making decisions about <b>cash crop farming</b> ? <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made → Skip to Q411	<input type="checkbox"/> <input type="checkbox"/>
<b>Q409.</b>	To what extent do you feel you can make your own personal decisions regarding <b>cash crop farming</b> if you want(ed) to? <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>
<b>Q410.</b>	How much input did you have in decisions on the use of income generated from <b>cash crop farming</b> ? <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made	<input type="checkbox"/> <input type="checkbox"/>

Q411.	Did you participate in <b>livestock raising</b> in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → Skip to Q416 1. Yes	<input type="checkbox"/>
Q412.	When decisions are made regarding <b>livestock raising</b> , who is it that normally takes the decision?  <i>MARK ALL THAT APPLY</i>	1. Mother of child → Skip tp Q416 2. Father of child 3. Other household member 4. Other non-household member  98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q413.	How much input did you have in making decisions about <b>livestock raising</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions  98. No decision made → Skip tp Q416	<input type="checkbox"/> <input type="checkbox"/>
Q414.	To what extent do you feel you can make your own personal decisions regarding <b>livestock raising</b> if you want(ed) to?  <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>
Q415.	How much input did you have in decisions on the use of income generated from <b>livestock raising</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions  98. No decision made	<input type="checkbox"/> <input type="checkbox"/>
Q416.	Did you participate in <b>fishing or fishpond culture</b> in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → Skip to Q421 1. Yes	<input type="checkbox"/>

<b>Q417.</b>	When decisions are made regarding <b><u>fishing or fishpond culture</u></b> , who is it that normally takes the decision?  <i>MARK ALL THAT APPLY</i>	1. Mother of child → <b>Skip tp Q421</b> 2. Father of child 3. Other household member 4. Other non-household member  98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q418.</b>	How much input did you have in making decisions about <b><u>fishing or fishpond culture</u></b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made → <b>Skip to Q421</b>	<input type="checkbox"/>
<b>Q419.</b>	To what extent do you feel you can make your own personal decisions regarding <b><u>fishing or fishpond culture</u></b> if you want(ed) to?  <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	
<b>Q420.</b>	How much input did you have in decisions on the use of income generated from <b><u>fishing or fishpond culture</u></b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made	
<b>Q421.</b>	Did you participate in <b><u>non-farm economic activities</u></b> (e.g. small business, self-employment, buy-and-sell) in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → <b>Skip to Q426</b> 1. Yes	<input type="checkbox"/>
<b>Q422.</b>	When decisions are made regarding <b><u>non-farm economic activities</u></b> , who is it that normally takes the decision?	1. Mother of child → <b>Skip to Q426</b> 2. Father of child 3. Other household member	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<i>MARK ALL THAT APPLY</i>	4. Other non-household member 98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q423.</b>	How much input did you have in making decisions about <b><u>non-farm economic activities</u></b> ?	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made → <b>Skip to Q426</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q424.</b>	To what extent do you feel you can make your own personal decisions regarding <b><u>non-farm economic activities</u></b> if you want(ed) to? <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>
<b>Q425.</b>	How much input did you have in decisions on the use of income generated from <b><u>non-farm economic activities</u></b> ?	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made	<input type="checkbox"/> <input type="checkbox"/>
<b>Q426.</b>	Did you participate in <b><u>wage and salary employment</u></b> (e.g. in-kind or monetary work both agriculture and other wage work) in the past 12 months (that is during the last [one/two] cropping seasons), from [PRESENT MONTH] last year to [PRESENT MONTH] this year?	0. No → <b>Skip to Q431</b> 1. Yes	<input type="checkbox"/>
<b>Q427.</b>	When decisions are made regarding <b><u>wage and salary employment</u></b> , who is it that normally takes the decision? <i>MARK ALL THAT APPLY</i>	1. Mother of child → <b>Skip to Q431</b> 2. Father of child 3. Other household member 4. Other non-household member 98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Q428.</b>	How much input did you have in making decisions about <b>wage and salary employment</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made → <b>Skip to Q431</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q429.</b>	To what extent do you feel you can make your own personal decisions regarding <b>wage and salary employment</b> if you want(ed) to?  <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>
<b>Q430.</b>	How much input did you have in decisions on the use of income generated from <b>wage and salary employment</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made	<input type="checkbox"/> <input type="checkbox"/>
<b>Q431.</b>	When decisions are made regarding <b>major household expenditures</b> (e.g. such as a bicycles, land, tuk tuk), who is it that normally takes the decision?  <i>MARK ALL THAT APPLY</i>	1. Mother of child → <b>Skip to Q434</b> 2. Father of child 3. Other household member 4. Other non-household member 98. Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q432.</b>	How much input did you have in making decisions about <b>major household expenditures</b> ?  <i>RECORD ONLY ONE OPTION</i>	1. No input or input into very few decisions 2. Input into some decisions 3. Input into most or all decisions 98. No decision made	<input type="checkbox"/> <input type="checkbox"/>
<b>Q433.</b>	To what extent do you feel you can make your own personal decisions regarding <b>major household expenditures</b> if you want(ed) to?  <i>RECORD ONLY ONE OPTION</i>	1. Not at all 2. Small extent 3. Medium extent 4. High extent	<input type="checkbox"/>



