

**Strengthen PSNP4 Institutions and Resilience (SPIR)**  
**Development Food Security Activity (DFSA)**  
**ENDLINE SURVEY: Female Questionnaire – February 23, 2020**

DRAFT: For Research Purpose only

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

**Module A: Housing, water, sanitation and hygiene**

Part 1: Housing and water

Part 2: Sanitation and hygiene

**Module C: Livestock owned by the woman**

Part 0: Livestock ownership and management

Part 1: Income from specified agricultural products

**Module D: Income apart from own-agricultural activities**

Part 2: Wage employment

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

Part 1: Productive and consumption credit

Part 3: Access to savings

**Module L: Mental wellbeing**

Part 3: Experience with depression and emotional wellbeing

Part 4: Safety protocol

Part 5: Stress & happiness

**Module H: Dietary diversity and food security**

Part 1: Women's dietary diversity (24-hour recall)

Part 2: Household food consumption and expenditure

Part 3: Household food security & FIES

**Module I: Household activities, decision-making and empowerment**

Part 1: Decision-making on value chains and market access

Part 2: Agency, time and risk preferences

Part 5: Intrahousehold dynamics and attitudes

**Module J: Nutrition, health, and care of child**

Part 1: PSNP during pregnancy and lactation

Part 3: Infant and young child feeding (IYCF) practices

Part 4: Child health history

Part 5: Maternal IYCF knowledge and perceptions

Part 6: Childcare activities

Part 7: Exposure to health and nutrition services

Part 8: Anthropometry

**Module K: Participation in VESA groups**

**Module M: Program exposure**

Part 1: Financial education and livelihoods

Part 2: Health and nutrition

Part 3: Social analysis and action

Part 5: Participation costs

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

-97=Refuse to respond	-98=Don't know	-99= Not applicable
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## CONSENT OF RESPONDENT

Please tick mark on the right box depending on the respondent's consent

Consent given:  Yes  No

DD
MM
YY

**Signature of the Enumerator:** \_\_\_\_\_
 **Date:** / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

### Sample Variables

No.	Household Identification	Response
HHID	Household ID (10-digit number) [CAPI: Prompt enumerator: "For this part of the survey, please interview the primary female respondent, [NAME]"]	<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"/>

## Module A: Housing and hygiene

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, the respondent for this module should be the primary male, [PM\_NAME\_EL]. If he is not available, do not administer the module.

A_ID	Respondent ID	1. Primary female ID 2. Primary female ID
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### Module A, Part 1: Housing and Water

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

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

A1_01	What is your main source of <u>cooking fuel</u> ?		Code (a)
A1_02	What is your <u>main</u> source of drinking water in the rainy season?		Code (b)
A1_10	What materials have been used to construct the roof of the main house?		Code (e)
A1_11	What materials have been used to construct the floor of the main house?		Code (f)
A1_13	How many rooms does your house have?		Number
A1_17	Does this household have access to electricity from any source?		Code (h)

### Module A, Part 2: Hygiene and Sanitation

Code (a), Type of toilet	Code (c), Material used to wash hands
1 Pit latrine/traditional pit toilet	1 Soil
2 Ventilated improved pit latrine (VIP)	2 Ash
3 Flush toilet	3 Beauty/ bar soap

4 Communal (shared with another HHHs) latrine		4 Soap used to wash clothes
5 No facility/bush/field		5 Soap powder
6 Other		6 Liquid soap
		7 Soapy water
		8 Only water/nothing else
		9 Other

A2_29	ASK: Does your household have any handwashing stations with soap and water on the premises?		1. Yes 2. No
A2_33	ASK: Are any animals kept inside the housing structure where household members sleep?		1. Yes 2. No

## Module C: Livestock ownership and production

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

### Module C, Part 0: Livestock ownership and management

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

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

Type of Livestock	How many [livestock] do you own at present (either solely or jointly with other household members)?  >> C0_03a if C0_01=0	If you were to buy this many [livestock] in the same condition today, how much would you expect to pay?  >> C0_04	Did you own any [livestock] in the last 12 months (since January 2020)?  >> [next livestock] if C0_01=0 & C0_03a=2	Who is primarily responsible for taking care of these livestock in the household?	Has your household taken any [livestock] to the market to sell in the last 12 months (since January 2020)?	Did you take these [livestock] to the market in the last 12 months (since January 2020)?	What's the total number of these [livestock] your household sold (at home or in the market) in the last 12 months (since January 2020)?  >> [next livestock] if C0_05c=0	How much did you earn from selling one animal, on average?	How many of these animals were sold as emergency sales due to sudden income needs?
	Number	Birr	1. Yes 2. No	ID (94=Non-HH member)	1. Yes 2. No >> C0_05c	1. Yes 2. No	Number	Birr	Number
Livestock	C0_01	C0_02	C0_03a	C0_04	C0_05a	C0_05b	C0_05c	C0_05d	C0_05e
110=Sheep									
111=Goats									
116=Poultry, local									
117=Poultry, improved/exotic									
118=Oxen									
119=Cows, heifers, calves									

**Module C, Part 1: Income from specified animal products**

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

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

Livestock product	During the last 12 months (since January 2020), did you produce [PRODUCT] for sale or for home consumption?  1. Yes 2. No >> skip to next product	In the last [PERIOD], how much [PRODUCT] did you produce?			How much did you earn from selling [PRODUCT] in the last [PERIOD]?	Did you consume or use any of this [PRODUCT] at home during the last [PERIOD]?  1. Yes 2. No >> skip to next product	In the last [PERIOD] how much [PRODUCT] did you consume at home, in [C1_02b]?		In the last [PERIOD], how much [PRODUCT] did you store for later use, in [C1_02b]?
		Code↑	Qty	Unit 1 Kilograms 2 Liters 3 Tassa 4 Kubaya/Kelesa 5 Number 6 Sini 7 Birchiko 8 Kunna			Birr	Code↑	
Product	C1_01	C1_02a	C1_02b	C1_02c	C1_04	C1_03	C1_03a		C1_05
Eggs				7 days					
Milk				7 days					
Other dairy (butter, cheese, yogurt, etc.)				30 days					
Honey				Quarter/3 months					

