

TP EVALUATION Caregiver Survey

The questions in this survey are designed for the **main caregiver** of children in the household, or one of them if several families live together or polygamous households. If there are no children in the household aged 0-18 years, the household head can be interviewed instead. If the age of the respondent is below 18 years old, he/she should give an assent while informed consent should be sought from an adult.

Guidance for introducing yourself and the purpose of the interview:

- My name is _____ and I am working with World Vision.
- Your household has been selected by chance from all households in the area for this interview. The purpose of this interview is to obtain current information about households in this area and the well-being of children in the area (Health, Education, WASH, and Advocacy).
- The survey is voluntary and the information that you give will be confidential. The information will be used to prepare reports, but will not include any specific names. There will be no way to identify that you gave this information.
- Could you please spare some time (around ___ minutes) for the interview?

Informed Consent given

Please DO NOT suggest in any way that household entitlements could depend on the outcome of the interview, as this will affect the answers.

Household Basic information(HBI)			
Survey Type: (see options below) _____			
HBI01. Date of survey: ____/____/____ (MM/DD/YYYY)	HBI02. Name of the interviewer:		HBI03. Cluster #:
HBI04. Region:	HBI05. District:	HBI06. Village/ Community	HBI07. HH #:
HBI08.			
HBI09. GIS location (automatically collected with mobile device)			
Survey Type: 1. Baseline 2. Midterm Evaluation 3 Evaluation (indicate if it is 1 st , 2 nd or 3 rd for the program) 4. Other, specify			

Household Demographic Information

Provide the following information for each person living (eating and sleeping) in this household

	HDI01	HDI02	HDI03	HDI04	HDI05	H105	HDI06	HDI07	HDI08	HDI09
PID	Name (Start by Household head)	Age	Sex 1=Female 0=Male	Relationship to HH Head	Marital Status	Is [Name] currently attending school? 1 = Yes 0 = No	Highest level of education [Name] has attained?	Religious Affiliation	If under 18, is child registered with WV? 1=Yes 0=No	If under 18, is child an orphan? 1=Yes 0=No
1										
2										
3										
4										
5										
6										
7										

<p>Codes for B04: Relationship to household head</p> <p>01 = Head 02 = Spouse/ partner 03 = Son/ daughter 04 = Son/ daughter in law</p> <p>05 = Grandchild 06 = Parent 07 = Parent-in-law 08 = Brother/sister-in-law</p> <p>09 = Uncle/ Aunt 10 = Niece/ Nephew 11 = Other relative 12 = Adopted/foster/step child 13 = Servant</p> <p>96 = Other 98 = Don't know</p>
<p>Codes for B08: Highest level of education attained</p> <p>01 = None 02 = lower primary (grades 1-4) 03 = Upper primary (grades 5 - 7)</p> <p>04 = Lower secondary (grades 8 - 9) 05 = Upper secondary (grades 10 - 12) 06 = Tertiary (University/ college)</p> <p>96 = Other 98 = Don't know</p>
<p>Codes for B09: Marital status</p> <p>01 = Single 02 = Married</p> <p>03 = Co-habiting 04 = Divorced/ Separated</p> <p>05 = Widow/ Widower</p>
<p>Codes for religious affiliation</p> <p>1. Roman Catholic 2. Pentecostal</p> <p>3. SDA 4. New Apostolic Church</p> <p>5. CMML 6. Other (Any other religious affiliation</p> <p>88. Don't know</p>

Provide the following information for each person living (eating and sleeping) in this household

	HD110	HD111	HD112	HD113	HD114	HD115
PID	If under 18, is child having difficulty SEEING: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all	If under 18, is child having difficulty HEARING: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all	If under 18, is child having difficulty WALKING/CLIMBING: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all	If under 18, is child having difficulty REMEMBERING/CONCETRATING: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all	If under 18, is child having any of the difficulty SELFCARE: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all	If under 18, is child having any of the difficulty COMMUNICATING/BEING UNDERSTOOD: 1= NO – No Difficulty 2= Yes – some difficulty 3= Yes – a lot of difficulty 4=Yes – cannot do at all
1						
2						
3						
4						
5						
6						
7						

Provide the following information for each person living (eating and sleeping) in this household

	HDI16	HDI17	HDI18	HDI19	HDI20	HDI21
PID	Current School Enrolment status? 0 = No yet enrolled 1 = Enrolled 2= Dropped out	Does [Name] attend school regularly (<i>by regularly, this means not missing school at least 4 times in a month</i>) Yes = 1 No = 2	Completed basic / primary education? 1 = Yes 0 = No	Attends quality pre-primary (for age 3-6 only) 1 = Yes 0 = No	Does [Name] has a birth certificate? Yes = 1 No = 2 Don't know = 8 <i>(Ask only for those between 0 -18 years old)</i>	BI4 Is [Name] able to read and write a letter, SMS, etc.? Yes = 1 No = 2
1						
2						
3						
4						
5						
6						
7						

HDM07.

In the last 12 months, have you or anyone in your household, including children, participated in any of the following activities?
[Response options should be contextually appropriate to the activities World Vision conducted (or partnered to carry out) during the programme implementation.]
Options: Yes = 1 No = 0 DK = 88

Question Code	Key Activities	Response
HDM07.1	Sponsorship	
HDM07.2	<i>PD Hearth</i>	
HDM07.3	<i>Reading clubs</i>	
HDM07.4	savings group	
HDM07.5	Celebrating Families	
HDM07.6	WASH activities	
HDM07.7	Ending child marriage	

1.0 SEED			
Poverty (PO)			
Proportion of households living below the national poverty line according to Poverty Probability Index (PPI) (C4B.25047)			
QNo.	Question to ask respondent	Response options	Points
HPO.01	In which province does this household live?	Western	0
		Copperbelt	5
		Eastern	7
		Luapula	0
		Lusaka	10
		Muchinga	3
		Northern	1
		North-western	7
		Southern	7
		Central	8
HPO.02	How many members does this household have?*	. More than 6	0
		5 or 6	8
		4 or less	17
HPO.03		At least one child between 6 and 12 is not attending school	0
		Everyone aged between 6 and 12 is attending school	3
		No one aged between 6 and 12	6
HPO.04	Is your house connected to electricity?	No	0
		Yes	12
HPO.05	Does this household own a Television?	No	0
		Yes	7
HPO.06	Does this household own a Mbaula/Brazier?	No	0
		Yes	8
HPO.07	Does this household own a Gas or Electric stove?	No	0
		Yes	10
HPO.08	Does this household own an Iron?	No	0
		Electric	8
		Non-electric	6
HPO.09	Does this household own a Lounge Suite/Sofa?	No	0
		Yes	8
HPO.10	Did this household purchase/consume/receive milk (fresh), milk (powdered, excl. baby milk), cheese, or other dairy products during the last 2 weeks?	No	0
		Yes	14
HPO.11	PPI Score		

Household Economy (HE)			
Proportion of households vulnerable to deprivation C4B.0240			
QNo.	Question to ask respondent	Response options	Code
HHE.01	In the past three months did your household sell any assets?	Yes	1
		No (<i>if no, skip next 2 questions</i>)	0
		Don't know	88
HHE.02	Which types of assets did you sell? <i>Multiple answers are allowed.</i>		
HHE.02a	Livestock	Yes	1
		No	0
HHE.02b	Productive	Yes	1
		No	0
HHE.02c	Transport	Yes	1

		No	0
HHE.02d	Household	Yes	1
		No	0
HHE.02e	Furniture	Yes	1
		No	0
HHE.03	What was the main reason for selling assets?	No longer needed	1
		Upgrade – to purchase a new asset	2
		Pay daily expenses	3
		Buy food for household	4
		Pay medical expense	5
		Pay debt	6
		Pay for social event	7
		Pay funeral	8
		Pay school	9
		Other (specify)	10
HHE.04	In the past three months, did you or any member of your household borrow money?	Yes	1
		No (<i>If no, skip next question</i>)	0
		Don't know	88
HHE.05	What are the reasons for borrowing money? (<i>multiple response</i>)	Buy food	1
		Pay for health care or medical services	2
		Pay for funeral	3
		Pay for social event	4
		To buy agricultural input	5
		To buy other productive asset	6
		To pay for education	7
		To do small business	8
		To buy transport asset	9
		To buy household asset	10
		To buy furniture asset	11
		Pay off another loan	12
		Other (specify)	13
Proportion of vulnerable households that received external economic support (C4B.0058)			
HHE.07	Has your household received in the last 3 months any of the following forms of economic support?		
HHE.07a	Cash transfer (e.g. pensions, disability grant, child grant)	Yes	1
		No	0
		Don't know	88
HHE.07b	Assistance for school fees and other monetary levies	Yes	1
		No	0
		Don't know	88
HHE.07c	Material support for education (e.g. uniforms, school books etc.)	Yes	1
		No	0
		Don't know	88
HHE.07d	Income generation support in cash or kind e.g. agricultural inputs	Yes	1
		No	0
		Don't know	88
HHE.07e	Food assistance	Yes	1
		No	0
		Don't know	88
HHE.07f	Material or financial support for shelter	Yes	1
		No	0
		Don't know	88

Economic Development (ED)

Proportion of households where one or more adults are earning an income (C4B.0045)

QNo.	Question to ask respondent	Response options	Code
EED.01a	Is there one or more household members aged 13 years and below earning a regular income to meet the needs of the household?	Yes No Don't know	1 0 88
EED.01b	Is there one or more household members aged 13-24 years earning a regular income to meet the needs of the household?	Yes No Don't know	1 0 88
EED.01c	Is there one or more household members aged 24 years and above earning a regular income to meet the needs of the household?	Yes No Don't know	1 0 88
EED.02	If yes: What is the main source of that regular income?	Sale / exchange of own produce (farm - Subsistence farming, crop sales, livestock sales) Self-employed/ Small business (skilled trade e.g. carpentry/ retail shop/ weaving/ pottery) Employment (wage or formal) Petty trade Casual labour Remittances Other (specify e.g. gold panning)	1 2 3 4 5 6 7
EED.03	Does the household have an alternative source of income to rely on, should the main source of income be lost?	Yes No Don't know	1 0 88
EED.04	Were you trained in any economic development activity?	Yes No Don't know	1 0 88

Basic Needs (BN)

The next three question groups are only for households with children aged 0-18 years.