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<p><b>Q434.</b></p>	<p>When decisions are made regarding <b>minor household expenditures</b> (e.g. food for daily consumption or other household needs), who is it that normally takes the decision?</p> <p><i>MARK ALL THAT APPLY</i></p>	<p>1. Mother of child → <b>Skip to MODULE V</b></p> <p>2. Spouse</p> <p>3. Other household member</p> <p>4. Other non-household member</p> <p>98. Not applicable</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"/> <input type="checkbox"/></p>
<p><b>Q435.</b></p>	<p>How much input did you have in making decisions about <b>minor household expenditures</b>?</p> <p><i>RECORD ONLY ONE OPTION</i></p>	<p>1. No input or input into very few decisions</p> <p>2. Input into some decisions</p> <p>3. Input into most or all decisions</p> <p>98. No decision made → <b>Skip to MODULE V</b></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Q436.</b></p>	<p>To what extent do you feel you can make your own personal decisions regarding <b>minor household expenditures</b> if you want(ed) to?</p> <p><i>RECORD ONLY ONE OPTION</i></p>	<p>1. Not at all</p> <p>2. Small extent</p> <p>3. Medium extent</p> <p>4. High extent</p>	<p><input type="checkbox"/></p>

**MODULE V: WATER, SANITATION AND HYGIENE**

<b>Q501.</b>	<p>What is the <b>main</b> source of drinking water during the <b>rainy season</b> for members of your household?</p> <p><i>DO NOT READ OPTIONS ALOUD</i></p> <p><i>RECORD ONLY ONE OPTION</i></p>	<ol style="list-style-type: none"> <li>1. Piped into dwelling</li> <li>2. Open well</li> <li>3. Covered well</li> <li>4. Drilled Borehole (with hand pump or other type of pumping system)</li> <li>5. Surface water (e.g. spring, river/stream, pond/lake/dam)</li> <li>6. Rainwater</li> <li>7. Bottled water</li> </ol> <p>99. Other – Specify: _____</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q502.</b>	<p>What is the <b>main</b> source of drinking water during the <b>dry season</b> for members of your household?</p> <p><i>DO NOT READ OPTIONS ALOUD</i></p> <p><i>RECORD ONLY ONE OPTION</i></p>	<ol style="list-style-type: none"> <li>1. Piped into dwelling</li> <li>2. Open well</li> <li>3. Covered well</li> <li>4. Drilled Borehole (with hand pump or other type of pumping system)</li> <li>5. Surface water (e.g. spring, river/stream, pond/lake/dam)</li> <li>6. Rainwater</li> <li>7. Bottled water</li> </ol> <p>99. Other – Specify: _____</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q503.</b>	<p>How do you usually store your drinking water?</p> <p><i>DO NOT READ OPTIONS ALOUD</i></p> <p><i>RECORD ONLY ONE OPTION</i></p>	<ol style="list-style-type: none"> <li>1. Closed container/ Jerry can</li> <li>2. Open container/ Bucket</li> </ol> <p>99. Other – Specify: _____</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q504.</b>	<p>Do you treat your water in any way before drinking?</p>	<ol style="list-style-type: none"> <li>0. No → <b>Skip to Q506</b></li> <li>1. Yes</li> </ol>	<input type="checkbox"/>