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

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

D2_01	In the last 12 months (since January 2020), did you undertake regular wage work for an employer – that is, work at a job for which you received wages at regular intervals. Examples of these type of jobs include flower plant workers, industrial park workers, government workers such as teachers, nurses.		1. Yes 2. No >> skip to D2_02
D2_01a	What job was it? If you had multiple jobs, name the one you did for most days.		1. Flower plant worker 2. Industrial park worker 3. Teacher 4. Other government worker 5. Other private sector worker
D2_02	In the last 12 months (since January 2020), did you undertake casual or irregular agricultural or non-agricultural wage work – such as working as a day laborer on someone else’s land or herding their cattle or cleaning/laundry for someone else? EXCLUDE work undertaken as part of a labour sharing agreement (debbo, wonfel, etc.). EXCLUDE work undertaken as part of the Productive Safety Net Programme (PSNP).		1. Yes 2. No >> skip to Module F if D2_01 = No and D2_02 = No

## Module F: Credit and savings

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

### Module F, Part 1: Credit for productive purposes

Code (b): Source of loan	Code (d): Reason for loan
1 Moneylender/Arata	1 To buy farm or other farming tools/implements, or inputs (e.g. seeds/fertilizer/pesticides)
2 Relative	3 To buy livestock, equipment (e.g. feeding trough, shelter materials) or inputs (e.g. feed, fodder, vaccinations)
3 Friend/neighbor	6 To pay for hired labor
4 From Equb	7 To pay rent/taxes
5 From Iddir	8 To start an off-farm business (e.g. trading and weaving)
6 Rusacco	
7 VSLA/VESA	
8 From a bank	
9 From government/ministry/kebele	
10 NGO	
11 MFI	
12 Other	

F1_01	IN THE LAST 12 MONTHS (since January 2020), have you personally taken out a loan in your own name for productive purposes from any source – that is, a loan that you use for an agricultural or non-agricultural activity that is intended to generate income?		1. Yes 2. No
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“Please give details about these loans. Include those you have paid back, as well as loans you have not paid back yet.”

Loan number	What was the source of this loan?	What was the main purpose for taking this loan?	What was the amount of the loan in Birr?
EACH LOAN IS SEPARATE LINE.	Code (b)	Code (d)	Birr
F1_ID	F1_03	F1_06	F1_07b
1			
2			

### Module F, Part 2: Credit for consumption purposes

F2_01	IN THE LAST 12 MONTHS (since January 2020), have you personally taken out a loan in your own name for consumption purposes? Examples include borrowing money to buy food, pay medical expenses, pay school fees or other schooling costs, housing repairs, transport, funerals, weddings.		1. Yes 2. No
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### Module F, Part 3: Savings and access to savings institutions

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

Code (a) Reasons for not joining RUSACCO, MFI, VSLA	Code (b) Frequency of depositing with RUSACCO, MFI, VSLA, bank
1 Don't know anything about them	1 Once a year
2 Don't exist in this kebele	2 Twice a year
3 They are too far away/inaccessible	3 Three times a year



4 Don't think they are useful because I don't think they are a good institution to deposit money in	4 Four times a year (i.e. every three months or so)
5 Don't think they are useful because I don't think they will lend me money	5 Six times a year (i.e. every other month)
6 Other	6 Monthly
	7 Bi-weekly
	8 Weekly

F3_01	Do you belong to a RURAL SAVINGS AND CREDIT COOPERATIVE (RUSACCO)?		1. Yes >> skip to F3_03 2. No
F3_02	Why do you not belong to a RUSACCO?		<b>Code (a)</b> >> then skip to F3_05
F3_03	IN THE 12 MONTHS, have you deposited money with a RUSACCO?		1. Yes 2. No >> skip to F3_05
F3_04	How often do you deposit money with a RUSACCO? (Ask respondents to choose the option that best describes their savings behavior.)		<b>Code (b)</b>
F3_05	Do you belong to a Village Savings and Lending Association (VSLA) or a Village Economic and Social Associations (VESA)?		1. Yes 2. No >> skip to F3_09
F3_05a	Which one?  >> then skip to F3_07		VESA only.....1 VSLA only.....2 Both, VESA and VSLA.....3
F3_07	IN THE 12 MONTHS, have you deposited money with a VSLA/VESA?		1. Yes 2. No >> skip to F3_09
F3_08	How often do you deposit money with a VSLA/VESA? (Ask respondents to choose the option that best describes their savings behavior.)		<b>Code (b)</b>
F3_09	Do you belong to a Micro Finance Institution (MFI)?		1. Yes 2. No >> skip to F3_13
F3_11	IN THE 12 MONTHS, have you deposited money with an MFI?		1. Yes 2. No >> skip to F3_13
F3_12	How often do you deposit money with an MFI? (Ask respondents to choose the option that best describes their savings behavior.)		<b>Code (b)</b>
F3_13	Do you have a bank account?		1. Yes 2. No >> skip to F3_23
F3_14	How often do you deposit money with a bank? (Ask respondents to choose the option that best describes their savings behavior.)		<b>Code (b)</b>
F3_23	Do you have any personal savings of your own?		1. Yes 2. No >> skip to next module
F3_24	Where do you have this money saved?  [Select all that apply.]		1 VESA/VSLA 2 RUSACCO 3 MFI 4 Bank account 5 With a trusted friend or relative 6 Other
F3_25	How much money in total do you have in your personal savings?		Birr

