



# FEED THE FUTURE

The U.S. Government's Global Hunger & Food Security Initiative



## Resilience in the Sahel-Enhanced (RISE) Project Impact Evaluation

### Baseline Survey Instruments: Volume 2

February 2016



**USAID**  
FROM THE AMERICAN PEOPLE

Disclaimer: The Feed the Future Resilience in the Sahel-Enhanced (RISE) Project Impact Evaluation Survey Instruments are available on the Development Experience Clearinghouse and Development Data Library in the English language only. Should you require the French-language version(s) of the quantitative instruments for the survey conducted by The Mitchell Group, please contact the United States Agency for International Development, Bureau for Food Security via email at [bfs.mel@usaid.gov](mailto:bfs.mel@usaid.gov).

# RISE Baseline Survey Instruments

## Annex A. RISE Recurrent Household Survey Questionnaire

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|  <p><b>USAID</b><br/>FROM THE AMERICAN PEOPLE</p> | <p><b>RESILIENCE IN THE SAHEL-ENHANCED (RISE) INITIATIVE</b><br/><b>Impact Evaluation</b></p> <p><b>RISE Recurrent Household Survey Questionnaire</b></p> |
|--|---|

**MODULE 1. Household Identification Cover Sheet**

| 101:<br>Region              | 102:<br>Division | 103:<br>Community | 104:<br>Village         | 105:<br>Survey Area | 106:<br>HH No. | 107: GPS UNIT (UTM reading) <sup>1</sup> |                                  |         |  |                                       |          | 108:<br>Enumerator<br>Code | 109:<br>Supervisor<br>Code |
|-----------------------------|------------------|-------------------|-------------------------|---------------------|----------------|--|----------------------------------|---------|--|---------------------------------------|----------|----------------------------|----------------------------|
|                             |                  |                   |                         |                     |                | WP                                       | ELEV                             | Easting |  |                                       | Northing |                            |                            |
|                             |                  |                   |                         |                     |                |  |                                  |         |  |                                       |          |                            |                            |
| 110: Name of Household Head |                  |                   | 111: Name of Respondent |                     |                |  | 112: Serial Number of Respondent |         |  | 113: Date of survey <i>dd/mm/yyyy</i> |          |                            |                            |
|                             |                  |                   |                         |                     |                |  |                                  |         |  |                                       |          |                            |                            |

| Interview Status (through Module 21) |   |
|--------------------------------------|---|
| 1                                    | Completed                                 |
| 2                                    | HH present, no adult respondent available |
| 3                                    | HH absent                                 |
| 4                                    | Postponed                                 |
| 5                                    | Refused                                   |
| 6                                    | Dwelling vacant                           |
| 7                                    | Dwelling destroyed                        |
| 8                                    | Dwelling not found                        |
| 9                                    | Other                                     |

|                            |
|----------------------------|
| Interview status comments: |
|                            |

<sup>1</sup> SAREL baseline did not collect GPS data.

## MODULE 1a. Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from the \_\_\_\_\_ and the \_\_\_\_\_ for the government of Niger/Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as the stresses you have been exposed to and your family’s food consumption. These questions in total will take approximately a half hour to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the \_\_\_\_\_. We will leave one copy of this form for you so that you will have record of this contact information and about the study.

| Name | Consent to participate in survey<br>(Check one box) |    | Signature or mark |
|------|---|----|-------------------|
|      | YES   | NO |                   |
|      |   |    |                   |
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**MODULE 1a. Informed Consent Duplicate Signature Page**

**Duplicate to Leave with Household**

Thank you for the opportunity to speak with you. We are from the \_\_\_\_\_ and the \_\_\_\_\_ for the government of Niger/Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as the stresses you have been exposed to and your family’s food consumption. These questions in total will take approximately a half hour to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the \_\_\_\_\_. We will leave one copy of this form for you so that you will have record of this contact information and about the study.

| Name | Consent to participate in survey<br>(Check one box) |    | Signature or mark |
|------|---|----|-------------------|
|      | YES   | NO |                   |
|      |   |    |                   |
|      |   |    |                   |
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## MODULE 2. Household Roster and Demographics

Please give me the name and sex of any person who lives here, starting with the head of the household. For the purpose of our study today, members of a household are adults or children who live together and eat from the same "pot." Include anyone who has lived in your home for 6 months within the last 12 months, but it does not include people who lives here but eats elsewhere. AFTER MAKING A LIST OF NAMES, GENDER, AND RELATIONSHIPS FOR EACH PERSON, ASK QUESTIONS 205 TO 2C BELOW TO MAKE SURE THAT THE LIST IS COMPLETE. THEN ASK QUESTIONS IN THE APPROPRIATE COLUMN 20.05

|    | <b>201</b>   | <b>202</b>  | <b>203</b>  | <b>204</b>  |
|----|--|---|---|---|
|    | Usual residents of household<br><b>(Start with household head)</b> | [name]'s Age in completed years<br><b>Enter '00' for less than 1 year</b> | [name]'s Sex<br>1 Male<br>2 Female<br>-8 DK<br>-9 Refused | [name]'s Relationship to household head<br><b>Enter codes from list</b> |
| 01 |  |   |   |   |
| 02 |  |   |   |   |
| 03 |  |   |   |   |
| 04 |  |   |   |   |
| 05 |  |   |   |   |
| 06 |  |   |   |   |
| 07 |  |   |   |   |
| 08 |  |   |   |   |
| 09 |  |   |   |   |
| 10 |  |   |   |   |
| 11 |  |   |   |   |

|            |   |   |
|------------|---|---|
| <b>205</b> | Just to make sure I have a complete list. Are there other people like small children or babies that you have not mentioned? | 1 = Yes <b>(Add to table)</b><br>2 = No |
| <b>206</b> | Are there other people who are not members of your family, tenants, or friends who usually live here?                       | 1 = Yes <b>(Add to table)</b><br>2 = No |
| <b>207</b> | Does somebody else live here, even if he/she is not at home?  | 1 = Yes <b>(Add to table)</b><br>2 = No |

## MODULE 2. Household Roster and Demographics Code List

| 204 Relationship Type |                     |
|-----------------------|---------------------|
| 01                    | Head of household   |
| 02                    | Spouse              |
| 03                    | Child               |
| 04                    | Son/daughter in law |
| 05                    | Grandchild          |
| 06                    | Parents             |
| 07                    | Parents in-law      |
| 08                    | Brother/sisters     |
| 09                    | Other family        |
| 10                    | Adopted child       |
| 11                    | Not related         |
|                       |                     |
| -8                    | Don't Know          |
| -9                    | Refused             |