<b>Q505.</b>	<p>What do you usually do to the water to make it safer to drink?</p> <p><i>PROBE: Anything else?</i></p> <p><i>MARK ALL THAT APPLY BY RECORDING THE NUMBER IN THE CORRESPONDING ANSWER BOX</i></p>	<ol style="list-style-type: none"> <li>1. Boil</li> <li>2. Add bleach/chlorine</li> <li>3. White alum</li> <li>4. Strain it through a cloth</li> <li>5. Use water filter (ceramic, sand, composite)</li> <li>6. Solar disinfection</li> <li>7. Let it stand and settle/sedimentation</li> </ol> <p>77. Don't Know</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"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q506.</b>	<p>Do you wash your hands with soap?</p>	<ol style="list-style-type: none"> <li>0. No → <b>Skip to Q510</b></li> <li>1. Yes</li> </ol>	<input type="checkbox"/>
<b>Q507.</b>	<p>When do you wash your hands?</p> <p><i>PROBE: Any other time?</i></p> <p><i>MARK ALL THAT APPLY BY RECORDING THE NUMBER IN THE CORRESPONDING ANSWER BOX</i></p>	<ol style="list-style-type: none"> <li>1. Before food preparation</li> <li>2. Before feeding children</li> <li>3. After food preparation</li> <li>4. After field work/cleaning</li> <li>5. After defecation/ visiting the toilet</li> <li>6. After attending to a child who has defecated/soiled</li> </ol> <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"/>

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<b>Q508.</b>	Can you show me where you <b>usually</b> wash your hands and what you use to wash your hands with?  <i>ASK TO SEE AND OBSERVE. RECORD ONLY ONE OPTION.</i>	0. No permission to see 1. Inside/near toilet facility 2. Inside/near kitchen/ cooking place 3. Elsewhere in the yard 4. No specific place	<input type="checkbox"/>
<b>Q509.</b>	<i>OBSERVATION ONLY:</i> Is there soap or detergent or locally used cleaning agent?  <i>RECORD ONLY ONE OBSERVATION.</i>	0. None 1. Soap 2. Detergent 3. Ash 4. Mud/sand 99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/>
<b>Q510.</b>	What kind of toilet facility do members of your household usually use? Can I see it?  <i>RECORD ONLY ONE OBSERVATION</i>  <i>DO NOT READ OPTIONS ALOUD.</i>	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 9. Bucket 10. No permission to see  99. Other – Specify: _____	<input type="checkbox"/> <input type="checkbox"/>
<b>Q511.</b>	<i>OBSERVATION ONLY:</i> Is there is a separate enclosed play area for young children (under/outside the main house)?	0. No 1. Yes	<input type="checkbox"/>

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<p><b>Q512.</b></p>	<p>Where do you dispose of your household waste/garbage? Can I see it?</p> <p><i>RECORD ONLY ONE OBSERVATION</i></p> <p><i>DO NOT READ OPTIONS ALOUD</i></p> <p><i>NOTE: this includes food waste but not human waste (faeces).</i></p>	<p>0. No permission            1. Garbage pit/buried inside compound            2. Thrown inside compound            3. Burned            4. Public disposal area outside compound            5. Used to fill low ground            6. Composting            7. Thrown in or beside river/pond/lake</p>	<p><input type="checkbox"/></p>
<p><b>Q513.</b></p>	<p><i>OBSERVATION ONLY:</i> Is household waste visible in the household compound?</p> <p><i>RECORD ONLY ONE OBSERVATION.</i></p>	<p>1. Household waste thrown on the ground in many areas            2. Household waste thrown on the ground in certain areas only            3. Household waste not visible inside the compound</p>	<p><input type="checkbox"/></p>
<p><b>Q514.</b></p>	<p><i>OBSERVATION ONLY:</i> Are household poultry enclosed / caged?</p>	<p>0. No            1. Yes</p>	<p><input type="checkbox"/></p>
<p><b>Q515.</b></p>	<p><i>OBSERVATION ONLY:</i> Are household pigs enclosed / tied?</p>	<p>0. No            1. Yes</p>	<p><input type="checkbox"/></p>
<p><b>Q516.</b></p>	<p><i>OBSERVATION ONLY:</i> Are household cattle enclosed / tied?</p>	<p>0. No            1. Yes</p>	<p><input type="checkbox"/></p>
<p><b>Q517.</b></p>	<p><i>OBSERVATION ONLY:</i> Is there animal waste (faeces) visible on the ground in areas commonly used by children (including waste from poultry and large livestock)?</p>	<p>0. No            1. Yes</p>	<p><input type="checkbox"/></p>