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

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

L3_00	Is the respondent alone (or with a child < 36 months)?	1. Yes 2. No
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[Enumerator, read out loud:] *“Now I want to ask you some questions about problems that everyone sometimes has in their lives but are particularly common among people who live in difficult or stressful situations. These problems, resulting from difficult experiences or challenges, can make you feel sad, depressed or hopeless. They can affect your sleep, your appetite or whether you are able to carry on with your usual activities. As I said, everyone experiences these problems at some time in their lives. I want to ask you a series of questions about your recent experience with these problems. For each one, I’m going to ask how many days in the last 2 weeks you had this problem. For each problem you can answer: Not at all, Several days, more than half the days, or nearly every day. For each problem I want you to think about how many days you have had the problem in the last 2 weeks and then choose the answer that best matches that. For example, if you had a problem for 5 days in the last 2 weeks you would choose ‘several days.’ Is this clear?” Let’s begin.*

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

L3_04	How difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all ..... 1 Difficult, to a small extent ..... 2 Difficult, to a moderate extent ..... 3 Difficult, to a large extent ..... 4  >> Skip if L3_03=0 for all problems listed in L3_02
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<b>[Enumerator: if the response to L3_03 question 9 is 2 or 3, then say: "From what you have said, I can tell that you are facing some difficulties. I want to ask you some additional questions to make sure that you are safe."]</b>			
<b>L4_01</b>	Have you wished you were dead or wished you could go to sleep and not wake up in the past month?		1. Yes 2. No
<b>L4_02</b>	Have you actually had any thoughts of killing yourself in the past month?		1. Yes 2. No >> skip to L4_06
<b>L4_03</b>	Have you been thinking about how you might do this?		1. Yes 2. No
<b>L4_04</b>	Have you had these thoughts and had some intention of acting on them?		1. Yes 2. No
<b>L4_05a</b>	Have you started to work out or worked out the details of how to kill yourself?		1. Yes 2. No
<b>L4_05b</b>	Do you intend to carry out this plan?		1. Yes 2. No
<b>L4_06</b>	Have you ever done anything, started to do anything, or prepared to do anything to end your life (in your lifetime)?		1. Yes 2. No >> skip to next module
<b>L4_06a</b>	Have you ever done anything, started to do anything, or prepared to do anything to end your life (in the past 3 months)?		1. Yes 2. No
<b>L4_06b</b>	Record date of last attempt		Date
<b>L4_07</b>	[Enumerator: What is the risk level of the respondent?]  [CAPI instructions: If L4_01, L4_02, and L4_06 are 2 (NO), CAPI should read "No risk" If L4_02 is 1 (YES), and L4_03, L4_04, L4_05a, L4_05b and L4_06 are 2 (NO), CAPI should read "Low risk" If L4_02 is 2 (NO), and L4_06 is 1 (YES) and L4_06a is 2 (NO), CAPI should read "Moderate risk" If L4_02 and L4_03 are 1 (YES) and L4_04, L4_05a, L4_05b and L4_06 are 2 (NO), CAPI should read "Moderate risk" If L4_02 is 2 (NO) and L4_06 is 1 (YES) and L4_06a is 1 (YES), CAPI should read "High risk" If L4_02 is 1 (YES), and L4_04 or L4_05a and L4_05b are 1 (YES), CAPI should read "High risk" ]		1. No risk 2. Low risk 3. Moderate risk 4. High risk
<b>L4_08</b>	If L4_07=3 or 4 (moderate or high risk), then: "From what you have told me, I can tell you are in some emotional pain. Do you have a trusted family member or friend who can help you and make sure you are safe?"		1. Yes 2. No
<b>L4_09</b>	Could you please give me their name and telephone number, and can we talk with them now?" [Enumerator: Did the respondent agree to contacting their friend or family member?]		1. Yes 2. No
<b>L4_09a</b>	[Enumerator: Note the name of friend or family member]		
<b>L4_09b</b>	[Enumerator: Note the phone number of the friend or family member]		

## Module L, Part 5: Mental health and happiness

<b>L5_01</b>	How would you rate your current stress level related to everything in your life, like work, family, health, and so on? Please use a scale from 1 (I am not stressed at all) to 10 (I am extremely stressed).		
<b>L5_02</b>	Taking all things together, would you say you are ( <i>read out and code one answer</i> )? [WVS6 V10]		1 Very happy 2 Rather happy 3 Not very happy 4 Not at all happy

**Module H, Part 1: Food consumption by primary female respondent yesterday**

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

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

## Module H, Part 2: Food consumption and expenditure

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, the respondent for this module should be the primary male, [PM\_NAME\_EL]. If he is not available, do not administer the module.

H2_ID	Respondent ID		1. Primary female ID 2. Primary female ID
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### Code (a): Quantity units

1 Kilograms	5 Number
2 Liters	6 Sini
3 Tassa	7 Birchiko
4 Kubaya/Kelesa	8 Kunna

“We would now like to ask you about all the food that was bought for consumption or was consumed from your own (beteseb's) stock.”