## MODULE 3. Shocks

|  | 301  | 302   | 303  |
|--|--|---|--|
|  | <p>In the past 12 months did your household experience any of the following events?</p> <p>1 = Yes<br/>2 = No &gt;&gt; <b>Next event</b></p> | <p>How severe is the impact on your income and food consumption?</p> <p><b>Enter code from list</b></p> | <p>How confident are you that you will recover?</p> <p><b>Enter code from list</b></p> |
| <b>Climatic shocks</b>                                   |  |   |  |
| a. Excessive rains                                       |  |   |  |
| b. Too little rain/drought                               |  |   |  |
| c. Livestock/crop disease                                |  |   |  |
| d. Very bad harvest                                      |  |   |  |
| e. Landslides/erosion                                    |  |   |  |
| <b>Conflict shocks</b>                                   |  |   |  |
| f. Theft of money  |  |   |  |
| g. Theft of crops  |  |   |  |
| h. Theft or destruction of assets                        |  |   |  |
| i. Theft of livestock (raids)                            |  |   |  |
| j. Destruction or damage of house due to violence        |  |   |  |
| k. Loss of land due to conflict                          |  |   |  |
| l. Violence against household members                    |  |   |  |
| <b>Economic shocks</b>                                   |  |   |  |
| m. Food price inflation                                  |  |   |  |
| n. Unavailability of agricultural or livestock inputs    |  |   |  |
| o. No demand for agricultural or livestock products      |  |   |  |
| p. Increase in price of agricultural or livestock inputs |  |   |  |
| q. Drop in price of agricultural or livestock products   |  |   |  |
| r. Death of household member                             |  |   |  |



| Shocks Code List       |   |
|------------------------|---|
| 302                    | 303   |
| Severity of impact     | Recovery  |
| 1. None                | 1. Will not recover   |
| 2. Slight impact       | 2. Will recover some, but will be worse off than before [event] |
| 3. Moderate impact     | 3. Will recovered to the same level as before [event]           |
| 4. Strong impact       | 4. Will recover and be better off                               |
| 5. Worst ever happened | 5. Will not be affected by [event]                              |

**304. How will you cope with the stressful events you are experiencing? Will you.... (check response)**

|  | YES | NO |   | YES | NO |
|--|-----|----|---|-----|----|
| <b>LIVESTOCK AND LAND HOLDINGS</b>                     |     |    | <b>COPING STRATEGIES TO GET MORE FOOD OR MONEY</b>          |     |    |
| a. Send livestock in search of pasture                 |     |    | l. Take up new wage labor                                   |     |    |
| b. Sell livestock                                      |     |    | m. Sell household items (e.g., radio, bed)                  |     |    |
| c. Slaughter livestock                                 |     |    | n. Sell productive assets (e.g., plough, water pump)        |     |    |
| d. Lease out land                                      |     |    | o. Take out a loan from an NGO                              |     |    |
| e. Sell land   |     |    | p. Take out a loan from a bank                              |     |    |
| <b>MIGRATION</b>                                       |     |    | r. Take out a loan from friends or relatives                |     |    |
| f. Migrate (only some family members)                  |     |    | s. Send children to work for money (e.g., domestic service) |     |    |
| g. Migrate (the whole family)                          |     |    | t. Receive money or food from family members                |     |    |
| h. Send children or an adult to stay with relatives    |     |    | u. Receive food aid from the government                     |     |    |
| <b>COPING STRATEGIES TO REDUCE CURRENT EXPENDITURE</b> |     |    | v. Receive food aid from an NGO                             |     |    |
| i. Take children out of school                         |     |    | w. Participate in food-for-work or cash-for-work            |     |    |
| j. Move to less expensive housing                      |     |    | x. Use money from savings                                   |     |    |
| k. Reduce food consumption                             |     |    | y. Get money from a relative that migrated (remittances)    |     |    |

## MODULE 4. Fodder and Water Availability

|      |  |  |
|------|--|--|
| 401  | Do you own any livestock?                                | 1 = Yes<br>2 = No <b>(Skip to 501)</b>   |
| 402  | Fodder/feed availability compared to this time last year | 1. Less available than last year<br>2. About the same as last year<br>3. Better than last year<br>4. I do not know |
| 402a | Is fodder/feed in the same location as last year?        | 1 = Yes<br>2 = No  |
| 403  | Water availability compared to this time last year       | 1. Less available than last year<br>2. About the same as last year<br>3. Better than last year<br>4. I do not know |
| 403a | Is water in the same location as last year?              | 1 = Yes<br>2 = No  |

## MODULE 5. Food Insecurity Coping Strategies

| 501   |  |
|---|--|
| In the past 7 days, if there have been times when you did not have enough food or money to buy food, how many days has your household had to: | Number of days out of the past 7<br><b>(Use 0 – 7 to answer number of days.<br/>Use 99 for not applicable)</b> |
| a. Rely on less preferred and less expensive foods?   |  |
| b. Borrow food, or rely on help from a friend or relative?  |  |
| c. Purchase food on credit?   |  |
| d. Gather wild food, hunt, or harvest immature crops?   |  |
| e. Consume seed stock held for next season?   |  |
| f. Send household members to eat elsewhere?   |  |
| g. Limit portion size at mealtimes?   |  |
| h. Restrict consumption by adults in order for small children to eat?   |  |
| i. Feed working members of HH at the expense of non-working members?  |  |
| j. Reduce number of meals eaten in a day?   |  |
| k. Skip entire days without eating?   |  |

## MODULE 6. Household Dietary Diversity

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. Please include all food eaten both at your home or away from home.