### MODULE VI: KNOWLEDGE AND ATTITUDES

<b>Q601.</b>	At what age should a baby start receiving any solid, semi-solid or soft foods such as rice porridge?	0. Months..... 1. Years..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	
<b>Q602.</b>	How many meals and snacks should a child receive at:	<b>A. AGE</b>	<b>B. MEALS</b>	<b>C. SNACKS</b>
		<b>4 – 6 months</b> ..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>7 – 8 months</b> ..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>9 – 11 months</b> ..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		<b>12 – 24 months</b> ..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q603.</b>	At what age should a child begin receiving 'family foods' e.g., foods from the family pot?	1. Age in Months..... 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	
<b>Q604.</b>	When your child is sick with diarrhea do you offer him or her more to drink, less to drink or the same amount or nothing to drink?	1. More 2. Less 3. Same 4. Nothing to drink 77. Don't know	<input type="checkbox"/> <input type="checkbox"/>	
<b>Q605.</b>	When your child is sick with diarrhea do you offer him or her more to eat, less to eat or the same amount or nothing to eat?	1. More 2. Less 3. Same 4. Nothing to eat	<input type="checkbox"/> <input type="checkbox"/>	

		77. Don't know	
<b>Q606.</b>	Have you heard of anemia or iron deficiency anemia?	0. No 1. Yes	<input type="checkbox"/>
<b>Q607.</b>	Can you identify any <b><u>food sources that contain iron?</u></b>	0. No → <b>Skip to Q609</b> 1. Yes	<input type="checkbox"/>
<b>Q608.</b>	If yes, what foods do you know that contain iron?  <i>DO NOT READ OPTIONS ALOUD.</i>  <i>PROMPT: Anything else?</i>  MARK ALL THAT APPLY BY RECORDING THE NUMBER IN THE CORRESPONDING ANSWER BOX.	1. Meat (e.g. beef, pork, lamb, goat, rabbit, deer, chicken, duck, other birds, snake, snail, frog, rat, insects or other small animals )  2. Fish  3. Organ meat (e.g. liver, kidney, heart, blood, intestine or other organs)  4. Green leafy vegetables  5. Other fruit and vegetables  6. Rice or other grains  99. Other—Specify: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Q609.</b>	Have you ever heard about vitamin A or vitamin A capsules?	0. No → <b>Skip to Q612</b> 1. Yes	<input type="checkbox"/>
<b>Q610.</b>	Can you identify any <b><u>food sources of vitamin A?</u></b>	0. No → <b>Skip to Q612</b> 1. Yes	<input type="checkbox"/>
<b>Q611.</b>	If yes, what foods do you know that contain vitamin A?  <i>DO NOT READ OPTIONS ALOUD.</i>  <i>PROMPT: Anything else?</i>  MARK ALL THAT APPLY BY RECORDING THE NUMBER IN THE CORRESPONDING ANSWER BOX.	1. Meat (e.g. beef, pork, lamb, goat, rabbit, deer, chicken, duck, other birds, snake, snail, frog, rat, insects or other small animals )  2. Fish  3. Eggs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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		<p>4. Organ meat (e.g. liver, kidney, heart, blood, intestine or other organs)</p> <p>5. Dark green leafy vegetables</p> <p>6. Pumpkin, yellow sweet potatoes, or carrots</p> <p>7. White potatoes, cassava (manioc), white yams or other white root vegetables</p> <p>8. Ripe (orange) mangoes or papayas</p> <p>9. Other fruit and vegetables</p> <p>10. Rice or other grains</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"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<b>Q612.</b>	How many meals per day should a woman have when she is pregnant or lactating?	<p>Number of meals.....</p> <p>77. Don't know</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q613.</b>	How many snacks per day should a woman have when she is pregnant or lactating?	<p>Number of snacks.....</p> <p>77. Don't know</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q614.</b>	<p>Have you heard of de-worming tablets?</p> <p><i>SHOW SAMPLE CAPSULE TO THE PARTICIPANT</i></p>	<p>0. No → <b>Skip to Q617</b></p> <p>1. Yes</p>	
<b>Q615.</b>	During your most recent pregnancy, did you consume any de-worming tablets?	<p>0. No → <b>Skip to 617</b></p> <p>1. Yes</p> <p>77. Don't know</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>Q616.</b>	How many de-worming tablets did you consume?	<p>Number of tablets.....</p> <p>77. Don't know</p>	<input type="checkbox"/> <input type="checkbox"/>