	Item Code	H2_01. During the past one week (7 days), did your household <b>consume</b> [ITEM]?	H2_02. How much was <b>consumed</b> ?		H2_03. Did your household <b>purchase</b> [ITEM] in the last week?	H2_04. If yes, how much did you buy?		
		1 Yes 2 No >> skip to <b>H2_03</b>	Quantity	Unit <b>(Code a)</b>	1 Yes 2 No >> skip to next item	Quantity	Unit <b>(Code a)</b>	Total expenditure on this item
Garlic	1							
Maize	2							
Rice	3							
Finger millet	4							
Sorghum	5							
Wheat flour	6							
Wheat	7							
Barley	8							
Any kind of teff	9							
Irish potato	12							
Horse beans/broad beans/fava beans	16							
Haricot beans	13							
Any other type of beans	14							
Chickpeas	17							
Lentils	18							
Fenugreek	19							
Linseed	22							
Cabbage	24							
Onion	25							
Tomato	26							
Ethiopian Kale, lettuce or spinach	27							
Cauliflower	30							

Green bean	31							
Eggs	37							
Beef	39							
Goat	40							
Mutton	42							
Chicken	43							
Fresh or powdered milk	44							
Butter	46							
Yoghurt	47							
Cheese	48							
Sugar	49							
Honey	51							
Cooking oil	52							
Coffee	54							
Salt	58							
Pepper or green pepper	59							
Spices	60							

H2_06	Has the household purchased any prepared foods, or paid to eat food outside the household in the last week?		1 Yes 2 No >> H2_08.
H2_07	What was the total expenditure on prepared foods and food eaten outside the household in the last week?		Birr
H2_08a	What is the total number of meals that your household provided for ADULTS who are not members of your household in the last 7 days?		Number
H2_08b	What is the total number of meals that your household provided for CHILDREN who are not members of your household in the last 7 days?		Number

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

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, the respondent for this module should be the primary male, [PM\_NAME\_EL]. If he is not available, do not administer the module.

H3_ID	Respondent ID		1. Primary female ID 2. Primary female ID
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Code (a), Food source	Code (b), Months	Code (c), Food shared?
1 Own production	1 Meskerem	1 All together
2 Purchase	2 Tikmit	2 Separate stocks
3 Gifts/transfers from family or relatives	3 Hidar	
4 Gifts/transfers from neighbours	4 Tahsas	
5 Direct Support	5 Tir	
6 Other	6 Yekatit	
	7 Megabit	
	8 Miazia	
	9 Guenbot	
	10 Sene	
	11 Hamle	
	12 Nahassie	

H3_06a	During a good month, how many times a day did adults in your household eat?		
H3_06b	During a good month, how many times a day did children in your household eat?		
H3_02	How many months in the last 12 months did you have problems satisfying the food needs of the household?		<i>If 0, skip to H3_07a.</i>
H3_04	Thinking back over the last 12 months, in which month was the shortage of food most acute for your household?		Code (b)
H3_05a	During the worst month, how many times a day did adults in your household eat?		
H3_05b	During the worst month, how many times a day did children in your household eat?		
H3_07a	During the fasting periods, do children under age 5 in your household consume animal products (e.g. eggs, milk, chicken, beef)?		1. Yes 2. No
H3_07b	During the fasting periods, do pregnant women in your household consume animal products (e.g. eggs, milk, chicken, beef)?		1. Yes 2. No
H3_07c	During the fasting periods, do lactating women in your household consume animal products (e.g. eggs, milk, chicken, beef)?		1. Yes 2. No

*Enumerator, read out loud:* Next, I would like to ask some questions about the food security status of your household in the last 4 weeks. For the following questions, consider what has happened in the past 4 weeks.

H3_08	In the past 4 weeks, have you or others in your household worried about not having enough food to eat because of a lack of money or other resources?		1. Yes 2. No
H3_09	In the past 4 weeks, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?		1. Yes 2. No
H3_10	In the past 4 weeks, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?		1. Yes 2. No
H3_11	In the past 4 weeks, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?		1. Yes 2. No
H3_12	In the past 4 weeks, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?		1. Yes 2. No
H3_13	In the past 4 weeks, was there a time when your household ran out of food because of a lack of money or other resources?		1. Yes 2. No
H3_14	In the past 4 weeks, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?		1. Yes 2. No
H3_15	In the past 4 weeks, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?		1. Yes 2. No



## Module I: Household decision-making and empowerment

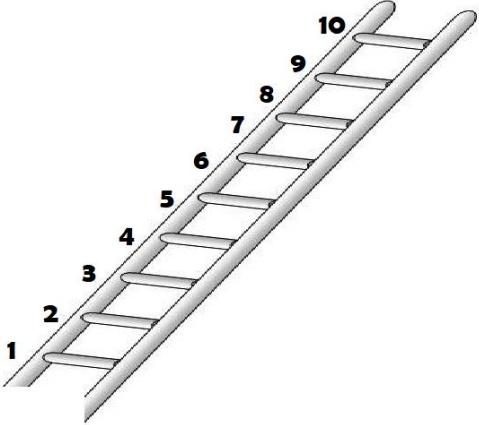
CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

### Module I, Part 1: Role in household decision making around production and income generation and access to markets (Pro-WEAI value chains)

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

Activity code	Activity name	Did your household participate in [activity] in the past 12 months (since Hamle 2010)?	Did you yourself participate in [activity] in the past 12 months (since Hamle 2010)?	How much input did you have in decisions about how much inputs (seeds, fertilizers, feed, labor, etc) should be used for [ACTIVITY] ?	How much input did you have in decisions about how much of the outputs of [ACTIVITY] to keep for consumption at home rather than selling?	How much input did you have in decisions on the use of income generated from [activity]?
	“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.”	Yes.....1 No.....2 >> next activity	Yes.....1 No.....2 >> I1_07			
	<b>ACTIVITY</b>	<b>Code↑</b>	<b>Code↑</b>	<b>Code A</b>	<b>Code A</b>	<b>Code A</b>
		<b>I1_01</b>	<b>I1_02</b>	<b>I1_07</b>	<b>I1_08</b>	<b>I1_09</b>
A	Crop selection and land preparation on agricultural parcels; seed selection and seed sowing; irrigating and fertilizing parcels; and harvesting of agricultural parcels					
GA	Livestock raising (cattle, camel, sheep, goats, pigs); and processing of milk and/or meat from large livestock					
I	Poultry and other small animals raising (chickens, turkeys) and processing of eggs and/or meat					