**Read the list of foods. Choose “yes” if anyone in the household ate the food in question. Choose “no” if no one in the household ate the food.**

|     |  |        |
|-----|--|--------|
| 601 | Any bread, rice, pasta, injera, biscuits, or other foods made from teff, barley, millet, sorghum, maize, rice, or wheat?   | 1. Yes |
|     |  | 2. No  |
| 602 | Any foods made with potatoes, yams, sweet potatoes, irish potatoes, manioc, cassava, kocho, godere, anchote, amicho, boina and boye, or bula?  | 1. Yes |
|     |  | 2. No  |
| 603 | Any food made with vegetables such as onions, cabbage, green leafy vegetables, gathered wild green leaves, tomato, cucumber, pumpkin, mushroom, kale, leak, green pepper, beat root, garlic, or carrots? | 1. Yes |
|     |  | 2. No  |
| 604 | Any food or fruit juices made from fruits such as mango, banana, oranges, pineapple, papaya, guava, avocado, wild fruit (masau, malambe), or apple?  | 1. Yes |
|     |  | 2. No  |
| 605 | Any food made from beef, lamb, goat, rabbit, wild game, chicken, duck, or other birds, other meats?  | 1. Yes |
|     |  | 2. No  |
| 606 | Any eggs?  | 1. Yes |
|     |  | 2. No  |
| 607 | Any fresh fish, smoked fish, fish soup/sauce or dried fish or shellfish?   | 1. Yes |
|     |  | 2. No  |
| 608 | Any foods made from beans (white, brown, horse), peas, lentils, chickpeas, rape seed, linseed, sesame, sunflower, vetch soybean flour, or nuts (groundnuts, groundnut flour)?                            | 1. Yes |
|     |  | 2. No  |
| 609 | Any cheese, yogurt, milk, powder milk, buttermilk, or other milk products?   | 1. Yes |
|     |  | 2. No  |
| 610 | Any foods made with oil, margarine, fat, or butter?  | 1. Yes |
|     |  | 2. No  |
| 611 | Any sugar, sugar cane, or honey?   | 1. Yes |
|     |  | 2. No  |
| 612 | Any other foods, such as condiments, traditional beer, beer, wine, coffee, or tea?   | 1. Yes |
|     |  | 2. No  |

## MODULE 7. Household Hunger

|             |   |   |
|-------------|---|---|
| <b>701</b>  | In the past 4 weeks, did you worry that your household would not have enough food?  | 1. Yes<br>2. No <b>(Skip to 702)</b>  |
| <b>701a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>702</b>  | In the past 4 weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?  | 1. Yes<br>2. No <b>(Skip to 703)</b>  |
| <b>702a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>703</b>  | In the past 4 weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?   | 1. Yes<br>2. No <b>(Skip to 704)</b>  |
| <b>703a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>704</b>  | In the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? | 1. Yes<br>2. No <b>(Skip to 705)</b>  |
| <b>704a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>705</b>  | In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?                                   | 1. Yes<br>2. No <b>(Skip to 706)</b>  |
| <b>705a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>706</b>  | In the past 4 weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?  | 1. Yes<br>2. No <b>(Skip to 707)</b>  |
| <b>706a</b> | How often did this happen?  | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |

|             |  |   |
|-------------|--|---|
| <b>707</b>  | In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?               | 1. Yes<br>2. No <b>(Skip to 708)</b>  |
| <b>707a</b> | How often did this happen?   | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>708</b>  | In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?                      | 1. Yes<br>2. No <b>(Skip to 709)</b>  |
| <b>708a</b> | How often did this happen?   | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |
| <b>709</b>  | In the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? | 1. Yes<br>2. No <b>(Skip to 801)</b>  |
| <b>709a</b> | How often did this happen?   | 1 = Rarely (once or twice in the past 4 weeks)<br>2 = Sometimes (3 to 10 times in the past 4 weeks)<br>3 = Often (more than 10 times in the past 4 weeks) |

**MODULE 8. REGIS Programs (Example ONLY, pending information about REGIS programming)**

|     | QUESTION  | CODE/RESPONSE   |
|-----|---|---|
| 801 | During the last 12 months, did you raise any livestock or poultry?  | Yes raised livestock..... 1<br>Yes raised poultry ..... 2<br>Yes raised both ..... 3<br>No ..... 4<br>Don't Know ..... 8  |
| 802 | What are the following improved practices do you apply in the last year to raising poultry and rearing livestock? | <p style="text-align: right;"><b>Yes = 1 No = 2</b></p> a. Improved breeding..... <input type="checkbox"/><br>b. Vaccination..... <input type="checkbox"/><br>c. Supplementary poultry feed ..... <input type="checkbox"/><br>d. Fattening ..... <input type="checkbox"/><br>e. Artificial insemination ..... <input type="checkbox"/><br>f. Supplementary poultry feed ..... <input type="checkbox"/><br>g. Other (Specify) ..... <input type="checkbox"/> |

**\*\*THANK YOU\*\***

**After the interview thank the respondent for giving you his/her time and for the co-operation in providing the information. Inform them that you will be returning to collect more information in 4 weeks. At this point invite the respondent to ask you any questions that he/she might have. Answer where you can. If you do not know the answer(s), tell the respondent that his/her questions will be forwarded to a relevant person who can respond.**



# RISE Baseline Survey Instruments

## Annex B. Baseline Survey: Community Questionnaire

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| <br><b>USAID</b><br><small>FROM THE AMERICAN PEOPLE</small> | <p><b>RESILIENCE IN THE SAHEL-ENHANCED (RISE) INITIATIVE</b><br/> <b>Impact Evaluation</b></p> <p><b>Baseline Survey: Community Questionnaire</b></p> |
|--|---|

**MODULE 1. Community Identification Cover Sheet**

| 101:<br>Region         | 102:<br>Division | 103:<br>Community | 104:<br>Village                       | 105:<br>survey<br>area |  |  |  |  |  |  |  |  |  |  |  |  | 107:<br>Enumer<br>Code | 108:<br>Super<br>Code |  |  |
|------------------------|------------------|-------------------|---------------------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|-----------------------|--|--|
|                        |                  |                   |                                       |                        |  |  |  |  |  |  |  |  |  |  |  |  |                        |                       |  |  |
| 109: Name of community |                  |                   | 110: Date of survey <i>dd/mm/year</i> |                        |  |  |  |  |  |  |  |  |  |  |  |  |                        |                       |  |  |
|                        |                  |                   | 2013                                  |                        |  |  |  |  |  |  |  |  |  |  |  |  |                        |                       |  |  |

**At least three respondents must be included.**

| Names of respondents |
|----------------------|
| 1.                   |
| 2.                   |
| 3.                   |
| 4.                   |
| 5.                   |
| 6.                   |

## MODULE 1a. Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from \_\_\_\_\_ and the \_\_\_\_\_ for the government of Niger/Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being of households in this area. Your community has been selected to participate in an interview that includes questions on topics such as the types of services available here, the community organizations, and the stressors that have affected you. These questions in total will take approximately 1 hour to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the \_\_\_\_\_. We will leave one copy of this form for you so that you will have record of this contact information and about the study.