Proportion of parents or caregivers able to provide well for their children (C4B.0044)

HBN.01	In the past year, were you able to provide two sets of clothes for all the children (5-18 years) living in your household, without assistance from family, the government or NGO? (If the respondent is having difficulty, or responds too quickly, probe: For the children, 6-11 years? For the older children, 12-18 years? Check: does this include any orphans or disabled children in the household?)	Yes No Don't know	1 0 88
HBN.02	In the past year, were you able to provide a pair of shoes for all the children (5-18 years) living in your household, without assistance from family, the government or NGO?	Yes No Don't know	1 0 88
HBN.03	In the past year, were you able to provide a blanket/mat for sleeping on for all the children (5-18 years) living in your household, without assistance from family, the government or NGO?	Yes No Don't know	1 0 88
HBN.04	In past year, were you able to provide all the children in your household (5-18 years) protection from mosquitoes while they sleep – such as mosquito bed nets, repellent coils, screens etc.?	Yes No Don't know	1 0 88

Financial Inclusion (FI)

Proportion of households with the means to save money (C4B.0069)

QNo.	Question to ask respondent	Response options	Code
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HFI.01	Do you, or any member of your household, have a formal means of saving money in cash form? For example, an account with a bank or credit union?	Yes No Don't know	1 0 88
HFI.02	Is any member of this household a member of a community based Savings Group?	Yes No Don't know	1 0 88
Proportion of households with the means to save money (C4B.0069)			
HFI.03	In the past 12 months, have you saved money with any of the following groups ?	Friends and family Savings group Bank Microfinance institution Credit union Others (specify)	1 2 3 4 5 6
HFI.04	In the event that you needed money for an emergency, how would you get that money?	From relatives and friends Drawing on my savings Selling assets such as livestock I cannot get any money from anywhere Other (specify)	1 2 3 4 5
HFI.05	Do you personally have an account that is registered in your name?	Yes No (if no, skip next question)	1 0
HFI.06	Type of account	Bank account Mobile money account	1 2
HFI.07	What is the main reason you do not have an account?	I do not know what it is I do not have money I do not have enough money to make transactions I do not know how to open one There are no banks close to where I live I never thought about using a bank I do not need one, I do not make any transactions Registration fee is too high Fees for using a bank account are too high Banks do not offer the services I need I do not trust the banks Banks are for the rich and not people like me Others (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13
HFI.08	Have you ever used any of the following for financial services/ assistance?	Village Savings and Lending Group Money lenders Rotation Savings and Lending Groups (Cilimba) Microfinance Institutions such as Vision Fund Family and friends Others (specify)	1 2 3 4 5 6
HFI.09	When was the last time you used these services or service providers for any financial activities?	Today Past seven days Past 30 days Past 90 days More than 90 days ago Stopped using them Don't know	1 2 3 4 5 6 7
HFI.10	When was the last time you used your mobile money account for any transactions?	Today Yesterday Past 7 days Past 30 days Past 90 days More than 90 days ago Never Don't know	1 2 3 4 5 6 7 8
HFI.11		Less than K1,000 K1,000 – K2,050	1 2

		K2,050 – K5,000	3
	Approximately, how much money do you earn/ make in a year from all the activities you engage in?	K5,000 – K10,000	4
		K10,000 – K15, 000	5
		K15, 000 and above	6
		Don't know	99
HFI.12	If you compare how much you are earning now and 5 years ago would you say your earnings have...	Increased	1
		Remained the same	2
		Decreased	3
HFI.13	Approximately what percentage of your income is saved?	0%	1
		Less than 10%	2
		11-30%	3
		31-50%	4
		More than 50%	5
HFI.14	If yes, where do you save your money?	Bank/ Credit Union	1
		Inside the house	2
		With family members	3
		With savings group	4
		Microfinance institution	5
		No savings	6
		Other (specify)	7
HFI.15	What do you believe is the main barrier to building up a savings? (Circle all that apply)	No access to bank/credit union account	1
		Cost of living in is too expensive	2
		Family/Wants/ pressure	3
		No experience, not sure how best to save money	4
		Other, please specify:	5
HFI.16	Do you have any outstanding debts?	Yes	1
		No	2
HFI.17	What is the main source of this debt?	Bank	1
		Private institution	2
		Money lender	3
		Relatives	4
		Credit union	5
		No debt	6
HFI.18	What is the main reason for this debt?	Daily expenses (food, housing, transport)	1
		Marriage/cultural functions	2
		Medical Fees	3
		School Fees	4
		Entertainment (Sport, music, etc)	5
		Alcohol, Cigarettes, etc	6
		Agricultural inputs/ business related	7
		Other, please specify:	8
HFI.19	What do you believe are the primary barriers preventing you from starting your own small business? (Check all that apply)	No money or access to loans/credit	1
		Not sure what type of business to start	2
		Not motivated to manage a business	3
		No experience, not sure how to manage a business	4
		Other, please specify:	5
HFI.20	Are there options to access training on small business development in the area where you live?	Yes	1
		If yes, where?	
		No	2
HFI.21	If yes, have you participated in any courses before?	Yes	1
		No	2
HFI.22	If YES, who provided the training?	World Vision	1
		Other NGO	2
		Government	3
		Other (specify)	4

HFI.23	If training is available and you have not attended, why haven't you participated in a training yet?	No money	1
		No time	2
		No interest	3
		No friends to join in the training course	4
		Not helpful	5
		Not available in my area	6
		No appreciable benefit that I know of	7
		Other, please specify:	8

Food Supply (FS)

Proportion of households with one or more 'hungry months' in the previous 12 months (C4B.0062)

Now I would like to ask you about your household's food supply during the different months of the year. When responding, please think back over the last 12 months.

FFS.01	Does your household grow/ produce its own food?	Yes	1
		No	2
FFS.02	In the past 12 months, were there any months when you did not have food or ran out of food?	Yes	1
		No (if no, skip next question)	2
FFS.03	Thinking backwards in the past 12 months, in which months (in the past 12 months) did you not have enough food to meet family needs? (circle all that apply)	January	1
		February	2
		March	3
		April	4
		May	5
		June	6
		July	7
		August	8
		September	9
		October	10
		November	11
		December	12

Meal frequency (MF)

Proportion of households with adequate food frequency (C4B.0064)

FMF.01	How many meals (including porridge or bread) did adults eat yesterday in your household? (Respondent should clearly outline the actual meals)	_____
FMF.02	How many meals (including porridge or bread) did the children eat yesterday in your household? (IF NO CHILDREN IN THE HH, WRITE 99)	_____

Household Diet Diversity (DD)

Proportion of households with sufficient diet diversity as measured by the Household Dietary Diversity Index (HDDI) (C4B.0060)

Now I would like to ask you about the type of foods that you or anyone else in your household ate yesterday during the day and the night

(Read the list of foods. Place a one in the box if anyone in the household ate the food in question. Place a zero in the box if no one in the household ate the food. Place '88' in the box if the respondent does not know).

FDD.01	Any (insert local starch food e.g. ugali, nshima), bread, rice, noodles, biscuits or any other foods made from millet, sorghum, maize, rice, wheat or (other locally available grain)?	Yes	1
		No	0
		Don't know	88
FDD.02	b) Any potatoes, yams, manioc, cassava or any other foods made from roots or tubers?	Yes	1
		No	0
		Don't know	88
FDD.03	Any vegetables?	Yes	1
		No	0
		Don't know	88

FDD.04	Any fruits?	Yes	1
		No	0
		Don't know	88
FDD.05	Any beef, pork, lamb goat, rabbit, wild game, chicken, duck or other birds, liver, kidney, heart or other organ meats?	Yes	1
		No	0
		Don't know	88
FDD.06	Any eggs?	Yes	1
		No	0
		Don't know	88
FDD.07	Any fresh or dried fish or shellfish?	Yes	1
		No	0
		Don't know	88
FDD.08	Any food made from beans, peas, lentils or nuts?	Yes	1
		No	0
		Don't know	88
FDD.09	Any cheese, yogurt, milk or other milk product?	Yes	1
		No	0
		Don't know	88
FDD.10	Any foods made with oil, fat or butter?	Yes	1
		No	0
		Don't know	88
FDD.11	Any sugar or honey?	Yes	1
		No	0
		Don't know	88
FDD.12	Any other foods such as condiments, coffee or tea?	Yes	1
		No	0
		Don't know	88

Food Insecurity Experience Scale (FIES)

Proportion households facing moderate or severe food insecurity according to the Food Insecurity Experience Scale Global Standard Scale (FIES-GSS). (C4B.25258).

There are eight questions, you need to ask the respondent each question, in order.

Start each question with the following sentence: 'During the last 12 months, was there a time when, because of lack of money or other resources...'

FFIES.01	You were worried you would not have enough food to eat?	Yes	1
		No	0
		Don't know	88
FFIES.02	You ate only a few kinds of foods?	Yes	1
		No	0
		Don't know	88
FFIES.03	You were unable to eat healthy and nutritious food?	Yes	1
		No	0
		Don't know	88
FFIES.04	You ate less than you thought you should?	Yes	1
		No	0
		Don't know	88
FFIES.05	You had to skip a meal?	Yes	1
		No	0
		Don't know	88
FFIES.06	Your household ran out of food?	Yes	1
		No	0
		Don't know	88
FFIES.07	You were hungry but did not eat?	Yes	1
		No	0
		Don't know	88
FFIES.08	You went without eating for a whole day?	Yes	1
		No	0
		Don't know	88

NATURAL ENVIRONMENT (NE)

Proportion of households that manage the quality of their soil (C4A.004I)

NE.01	Which of the following best describe your land ownership status?	I own and cultivate land	1
		I own but don't cultivate the land	2
		I rent the land I cultivate from someone else	3
		I rent out the land I own to someone else	4
		Other (specify) _____	5
NE.02	What is the total area of land that you own?		
NE.03	Please specify the unit of measurement	Hectares	1
		Acres	2
		Limas	3
NE.04	What is the main agricultural activity that you engage in?	Livestock farming	1
		Vegetable farming/ gardening	2
		Crop farming	3
		Others (Specify) i.e., forestry)	4
NE.05	How long have you been farming?		
NE.07	Is the soil in your fields or garden kept covered all year to improve soil quality?	Yes	1
		No	0
		Don't know	88
NE.08	If yes, the field is covered with...		
a	Crop residues, other plant or tree matter	Yes	1
		No	0
		Don't know	88
b	Mulches	Yes	1
		No	0
		Don't know	88
c	cover crops (examples: beans, legumes, clover, cowpeas)	Yes	1
		No	0
		Don't know	88
d	Other (specify)	Yes	1
		No	0
		Don't know	88

Sustainable Practices (SP)

Proportion households who use at least a minimum number of locally recommended sustainable/climate smart agriculture and NRM methods.

SP.01	Question: <i>In the past 12 months, did you or anyone in your household use any of the following practices on your own farm?</i>		
a	Farmer Managed Natural Regeneration	Yes	1
		No	0
		Don't know	88
b	Improved seeds/improved variety	Yes	1
		No	0
		Don't know	88
c	Improved seed storage/preparation	Yes	1
		No	0
		Don't know	88
d	Improved compost system	Yes	1
		No	0
		Don't know	88
e	Mulching	Yes	1

		No	0
		Don't know	88
f	Green manure crops	Yes	1
		No	0
		Don't know	88
g	Planting pits (Zai, Demi Lune, other)	Yes	1
		No	0
		Don't know	88
h	Companion planting (cereals intercropped with legumes etc.)	Yes	1
		No	0
		Don't know	88
i	Integrated Pest Management	Yes	1
		No	0
		Don't know	88
j	Contour sowing/ploughing	Yes	1
		No	0
		Don't know	88
k	Anti-erosion/infiltration devices (contour rock lines, vegetation, earth bunds, grass strips etc.)	Yes	1
		No	0
		Don't know	88
l	Refraining from burning crop residues	Yes	1
		No	0
		Don't know	88
m	Improved sowing practices	Yes	1
		No	0
		Don't know	88
n	Others	Yes	1
		No	0
		Don't know	88

Women ownership and control (WC)

1. Proportion households with women actively engaged in decision making (C4B.25442)

2. Proportion of women who report being involved in decisions on how to spend their income in the last three months (C4B.25529)

Conduct individual interviews with women aged 15 – 49 years that live with their husband or partners. Ask the respondent each of the ten questions below and enter the appropriate code from the list of response options.

EWC.01	Who usually decides how much of the staple crops grown by your household will be kept for consumption in the household and how much will be sold?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.02	Who usually decides how much of the vegetables grown by your household will be kept for consumption in the household and how much will be sold?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88

Women ownership and control (WC)

- 1. Proportion households with women actively engaged in decision making (C4B.25442)**
2. Proportion of women who report being involved in decisions on how to spend their income in the last three months (C4B.25529)

Conduct individual interviews with women aged 15 – 49 years that live with their husband or partners. Ask the respondent each of the ten questions below and enter the appropriate code from the list of response options.