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<p><b>Q617.</b></p>	<p>During your most recent pregnancy, did you take any iron/folic acid tablets?</p> <p><i>SHOW SAMPLE CAPSULE TO THE PARTICIPANT</i></p>	<p>0. No → <b>Skip to Q620</b></p> <p>1. Yes</p> <p>77. Don't know</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Q618.</b></p>	<p>How often did you take the iron/folic tablets?</p>	<p>1. Daily</p> <p>2. Once per week</p> <p>3. Less than once per week</p>	<p><input type="checkbox"/></p>
<p><b>Q619.</b></p>	<p>For how long did you take iron/folic acid tablets?</p>	<p>Days .....</p>	
<p><b>Q620.</b></p>	<p>During your most recent pregnancy, did you see anyone for antenatal care?</p>	<p>0. No → <b>Skip to Q701</b></p> <p>1. Yes</p> <p>77. Don't know</p>	<p><input type="checkbox"/></p>
<p><b>Q621.</b></p>	<p>How many months pregnant were you when you first received antenatal care?</p>	<p>Months .....</p> <p>77. Don't know</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Q622.</b></p>	<p>How many times did you receive antenatal care during?</p>	<p>Number of times.....</p> <p>77. Don't know</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

### MODULE VII: HOUSEHOLD FOOD SECURITY

**INSTRUCTIONS:** FOR EACH OF THE FOLLOWING QUESTIONS, CONSIDER WHAT HAS HAPPENED IN THE PAST 30 DAYS. CONSIDER IF THIS HAPPENED: NEVER (NOT EVEN ONCE), RARELY (ONCE OR TWICE), SOMETIMES (3-10 TIMES) OR OFTEN (MORE THAN 10 TIMES)?

<b>Q701.</b>	In the past 30 days, did you worry that your family would not have enough food?	0. No → <b>Skip to Q703</b> 1. Yes	<input type="checkbox"/>
<b>Q702.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days) 3. Often (more than ten times in the past 30 days)	<input type="checkbox"/>
<b>Q703.</b>	In the past 30 days were you or any of your family not able to eat the kinds of foods you would like to eat (e.g. <i>such as fish, beef, pork or sweets etc.</i> ) because you were not able buy, grow or raise enough of these foods?	2. No → <b>Skip to Q705</b> 3. Yes	<input type="checkbox"/>
<b>Q704.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days) 3. Often (more than ten times in the past 30 days)	<input type="checkbox"/>
<b>Q705.</b>	In the past 30 days did you or any of your family have to eat only a few foods, (e.g. <i>only rice with prahok or rice with fish sauce or rice with salt etc.</i> ) due to not being able to buy or grow enough other foods?	0. No → <b>Skip to Q707</b> 1. Yes	<input type="checkbox"/>
<b>Q706.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days)	<input type="checkbox"/>

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		3. Often (more than ten times in the past 30 days)	
<b>Q707.</b>	In the past 30 days did you or any of your family have to eat some foods that you really did not want to eat (e.g. <i>broken rice, roots (kdourch), banana stalsk etc.</i> ) because you were unable to buy, catch or grow enough other foods?	0. No → <b>Skip to Q709</b> 1. Yes	<input type="checkbox"/>
<b>Q708.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days) 3. Often (more than ten times in the past 30 days)	<input type="checkbox"/>
<b>Q709.</b>	In the past 30 days did you or any of your family have to eat less at a meal (e.g. have a smaller breakfast or smaller dinner) than you felt you needed because there was not enough food?	0. No → <b>Skip to Q711</b> 1. Yes	<input type="checkbox"/>
<b>Q710.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days) 3. Often (more than ten times in the past 30 days)	<input type="checkbox"/>
<b>Q711.</b>	In the past 30 days did you or any other family member have to eat fewer meals (e.g. eat less than 3 meals) in a day because there was not enough food?	0. No → <b>Skip to Q713</b> 1. Yes	<input type="checkbox"/>
<b>Q712.</b>	<u>How often did this happen?</u>	1. Rarely (once or twice in the past 30 days) 2. Sometimes (three to ten times in the past 30 days) 3. Often (more than ten times in the past 30 days)	<input type="checkbox"/>
<b>Q713.</b>	In the past 30 days was there ever no food to eat of any kind in your house because you had run out of food stores and had no way to get more?	0. No → <b>Skip to Q715</b> 1. Yes	<input type="checkbox"/>