| Name | Consent to participate in survey<br>(Check one box) |    | Signature or mark |
|------|---|----|-------------------|
|      | YES   | NO |                   |
|      |   |    |                   |
|      |   |    |                   |
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## MODULE 1a. Informed Consent Duplicate Signature Page

### Duplicate to Leave with Respondents

Thank you for the opportunity to speak with you. We are from \_\_\_\_\_ and the \_\_\_\_\_ for the government of Niger/Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition, and well-being of households in this area. Your community has been selected to participate in an interview that includes questions on topics such as the types of services available here, the community organizations, and the stressors that have affected you. These questions in total will take approximately 1 hour to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the \_\_\_\_\_. We will leave one copy of this form for you so that you will have record of this contact information and about the study.

| Name | Consent to participate in survey<br>(Check one box) |    | Signature or mark |
|------|---|----|-------------------|
|      | YES   | NO |                   |
|      |   |    |                   |
|      |   |    |                   |
|      |   |    |                   |
|      |   |    |                   |
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|      |   |    |                   |
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|      |   |    |                   |
|      |   |    |                   |
|      |   |    |                   |
|      |   |    |                   |

## MODULE 2. Community Characteristics

|     |  |  |
|-----|--|--|
| 201 | What is the total population of this community?  |  |
| 202 | In the last 5 years, has the population of this community stayed the same, increased or decreased?     | 1. Stayed the same<br>2. Increased<br>3. Decreased                           |
| 203 | What are the three largest ethnic groups in this community? (Specify)                                  | 1. _____<br>2. _____<br>3. _____   |
| 204 | How far is this community from the nearest town? (km)  |  |
| 205 | How far is this community from the zonal capital? (km)   |  |
| 206 | For how many years has this community existed?   | 1. More than 20 years<br>2. Between 10 and 20 years<br>3. Less than 10 years |
| 207 | Does this community have two cropping seasons?   | 1. Yes<br>2. No  |
| 208 | Does this community have communal grazing land?  | 1. Yes<br>2. No <b>(Skip to Q211)</b>  |
| 209 | If yes, is there a group in the community that decides who can use this land and when they can use it? | 1. Yes<br>2. No  |
| 210 | In the last year, has there ever been a problem of too many animals on the communal grazing land?      | 1. Yes<br>2. No  |
| 211 | Does this community have a communal water source for livestock?  | 1. Yes<br>2. No <b>(Skip to Q214)</b>  |
| 212 | What is this source?   | 1. River<br>2. Stream<br>3. Pond   |
| 213 | In the last year, has there ever been a time when there was not enough water for all the animals?      | 1. Yes<br>2. No  |
| 214 | Do people in this community get their firewood from communal land?                                     | 1. Yes<br>2. No <b>(Skip to Q217)</b>  |
| 215 | If yes, is there a group in the community that decides who can gather the wood and how much?           | 1. Yes<br>2. No  |
| 216 | In the last year, has there ever been a problem of not enough firewood on the communal land?           | 1. Yes<br>2. No  |
| 217 | Is there a water user's group that manages the water used for irrigation in this community?            | 1. Yes<br>2. No  |

### MODULE 3. Community Infrastructure and Services

| WATER |  |  |
|-------|--|--|
| 301   | Does this community have access to piped water?                          | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No <b>(Skip to Q304)</b></li> </ol>  |
| 302   | If yes, is the water in public standpipes or piped into houses?          | <ol style="list-style-type: none"> <li>1. Public standpipe</li> <li>2. Piped into houses</li> </ol>  |
| 303   | What share of the households in the community has access to piped water? | <ol style="list-style-type: none"> <li>1. Everyone</li> <li>2. Most of the households</li> <li>3. About half of the households</li> <li>4. Less than half of the household</li> <li>5. Very few</li> </ol>   |
| 304   | What are the main sources of drinking water in the dry season?           | <ol style="list-style-type: none"> <li>1. Tube wells or boreholes</li> <li>2. Protected hand-dug wells</li> <li>3. Protected springs</li> <li>4. Rainwater collection</li> <li>5. Ponds and rivers</li> <li>6. Unprotected springs/wells</li> <li>7. Truck/vendor</li> <li>8. Other (specify) _____</li> </ol> |
| 305   | What are the main sources of drinking water in the wet season?           | <ol style="list-style-type: none"> <li>1. Tube wells or boreholes</li> <li>2. Protected hand-dug wells</li> <li>3. Protected springs</li> <li>4. Rainwater collection</li> <li>5. Ponds and rivers</li> <li>6. Unprotected springs/wells</li> <li>7. Truck/vendor</li> <li>8. Other (specify) _____</li> </ol> |

| ELECTRICITY       |   |  |
|-------------------|---|--|
| 306               | Do any of the households in the community have electricity? | 1. Yes<br>2. No <b>(Skip to Q309)</b>  |
| 307               | What share of households in the community has electricity?  | 1. Everyone<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the household<br>5. Very few |
| 308               | What is the main source of electricity?                     | 1. Public utility<br>2. Generator<br>3. Other (specify) _____  |
| TELEPHONE SERVICE |   |  |
| 309               | Does this community have cell phone service?                | 1. Yes<br>2. No <b>(Skip to Q311)</b>  |
| 310               | What share of households in this community has cell phones? | 1. Everyone<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the household<br>5. Very few |
| 311               | Does this community have public telephones?                 | 1. Yes<br>2. No  |
| 312               | How far is the nearest public telephone? (km)               |  |

| ROADS AND TRANSPORTATION |  |  |
|--------------------------|--|--|
| 313                      | What are the main routes used to reach this community? (multiple responses possible)         | <ol style="list-style-type: none"> <li>1. Paved road</li> <li>2. Direct road</li> <li>3. Mixed paved and dirt</li> <li>4. Footpath</li> <li>5. Trail</li> <li>6. Other (specify) _____</li> </ol>          |
| 314                      | Are there times of the year when people cannot travel because of poor road/trail conditions? | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>  |
| 315                      | Is this community served by a public transport system?                                       | <ol style="list-style-type: none"> <li>1. Yes (<b>Skip to Q317</b>)</li> <li>2. No</li> </ol>  |
| 316                      | How far is the nearest community with public transportation? (km)                            |  |
| 317                      | What is the share of households in this community that uses public transportation?           | <ol style="list-style-type: none"> <li>1. Everyone</li> <li>2. Most of the households</li> <li>3. About half of the households</li> <li>4. Less than half of the household</li> <li>5. Very few</li> </ol> |
| HOUSING                  |  |  |
| 318                      | What share of households in the community has tin roofs?                                     | <ol style="list-style-type: none"> <li>1. Everyone</li> <li>2. Most of the households</li> <li>3. About half of the households</li> <li>4. Less than half of the household</li> <li>5. Very few</li> </ol> |
| 319                      | What share of households in the community has brick or cement block housing?                 | <ol style="list-style-type: none"> <li>1. Everyone</li> <li>2. Most of the households</li> <li>3. About half of the households</li> <li>4. Less than half of the household</li> <li>5. Very few</li> </ol> |