EWC.03	Who usually decides how to spend the income that you bring into the household?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.04	Who usually decides how to spend the income that your partner brings into the household?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.05	Who usually decides about making smaller purchases, such as food and other less expensive needs?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.06	Who usually decides about making more expensive purchases, such as new animals or household equipment?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.07	Who usually decides on which family members you will visit and when?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88
EWC.08	Who usually decides whether your child will be taken for health care to a health facility when s/he is sick?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88

Women ownership and control (WC)

1. Proportion households with women actively engaged in decision making (C4B.25442)
 2. Proportion of women who report being involved in decisions on how to spend their income in the last three months (C4B.25529)

Conduct individual interviews with women aged 15 – 49 years that live with their husband or partners. Ask the respondent each of the ten questions below and enter the appropriate code from the list of response options.

EWC.09	Who usually decides whether you or your partner will use any types of contraception, such as condoms or pills?	Respondent herself	1
		Husband	2
		Respondent and husband jointly	3
		Another household member	4
		Respondent and another household member jointly	5
		Someone outside the household	6
		Household not involved in this activity	7
		Don't know	88

Coping with Disasters (CC)

Proportion of households who faced a disaster and were able to employ an effective disaster-risk reduction or positive coping strategy (C4B.0074)

ECC.01	In the last 12 months, did you or your household suffer a shock? (Such as the loss of a main income, crop failure, sickness of a breadwinner or unaffordable costs that had to be paid out?)	Yes	1
		No (skip to next section)	2
		Don't know (skip to next section)	88
ECC.02	If yes, then ask: What did you do to overcome and manage the situation?	_____	
ECC.03	Think back to how your living situation was before this shock. And think how it is now. Is your living situation now...	Better than before	1
		Same as before	2
		Worse than before	3
		Don't know	88

COVID-19 (SCI9)

Livelihood

SCI9.01	What is the major/main source of income before COVID (multiple options)?		
SCI9.01a	Salaried work with regular income	Yes	1
		No	0
SCI9.01b	Daily/ Casual labour	Yes	1
		No	0
SCI9.01c	Agriculture/livestock	Yes	1
		No	0
SCI9.01d	Govt aid or social security net	Yes	1
		No	0
SCI9.01e	Petty trade/selling on street	Yes	1
		No	0
SCI9.01f	Remittance from abroad	Yes	1
		No	0
SCI9.01g	Support from family/friends	Yes	1
		No	0
SCI9.01h	Fishing	Yes	1
		No	0
SCI9.01i	Migrant worker	Yes	1
		No	0

SC19.01j	Own business/trade	Yes No	1 0
SC19.02	Was your ability to carry out livelihood activities affected in the past two weeks?	Yes. Fully Yes. Severely Yes. Moderately Yes. Slightly No	1 2 3 4 5
SC19.03	What are the main reasons for the disruption to your livelihood activities? <i>(please select all apply)</i>		
SC19.03a	Reduced demand for good/services	Yes No	1 0
SC19.03b	No market to sell products	Yes No	1 0
SC19.03c	Transport limitations	Yes No	1 0
SC19.03d	Movement restrictions (ex: curfew)	Yes No	1 0
SC19.03e	Livelihood inputs are unavailable	Yes No	1 0
SC19.03f	Livelihood inputs are too expensive or inaccessible	Yes No	1 0
SC19.03g	Concerned about leaving the house due to outbreak	Yes No	1 0
SC19.03h	Adult members of the HH are unwell	Yes No	1 0
SC19.03i	Increased demand for good or services	Yes No	1 0
SC19.03j	Other	Yes No	1 0
SC19.04	How has your income changed over the past two weeks?	Loss of job or reduced salaries/revenues Increased employment or increased salaries/revenues Resorted to secondary alternative source of income to maintain income levels No change	1 2 3 4
SC19.05	If answer is 1 for SC19.02, how do you handle the impacts of livelihood/income <i>(multiple options)?</i>		
SC19.05a	Using savings (cash in hand, savings, fixed deposit)	Yes No	1 0
SC19.05b	Pawning jewellery	Yes No	1 0
SC19.05c	Selling HH items	Yes No	1 0
SC19.05d	Selling productive asset/livelihood asset	Yes No	1 0
SC19.05e	Reduce the quantity and quality of the meal	Yes No	1 0
SC19.05f	Borrowing from neighbour/Relatives/friend	Yes No	1 0
SC19.05g	Loan from Informal institutions	Yes No	1 0
SC19.05h	Loan from formal institutions (bank/financial institutions)	Yes No	1 0
SC19.05i	Other (specify)	Yes No	1 0
SC19.05j	N/A	Yes No	1 0
SC19.06	If SC19.05a answer is 'using savings', how many days your household survive with savings?		
SC19.07	How did reduced income affect the health, education and social wellbeing your family members <i>(multiple options)?</i>		
SC19.07a	Sending children to work	Yes	1

		No	0
SC19.07b	Early marriage for children	Yes	1
		No	0
SC19.07c	Send children to family/relatives	Yes	1
		No	0
SC19.07d	Send children to institutions	Yes	1
		No	0
SC19.07e	Begging	Yes	1
		No	0
SC19.07f	Engage in high risk jobs	Yes	1
		No	0
SC19.07g	Engage in illegal activities	Yes	1
		No	0
SC19.07h	Others (specify)	Yes	1
		No	0
SC19.07i	N/A	Yes	1
		No	0

Markets

SC19.08	If all the food the household ate was purchased in the local market, what is the household expenditure on food for 1 week, including fuel for cooking, before COVID & now?	Food expenditure before COVID _____ ZMK Food expenditure now _____ ZMK	
SC19.09	If you usually purchase food from local market, are you able to buy food now?	Yes No, due to lack of money No, due to close of market No, due to unavailability of food in market No, due to lock down/curfew Not applicable	1 2 3 4 5 6

Assistance

SC19.10	In the coming 6 months, what is your top 3 concerns? Rank top 1,2 and 3	<input type="checkbox"/> Livelihood (e.g. income, access to market, etc.) <input type="checkbox"/> Food <input type="checkbox"/> Water & sanitation & hygiene (access & items) <input type="checkbox"/> Medicine & health care <input type="checkbox"/> Education for children <input type="checkbox"/> Protection & safety issues	
SC19.10	Please share your thoughts on past few week's experience due to COVID: (Enumerator can take notes on important points).....		

WASH			
Water and Sanitation (WS)			
1. Proportion of households using an improved drinking-water source			
2. Proportion of households using a basic drinking water facility			
BWS.01	What is the main source of drinking water used by members of your household? (<i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i>)	Piped into Dwelling	1
		Piped to Yard / Plot	2
		Piped to Neighbour	3
		Public Tap / Standpipe	4
		Tube Well / Borehole	5
		Protected dug well	6
		Unprotected dug well	7
		Protected Spring	8
		Unprotected Spring	9
		Rainwater	10
		Tanker-Truck	11
		Cart with Small Tank	12
		Water Kiosk	13
		Surface Water (River, Dam, Lake, Pond, Stream, Canal, Irrigation Channel)	14
		Bottled Water	15
		Sachet Water	16
BWS.02	Where is that water source located?	In own dwelling	1
		In own yard / plot	2
		Elsewhere	3
BSW.03	Is water always available at the water point?	Yes, water is always available	1
		No, water is available most of the time	2
		No, water is available some of the time	3
		No, water is rarely available	4
		Don't know	88
BSW.04	How long does it take for members of your household to go there, get water, and come back?	Members do not collect	000
		Number of Minutes	
		Don't Know	998
Proportion of households using unimproved drinking water who use an appropriate treatment method			
BSW.05	Do you or any other member of this household do anything to the water to make it safer to drink?	Yes	1
		No	2
		Don't Know	8
BSW.06	What do you usually do to make the water safer to drink?		
		<i>Probe: Anything else? Record all methods mentioned.</i>	
BSW.06a	Boil	Yes	1
		No	0
BSW.06b	Add bleach / chlorine	Yes	1
		No	0
BSW.06c	Strain it through a cloth	Yes	1
		No	0
BSW.06d	Use water filter (ceramic, sand, composite, reverse osmosis, etc.)	Yes	1
		No	0
BSW.06e	Solar disinfection	Yes	1
		No	0
BSW.06f	Let it stand and settle	Yes	1
		No	0
BSW.06g	Other (specify)		96
		Don't know	98
Proportion of households with water storage containers that safely store and dispense water for drinking			

BSW.07	Do you store your drinking water?	Yes No	1 0
BSW.08	May I see the main container(s) where you store it?	Yes, permission granted No, permission not granted	1 2
BSW.09	Based on observations, record whether the container has the following characteristics:		
BSW.09a	Narrow mouth (<10 cm)	Yes No	1 2
BSW.09b	Spigot / Tap	Yes No	1 2
BSW.09c	Lid or fitted cover	Yes No	1 2
BSW.09d	Covered filtration reservoir with tap	Yes No	1 2
BSW.10	Can you show me how you would normally serve yourself drinking water? <i>[Direct Observation] If water is stored, select how it is removed from the container. Does/is the drinking water storage container: (mark all that apply)</i>		
BSW.10a	Water poured directly from container	Yes No	1 2
BSW.10b	Dispensed through a spigot or spout	Yes No	1 2
BSW.10c	Removed with jar, bowl, bucket, or cup	Yes No	1 2
BSW.10d	Removed with dipper or ladle	Yes No	1 2
BSW.10e	Removed with hands	Yes No	1 2
BSW.10f	Water not stored in container	Yes No	1 2
BSW.10g	Other (please specify)	_____	
BSW.11	Is the storage container beyond the reach of animals (<i>1 meter or more from the ground</i>)?	Yes No Not seen	1 0 88
BSW.12	<i>[Observe] Is the storage container clean (visibly free of dirt, debris, garbage, faecal matter, etc.)?</i>	Yes No	1 0 88
Proportion Communities with functioning water committees and fee collection systems			
BSW.13	Does your household provide support to the water system?	Yes No Don't know	1 0 88
BSW.13	How does your household contribute support to the water system?	Money Goods Labour Other	1 2 3 4
BSW.14	When does your household contribute to the water system?	On a regular time-interval When there is a problem When able to When making upgrades Other _____	1 2 3 4 5

Sanitation			
1. Proportion of households using a basic sanitation facility			
2. Proportion of households practicing open defecation			
BWS.15	What kind of toilet facility do members of your household usually use? <i>If 'Flush' or 'Pour flush', probe: Where does it flush to?</i> <i>If not possible to determine, ask permission to observe the facility.</i>	Flush to Piped Sewer System	1
		Flush to Septic Tank	2
		Flush to Pit Latrine	3
		Flush to Open Drain	4
		Flush to Don't know Where	5
		Ventilated Improved Pit Latrine	6
		Pit Latrine with Slab	7
		Pit Latrine Without Slab /Open Pit	8
		Composting Toilet	9
		Bucket	10
		Hanging Toilet /Hanging Latrine	11
No Facility / Bush / Field	12		
Other (Specify)	96		
BSW.16	Where is this toilet (if any) located?	In own dwelling	1
		In own yard/ plot	2
		Elsewhere	3
BSW.17	Do you share this facility with others who are not members of this household?	Yes	1
		No	2
BSW.18	If yes, how many households in total use this toilet facility, including your own household?	_____ number of households	
Hygiene			
Proportion of households with a designated place for handwashing where water and soap are present			
BWH.01	Does your household have a designated area for handwashing?	Yes	1
		No	2
		Decline to state	3
		Don't Know	99
BWH.02	Can you please show me where members of your household most often wash their hands?	Fixed facility observed - Sink/tap in the dwelling or yard	1
		Mobile object observed - bucket/jug/kettle	2
		Tippy-tap	3
		No hand-washing place	4
		No permission to see	5
		Other reason (specify).....	6
BWH.03	Observe availability of water at the place for hand-washing. (Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water).	Water is available	1
		Water is not available	2
BWH.04	Observe availability of soap or detergent at the place for hand-washing. (Soap: includes bar soap, liquid soap, powder detergent and soapy water).	Soap or detergent available	1
		Soap or detergent not available	2
BWH.05	(Optional) Do you have any soap or detergent in your house for washing hands?	Yes	1
		No	2
BWH.06	(Optional) Can you please show it to me?	Yes, shown	1
		No, Not shown	2

Proportion of parents or caregivers who report practicing appropriate hand-washing behaviour at critical times			
BWH.07	When do you wash your hands (with water and soap)? Do not prompt (do not read the answers to the mother/caretaker-let her answer on her own). ASK: "Any other time?" CIRCLE ALL MENTIONED		
BWH.07a	Never	Yes No	1 0
BWH.07b	After using a sanitation facility (defecation)	Yes No	1 0
BWH.07c	After cleaning a child's bottom	Yes No	1 0
BWH.07d	Before handling food or preparing food,	Yes No	1 0
BWH.07e	Before feeding a child	Yes No	1 0
BWH.07f	Before eating	Yes No	1 0
BWH.07g	After handling livestock	Yes No	1 0
BWH.07h	Other	Yes No	1 0
Proportion of households with children under 5 whose stools are hygienically disposed			
BWH,08	The last time (NAME) passed stools, what was done to dispose of the stools?	Child used toilet or latrine Put/rinsed into toilet or latrine Disposed elsewhere	1 2 3

MNCH

Insecticide Treated Nets (IT)

This module is for pregnant women, the biological mother of the children aged 0-59 months in the household or the primary caregiver of the children aged 0-59 months in the household. Please cross check the Intended use and respondents of the Caregiver Survey Modules (Appendix I of the Caregiver Survey Guide) with the starter section to help choose the 7-11 health modules that need to be used in this household.