**Module I, Part 2: Agency, risk and time preferences**

<p>I2_02</p>	<p>Please imagine a <b>ten-step</b> ladder, where on the bottom, the first step, are those who are <b>totally unable to change their lives</b>, while on step 10, the highest step, stand those who have <b>full control over their own life</b>. On which step are you?</p> <p>1=first 2=second 3=third 4=fourth 5=fifth 6=sixth 7=seventh 8=eighth 9=ninth 10=tenth</p>		
<p>I2_03</p>	<p>On a scale of <b>0 to 10</b>, how willing are you to take risks, in general?</p>		<p><i>Scale 0—10</i></p>
<p>I2_04</p>	<p>Suppose someone was going to pay you ETB 500 one month from now. He/she offers to pay you a lower amount today. What amount today would make you just as happy as receiving ETB 500 in one month?</p>		<p><i>Birr</i></p> <p style="text-align: center;">10</p>
<p>I2_05</p>	<p>Now, suppose someone was going to pay you ETB 500 13 months from now. He/she offers to pay you a lower amount 12 months from now. What amount in 12 months would make you just as happy as receiving ETB 500 in 13 months?</p>		<p><i>Birr</i></p>

**Module I, Part 5: Intrahousehold dynamics and attitudes**

	Questions	Response	Response code
I5_01	Marital Status Code		1. Single 2. Married, lives with husband 3. Married, does not live with husband 4. Widow 5. Divorced 6. Separated/Deserted 7. Unmarried, lives with partner

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

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

Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.  
**I5\_14. May I continue? 1. Yes, 2. No >> skip to next module I6**

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

	The next questions are about things that happen to many women, and that your current husband/partner, or last husband/partner may have done to you	<b>I5_17.</b> In the last 18 months, since October 2019, has your current (or most recent) husband/partner ever [ITEM]?  1. Yes 2. No >> skip to next item
a	Insulted you or made you feel bad about yourself?	
b	Said or done something to humiliate you in front of other people?	
c	Threatened to hurt or harm you or someone you care about?	

		<b>I5_19.</b> In the last 18 months, since October 2019, has your current (or most recent) husband/partner ever [ITEM]?  1. Yes 2. No >> skip to next item
a	Slapped you?	
b	Pushed you, shook you, or thrown something at you?	
c	Twisted your arm or pulled your hair?	
d	Punched you with his fist or with something else that could hurt you?	
e	Kicked you, dragged you or beat you up?	
f	Tried to choke or burn you on purpose?	
g	Threatened or attacked you with a gun, knife or other weapon	
h	physically forced you to have sexual intercourse with him when you did not want to?	
i	physically forced you to perform any other sexual acts you did not want to?	
j	forced you with threats or in any other way to perform sexual acts you did not want to?	

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

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

### Module J, Part 1: PSNP during pregnancy and lactation

ENUMERATOR: THESE QUESTIONS REFER TO THE PREGNANCY EXPECTING THE ENDLINE INDEX CHILD, NAME [EIC NAME]. Skip if there is no endline index child.

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

J1_03	Were <u>you</u> /[EIC]'s mother working on public works when you first learned you were pregnant?		Yes.....1 No.....2 >> skip to J1_07
J1_04	How many months pregnant were you/[EIC]'s mother when you stopped working on public works??		Number of months -95. Never stopped working >> skip to J1_08
J1_07	How many months after giving birth did you/[EIC]'s mother resume working?		Number of months -95. Haven't resumed working
J1_08	Did your household receive any Temporary Direct Support payments after you/[EIC]'s mother reported this pregnancy?		Yes.....1 No.....2
J1_12	Did you/[EIC]'s mother attend any C-BCC sessions that was a part of the Public Works co-responsibility after you reported this pregnancy?		Yes.....1 No.....2

### Module J, Part 3a: Infant and Young Child Feeding (IYCF) practices

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

			EIC
J3_01	NAME OF [INDEX CHILD] (FROM HH ROSTER)		
J3_02	MEMBER ID OF [INDEX CHILD] (FROM HH ROSTER)		
J3_03	Did you ever breastfeed [INDEX CHILD]?		1 Yes 2 No >> skip to J3_12
J3_08	Was [INDEX CHILD] breastfeed yesterday, during the day or at night?		1 Yes 2 No
J3_09	At what age did you stop EXCLUSIVELY breastfeeding [INDEX CHILD]?		Months Still exclusively breastfeeding.....-95
J3_10	At what age did you stop breastfeeding [INDEX CHILD] altogether?		Months Still breastfeeding.....-95 Skip if J3_08==1 or J3_09=-95
J3_12	How many times did [INDEX CHILD] eat solid, semi-solid or soft foods other than liquids yesterday, during the day and night?		

( <b>Semi-solid</b> foods such as porridge, mashed potato, ripe banana, or other mashed family foods. <b>Solid</b> foods such as injera, firfir, bread, or wheat.) (NUMBER OF TIMES INCLUDES BOTH MEALS AND SNACKS, OTHER THAN TRIVIAL AMOUNTS.)		<i>Skip if J3_09=-95</i>
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Next, I would like to ask you about some liquids that (INDEX CHILD NAME) may have had yesterday during the day or at night.

[Enumerator: ask the following questions only if female is not exclusively breastfeeding, J3\_09!=-95, except from J3\_13\_1 (water) that is asked from everyone.]