| SCHOOLS |  |  |
|---------|--|--|
| 320     | Is there a primary school in this community?   | 1. Yes <b>(Skip to 322)</b><br>2. No                                   |
| 321     | How far away is the nearest primary school? (kms)  |  |
| 322     | What share of eligible school-age children attend primary school?                                  | 1. All<br>2. Most<br>3. About half<br>4. Less than half<br>5. Very few |
| 323     | Are there enough teachers for the primary school that children in this community attend?           | 1. Yes<br>2. No  |
| 324     | What is the physical condition of the primary school that the children in this community attend?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor                     |
| 325     | Is there a secondary school in this community?   | 1. Yes <b>(Skip to Q327)</b><br>2. No                                  |
| 326     | How far away is the nearest secondary school? (kms)  |  |
| 327     | What share of eligible school-age children attend secondary school?                                | 1. All<br>2. Most<br>3. About half<br>4. Less than half<br>5. Very few |
| 328     | Are there enough teachers for the secondary school that children in this community attend?         | 1. Yes<br>2. No  |
| 329     | What is the physical condition of the secondary school that the children in this community attend? | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor                     |

| HEALTH SERVICES |  |  |
|-----------------|--|--|
| 330             | Is there a health center in this community?  | 1. Yes <b>(Skip to Q332)</b><br>2. No  |
| 331             | How far is the nearest health center from this community? (km)   |  |
| 332             | What is the physical condition of the nearest health center to this community?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor   |
| 333             | In the last year was there a time when people in the community needed health services but could not get them from the health center? | 1. Yes<br>2. No <b>(Skip to Q335)</b>  |
| 334             | If yes, why were they not able to get health services from the health center?<br>(multiple responses possible)                       | 1. No beds, health center was full<br>2. No staff in the health center<br>3. Health center was destroyed/burnt<br>4. Security problem<br>5. No transportation<br>6. No road or poor road condition<br>7. No drugs at the health center<br>8. No money for services<br>9. Quality of the health service is very poor<br>10. Other (specify) _____ |

| VETERINARY AND VALUE-ADDED ANIMAL SERVICES |  |  |
|--|--|--|
| 335  | Is there a facility for veterinary services in this community?   | 1. Yes<br>2. No  |
| 336  | How far is the veterinary center from this community? (km)   |  |
| 337  | What is the physical condition of the nearest veterinary center to this community?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor   |
| 338  | In the last year was there a time when people in the community needed veterinary services but could not get them from the veterinary center? | 1. Yes<br>2. No ( <b>Skip to Q340</b> )  |
| 339  | Is yes, why were they not able to get veterinary services from the veterinary center? (multiple responses possible)                          | 1. No staff in the veterinary center<br>2. Veterinary center too busy<br>3. Veterinary center was destroyed/burnt<br>4. Security problem<br>5. No transportation<br>6. No road or poor road condition<br>7. No equipment/drugs at the veterinary center<br>8. No money for services<br>9. Quality of the services is poor<br>10. Other (specify) _____ |
| 340  | Which services are provided by the veterinary center? (multiple responses possible)  | 1. Livestock vaccinations<br>2. Livestock antibiotics<br>3. De-worming<br>4. Dipping inoculation<br>5. Other treatment for diseases<br>6. Supplemental feeding (commercial feeding)<br>7. Others (specify) _____   |
| 341  | How far is the nearest abattoir from this community? (km)  |  |
| 342  | How far is the nearest dairy processing facility from this community? (km)   |  |

| AGRICULTURAL EXTENSION SERVICES |   |  |
|---------------------------------|---|--|
| 343                             | Are there agricultural extension services offered in this area?   | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>  |
| 344                             | In the last year was there a time when people in the community needed agricultural extension services but could not get them? | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No <b>(Skip to Q346)</b></li> </ol>  |
| 345                             | Is yes, why were they not able to get agricultural extension services?<br>(multiple responses possible)                       | <ol style="list-style-type: none"> <li>1. Extension service center was closed</li> <li>2. There was no extension worker</li> <li>3. The extension service center was destroyed/burnt</li> <li>4. Security problem</li> <li>5. Extension workers were not cordial</li> <li>6. The extension center was too far away</li> <li>7. There was no transportation</li> <li>8. No road or poor road condition</li> <li>9. No money for services</li> <li>10. Quality of the services is poor</li> <li>11. Other (specify) _____</li> </ol> |
| 346                             | Which services are provided by the agricultural extension service?<br>(multiple responses possible)                           | <ol style="list-style-type: none"> <li>1. Seed supply</li> <li>2. Fertilizer supply</li> <li>3. Training</li> <li>4. Climate-adapted technologies (e.g., drought-tolerant seeds)</li> <li>5. Others (specify) _____</li> </ol>   |

| MARKETS |   |   |
|---------|---|---|
| 347     | How far away is the nearest livestock market from this community? (km)  |   |
| 348     | In the last year was there a time when people in this community needed to buy or sell livestock in the market but could not?      | 1. Yes<br>2. No <b>(Skip to Q350)</b>   |
| 349     | Why were people not able to buy or sell livestock in the market?<br>(multiple responses possible)                                 | 1. Market closed<br>2. No road or poor road condition<br>3. No transportation<br>4. Could not pay for transportation<br>5. Security problem<br>6. Other (specify) _____ |
| 350     | Is there an emergency plan for livestock offtake if a drought hits?   | 1. Yes<br>2. No   |
| 351     | How far away is the nearest market for selling agricultural products from this community? (km)                                    |   |
| 352     | In the last year was there a time when people in this community needed to sell agricultural products in the market but could not? | 1. Yes<br>2. No <b>(Skip to Q354)</b>   |
| 353     | Why were people not able to sell agricultural products in the market?<br>(multiple responses possible)                            | 1. Market closed<br>2. No road or poor road condition<br>3. No transportation<br>4. Could not pay for transportation<br>5. Security problem<br>6. Other (specify) _____ |
| 354     | How far away is the nearest market for purchasing agricultural inputs from this community? (km)                                   |   |
| 355     | In the last year was there a time when people in this community needed to buy agricultural inputs in the market but could not?    | 1. Yes<br>2. No <b>(Skip to Q357)</b>   |
| 356     | Why were people not able to buy agricultural inputs in the market?<br>(multiple responses possible)                               | 1. Market closed<br>2. No road or poor road condition<br>3. No transportation<br>4. Could not pay for transportation<br>5. Security problem<br>6. Other (specify) _____ |