Proportion of households where all children under 5 years slept under a long-lasting insecticide-treated net (LLIN) the previous night

HIT.01	Did all the children 0-59 months old in the household sleep under a net last night?	Yes	1
		No (if 'no', skip to next section)	0
		Don't Know/No response	88
HIT.02	Are all the nets children sleep under LLIN?	Yes	1
		No	2
		Some are LLIN while some are not	3
		Don't know	99
HIT.03	Since you got the nets, have you ever soaked or dipped them in liquid to kill or repel mosquitoes?	Yes	1
		No	0
		Not sure	99

Women (W)

This module is for women who are pregnant and/or are the biological mothers of the children aged 0-23 months in the households. If there is no pregnant woman or the survey is being administered to a primary caregiver, skip this module. In the sections regarding the previous pregnancy, the questions refer to the woman's youngest biological child under 2 years old.

Danger Signs (DS)

This section is for ALL WOMEN who are pregnant and/or are the biological mothers of the children aged 0-23 months in the household.

I. Proportion of women who know at least two danger signs of pregnancy

WDS.01	During pregnancy, women may encounter severe problems or illnesses and should go or be taken immediately to a health facility. What types of signs would cause you to seek immediate care at a health facility (right away)? <i>(Prompt, 'anything else?' Please check those that are mentioned. Do NOT read the answers)</i>		
WDS.01a	Vaginal bleeding	Yes	1
		No	0
WDS.01b	Fast / difficult breathing	Yes	1
		No	0
WDS.01c	Fever	Yes	1
		No	0
WDS.01d	Severe abdominal pain	Yes	1
		No	0
WDS.01e	Headache / blurred vision	Yes	1
		No	0
WDS.01f	Convulsions / fits	Yes	1
		No	0
WDS.01g	Foul smelling vaginal discharge / fluid from the vagina	Yes	1
		No	0
WDS.01h	Baby stops moving	Yes	1
		No	0
WDS.01i	Leaking brownish / greenish fluid from the vagina	Yes	1
		No	0

Proportion of women who know at least three post-partum danger signs

WDS.02	Sometimes mothers after delivery have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to go to a health facility right away? (Prompt, 'anything else?' Please check those that are mentioned. Do NOT read the answers.)		
WDS.02a	Heavy bleeding (any amount of continuous bleeding, or large, fist-sized clots, or the woman has weakness or fainting)	Yes No	1 0
WDS.02b	Loss of consciousness	Yes No	1 0
WDS.02c	Placenta not delivered within 30 minutes of delivery	Yes No	1 0
WDS.02d	Fever with or without chills	Yes No	1 0
WDS.02e	Foul smelling discharge	Yes No	1 0
WDS.02f	Convulsions / rigidity	Yes No	1 0
WDS.02g	Headache, visual disturbances	Yes No	1 0
WDS.02h	Severe abdominal pain	Yes No	1 0

Proportion of women who know at least three neonatal danger signs

WDS.03	Sometimes new-borns within the first month and especially the first week of life, have severe illnesses and should be taken immediately to a health facility. What types of signs would cause you to take your new-born to a health facility right away? (Prompt, 'anything else?' Please check those that are mentioned. Do NOT read the answers).		
WDS.03a	Convulsions / fits (rigid, stiff)	Yes No	1 0
WDS.03b	Fever / sweating	Yes No	1 0
WDS.03c	Baby unable to feed, poor suckling or feeding	Yes No	1 0
WDS.03d	Fast / difficult breathing	Yes No	1 0
WDS.03e	Baby feels cold	Yes No	1 0
WDS.03f	Baby is born too small / born too early	Yes No	1 0
WDS.03g	Yellow palms / soles of feet / eyes	Yes No	1 0
WDS.03h	Swollen abdomen	Yes No	1 0
WDS.03i	Unconscious	Yes No	1 0
WDS.03j	Pus or redness of the umbilical stump, eyes or skin	Yes No	1 0
WDS.03k	Only moves when stimulated, doesn't move even when stimulated	Yes No	1 0
WDS.03l	No stool after 1 day following birth	Yes No	1 0
WDS.03m	No urine after 2 days following birth	Yes No	1 0
WDS.03n	Other		

Previous Pregnancy Experience: Antenatal Care (PC)

Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child

This section is about experiences during the most recent pregnancy. If a mother only has a child 2 years old or older, the module is finished. 'Name' is used to remind the interviewer to use the name of the youngest living child.

WPC.01	Did you see anyone for antenatal care during your pregnancy with (name)? Probe: Anyone else?	Yes	1
		No	0
		No Response	88
WPC.02	Whom did you see? Probe: Anyone else? Check all that apply		
WPC.02a	Doctor	Yes	1
		No	0
WPC.02b	Nurse	Yes	1
		No	0
WPC.02c	Midwife	Yes	1
		No	0
WPC.02d	Auxiliary Nurse	Yes	1
		No	0
WPC.02e	Auxiliary Midwife	Yes	1
		No	0
WPC.02f	f) Don't know/No response (if don't know, skip to section on TT and Helminths)	Yes	1
		No	0
WPC.02g	Other: (specify) _____	Yes	1
		No	0
WPC.03	Only ask if mother saw doctor, nurse, midwife, auxiliary nurse or auxiliary midwife (yes to a, b, c, d or e) How many times did you see him/ her? (If respondent prefers not to respond, write 99. If respondent doesn't know, write 88)	_____	

Previous Pregnancy Experience: HIV Testing (PV)

Proportion of pregnant women who were offered and accepted counselling and testing for HIV during most recent pregnancy, and who received their test results

This section is about experiences during the most recent pregnancy. If a mother only has a child 2 years old or older, the module is finished. 'Name' is used to remind the interviewer to use the name of the youngest living child.

WPV.01	During any of the antenatal visits for your pregnancy with (name), were you given any information about HIV or the AIDS virus?	Yes	1
		No (if no, skip to next section)	0
		Don't know/No response	88
WPV.02	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	Yes	1
		No (if no, skip to next section)	0
		Don't know/No response	88
WPV.03	I don't want to know the results, but did you get the results of the test?	Yes	1
		No (if no, skip to next section)	0
		Don't know/No response	88
WPV.04	Regardless of the result, all women who are tested are supposed to receive counselling after getting the result. After you were tested, did you receive counselling?	Yes	1
		No (if no, skip to next section)	0
		Don't know/No response	88

Previous Pregnancy Experience: Birth Experience (BE)

Proportion of mothers with children aged 0 – 23 months who report they delivered from health facilities while they were pregnant with their youngest child

This section is about experiences during the most recent pregnancy. If a mother only has a child 2 years old or older, the module is finished. 'Name' is used to remind the interviewer to use the name of the youngest living child.

WBE.01	Where did you give birth to (name)?	Your home	1
		Another home	2
		Government hospital	3
		Government clinic/ health centre	4
		Government health post	5
		Private hospital	6
		Private clinic	7
		Private maternity home	8
		Other: (specify) _____	9

Proportion of infants whose births were attended by skilled birth attendant

WBE.02	Who assisted with the delivery of (name)? Probe: Anyone else. Record all mentioned. If respondent says, 'no one' assisted, probe to determine if any adults were present at the delivery.		
WBE.02a	Doctor	Yes	1
		No	0
WBE.02b	Nurse/ Midwife	Yes	1
		No	0
WBE.02c	Auxiliary midwife	Yes	1
		No	0
WBE.02d	Traditional birth attendant	Yes	1
		No	0
WBE.02e	Community health worker	Yes	1
		No	0
WBE.02f	Relative/ Friend	Yes	1
		No	0
WBE.02g	No one	Yes	1
		No	0
WBE.02h	Don't know/No response	Yes	1
		No	0
WBE.02i	Other: (specify) _____	Yes	1
		No	0

Previous Pregnancy Experience: Infant Care (IC)

Proportion of children aged 0–6 months who received all three components of essential new-born care

This section is about experiences during the most recent pregnancy. If a mother only has a child 2 years old or older, the module is finished. 'Name' is used to remind the interviewer to use the name of the youngest living child.

WIC.01	Was (name) dried (wiped) immediately after birth before the placenta was delivered?	Yes	1
		No	0
		Don't know/No response	88
WIC.02	Was (name) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered?	Yes	1
		No	0
		Don't know/No response	88
WIC.03	After (NAME) was born, was anything else done to make him/her warm? <i>Prompt: Anything else? Check all options reported.</i>		
WIC.03a	Child was held to mother's torso for skin-to-skin contact	Yes	1
		No	0
WIC.03b	Child's head was covered	Yes	1
		No	0

WIC.03c	*other locally appropriate pre-determined responses*	Yes No	1 0
WIC.03d	Nothing was done	Yes No	1 0
WIC.03e	Other:	Yes No	1 0
WIC.04	After (NAME) was born, what was done to the part of the cord still attached to the baby? <i>Prompt: Anything else? Check all options reported.</i>		
WIC.04a	Cord was cut with something clean (A sterile and sharp instrument, such as a new razor blade or scissors)	Yes No	1 0
WIC.04b	Cord was kept dry	Yes No	1 0
WIC.04c	Cord was kept clean	Yes No	1 0
WIC.04d	(Optional: Cord had chlorhexidine antiseptic gel or liquid applied immediately after it was cut)*see strengths and limitations section*	Yes No	1 0
WIC.04e	Nothing that respondent can recall	Yes No	1 0
WIC.04f	Nothing was done	Yes No	1 0
WIC.04g	Other:	Yes No	1 0
WIC.05	Did you ever breastfeed (name)?	Yes No (if 'no', skip to next section) Don't know/No response	1 0 88
WIC.06	How long after birth did you first put (name) to the breast?	_____ hours _____ days <i>Note: IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS</i>	
WIC.07	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	Yes No (if 'no', skip to next section) Don't know/No response	1 0 88
WIC.08	What was (NAME) given to drink? <i>Probe: Anything else? Record all liquids mentioned.</i>		
WIC.08a	Milk (other than breast milk)	Yes No	1 0
WIC.08b	Plain water	Yes No	1 0
WIC.08c	Sugar or glucose water	Yes No	1 0
WIC.08d	Gripe water	Yes No	1 0
WIC.08e	Sugar-salt-water solution	Yes No	1 0
WIC.08f	Fruit juice	Yes No	1 0
WIC.08g	Infant formula	Yes No	1 0
WIC.08h	Tea/infusions	Yes No	1 0
WIC.08i	Coffee	Yes No	1 0
WIC.08j	Honey	Yes No	1 0
WIC.08k	Other (specify)		

Previous Pregnancy Experience: Postnatal Care (PN)

Proportion of mothers of children aged 0–23 months who received at least 2 post-natal visit from a trained health care worker during the first week after birth

This section is about experiences during the most recent pregnancy. This module is to be administered to women with children aged 0- 23 months. If a mother only has a child 2 years old or older, the module is finished. 'Name' is used to remind the interviewer to use the name of the youngest living child.