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<b>Q714.</b>	<u>How often did this happen?</u>	<ol style="list-style-type: none"><li>1. Rarely (once or twice in the past 30 days)</li><li>2. Sometimes (three to ten times in the past 30 days)</li><li>3. Often (more than ten times in the past 30 days)</li></ol>	<input type="checkbox"/>
<b>Q715.</b>	In the past 30 days did you or any household member go to sleep at night hungry because there was not enough food?	<ol style="list-style-type: none"><li>0. No → <b>Skip to Q717</b></li><li>1. Yes</li></ol>	<input type="checkbox"/>
<b>Q716.</b>	<u>How often did this happen?</u>	<ol style="list-style-type: none"><li>1. Rarely (once or twice in the past 30 days)</li><li>2. Sometimes (three to ten times in the past 30 days)</li><li>3. Often (more than ten times in the past 30 days)</li></ol>	<input type="checkbox"/>
<b>Q717.</b>	In the past 30 days did you or any household member go a whole day and night without eating anything because there was not enough food?	<ol style="list-style-type: none"><li>0. No → <b>Skip to Q701</b></li><li>1. Yes</li></ol>	<input type="checkbox"/>
<b>Q718.</b>	<u>How often did this happen?</u>	<ol style="list-style-type: none"><li>1. Rarely (once or twice in the past 30 days)</li><li>2. Sometimes (three to ten times in the past 30 days)</li><li>3. Often (more than ten times in the past 30 days)</li></ol>	<input type="checkbox"/>

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**MODULE VIII: ACCESS TO CREDIT AND FINANCIAL LITERACY**

**INSTRUCTIONS:** USE THE CODES PROVIDED. RECORD THE RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD BY INDICATING THE LINE NUMBER FROM **Q31** FOR ALL HOUSEHOLD MEMBERS WHO TOOK OUT A LOAN. THEN ASK QUESTIONS **802 TO 809** FOR ALL HOUSEHOLD MEMBERS MENTIONED CODING ALL RESPONSES USING THE PRE-CODED RESPONSES PROVIDED BELOW EACH QUESTION.

<p><b>Q801.</b> In the last 12 months, have you or any household member taken any loans or borrowed cash/in-kind through a formal or informal credit lending service?</p>						<p>0. No → <b>Skip to 810</b></p> <p>1. Yes</p>	<p><input type="checkbox"/></p>	
LINE NO. FROM Q31	Q802. If yes, which household member(s) took out loans or borrowed cash/in-kind through a formal or informal credit lending service?	Q803. From who(m) or where was the money borrowed from?	Q804. Who made the decision to borrow from [SOURCE]?	Q805. Who makes the decision about what to do with the money/ item borrowed from [SOURCE]?	Q806. What was the primary purpose for taking out the loan?	Q807. How much was the cash/in-kind worth? (USD)	Q808. What was the interest rate on the loan?	Q809. How much money (USD) do you or your household member still owe?
	<p>1=HEAD OF THE HOUSEHOLD (WRA)                  2=SPOUSE (HUSBAND OF REFERENCE WOMAN)                  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</p>	<p>1=NON-GOVERNMENTAL ORGANIZATION                  2=FAMILY OR RELATIVES                  3=FORMAL LENDER (BANK/ FINANCIAL INSTITUTION)                  4=INFORMAL (E.G. MONEY LENDER, GROUP OR COMMUNITY COOPERATIVE)                  5=AMK                  6= OTHER GROUP BASED MICRO-FINANCE OR LENDING                  99=OTHER—SPECIFY</p>	<p>1=SELF                  2=PARTNER/SPOUSE                  3=SELF AND PARTNER/SPOUSE JOINTLY                  4=OTHER HOUSEHOLD MEMBER(S)                  5=SELF AND OTHER HOUSEHOLD MEMBER(S)                  6=PARTNER/SPOUSE AND OTHER HOUSEHOLD MEMBER(S)                  7= SOMEONE (OR GROUP OF PEOPLE) OUTSIDE THE HOUSEHOLD                  8= SELF AND OTHER OUTSIDE PEOPLE                  9= PARTNER/SPOUSE AND OTHER OUTSIDE PEOPLE                  10= SELF, PARTNER/SPOUSE AND OTHER OUTSIDE PEOPLE</p>	<p>1=SELF                  2=PARTNER/SPOUSE                  3=SELF AND PARTNER/SPOUSE JOINTLY                  4=OTHER HOUSEHOLD MEMBER(S)                  5=SELF AND OTHER HOUSEHOLD MEMBER(S)                  6=PARTNER/SPOUSE AND OTHER HOUSEHOLD MEMBER(S)                  7=SOMEONE (OR GROUP OF PEOPLE) OUTSIDE THE HOUSEHOLD                  8= SELF AND OTHER OUTSIDE PEOPLE                  9= PARTNER/SPOUSE AND OTHER OUTSIDE PEOPLE                  10= SELF, PARTNER/SPOUSE AND OTHER OUTSIDE PEOPLE</p>	<p>1=HIRE LABOR OR TRACTORS TO CLEAR AND PREPARE LAND FOR PLANTING                  2=ACQUIRE INPUTS FOR PLANTING (E.G. SEEDS, FERTILIZER, PESTICIDES, HERBICIDES)                  3=TO START/EXPAND A BUSINESS                  4=BUILD A HOUSE                  5=TO PURCHASE LIVESTOCK (E.G. CATTLE, PIG, DUCKS, CHICKENS)                  6=BUY LAND                  7=MEDICAL NEEDS OR HEALTH EMERGENCY (E.G. DEATH OF A LOVED ONE OR A SICK CHILD) OUTSIDE THE HOUSEHOLD                  8=FAMILY ENGAGEMENT OR CELEBRATION (E.G. WEDDING)                  9= PAY OTHERS BACK                  10=BUY CAR/MOTO/TRUCK/BOAT                  99=OTHER—SPECIFY</p>	<p>77= DON'T KNOW</p>	<p>98=NO INTEREST ON LOAN                  77= DON'T KNOW</p>	<p>77= DON'T KNOW</p>