| SECURITY |   |   |
|----------|---|---|
| 357      | Does this community have a security or police force?                        | 1. Yes<br>2. No <b>(Skip to Q359)</b>   |
| 358      | Who provides the security/police force?<br>(multiple responses possible)    | 1. Local government<br>2. National government<br>3. Community members<br>4. Other (specify) _____   |
| 359      | How long does it take for police to reach this community?                   | 1. Over 1 hour<br>2. About 1 hour<br>3. Half an hour<br>4. Minutes  |
| CREDIT   |   |   |
| 360      | Are there institutions in this community where people can borrow money?     | 1. Yes<br>2. No <b>(Skip to Q362)</b>   |
| 361      | Which institutions provide these services?<br>(multiple responses possible) | 1. Banks<br>2. NGO<br>3. Community group<br>4. Friends/relatives<br>5. Shops/merchants<br>6. Money lender<br>7. Zakat<br>8. Other (specify) _____ |

| OTHER PROGRAMS AND SERVICES |   |  |
|-----------------------------|---|--|
| 362                         | Are there institutions in this community where people can receive adult education or training?                | 1. Yes<br>2. No <b>(Skip to Q364)</b>  |
| 363                         | If yes, who provides these services?<br>(multiple responses possible)   | 1. Government<br>2. NGOs<br>3. Religious organization<br>4. Other (specify) _____  |
| 364                         | Are there institutions in this community where people can receive food assistance?                            | 1. Yes<br>2. No <b>(Skip to Q366)</b>  |
| 365                         | If yes, who provides these services?<br>(multiple responses possible)   | 1. Government<br>2. NGOs<br>3. Religious organization<br>4. PSNP<br>5. Other (specify) _____   |
| 366                         | Are there institutions in this community where people can receive housing materials and other non-food items? | 1. Yes<br>2. No <b>(Skip to Q368)</b>  |
| 367                         | If yes, who provides these services?<br>(multiple responses possible)   | 1. Government<br>2. NGOs<br>3. Religious organization<br>4. Other (specify) _____  |
| 368                         | Are there institutions in this community where people can receive assistance due to losses of livestock?      | 1. Yes<br>2. No <b>(Skip to next module)</b>   |
| 369                         | If yes, who provides these services?<br>(multiple responses possible)   | 1. Government<br>2. NGOs<br>3. Religious organization<br>4. Gifts/Quaadhan (donation of cash/animals to disaster stricken people)<br>5. PSNP<br>6. Other (specify) _____ |

## MODULE 4. Community Organizations

|  | 401  | 402  | 403  |
|--|--|--|--|
|  | Are any of the following groups active in this community?<br><br>Yes = 1<br>No = 2 | Who participates in this group?<br><br>1 = Men<br>2 = Women<br>3 = Both<br><br><b>Enter code</b> | Which age group participates in this group?<br><br>1 = Youth<br>2 = Adults<br>3 = Older persons<br>4 = Everyone<br><br><b>Enter code</b> |
| a. Water users' group  |  |  |  |
| b. Grazing land users' group   |  |  |  |
| c. Disaster planning group   |  |  |  |
| d. Credit or micro-finance group (VLSA, merry-go-round, SACCO, etc.) |  |  |  |
| e. Savings groups  |  |  |  |
| f. Zakat   |  |  |  |
| g. Mutual help group (including burial societies)                    |  |  |  |
| h. Trade or business associations                                    |  |  |  |
| i. Civic group (improving community)                                 |  |  |  |
| j. Charitable group (helping others)                                 |  |  |  |
| k. Religious group   |  |  |  |
| l. Political group   |  |  |  |
| m. Women's group   |  |  |  |
| n. Youth group   |  |  |  |
| o. Other (specify)   |  |  |  |
| p. Other (specify)   |  |  |  |
| q. Other (specify)   |  |  |  |



## MODULE 5. Government and NGO Programs

|     |  |   |
|-----|--|---|
| 501 | Are there any government programs in this community?                               | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No <b>(Skip to Q503)</b></li> </ol>   |
| 502 | If yes, what kinds of government programs are there?<br><b>(List all programs)</b> | <ol style="list-style-type: none"> <li>1. Livestock</li> <li>2. Agriculture</li> <li>3. Water</li> <li>4. Health</li> <li>5. Disaster planning</li> <li>6. Disaster response</li> <li>7. Other (specify) _____</li> <li>8. Other (specify) _____</li> <li>9. Other (specify) _____</li> </ol> |
| 503 | Are there any NGO programs in this community?                                      | <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No <b>(Skip to next module)</b></li> </ol>  |
| 504 | If yes, what kinds of NGO programs are there?<br><b>(List all programs)</b>        | <ol style="list-style-type: none"> <li>1. Livestock</li> <li>2. Agriculture</li> <li>3. Water</li> <li>4. Health</li> <li>5. Disaster planning</li> <li>6. Disaster response</li> <li>7. Other (specify) _____</li> <li>8. Other (specify) _____</li> <li>9. Other (specify) _____</li> </ol> |