WPN.01	After you gave birth to (name), did anyone check on your or your baby's health during that first week?	Yes, mother only	1
		Yes, mother and baby both	2
		Yes, baby only	3
		No (if no, module is finished)	4
WPN.02	How long after that delivery did the first check take place?	0-12 hours	1
		13-24 hours	2
		25-48 hours	3
		More than 48 hours (2 days plus)	4
WPN.03	Who checked on your health at that time? If more than one, record the most qualified person.	Doctor	1
		Nurse/ Midwife	2
		Auxiliary Midwife	3
		Traditional Birth Attendant	4
		Community health worker	5
		Other: (specify) _____	6
WPN.04	How long after that delivery did the second check take place?	0-12 hours	1
		13-24 hours	2
		25-48 hours	3
		More than 48 hours (2 days plus)	4
		No visit (module finished)	5
WPN.05	Who checked on your health at that time? If more than one, record the most qualified person.	Doctor	1
		Nurse/ Midwife	2
		Auxiliary Midwife	3
		Traditional Birth Attendant	4
		Community health worker	5
		Other: (specify) _____	6
WPN.06	Did they also check the baby during this second visit?	Yes	1
		No	0
		Don't know/No response	88

Children 0-5 Months (Z)

1. Proportion of children exclusively breastfed until 6 months of age

2. Proportion of children aged 6-23 months receiving continued breastfeeding

All questions in this module refer only to children 0-5 months old. 'Name' is used to remind the interviewer to use the name of this child. This module is to be administered to the biological mother or the primary caregiver of the child aged 0-5 months in the household.

ZBI.01	Is the child a boy or a girl?	Boy	1
		Girl	2
ZBI.02	What is (NAME's) date of birth? Write date in the following format: DD/MM/YYYY		

Breastfeeding and Nutrition (BF)

ZBF.01	Has (NAME) ever been breastfed?	1 = Yes 0 = No (if 'no' skip to question ZBF19)	
ZBF.02	Is (NAME) still being breastfed?	Yes	1
		No (if 'no' skip to question ZBF04)	0
		Don't Know/No Response	88
ZBF.03	Since yesterday, including during the day and night, did (name) receive breast milk?	Yes (if 'yes', skip to ZB05)	1
		No	0
		Don't Know/No response	88

ZBF.04	How old was (name) when he or she stopped taking breast milk? (Record number of months. If respondent doesn't know, write 888)	_____ months	
<i>Now I would like to ask you about liquids or foods that (NAME) had yesterday during the day or night. Please clarify to the respondent, I am interested in whether (NAME) had the item even if it was combined with other foods.</i>			
ZBF.05	Did (NAME) drink plain water yesterday, during the day or night?	Yes No (if 'no', skip to question ZBF19) Don't Know/No Response	1 0 88
ZBF.04	Did (NAME) drink infant formula yesterday, during the day or the night?	Yes No (if 'no', skip to question ZBF19) Don't Know/No Response	1 0 88
ZBF.05	How many times did (NAME) drink infant formula? (Write number of times. If respondent doesn't know, write 88)		
ZBF.06	Did (NAME) drink milk, such as tinned, powdered or fresh animal milk yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.07	How many times did (NAME) drink milk, such as tinned, powdered or fresh animal milk? (Write number of times. If respondent doesn't know, write 88).		
ZBF.08	Did (NAME) drink juice or juice drinks yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.09	Did (NAME) drink soup yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.10	Did (NAME) drink or eat vitamin or mineral supplements yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.11	Did (NAME) drink ORS (oral rehydration solution) yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.12	Did (NAME) drink any other liquids yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.13	Did (NAME) drink or eat yogurt yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.14	How many times did (NAME) drink or eat yogurt? (Write number of times. If respondent doesn't know, write 88).		
ZBF.15	Did (NAME) eat thin porridge yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.16	Did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZBF.17	How many times did (NAME) eat solid or semi-solid (soft, mushy) food? (Write the number of times. If respondent doesn't know, write 88).		
ZBF.18	Yesterday, during the day or night, did (NAME) drink anything from a bottle with a nipple?	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88

Children 0-5 Months (Z)

I. Proportion of children receiving minimum dietary diversity

SNU.01	Did (name) eat any solid, semi-solid or soft foods yesterday, during the day or night?	Yes No (if 'no', skip to SNU10) Don't Know/remember	1 0 88
SNU.02	How many times did (name) have a meal yesterday, during the day or night? If respondent doesn't know, write 88 <i>(ANYTIME THAT THEY CHILD HAD MILK THAT WAS NOT BREASTMILK (infant formula, tinned, powdered or animal milk) SHOULD NOT BE RECORDED HERE. Instead this information is recorded in a separate question below.)</i>	_____ times	
SNU.03	How many times did (name) have a snack yesterday, during the day or night? If respondent doesn't know, write 88 <i>(ANYTIME THAT THEY CHILD HAD MILK THAT WAS NOT BREASTMILK (infant formula, tinned, powdered or animal milk) SHOULD NOT BE RECORDED HERE. Instead this information is recorded in a separate question below.)</i>	_____ times	
SNU.04	How many times did (NAME) drink infant formula yesterday, during the day or night? Write number of times. If respondent doesn't know, write 88	_____ times	
SNU.05	How many times did (NAME) drink milk, such as tinned, powdered or fresh animal milk yesterday during the day or night? Write number of times. If respondent doesn't know, write 88	_____ times	
SNU.06	Since this time yesterday (during the day or the night), did (NAME) eat any grains, white coloured roots, or cereals, including porridge, ugali, rice, white potatoes, etc? <i>* This questions can be modified to include locally appropriate foods in the grain, root and tuber food group.*</i>	Yes No Don't Know/ remember	1 0 88
SNU.07	Was this grain, root or tuber commercially fortified? (<i>* This questions can be modified to include locally appropriate foods in the grain, root and tuber food group.*</i>)	Yes No Don't Know/ remember	1 0 88
SNU.08	Since this time yesterday (during the day or night) did (NAME) eat any orange or yellow coloured fruits or vegetables for example, carrots, orange sweet potatoes, mango? <i>(* This questions can be modified to include locally appropriate foods that are Vitamin A rich fruits and vegetables*)</i>	Yes No Don't Know/ remember	1 0 88
SNU.09	Since this time yesterday (during the day or night) did (NAME) eat any other fruits or vegetables? (<i>* This question can be modified to include locally appropriate foods that are in the fruit or vegetable food groups*</i>)	Yes No Don't Know/ remember	1 0 88
SNU.10	Since this time yesterday (during the day or night) did (NAME) eat any meats, fish or poultry, including organs (i.e. Chicken liver, fish meal)? <i>(* This question can be modified to include locally appropriate foods that are flesh foods (meat, fish, poultry and liver/organ meats)*)</i>	Yes No Don't Know/ remember	1 0 88

SNU.11	Since this time yesterday (during the day or night) did (NAME) eat any Insects (e.g. spiders, grasshoppers, caterpillars)?	Yes	1
		No	0
		Don't Know/ remember	88
SNU.12	Since this time yesterday (during the day or night) did (NAME) eat any eggs?	Yes	1
		No	0
		Don't Know/ remember	88
SNU.13	Since this time yesterday (during the day or night) did (NAME) eat any legumes or nuts? (This question can be modified to include locally appropriate foods that are in the legume or nut food group)	Yes	1
		No	0
		Don't Know/ remember	88
SNU.14	Since this time yesterday (during the day or night) did (NAME) eat any dairy products for example, milk, yogurt or cheese? (* This question can be modified to include locally appropriate foods that are in the dairy food group*)	Yes	1
		No	0
		Don't Know/ remember	88
SNU.15	Since this time yesterday (during the day or night) did (NAME) eat any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	Yes	1
		No	0
		Don't Know/ remember	88

Under 5 Caregiver: Growth Monitoring and Promotion (GMP)

Proportion of children under five attending Growth Monitoring and Promotion

This section is for the biological mother or primary caregiver of children 0-59 months.

ZBF.19	Have you ever taken (NAME) to Growth Monitoring and promotion sessions (use local terminology)?	Yes	1
		No (if 'no', skip to ZBF08)	0
		Don't Know/ No Response	88
ZBF.20	When was the last time you took (NAME) to growth monitoring and promotion sessions?	Within current month	1
		Within previous month	2
		2 months previous	3
		3 months previous	4
		4 months previous	5
		6 months previous	6
		Don't Know/No response	88
ZBF.21	Does (name) have a growth card? May I see it?	Child has growth card, interviewer able to review	1
		Child has growth card, card unavailable during interview (If the growth card is unavailable, section is finished)	2
		Child has growth card, interviewer was not given permission to see card (If permission was not given to see growth card, section is finished)	3
		Child does not have growth card (If child does not have growth card, section is finished)	4
ZBF.22	Date of most recent visit to GMP session recorded on the card: Write date in the following format: DD/MM/YYYY	____/____/____	

Illness Prevention and Treatment: Diarrhoea (DI)

Proportion of children under 5 with diarrhoea who received correct management of diarrhoea

This section is for the biological mother or primary caregiver of children 0-59 months.

ZDI.01	In the last two weeks, has (NAME) had diarrhoea? (<i>Diarrhoea is defined as three or more loose watery stool in a 24-hour period</i>)	Yes No (if 'no', skip to ZBF08) Don't Know/ No Response	1 0 88
ZDI.02	I would like to know how much (NAME) was given to drink during the diarrhoea, including breast milk. Was he/she given less than usual to drink, about the same amount, or more than usual? (<i>If less: probe: Was he/she given much less than usual to drink, or somewhat less?</i>)	Nothing to drink Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 88
ZDI.03	I would like to know how much (NAME) was given to eat during the diarrhoea, was he/she given less than usual to eat, about the same amount, or more than usual? <i>If less: probe: Was he/she given much less than usual to eat, or somewhat less?</i>	Never gave food Stopped food Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 6 88
ZDI.04	During the episode of diarrhoea, was (NAME) given to drink a fluid made from a special packet called (local name for ORS packet solution)?	Yes, low-osmolarity ORS Yes, other type of ORS or unsure No Don't Know/No response	1 2 3 88
ZDI.05	During the episode of diarrhoea, was (NAME) given to drink a pre-packaged ORS fluid for diarrhoea?	Yes, low-osmolarity ORS Yes, other type of ORS or unsure No Don't Know/No response	1 2 3 88
ZDI.06	*During the episode of diarrhoea, was (NAME) given to drink a government recommended homemade fluid X? * (<i>This question must be modified as appropriate for local contexts.</i>)	Yes No Don't Know/No response	1 0 88
ZDI.07	Was anything (else) given to treat the diarrhoea?	Yes No Don't Know/No response	1 0 88
ZDI.08	What (else) was given to treat the diarrhoea? <i>Do not read answers aloud. Probe: Anything else? Check all treatments mentioned.</i>		
ZDI.08a	Pill or Syrup: Zinc	Yes No	1 0
ZDI.08b	Pill or Syrup: Antibiotic	Yes No	1 0
ZDI.08c	Pill or Syrup: Antimotility	Yes No	1 0
ZDI.08d	Pill or Syrup: Other (not antibiotic, zinc or antimotility)	Yes No	1 0
ZDI.08e	Private Medical Sector: Private hospital/ clinic	Yes No	1 0
ZDI.08f	Unknown Pill or Syrup	Yes No	1 0
ZDI.08g	Injection: Non-antibiotic	Yes No	1 0
ZDI.08h	Unknown Injection	Yes No	1 0
ZDI.08i	Intravenous	Yes No	1 0
ZDI.08j	Home remedy/ Herbal medicine	Yes No	1 0
ZDI.08k	Other: (specify) _____	Yes No	1 0
ZDI.09.	Write brand names of all medications if given.		