		EIC	
		<b>J3_13.</b> Yesterday, during the day or night, did [INDEX CHILD] drink any (READ LIQUID ITEM)?  1. Yes 2. No	<b>J3_13b.</b> How many times yesterday during the day or at night did [INDEX CHILD] consume any (ITEM)?
01	Water		
02	Baby formula		TIMES? ____
03	Any other kind of milk (powder, cow/goat milk, etc.)		TIMES? ____
04	Fruit juice or juice drinks		
05	Clear broth		
06	Water-based liquids, teas, sugar water, coffee		
07	Yogurt		TIMES? ____
08	Thin porridge		
09	Other		

<b>J3_15</b>	Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night?		1 Yes 2 No
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### Module J, Part 3b: Infant and Young Child Feeding (IYCF) Practices

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

J3b_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)	
J3b_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)	
	<p>Please describe everything that [INDEX CHILD NAME] ate yesterday during the day or night, whether at home or outside the home.</p> <p>a) Think about when [NAME] first woke up yesterday. Did [NAME] eat anything at that time? (IF YES) Tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION (b).)</p> <p>b) What did [NAME] do after that? Did [NAME] eat anything at that time? (IF YES) Please tell me everything [NAME] ate at that time. (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE)</p> <p>(REPEAT QUESTION (b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.)</p> <p>c) (IF RESPONDENT MENTIONS MIXED DISHES LIKE PORRIDGE, SAUCE OR STEW, PROBE) What ingredients were in that [MIXED DISH]? (PROBE) Anything else? (UNTIL RESPONDENT SAYS NOTHING ELSE.)</p>	

(As the respondent recalls foods, underline the food item and circle "1" in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled "other foods". If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Once the respondent finishes recalling all foods eaten, read each food group where "1" was not circled. Ask the following question.)

J3b\_03. Yesterday, during the day or night, did [INDEX CHILD NAME] eat any (READ FOOD GROUP ITEMS)?

		MIC
		Yes.....1 No.....2
01	Any porridge	
02	Any gruel	
03	Commercially fortified food (Cerifam, Fafa, Farmixt milk, Favena, Berta, Mother's Choice)	
04	Bread, pasta, rice, noodles, biscuits, cookies, or any other foods made from oats, maize, barley, wheat, sorghum, millet or other grain	
05	Injera or kita	
06	White potatoes, white yams, Bulla, Kocho, Kasava, or any other foods made from roots	
07	Pumpkin, carrot, squash, or sweet potato, ripe mangoes, ripe papayas, or other fruits that are dark yellow or orange inside	
08	Dark green leafy vegetables such as kale, spinach or Amaranth leaves	
09	Any other vegetables such as starchy vegetables like plantain, any other fruits (bananas, apples, other)	
10	Liver, kidney, heart or organ meats	
12	Any dry meat	
13	Chicken or other birds	
11	Any other meat (doesn't include organ meats, dry meat, chicken or other birds)	
14	Eggs	
15	Fresh or dried fish or shellfish	
16	Any food made from beans, peas, lentil or pulses	
17	Nuts or seeds such as peanuts, sesame, sunflower seeds	
18	Milk product like cottage cheese, yogurt	
19	Any food made from oil, fat or butter	
20	Candies, chocolates, cakes or donuts, Biscuits or cookies	
23	Ready-to-use-therapeutic foods (Plumpy nut, F100)	
24	Any iron-containing tablet, syrup or sprinkles	
26	Lipid-Based Nutrient Supplement (LNS)	
25	Any other solid or semi-solid food	

## Module J, Part 4: Child health history

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE **ENDLINE INDEX CHILD**. IF THERE IS NO ELIGIBLE IC, SKIP TO NEXT SECTION, J5.

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

	6 Increase frequency of feeding	13. Participated in 2 week rehabilitation session (community participatory Nutrition promotion /CPNP)	
	7 Feed a variety of foods	-98 Don't know/Do not remember	

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

J4_01	NAME OF INDEX CHILD (COPY FROM HH ROSTER)		
J4_02	MEMBER ID OF INDEX CHILD (COPY FROM HH ROSTER)		
J4_03	In the past six months, did [NAME] receive a dose of vitamin A? (Show 200,000 IY vitamin A capsule.)		1 Yes 2 No
J4_03b	In the past six months, did [NAME] receive any iron supplement?		1 Yes 2 No
J4_04	In the past six months, did [NAME] receive any micronutrient powder (sachet/packet) to add to his/her food?		1 Yes 2 No
J4_05	What type of salt do you use in your household?		<b>Code (a)</b>
J4_06	Does [NAME] have his/her immunization/health card?		1 Yes, seen 2 Yes, not seen 3 No card
J4_07	Where does [INDEX CHILD NAME] usually get his/her immunizations?		Government hospital.....1 Health center.....2 Health post.....3 Child Health Days (CHD).....4 Enhanced Outreach Strategy (EOS).....5 Private hospital/clinic.....6 Pharmacy.....7 Never vaccinated.....8 Other.....9
J4_08	In the <u>past 6 months</u> , was the weight, height or mid-upper arm circumference (MUAC) of [NAME] measured?		Weight 1 Yes 2 No Height 1 Yes 2 No MUAC 1 Yes 2 No >> if no to all (height, weight and MUAC) then skip to J4_26
J4_09	Where was your child measured?		Government hospital.....1 Health center.....2 Health post.....3 Child Health Days (CHD).....4 Enhanced Outreach Strategy (EOS).....5 Private hospital/clinic.....6 Pharmacy.....7 In CPNP session.....7 Other.....8
J4_26	In the past 6 months, was [NAME] identified as being severely or moderately underweight based on weight measurement?		1 Yes 2 No
J4_27	Did [NAME] participate in a 12-day cooking demonstration and feeding session (community participatory nutrition promotion session)?		1 Yes 2 No >> J4_12
J4_28	Who contributed the food ingredients for this session?		1 Me/My household