## MODULE 6. Shocks

|  | 601                                      | 602               | 603               | 604               | 605               |
|--|--|-------------------|-------------------|-------------------|-------------------|
| Over the past 5 years, has this community experienced any of the following shocks? | 1 = Yes<br>2 = No >><br><b>Next item</b> | Date<br>(mo/year) | Date<br>(mo/year) | Date<br>(mo/year) | Date<br>(mo/year) |
| <b>Natural shocks</b>  |  |                   |                   |                   |                   |
| a. Excessive rains   |  |                   |                   |                   |                   |
| b. Too little rain/drought   |  |                   |                   |                   |                   |
| c. Livestock/crop disease  |  |                   |                   |                   |                   |
| d. Very bad harvest  |  |                   |                   |                   |                   |
| e. Landslides/erosion  |  |                   |                   |                   |                   |
| <b>Conflict shocks</b>   |  |                   |                   |                   |                   |
| f. Theft of money  |  |                   |                   |                   |                   |
| g. Theft of crops  |  |                   |                   |                   |                   |
| h. Theft or destruction of assets  |  |                   |                   |                   |                   |
| i. Theft of livestock (raids)  |  |                   |                   |                   |                   |
| j. Destruction or damage of houses due to violence                                 |  |                   |                   |                   |                   |
| k. Loss of land due to conflict  |  |                   |                   |                   |                   |
| l. Violence against community members  |  |                   |                   |                   |                   |
| <b>Economic shocks</b>   |  |                   |                   |                   |                   |
| m. Sharp food price increases  |  |                   |                   |                   |                   |
| n. Unavailability of agricultural or livestock inputs                              |  |                   |                   |                   |                   |
| o. No demand for agricultural or livestock products                                |  |                   |                   |                   |                   |
| p. Increase in price of agricultural or livestock inputs                           |  |                   |                   |                   |                   |
| q. Drop in price of agricultural or livestock products                             |  |                   |                   |                   |                   |

## MODULE 7. Land Tenure

|                                     | Does this type of tenure system exist in your community?<br><br>1 = Yes<br>2 = No |
|-------------------------------------|---|
| 1. Customary – privately held       |   |
| 2. Customary land – communally held |   |
| 3. Leasehold                        |   |
| 4. Freehold                         |   |
| 5. Public land                      |   |
| 6. Other (specify)                  |   |

**MODULE 8. Governance**

|  |   |
|--|---|
| <p>What types of community governance do you have in your community?</p> | <p>1. Traditional<br/>2. Formal government representative<br/>3. Both</p> |
| <p>Do you have a conflict resolution committee in your community?</p>    | <p>1 = Yes<br/>2 = No</p>   |

**\*\*THANK YOU\*\***

**After the interview thank the respondents for giving you their time and for the co-operation in providing the information. Inform them that you may possibly be returning to collect more information or seek any necessary clarification on the information provided at later date. At this point invite the respondents to ask you any questions that they might have. Answer where you can. If you do not know the answer(s), tell them that their questions will be forwarded to a relevant person who can respond.**

# RISE Baseline Survey Instruments

## Annex C. Resilience in the Sahel Enhanced (RISE) Baseline Survey: Sahel Resilience Learning (SAREL) Project Questionnaires

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| <b>MODULE 8. Governance .....</b>   | <b>122</b> |



# Baseline Survey: Household Questionnaire

## MODULE I. Household Identification Cover Sheet

|                |     |       |                         |
|----------------|-----|-------|-------------------------|
| DATE OF SURVEY | _ _ | _ _   | _2_ _ _0_ _ _1_ _ _5_ _ |
|                | Day | Month | Year                    |

|                     |                    |                               |                     |                     |
|---------------------|--------------------|-------------------------------|---------------------|---------------------|
| <b>100: Country</b> | <b>101: Region</b> | <b>102: Province/District</b> | <b>103: Commune</b> | <b>104: Village</b> |
| .....<br> _         | .....<br> _ _      | .....<br> _ _                 | .....<br> _ _ _     | .....<br> _ _ _     |

|                               |                  |                 |                  |                        |                        |
|-------------------------------|------------------|-----------------|------------------|------------------------|------------------------|
| <b>GPS UNIT (UTM reading)</b> |                  |                 |                  | <b>109</b>             | <b>110</b>             |
| <b>105: Accuracy</b>          | <b>106: Elev</b> | <b>107: Lat</b> | <b>108: Long</b> | <b>Enumerator Code</b> | <b>Supervisor Code</b> |
| .....                         | .....            | .....           | .....            | _ _                    | _ _                    |

|  |   |
|--|---|
| <b>111: Compound</b>                       | <b>112: Household</b>                       |
| Compound ID:  _ _ _ _                      | Household ID in Village:  _ _ _ _           |
| Full Name of Head of Compound:<br>_____    | Household ID in Sample:  _ _                |
| Phone Number of Head of Compound:<br>_____ | Full Name of Head of Household:<br>_____    |
|  | Phone Number of Head of Household:<br>_____ |
|  | Household Size:  _ _                        |

|                                |   |
|--------------------------------|---|
| <b>113</b>                     |   |
| Interview result (circle code) |   |
| Fully completed ..... 1        | _ |
| Partially completed ..... 2    |   |
| Refusal ..... 3                |   |
| Absent ..... 4                 |   |
| Other ..... 5                  |   |

|   |
|---|
| Interview status comments:<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|

|   |
|---|
| <b>Supervisor's clearance</b>   |
| "I certify that this questionnaire has been collected in accordance with the survey design and RISE survey guidance." |
| Supervisor's Name: _____  |
| Date of Verification:  _ _ / _ _ / _ _ _ _  |

Confidential



## Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from SAREL, a USAID-funded project in partnership with the Governments of Niger and Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview on topics such as your dwelling characteristics, household expenditures and assets, household food consumption and nutrition of children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. These questions in total will take approximately one and half hours (1h30) to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have just said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the USAID/SAREL Project (**Stephen Reid**|Chief of Party, Sahel Resilience Learning (SAREL) Project/Tel.: 227-9663-0291|227-9025-7197/[sreid@sarelproject.com](mailto:sreid@sarelproject.com)). We will leave one copy of this form for you so that you will have record of this contact information and about the study.

|    | Name | Consent to participate in survey (Insert code) |                          | Signature or mark |
|----|------|--|--------------------------|-------------------|
|    |      | YES = 1  | NO = 2                   |                   |
| 1  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 2  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 3  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 4  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 5  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 6  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 7  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 8  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 9  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 10 |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |





| QUESTION WORDING AND NUMBER |  |  |                                      |  |  |  |  |   |  |  |   |  |
|-----------------------------|--|--|--------------------------------------|--|--|--|--|---|--|--|---|--|
| 200                         | 201  | 202  | 203                                  | 204  | 205  | 206  | 207  | 208   | 209  | 210  | 211   | 212                                    |
| ID                          | Household member name<br>(Start with household head) | [name]'s Age in completed years                                | [name]'s Sex<br>1. Male<br>2. Female | [name]'s Relationship to household head<br><br>Enter codes from list | [name]'s ethnic group<br><br>Enter from list | For ages 5 years and above                                   |  |   | For ages 12 years and above                    |  | Identification of children between 0 and 59 months and caregivers (mothers, grandmothers, etc.) |  |
|                             |  | Put "00" for members under 1 and "80" for members more than 80 |                                      |  |  | Maximum education completed by [name]<br><br>Enter from list | Can [name] read or write a national language?<br><br>1 Yes<br>2 No | Can [name] read or write a foreign language?<br>1 = Yes-French<br>2. Yes-English<br>3. Yes-Arabic (BF)<br>4. Yes-Other<br>5. No | [name]'s Marital status<br><br>Enter from list | [name]'s Primary Occupation<br><br>Enter from list | Write down the numbers of children under 5  | Write down [name]'s caregiver's number |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |
| □□                          |  | □□   | □                                    | □□   | □□   | □□   | □  | □   | □  | □  | □□  | □□                                     |