Illness Prevention and Treatment: (ARI)

Proportion of children U5 with presumed pneumonia taken to appropriate health care provider

This section is for the biological mother or primary caregiver of children 0-59 months.

ZAR.01	At any time in the last two weeks, has (NAME) had an illness with a cough?	Yes No (if 'no', skip to next section) Don't Know/No response	1 0 88
ZAR.02	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes No (if 'no', skip to next section) Don't Know/No response	1 0 88
ZAR.03	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Yes No (if 'no', skip to next section) Don't Know/No response	1 0 88
ZAR.04	I would like to know how much (NAME) was given to drink during the illness with cough, including breast milk. Was he/she given less than usual to drink, about the same amount, or more than usual? (If less: probe: Was he/she given much less than usual to drink, or somewhat less?)	Nothing to drink Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 88
ZAR.05	I would like to know how much (NAME) was given to eat during the illness with cough, was he/she given less than usual to eat, about the same amount, or more than usual? (If less: probe: Was he/she given much less than usual to eat, or somewhat less?)	Never gave food Stopped food Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 6 88
ZAR.06	Did you seek any advice or treatment for the illness from any source?	Yes No (skip to next section) Don't Know/No response	1 0 88
ZAR.07	From where did you seek advice or treatment? (Probe: Anywhere else? Check all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place).		
ZAR.07a	Public Sector: Government hospital	Yes No	1 0
ZAR.07b	Public Sector: Government health centre	Yes No	1 0
ZAR.07c	Public Sector: Village health worker/ Community Health Worker	Yes No	1 0
ZAR.07d	Public Sector: Mobile outreach/ clinic	Yes No	1 0
ZAR.07e	Private Medical Sector: Private hospital/ clinic	Yes No	1 0
ZAR.07f	Private Medical Sector: Private physician	Yes No	1 0
ZAR.07g	Private Medical Sector: Private pharmacy	Yes No	1 0
ZAR.07h	Private Medical Sector: Mobile clinic	Yes No	1 0
ZAR.07i	Relative/ Friend	Yes No	1 0
ZAR.07j	Shop	Yes No	1 0
ZAR.07k	Traditional Practitioner	Yes No	1 0
ZAR.07l	Other: (specify) _____	Yes No	1 0
ZAR.08	Name of provider/ place.	_____	

ZAR.09	Was (NAME) given any medicine to treat this illness?	Yes No (if 'no', skip to next section) Don't Know/No response	1 0 88
ZAR.10	What medicines was (NAME) given? (Probe: Any other medicine? Check all medicines given. Write brand name(s) of all medications mentioned. Interviewer must be familiar with names of medications).		
ZAR.10a	Antibiotic: Pill/ Syrup	Yes No	1 0
ZAR.10b	Antibiotic: Injection	Yes No	1 0
ZAR.10c	Anti-malarials	Yes No	1 0
ZAR.10d	Paracetamol/ Panadol/ Acetaminophen	Yes No	1 0
ZAR.10e	Aspirin	Yes No	1 0
ZAR.10f	Ibuprofen	Yes No	1 0
ZAR.10g	Don't Know/No response	Yes No	1 0
ZAR.10h	h) Other: (specify) _____		
ZAR.11	Write brand name(s) of all medications if given.		

Illness Prevention and Treatment: Malaria (MA)

1. Proportion of children with fever who were appropriately treated

2. % of children U5 with fever taken to appropriate health care provider

This section is for the biological mother or primary caregiver of children 0-59 months.

ZMA.01	In the last two weeks, has (NAME) been ill with a fever at any time?	Yes No Don't Know/No response	1 0 88
ZMA.02	I would like to know how much (NAME) was given to drink during the illness with fever, including breast milk. Was he/she given less than usual to drink, about the same amount, or more than usual? (If less: probe: Was he/she given much less than usual to drink, or somewhat less?)	Nothing to drink Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 88
ZMA.03	I would like to know how much (NAME) was given to eat during the illness with fever, was he/she given less than usual to eat, about the same amount, or more than usual? (If less: probe: Was he/she given much less than usual to eat, or somewhat less?)	Never gave food Stopped food Much less Somewhat less About the same More Don't Know/No response	1 2 3 4 5 6 88
ZMA.04	At any time during the illness, did (NAME) have blood taken from his/ her finger or heel for testing?	Yes No Don't Know/No response	1 0 88
ZMA.05	Did you seek any advice or treatment for the illness from any source?	Yes No Don't Know/No response	1 0 88
ZMA.06	From where did you seek advice or treatment? (Probe: Anywhere else? Check all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place).		
ZMA.06a	Public Sector: Government hospital	Yes No	1 0
ZMA.06b	Public Sector: Government health centre	Yes No	1 0
ZMA.06c	Public Sector: Village health worker	Yes	1

		No	0
ZMA.06d	Public Sector: Mobile outreach/ clinic	Yes	1
		No	0
ZMA.06e	Private Medical Sector: Private hospital/ clinic	Yes	1
		No	0
ZMA.06f	Private Medical Sector: Private physician	Yes	1
		No	0
ZMA.06g	Private Medical Sector: Private pharmacy	Yes	1
		No	0
ZMA.06h	Private Medical Sector: Mobile clinic	Yes	1
		No	0
ZMA.06i	Relative/ Friend	Yes	1
		No	0
ZMA.06j	Shop	Yes	1
		No	0
ZMA.06k	Traditional Practitioner	Yes	1
		No	0
ZMA.06l	Other (specify):		
	<i>If (NAME) was taken to Public or Private Medical Sector, ask the following question. If NOT, module finished.</i>		
ZMA.07	Was (NAME) given any medicine to treat the fever or malaria from the health care provider?	Yes	1
		No	0
		Don't Know/No response	88
ZMA.08	What medicine was (NAME) given? (<i>Probe: Any other medicine? Check all medicines mentioned, but do NOT prompt with any suggestions. Write name brand(s) of all medicine, if given. Interviewers must be familiar with names of medicines.</i>)		
ZMA.08a	Anti-malarials: Sp/ Fansidar	Yes	1
		No	0
ZMA.08b	Anti-malarials: Chloroquine	Yes	1
		No	0
ZMA.08c	Anti-malarials: Amodiaquine	Yes	1
		No	0
ZMA.08d	Anti-malarials: Quinine	Yes	1
		No	0
ZMA.08e	Anti-malarials: Combination with Artemisinin (ACT)	Yes	1
		No	0
ZMA.08f	Anti-malarials: Country-specific CBD anti-malarial	Yes	1
		No	0
ZMA.08g	Antibiotic Drugs: Pill/ Syrup	Yes	1
		No	0
ZMA.08h	Antibiotic Drugs: Injection	Yes	1
		No	0
ZMA.08i	Paracetamol/ Panadol/ Acetaminophen	Yes	1
		No	0
ZMA.08j	Aspirin	Yes	1
		No	0
ZMA.08k	Ibuprofen	Yes	1
		No	0
ZMA.08l	Don't Know/No response	Yes	1
		No	0
ZMA.08m	Other: (specify)_____	Yes	1
		No	0
ZMA.09	Write name brand(s) of all medicine if given.		
ZMA.10	How long after the fever started did (NAME) first take (name of anti-malarial from ZMA08)?	Same day	1
		Next day	2
	If multiple anti-malarials mentioned in ZMA08, name all anti-malarial medicines mentioned.	2 days after the fever	3
		3 days after the fever	4
	Record how long after the fever started the first anti-malarial was given.	4 or more days after the fever	5
		Child did not take any anti-malarials	6
		Don't Know/No response	88

Harmful traditional or customary practices (HP)

Proportion of adults who report no knowledge of the use of harmful traditional or customary practices in the community in the past 12 months

This section is for all households sampled

HHP.01	Have you heard of or do you know any early marriage or child marriages in the community in the past 12 months	Have not heard/ Don't know	1
		I have heard about some cases/ I have knowledge of some cases	2

Child Anthropometry (A)

1. Prevalence of stunting in children under five years of age

2. Prevalence of underweight in children under five years of age

3. Prevalence of wasting in children under five years of age

All questions in this module refer to children 6-59 months of age.

	<p>READ ALOUD: As part of this survey, we are asking caregivers to allow us to take growth measurements of children that are under the age of 5 years old. These growth measurements will help us better understand the nutritional needs within your community. This survey will also assist VV and the government in developing effective programs to prevent and treat malnutrition.</p> <p>For this anthropometric (or growth) survey, we will need to measure the length, height, weight and mid upper arm circumference of your child. The equipment used to take these measurements are completely safe and will not hurt your child. If you ever feel uncomfortable, you can stop this survey at any time.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p>	Yes, permission granted	1
		No, permission refused (if 'refused', questionnaire is finished. DO NOT PERFORM TEST)	2
		Not Present	3
		Other (specify):	4
		Signature or thumbprint of parent or caregiver:	

		Date (DD/MM/YYYY): _____	
AAP.01	Is (name) a boy or a girl?	Boy Girl	1 2
AAP.02	What is (name's) date of birth? (Write date in format: DD/MM/YYYY)	___/___/_____	
AAP.03	What is (name's) weight in kilograms? Record weight to the nearest 0.01 kg.	_____ kg	
AAP.04	FOR CHILDREN 6-23 months old, how many centimetres long is (name) when he/she is lying down? (Measure length when lying down. Record length to the nearest 0.1 cm. If child is older than 23 months, leave blank).	_____ cm	
AAP.05	FOR CHILDREN 24-59 months old, how many centimetres tall is (name) when he/ she is standing up? (Measure height when standing up. Record height to the nearest 0.1 cm. If child is younger than 24 months, leave blank.)	_____ cm	

AAP.06



Hold thumbs for three seconds



Pitting in both feet remains

1 Yes
0 No

name) have clinical signs of oedema?

Hold the child's feet and apply moderate pressure with the thumbs on top of both feet. Count to 3 and then lift your thumbs. If no pit shows or if a pit only shows in one foot, the child does not have bilateral pitting oedema. (If yes, please refer this child to the nearest health facility)

AAP.07

FOR CHILDREN 6-59 months old, record the child's Mid Upper Arm Circumference (MUAC) score. If the child is 6 to 12 months, the child must have a length above 65cm. If possible, please use a MUAC tape with 3 colours and numbers.

Steps for measuring a child's MUAC:

- Determine the mid-point between the elbow and the shoulder by following these steps:
 - 1) Measure the length of the child's upper arm, between the bone at the top of the shoulder and the tip of the elbow (the child's arm should be bent to easily locate the tip);
 - 2) Find the midpoint of the upper arm by placing the tape from the top of the shoulder to the tip of the elbow, mark it. It is easier to use a string instead of the MUAC tape to find the midpoint.
- Place the MUAC tape around the left or right arm (the arm should be relaxed and hang down the side of the body and either arm is okay)
- Wrap the MUAC tape around the child's midpoint so that all of it is in contact with the child's skin. The tape should be neither too tight nor too loose
- Read the measurement from the window of the tape or from the tape itself.
- Record the MUAC to the nearest 0.1 cm or 1 mm.