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

<p><b>Q810.</b></p>	<p>During the last month, did you keep records of how much money you spent, how much you earned, and how much you paid back on loans?</p>	<p><b>0.</b> No → <b>Skip Q812</b>                  1. Yes</p>	<p><input type="checkbox"/></p>
<p><b>Q811.</b></p>	<p>What method of record keeping do you use? Can you show me?  <i>DO NOT READ OPTIONS ALOUD</i>  <i>RECORD ONLY ONE OBSERVATION</i></p>	<p>1. Memorize                  2. Simple ledger (e.g. non-systematic recording of expenditures and expenses in a book)                  3. Improved ledger (e.g. records kept in an analysis book that show income and expenditure in an orderly way)                  99. Other-Specify: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Q812.</b></p>	<p>In the last month, have you set any targets or goals for your homestead farm?</p>	<p><b>0.</b> No → <b>Skip to 814</b>                  1. Yes</p>	<p><input type="checkbox"/></p>
<p><b>Q813.</b></p>	<p>If yes, can you give me an example of your target or goal?</p>		
<p><b>Q814.</b></p>	<p>What was the primary source of funds for EHFP contribution?  <i>MARK ALL THAT APPLY AND RECORD APPROXIMATE DOLLAR VALUE</i></p>	<p>0. Savings                  1. Borrow from relatives                  2. Formal lender (bank/financial institution)                  3. Non-governmental organization                  4. Informal (e.g. money lender, group or community cooperative)                  5. AMK                  6. Other group-based microfinance or lending                  99. Other specify: _____</p>	<p><input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD  <input type="checkbox"/> amount \$ USD</p>

### MODULE IX: ANTHROPOMETRY

**INSTRUCTIONS:** RECORD TWO MEASUREMENTS OF WEIGHT AND LENGTH/HEIGHT FOR BOTH THE MOTHER AND CHILD. IF THERE IS A DIFFERENCE > 0.2 UNITS BETWEEN THE TWO INITIAL MEASUREMENTS, A THIRD MEASUREMENT SHOULD BE TAKEN AND RECORDED.

#### WOMEN (15 – 49 YEARS OLD)

	Weight (kg)	Height (cm)
<b>First measurement</b>	-- . --	-- . --
<b>Second measurement</b>	-- . --	-- . --
<b>Third measurement</b>	-- . --	-- . --

#### YOUNGEST CHILD AGED 6-59 MO (CHILD ENROLLED IN THE STUDY)

	Weight (kg)	Length/Height (cm)
<b>First measurement</b>	-- . --	-- . --
<b>Second measurement</b>	-- . --	-- . --
<b>Third measurement</b>	-- . --	-- . --