			2 NGO 3 Other
J4_29	What was the weight gained by [NAME] by the end of the 12-day session (at discharge from the session)?		1 <200 grams 2 200-300 grams 3 300-400 grams 4 >400 grams
J4_30	At the end of the 12-day session what decision was taken about [NAME]?		1 Discharged 2 Repeated the session 3 Referred to health center
J4_12	In the past 6 months, was [NAME] identified as being severely malnourished (based on mid-upper arm circumference (MUAC) measurement)?		1 Yes 2 No >> Module J5
J4_13	Did you receive any specific food or milk (treatment for severe acute malnutrition) for [NAME]?		1 Yes 2 No

**Module J, Part 5: Maternal IYCF knowledge and perceptions**

Code (a)	Code (g)
1 Immediately, within 1 hr of delivery	1 Orange colored fruits/vegetables
2 Some hours later but within 24 hours	2 Green leafy vegetables
3 After 1 day	3 Eggs
4 After 2 days	4 Liver
5 After more than 2 days	5 Breastmilk
6 Do not think baby should be breastfed	6 Cow's milk
	7 Other

J5_01	How long after birth should a baby start breastfeeding?		<b>Code (a)</b>
J5_03	Until what age should a baby be exclusively breastfed (only breastmilk, not even water?)		Months
J5_05	If a mother thinks her baby is not getting enough breast milk, what should she do?  <i>Multiple responses possible.</i>		Breastfeed more often/more frequently.....1 Give other liquids/foods.....2 Mother needs to drink more water.....3 Mother needs to eat more food.....4 Other (specify:.....).....5
J5_11	What are some foods that contain vitamin A?		<b>Code (g)</b> Allow multiple responses

Code (i)	Code (m)	Code (l)
1 Too thin	1 Every day	1 Less than usual
2 Too thick	2 Several times a week	2 Same as usual
3 No problem/just right	3 Once a week	3 More than usual
4 Other	4 Once to several times a month	
	5 Less than once a month	
	6 Never	

J5_13	Are gruels that are traditionally prepared to give babies as their first food often too thin, too thick, or just about right for the baby?		<b>Code (i)</b>
J5_19	How often should a baby 6-23 months old eat animal source foods such as eggs, milk and meat?		<b>Code (m)</b>
J5_21	How <u>much</u> should a child be fed when he/she is sick? Should he/she be fed less, the same, or more than usual?		<b>Code (l)</b>

## Module J, Part 6: Childcare activities

ENUMERATOR: THESE QUESTIONS ARE TO BE ASKED ABOUT THE **ENDLINE INDEX CHILD**. IF THERE IS NO ELIGIBLE EIC, SKIP TO J6\_12.

CAPI: THESE QUESTIONS SHOULD BE ASKED ABOUT THE ENDLINE INDEX CHILD. IF THERE IS NO ELIGIBLE BIC OR MIC, SKIP TO J6\_12.

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

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

**“In the past 3 days, did [male respondent or, if no male head of the HH, then other male family member] engage in any of the following activities?”**

J6_12	In the past 3 days, did [primary male respondent] help with household chores, such as cleaning?		1 Yes 2 No
J6_13	In the past 3 days, did [primary male respondent] help with cooking or meal preparation?		1 Yes 2 No
J6_14	In the past 3 days, did [primary male respondent] help with collecting firewood and water?		1 Yes 2 No

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

J7_04	Did you have any contact with a HEW in the <u>past 3 months</u> ? (at home, at the health post, or in the community)		1 Yes 2 No >> J7_08
J7_05	Were you visited by a HEW at your home in the <u>past 3 months</u> ?		1 Yes 2 No >> J7_08
J7_05a	How many times were you visited by a HEW in the past 3 months?		Number
J7_08	Did you visit the health post for any reasons related to your child or yourself in the <u>last 3 months</u> ?		1 Yes 2 No
J7_13	Did you have any contact with the HDA/leader in the <u>past 3 months</u> ? (at home or in the community)		1 Yes 2 No >> J7_17
J7_14	Were you visited by a HDA/leader at your home in the <u>past 3 months</u> ?		1 Yes 2 No >> J7_17
J7_14a	How many times were you visited by a HDA/leader in the past 3 months?		Number
J7_17	Did you attend a food demonstration in your community in the <u>last 3 months</u> ?		1 Yes 2 No
J7_21	Did you attend a behavior change communication (BCC) session to talk about maternal nutrition, breastfeeding, complementary feeding or child nutrition at public work site or health in the <u>last 3 months at public work site or health post</u> ?		1 Yes 2 No
J7_26	Have you ever attended a community led total sanitation and hygiene (CLTSH) triggering event?		1 Yes 2 No
J7_27	Have you ever participated in a CLTSH follow-up / Open Defecation Free (ODF) event?		1 Yes 2 No
J7_29	Did you attend any Growth Monitoring Promotion (GMP) session?		1 Yes 2 No



							J8_20a	J8_21a	J8_21ba	J8_22a	J8_23a
	(same as above)						[.....]	[.....]	[.....]	[.....]	[.....]
<b>ENDLINE INDEX CHILD</b>											
J8_26	J8_27	J8_28	J8_29	J8_30	J8_31	J8_31b	J8_32	J8_33			
MEMBER ID.		[.....]	[...../...../.....]	[.....]	[.....]	[.....]	[.....]	[.....]			
				J8_30a	J8_31a	J8_31ba	J8_32a	J8_33a			
	(same as above)			[.....]	[.....]	[.....]	[.....]	[.....]			