MUAC less than 115mm (11.5cm), RED Colour, indicates Severe Acute Malnutrition. **Please refer this child to the nearest health facility.**

MUAC greater than or equal to 115mm (11.5cm) and less than 125mm (12.5cm), YELLOW Colour, indicates Moderate Acute Malnutrition.

MUAC greater than or equal to 125mm (12.5mm), GREEN Colour, indicates the child is well nourished.

COVID-19 (C19)			
C19.01	Were you able to access required medicines for your households before the advent of COVID-19?	Yes	1
		No, no money	2
		No not available in market	3
		Not applicable	88
C19.02	Are you able to access required medicines for your households now with the current COVID-19 situation?	Yes	1
		No, no money	2
		No not available in market	3
		Not applicable	88
C19.03	Were you able to access essential health services for your family before the advent of COVID-19 from the following providers?		
C19.03a	Hospital	Yes	1
		No	0
		N/A	88
C19.03b	Community health centres or clinics	Yes	1
		No	0
		N/A	88
C19.03c	Maternal centres	Yes	1
		No	0
		N/A	88
C19.03d	Outreach or mobile health teams/clinics	Yes	1
		No	0
		N/A	88
C19.03e	Traditional medicine centre (e.g. Steaming	Yes	1
		No	0
		N/A	88
C19.04	Have you or your family experienced any health issues since COVID-19 pandemic?		
C19.04a	Physical illness	Yes	1
		No	0
C19.04b	Injury	Yes	1
		No	0
C19.04c	Mental illness	Yes	1
		No	0
C19.04d	Severe stress	Yes	1
		No	0
C19.04e	Others	Yes	1
		No	0
C19.04f	No	Yes	1
		No	0

CCESP			
Sponsorship Awareness (SA)			
<i>This section is for all households sampled</i>			
ZSA.01	Does this household have one or more children registered in sponsorship?	Yes No Don't know	1 0 88
ZSA.02	Child Sponsorship is only for sponsored children and has nothing to do with non-sponsored children.	Yes No Don't know	1 0 88
ZSA.03	Child Sponsorship practiced here has nothing to do with community development	Yes No Don't know	1 0 88
ZSA.04	Child Sponsorship divides the community rather than uniting the community	Yes No Don't know	1 0 88
CP and F& D Indicators			
Proportion of households where children's ideas are listened to and acted on where appropriate			
ZSA.05	In the last 12 months, can you think of an example of an idea that one of your children shared with you that you listened to and put the idea into practice?	Yes No= 0 (Skip to next module) Don't know= (skip to next module)	1 0 88
ZSA.06	If yes, briefly state what it was: _____ _____ _____		
ZSA.07	If yes, whose idea was this? Was it a son or daughter	Son Daughter	1 2
ZSA.08	How old is the child who shared this idea?	6-11 years 12-18 years Other	1 2 3
Proportion of users who are satisfied with the child protection services they have received			
ZSA.09	Have you used any public child protection services (police, social welfare, psychosocial services, legal aid, hotline) in the last 12 months when you feared of violence or experienced a violence?	Yes No Don't know	1 0 88
ZSA.10	Using five-point scale (Strongly agree, Agree, Disagree, strongly disagree, Don't know/does not apply) would you say that:		
ZSA.11	The service was easily accessible (accessibility)	Strongly Agree Agree Disagree Strongly Disagree Don't Agree/does not apply	1 2 3 4 5
ZSA.12	The expenses incurred in accessing the service were legal and affordable (affordability)	Strongly Agree Agree Disagree Strongly Disagree Don't Agree/does not apply	1 2 3 4 5
ZSA.13	The service was delivered in a private and professional manner (Effective delivery of service)	Strongly Agree Agree Disagree Strongly Disagree Don't Agree/does not apply	1 2 3 4 5
ZSA.14	The amount of time to access and obtain the service was reasonable (Timeliness)	Strongly Agree Agree	1 2

		Disagree	3
		Strongly Disagree	4
		Don't Agree/does not apply	5
ZSA.15	The service was child-friendly:	Strongly Agree	1
		Agree	2
		Disagree	3
		Strongly Disagree	4
		Don't Agree/does not apply	5
ZSA.16	Overall, how satisfied or dissatisfied were you with the quality of the child protection services you received?	Very Satisfied	1
		Satisfied	2
		Very dissatisfied	3
		Don't know/does not apply	4

Proportion of parents or caregivers who believe that physical punishment is necessary to bring up a child properly

ZSA.17	Do you believe that in order to bring up, raise, or educate a child properly, the child should be physically punished?	Yes	1
		No	2
		Don't know	3

Proportion of adults who think a husband is justified in hitting or beating his wife under certain circumstances

ZSA.18	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: <i>Read out each statement and record response to each statement</i>		
ZSA.18a	If she goes without telling him	Yes	1
		No	0
ZSA.18b	She neglects the children	Yes	1
		No	0
ZSA.18c	If argues with him	Yes	1
		No	0
ZSA.18d	If argues with him	Yes	1
		No	0
ZSA.18e	If she refuses to have sex with him	Yes	1
		No	0
ZSA.18f	If she burns the food	Yes	1
		No	0

Proportion of community members (direct participants) who have an increase in gender equitable attitudes

ZSA.19	The ten standard items on the WV version of the Gender Equitable Men (GEM) scale can be included in a pre-test and post-test with female and male community members to use at the beginning of implementation and at the end of implementation of the project.		
ZSA.19a	There are times when a woman deserves to be beaten	Agree	1
		Partially Agree	2
		Disagree	3
ZSA.19b	A woman should tolerate violence to keep her family together	Agree	1
		Partially Agree	2
		Disagree	3
ZSA.19c	A man using violence against his wife is a private matter that shouldn't be discussed outside the couple	Agree	1
		Partially Agree	2
		Disagree	3
ZSA.19d	Men need sex more than women do	Agree	1
		Partially Agree	2
		Disagree	3
ZSA.19e	A woman who has sex before she marries does not deserve respect	Agree	1
		Partially Agree	2
		Disagree	3

ZSA.19f	It is a woman's responsibility to avoid getting pregnant	Agree Partially Agree Disagree	1 2 3
ZSA.19g	Only when a woman has a child is she a real woman	Agree Partially Agree Disagree	1 2 3
ZSA.19h	A woman's role is taking care of her home and family	Agree Partially Agree Disagree	1 2 3
ZSA.19i	A man should have the final word about decisions in his home	Agree Partially Agree Disagree	1 2 3
ZSA.19j	A woman should obey her husband in all things	Agree Partially Agree Disagree	1 2 3
ZSA.19k	Do you feel your ideas were then put into practice?	Yes No Don't know	1 2 9

Number and Percentage of HHs reporting good collective efficacy

ZSA.20	Now I am going to ask you to rate your perception on a 4 point scale from Strongly Agree to Strongly Disagree to the following six questions:		
ZSA.21	This community is able to tackle the most difficult situations because we have the same goals.	Strongly agree Agree Disagree Strongly disagree Neither agree or disagree	1 2 3 4 5
ZSA.22	When our community undertakes activities to improve child well-being, I know that those assigned the task will work hard until it is completed successfully.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.23	People in this community work well together to improve the well-being of all children, not just those within their own family.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.24	The activities that are being implemented to improve the well-being of children are the most relevant and important activities	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5

Number and percentage of HHs reporting good community cohesion

The respondents is asked to rate their perception on a 4 point scale from Strongly Agree to Strongly Disagree to the following three questions:

ZSA.25	People in this community readily help each other in times of need.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.26	People in this community tend to trust one another	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5

ZSA.27	The members of this community are accepted by others whatever their background	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.28	If I needed help other people in the community would help me	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 9 4 5
ZSA.29	If somebody found something valuable I had lost they would probably return it to me.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.30	If there was a community meeting to discuss local issues I would attend it.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
Mean self-efficacy score of caregivers			
The respondents is asked to rate their perception on a 4 point scale from Strongly Agree to Strongly Disagree to the following three questions:			
ZSA.31	I will be able to achieve most of the goals that I have set for myself	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.32	When facing difficult tasks, I am certain that I will accomplish them.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.33	In general, I think that I can obtain outcomes that are important to me	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.34	I believe I can succeed at most any endeavor to which I set my mind	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.35	I will be able to successfully overcome many challenges.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.36	I am confident that I can perform effectively on many different tasks	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.37	Compared to other people, I can do most tasks very well.	Strongly agree Agree Neither agree or disagree Disagree Strongly disagree	1 2 3 4 5
ZSA.38	Even when things are tough, I can perform quite well.	Strongly agree Agree	1 2

		Neither agree or disagree	3
		Disagree	4
		Strongly disagree	5
Proportion of community members who report increased responsiveness of child protection service providers or local government for access to and quality of child protection services.			
ZSA.39	Do people report incidences of child abuse in this community?	Yes	1
		No	2
		Don't know	9
ZSA.40	Where do people report incidences of abuse in this community? Circle all that applies	Police	1
		Neighborhood Watch	2
		Traditional leaders	3
		Church Leaders	4
		School Authority	5
		Health Personnel	6
		Family Member	7
		Other	8
ZSA.41	After reporting, is there any action taken?	Yes	1
		No	2
		Don't know	88
Proportion of family / community members (including children) who expressed that their decisions on different matters of life are influenced by Biblical principles.			
ZSA.42	Are your decision making in matters of life influenced on biblical values	Yes	1
		No	2
		Don't know	88
ZSA.43	Which of the following values influence your decision making?	Steward of God's resources	1
		Equality of Male and Female	2
		Peace and reconciliation	3
		Advocacy for the oppressed	4
		Other (Specify)	5
Proportion of adolescents who report high levels of participation in children's groups by sex			
ZSA.44	Does any of your children attend any club? Or participate in any children's groups	Yes	1
		No	0
		Don't know	88
ZSA.45	How many of your children 6-18 years old participate regularly in any children's clubs? (Participate regularly means at least once a month)	User entered integer	_____
ZSA.46	Do you have a children's council in this area?	Yes	1
		No	0
		Don't know	88
ZSA.47	If Yes, how often do they meet?	Daily	1
		Weekly	2
		Bi-monthly	3
		Monthly	4
		Four times in a year	5
		Two times in a year	6
		Once every year	7
ZSA.48	Who is in these groups?	Children only	1
		Adults only	2
		Both children and adults	3
ZSA.49	What topics are discussed at the meeting?	Capacity building	1
		Advancing the Christian Faith	2
		Recreation/Moral	3
		Hospitality	4
		Role Models	5
		Fundraising	6
		Other	7

5.0 CAMPAIGN TO END CHILD MARRIAGE

ZSA.50	Have you ever heard about the ending child marriage campaign?	Yes No NA	1 0 88
ZSA.51	If yes, where did you hear information about ending child marriage? Tick all that apply		
ZSA.51a	Government Officials	Yes No	1 0
ZSA.51b	World Vision	Yes No	1 0
ZSA.51c	Other NGOs	Yes No	1 0
ZSA.51d	Traditional leaders	Yes No	1 0
ZSA.51e	Faith Leaders	Yes No	1 0
ZSA.51f	Community Volunteers	Yes No	1 0
ZSA.51g	Children Activists/Advocates	Yes No	1 0
ZSA.51h	Child Protection Committees	Yes No	1 0
ZSA.51i	Radio	Yes No	1 0
ZSA.51j	Television	Yes No	1 0
ZSA.51k	Social Media	Yes No	1 0
ZSA.51l	Other, specify ...	Yes No	1 0
ZSA.52	As a result of ending child marriage messages and campaign, has there been changes that have happened in this community?	Yes No NA	1 0 88
ZSA.53	If yes, what changes have you seen come about as a result of the messages and campaign on ending child marriage? Tick all that apply		
ZSA.53a	Child marriage has reduced	Yes No	1 0
ZSA.53b	Children that marry go back to school	Yes No	1 0
ZSA.53c	Parents stopped marrying off their children	Yes No	1 0
ZSA.53d	Traditional leaders punish perpetrators of child marriage	Yes No	1 0
ZSA.53e	People report cases of child marriage	Yes No	1 0
ZSA.53f	By-laws developed to stop child marriage	Yes No	1 0
ZSA.53e	Other, specify	Yes No	1 0
ZSA.54	Are communities making more efforts to protect children from violence since the launch of the campaign to end child marriage?	Yes No I don't know NA	1 0 3 4
ZSA.55	What efforts are communities making to protect children from violence? Tick all that apply		
ZSA.55a	Reporting cases of child marriage	Yes No	1 0
ZSA.55b	Developing By-laws to stop child marriage	Yes No	1 0
ZSA.55c	Punishing perpetrators of child marriage	Yes No	1 0
ZSA.55d	Other, specify	Yes	1

		No	0
ZSA.56	Have the attitudes, cultural beliefs and perceptions of communities changed in regards to violence against children?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.57	If, yes, how do we know that attitudes, cultural beliefs and perceptions of communities changed in regards to violence against children?	They don't marry off their children before the age of 18	1
		They report cases of child marriage	2
		They rescue children from marriages	3
		Other, specify	4
ZSA.58	If yes, how are faith leaders participating in campaigning against child marriage, attitude and behavior change? Tick all that apply	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.59	If yes, how are faith leaders participating in campaigning against child marriage, attitude and behavior change? Tick all that apply	Incorporating messages during church service gatherings	1
		Conducting door-to-door sensitizations in communities	2
		Messages through radio programmes	3
		Other, specify	4
ZSA.60	How often do faith leaders deliver messages on ending violence against children in this community?	Very often	1
		Often	2
		Rarely	3
		I don't know	4
ZSA.61	Are parents participating in campaigning against child marriage, attitude and behavior change?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.62	If yes, how are parents participating in campaigning against child marriage, attitude and behavior change? (TICK ALL THAT APPLY!)	Discourage marriage at family level	1
		Hold/participate in community meetings to discourage child marriages	2
		Messages through radio programmes	3
		Other, specify	4
ZSA.63	Are teachers participating in campaigning against child marriage, attitude and behavior change?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.64	If yes, how are teachers participating in campaigning against child marriage, attitude and behavior change? (TICK ALL THAT APPLY!)	Discourage marriage at school level	1
		Hold/participate in community meetings to discourage child marriages	2
		Messages through radio programmes	3
		Other, specify	4
ZSA.65	Are health workers participating in campaigning against child marriage, attitude and behavior change?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.66	If yes, how are health workers participating in campaigning against child marriage, attitude and behavior change?		1
		Discourage marriage at health facility level	2

		Hold/participate in community meetings to discourage child marriages	3
		Messages through radio programmes	4
		Conduct door-to-door sensitization	5
		Other, specify	
ZSA.67	If yes, how are health workers participating in campaigning against child marriage, attitude and behavior change?	Discourage marriage at health facility level	1
		Hold/participate in community meetings to discourage child marriages	2
		Messages through radio programmes	3
		Conduct door-to-door sensitization	4
		Other, specify	5
ZSA.68	In this community, what are people doing to mobilize the public to support and raise awareness about ending violence children? (TICK ALL THAT APPLY!)	Hold match pasts	1
		Write petition letters	2
		Participate in commemorations	3
		Engage through meetings	4
		Other specify	5
ZSA.69	Which activities of mobilizing the public to support or raise awareness to end violence have been the most successful? (TICK ALL THAT APPLY!)	Hold match pasts	1
		Write petition letters	2
		Participate in commemorations	3
		Engage through meetings	4
		Other specify	5
ZSA.70	How are you able to tell that activities of mobilizing the public to support or raise awareness to end violence have been successful? (TICK ALL THAT APPLY!)	Received funding for ending violence against children	1
		Received commitments to end violence against children	2
		Laws changed to protect children	3
		Facilities (schools, health facilities, WASH) improved to support children and end violence against children	4
		Other specify	5
ZSA.71	Is community radio used to engage people to take action one ending violence against children?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.72	Do you think using community radio to engage people about ending violence against children is effective?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.73	Why is engaging people to end violence against children using community radio effective? (TICK ALL THAT APPLY!)	Wider reach	1
		Local language use is favorable	2
		Familiar voices	3
ZSA.74	Have you ever seen messages on TV about ending violence against children?	Yes	1
		No	0
		Don't know	88
		N/A	99
ZSA.75	Do you think using TV to engage people about ending violence against children is effective?	Yes	1
		No	0
		Don't know	88
		N/A	99

ZSA.76	Why is engaging people to end violence against children using TV effective? (TICK ALL THAT APPLY!)	Wider reach Language is favorable Familiar voices Message are context specific Messages are clear and easy to understand Other specify	1 2 3 4 5 6
ZSA.77	Are there child and youth groups in this community working to end violence against children?	Yes No Don't know N/A	1 0 88 99
ZSA.78	What are some of the activities that child and youth groups in this community do to end violence against children? (TICK ALL THAT APPLY!)	Sensitisation programmes Participate in meetings Engage decision makers Other, specify	1 2 3 4
ZSA.79	Are efforts of child and youth groups on ending violence against children in communities successful?	Yes No Don't know N/A	1 0 88 99
ZSA.80	How are you able to tell that efforts of child and youth groups on ending violence against children have been successful? (TICK ALL THAT APPLY!)	Received funding for ending violence against children Received commitments to end violence against children Laws changed to protect children Facilities (schools, health facilities, WASH) improved to support children and end violence against children Other specify	1 2 3 4 5
ZSA.81	Is World Vision working to strengthen and empower child and youth groups to end violence against children in your community?	Yes No Don't know N/A	1 0 88 99
ZSA.82	What is World Vision doing to strengthen and empower child and youth groups to end violence against children in your communities? (TICK ALL THAT APPLY!)	Sensitization programmes Conducting trainings on engagements with decision makers Create platforms for engagements with decision makers	1 2 3
ZSA.83	Do you know where you can report cases of child marriage or any form of child abuse?	Yes No Don't know N/A	1 0 88 99
ZSA.84	Where can you report cases of child marriage or any form of child abuse? (TICK ALL THAT APPLY!)	Health facility Local/traditional leader Police Faith leaders Parents/Guardian/Older person Other, specify	1 2 3 4 5 6
ZSA.85	Would you say that mechanisms for preventing and responding to violence against child has improved since the launch of the ending child marriage campaign?	Yes No Don't know N/A	1 0 88 99
ZSA.86	Is child protection part of local level advocacy in this community?	Yes No Don't know N/A	1 0 88 99

ZSA.87	If child protection is part of local level advocacy in this community, what has worked well?	Improved awareness on child protection	1
		Increased knowledge on child protection	2
		Child marriages reduced	3
		Child marriages stopped	4
		Reduced violence against children	4
		Other, specify	5

4.4 Proportion of children with a birth certificate

COVID-19			
<i>The following questions are on covid-19</i>			
ZPE.01	Do you think the coronavirus disease is generating stigma against specific people?	Yes	1
		No	0
ZPE.02	Which group is being discriminated in your community because of corona-virus? <i>(Multiple responses possible. Select all that apply)</i>		
ZPE.02a	People who have come into contact with those with coronavirus	Yes	1
		No	0
ZPE.02b	People who have coronavirus	Yes	1
		No	0
ZPE.02c	Survivors of coronavirus	Yes	1
		No	0
ZPE.02d	Other, specify	Yes	1
		No	0
ZPE.03	How do you engage with children in the household during complete/partial locked-down situation <i>(multiple options)?</i>		
ZPE.03a	Not spending time with children	Yes	1
		No	0
ZPE.03b	No time to engage with children	Yes	1
		No	0
ZPE.03c	Support children education & distancing learning (e.g. exercises in text books)	Yes	1
		No	0
ZPE.03d	Story telling	Yes	1
		No	0
ZPE.03e	Play & fun activities with children	Yes	1
		No	0
ZPE.03f	Attend religious activities at home with children	Yes	1
		No	0
ZPE.03g	Provide children a device (phone, tablet, etc.) to explore	Yes	1
		No	0
ZPE.03h	Other (please specify):	Yes	1
		No	0
ZPE.03i	N/a	Yes	1
		No	0
ZPE.04	Do you know where to contact if you show COVID-19 symptoms?	Yes	1
		No	0
		N/A	88
ZPE.05	Do you have any discussion with children in your household regarding their health, safety or personal concerns during this time?	Yes	1
		No	0
		N/A	88
ZPE.06	If ZPE.05, is "Yes", what are the primary concerns they have expressed (multiple options)?	Boredom	1
		Worry about getting sick	2
		Missing education	3
		Missing friends	4
		Concern for household income	5
		Concern for food security	6
		Feeling unsafe or insecure	7
		Cyberbullying	8

		N/A	88
ZPE.07	Have any of the children in your household shown a negative change in personality or behavior during the lockdown situation?	Yes No N/A	1 0 88
ZPE.08	Do you feel you have enough capacity to handle the changes of children in your household	Yes No N/A	1 0 88
ZPE.09	When a child misbehaves, what were the strategies you have being used last week to discipline them (Multiple choice)?		
ZPE.09a	Positive encouragement Rational & calm discussion with children	Yes No	1 0
ZPE.09b	Time out & silent corner	Yes No	1 0
ZPE.09c	Provide other activity or toy to divert attention	Yes No	1 0
ZPE.09d	Yelling, shouting, name-calling, threatening	Yes No	1 0
ZPE.09e	Physical punishment	Yes No	1 0
ZPE.09f	Ignore or neglect the child for some time	Yes No	1 0
ZPE.09g	Temporary removal of toys or other possessions (ex: phones, TV)	Yes No	1 0
ZPE.09h	Give housework or other chores to do Give extra homework	Yes No	1 0
ZPE.09i	Other (please specify	Yes No	1 0
ZPE.09j	N/A	Yes No	1 0
ZREAD			
ZPE.10	Over the past week, has anyone in your home read a book?	Yes No No Response	1 2 88
ZPE.11	Over the past week, has a family member helped children with their homework?	Yes No No Response	1 2 88
ZPE.12	Over the past week, has a family member read to children?	Yes No No Response	1 2 88
ZPE.13	Over the past week, has a family member told children stories?	Yes No No Response	1 2 88
ZPE.14	In the last 12 months, did you attend any school parent meeting?	Yes No No Response	1 2 88
ZPE.15	What was discussed in that meeting?	Deployment of more trained teachers Infrastructural development Pupil Retention Teacher Retention PTA management Other Don't know/ doesn't remember	1 2 3 4 5 6 7 88
ZPE.16	How satisfied are you with the school(s) your children attend (such as teachers, facilities, school results, management, food etc)?	Satisfied Neutral Not satisfied	1 2 3
ZPE.17	Is there a community reading camp in your area?	Yes No	1 2

		No Response	88
ZPE.18	How many of the children in your household attend community reading camps?		
ZPE.19	In the last 12 months, did you attend any Parents Reading Awareness Workshops (RAWs) ?	Yes	1
		No	2
		No Response	88
	How many Parents Reading Awareness Workshops (RAWs) have you attended? The answer should be (1 or 2 or 3 or 4 or 5 or 6 or 7 or all the 7 RAWs). If head of the HH has attended the RAWs before and at least a good number out of the target 7, then the we proceed to the next question		
	How helpful or useful are lessons from the RWAs to you in helping and supporting any of your children's learning/education process?	Very helpful	1
		Helpful	2
		Not helpful	3
	Have you attended any training on 'creation of local reading materials'?	Yes	1
		No	2
		No Response	88
	In the last 12 months, how many 'local reading materials have you created?	Yes	1
		No	2
		No Response	88
	In the last 12 months, did you attend any other education-based sensitization meeting?	Yes	1
		No	2
		No Response	88