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

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

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

K1_01	Are you a member of a VESA group?		1. Yes >> skip to K1_02y 2. No
K6_01a	Why did you not join a VESA group?		1. I was not invited to join because I am a PDS client 2. There was no VESA established in my area 3. I am already in at least one other VSLA / savings group, and I didn't want to join the VESA 4. The VESA was too far, not convenient for me to join 5. Other reason for not wanting to join a VESA
K1_02y	Which year did you join the VESA group?		
K1_02m	Which month did you join the VESA group?		1. Meskerem 2. Tikimit 3. Hidar 4. Tahisas 5. Tir 6. Yekatit 7. Megabit 8. Miazia 9. Ginbot 10. Sene 11. Hamle 12. Nehase
K1_07a	How many females hold positions on your VESA group's Management Committee?		Number
K1_07b	Does your VESA group have a female Chairperson or a female Vice chairperson/secretary?		1. Yes 2. No
K1_08	Has your VESA conducted a share-out of the group savings/shares?		1. Yes 2. No

## Module M: Experience with the program

CAPI: The intended respondent for this module is the primary female respondent, [PF\_NAME\_EL]. If there is no primary female or if she is not available to be interviewed, please do not administer the module right now.

### Module M, Part 1: Financial education and livelihoods

M1_07	Did you participate in any SPIR value chain trainings?		Yes..... 1 No ..... 2 >> skip to M1_14a
M1_08y	In what year did you first attend a SPIR value chain training?		Year
M1_08m	In what month did you first attend a SPIR value chain training?		Month
M1_09	Which value chain trainings did you attend?  [Enumerator: allow for multiple responses. Do not read response options out loud.]		Sheep/goat fattening or rearing..... 1 Poultry production..... 2 Ox fattening ..... 3 Beekeeping ..... 4 Haricot bean production ..... 5 Vegetable production..... 6
M1_14a	Are you a member of a producer marketing group associated with one of the SPIR promoted value chains?		Yes..... 1 No ..... 2 >> skip to Module M2
M1_14b	Which SPIR promoted value chain is your producer marketing group associated with?		Sheep/goat fattening or rearing..... 1 Poultry production..... 2 Ox fattening ..... 3 Beekeeping..... 4 Haricot bean production ..... 5 Vegetable production..... 6
M1_15y	In what year did you first join the producer marketing group?		Year
M1_15m	In what month did you first join the producer marketing group?		Month
M1_16	Did you collectively buy any inputs or collectively sell any products as a group?		Yes..... 1 No ..... 2

### Module M, Part 2: Health and nutrition

M2_01	Have you attended any VESA group meetings or discussions in the past 12 months (since January 2020)?		1. Yes 2. No >> Module M5
M2_01a	How often do you meet in your VESA?		1. Weekly >> skip to M2_02 2. Bi-weekly >> skip to M2_02 3. Monthly >> skip to M2_02 4. We are not meeting regularly



M2_01b	Why are you not meeting regularly?		1. COVID-19 disruption 2. We shared out and decided not to keep meeting 3. We were too busy with harvest activities 4. Other
M2_02	In the VESA group meetings or discussions that you attended, how many times were health and nutrition topics discussed in your VESA group in the past 12 months (since January 2020)?		Number
M2_03	What topics were covered in the health and nutrition discussions in the VESA group?  [Enumerator: allow for multiple responses. Do not read response options out loud.]		IYCF practices .....1 Equitable access to adolescent girls' nutrition .....2 Maternal nutrition .....3 Nutritious food preparation training .....4 Handwashing .....5 Food hygiene .....6 Safe water collection, transportation, management and treatment.....7 Latrine use and waste management.....8 Saving money for health emergencies .....9 Healthy timing and spacing of pregnancy..10 Information about COVID-19 and prevention of its spread ..... 11
M2_04	Who facilitated these discussions?  <i>Multiple choice allowed.</i>		HDA Leader .....1 VESA Facilitator .....2 Community Facilitator .....3 Health Community Facilitator/Animator .....4 HEW .....5 VESA member .....6 Other .....7

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

M3_01	In the VESA group meetings or discussions that you attended, how many times were gender topics, or couple's relationship meetings discussed in your VESA group in the past 12 months (since January 2020)?  [CAPI: If M1_03>M2_01, show error: Enumerator: Number of gender or couple's meetings cannot be greater than total meetings attended]		Number >> if 0 skip to M3_06
M3_02	What topics were covered at the dialogue?  [Enumerator: allow for multiple responses. Do not read options out loud.]		Work load sharing ..... 1 Male engagement in child care ..... 2 Respect or mutual understanding ..... 3 Assigning gender equitable tasks to boys and girls..... 4 Shared decision making on household finance ..... 5 Violence against women ..... 6

M3_05	Have you observed any changes in your spouse's behavior or actions?	Yes..... 1	No..... 2
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**Module M, Part 5: Program participation costs**

[CAPI: **Only** administer the module to a randomly selected subsample (10% of households) from **treatment arms 1, 2 or 3.**]

Enumerator, read: "Now I would like to ask you some questions about events and trainings that you or other members of your household may have participated in during the last 3 months."

Code	Event	How many times did a member of your household attend [EVENT] in the last 3 months? If 2 household members attended the same event, that counts as 2 times. For example, if you attended a VESA meeting twice and once your husband attended also, please answer three.  [Enumerator: If 2 household members attended the same event, that counts as 2 times.]	How long did it take to travel to [EVENT]?	On average, what was the total value of any out-of-pocket cost to participate in <b>one</b> of these [EVENTS] including food, childcare, transport?
		<i>Number</i>  If 0 >> next event	<i>Minutes</i>	<i>Birr</i>
		M5_01	M5_02	M5_03
1	SPIR value chain training			
2	VESA group discussion			
3	Male engagement group			
4	Food demonstration			
5	BCC session			
6	Community-Led Total Sanitation and Hygiene (CLTSH) event			