**HOUSEHOLD MEMBER ROSTER AND DEMOGRAPHICS CODE LIST**

| Codes | Question 204: Relationship Type    | Codes        | Question 205: Ethnic Group        | Codes | Question 206: Education                                     | Codes        | Question 209: Marital status       |
|-------|------------------------------------|--------------|-----------------------------------|-------|---|--------------|------------------------------------|
| 01    | Household Head                     |              | <b>Burkina Faso Ethnic Groups</b> | 01    | Never Attended  | 1            | Never married                      |
| 02    | Spouse (wife/husband)              | 11           | Mossi                             | 02    | Prep-school   | 2            | Married, monogamous                |
| 03    | Own son/daughter                   | 12           | Fulfuldé/Peul                     | 03    | CP1/CI (first year of primary school)                       | 3            | Married, polygamous                |
| 04    | Child from spouse's other marriage | 13           | Gourmantché                       | 04    | CP2/CP (second year of primary school)                      | 4            | Cohabitation                       |
| 05    | Step-son/step-daughter             | 14           | Songhai/Sonraï                    | 05    | CE1 (third year of primary school)                          | 5            | Divorced/separated                 |
| 06    | Grandson/granddaughter             | 15           | Touareg                           | 06    | CE2 (fourth year of primary school)                         | 6            | Widow(er)                          |
| 07    | Brother/sister                     | 16           | Bella                             | 07    | CM1 (fifth year of primary school)                          |              |                                    |
| 08    | (Biological) parent father/mother  | 17           | Other ethnic groups               | 08    | CM2 (sixth year of primary school)                          | <b>Codes</b> | <b>Question 210: Main Activity</b> |
| 09    | Step-father/step-mother            |              |                                   | 09    | 6ème (first year of secondary school)                       | 1            | Agriculture                        |
| 10    | Niece/nephew                       | <b>Codes</b> | <b>Niger Ethnic Groups</b>        | 10    | 5ème (second year of secondary school)                      | 2            | Livestock                          |
| 11    | Co-wife                            | 21           | Hausa                             | 11    | 4ème (third year of secondary school)                       | 3            | Trade                              |
| 12    | House Help                         | 22           | Djerma                            | 12    | 3ème (fourth year of secondary school)                      | 4            | N/A                                |
| 13    | Another household member           | 23           | Fulfuldé/Peul                     | 13    | 2nde (fifth year of secondary school)                       | 5            | Other                              |
|       |                                    | 24           | Gourmantché                       | 14    | 1ère (sixth year of secondary school)                       | 8            | Unaccounted for                    |
|       |                                    | 25           | Touareg                           | 15    | Terminale (seventh year of secondary school)                |              |                                    |
|       |                                    | 26           | Bella                             | 16    | Higher  |              |                                    |
|       |                                    | 27           | Songhai/Sonraï                    | 17    | Vocational before CEP/CFEPD                                 |              |                                    |
|       |                                    | 28           | Other ethnic groups               | 18    | Vocational post-CEP/CFEPD                                   |              |                                    |
|       |                                    |              |                                   | 19    | Vocational sec. post-BEPC (Junior Secondary School Diploma) |              |                                    |

## MODULE 3. Shocks (List Shocks)

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 300. During the past five (5) years did your household experience any [shock]? |   | Yes ..... 1 (If « yes », skip to 301)                             |   |   |   |
|  |   | No..... 1 (If « no », skip to module 4)                           |   |   |   |
|  |   | DK ..... 8 (If « DK », skip to module 4)                          |   |   |   |
|  |   | Refused..... 9 (If « Refused », skip to module 4)                 |   |   |   |
| <b>QUESTION WORDING AND NUMBER</b>   |   |   |   |   |   |
| <b>SHOCK LIST</b>  | <b>301</b>  | <b>302</b>  | <b>303</b>  | <b>304</b>  | <b>305</b>  |
|  | List the various shocks and circle the codes of the shocks experienced by the household | How many times did you experience [shock] in the last five years? | Among the shocks experienced in the last 5 years, which have you experienced in the last 12 months?<br><br>Yes = 1<br>No = 2 (Skip to next shock) | What was the severity of the impact of this/these shock(s) experienced by your household in the last 12 months on your income and food consumption?<br><br>1. None<br>2. Slight impact<br>3. Moderate impact<br>4. Strong impact<br>5. Worst ever happened<br>8. DK | To what extent were you and your household able to recover after this/these shock(s) experienced in the last 12 months?<br><br>1. Did not recover<br>2. Recovered some, but worse off than before [event]<br>3. Recovered to same level as before [event]<br>4. Recovered and better off<br>5. Not affected by [event]<br>8. DK |
| <b>Climatic Shocks</b>   | <b>Codes</b>  |   |   |   |   |
| Excessive rains  | <b>01</b>   | _ _   | _   | _   | _   |
| Too little rain/drought  | <b>02</b>   | _ _   | _   | _   | _   |
| Massive insect invasion  | <b>03</b>   | _ _   | _   | _   | _   |
| Epizootic (animal disease outbreak)  | <b>04</b>   | _ _   | _   | _   | _   |
| Bush fires   | <b>05</b>   | _ _   | _   | _   | _   |
| <b>Conflict shocks</b>   |   |   |   |   |   |
| Land conflicts   | <b>06</b>   | _ _   | _   | _   | _   |
| Conflicts between farmers and herders  | <b>07</b>   | _ _   | _   | _   | _   |
| Conflict/violence involving entire communities/villages                        | <b>08</b>   | _ _   | _   | _   | _   |
| Theft of assets/holdups (animals, crops, etc.)                                 | <b>09</b>   | _ _   | _   | _   | _   |
| <b>Socioeconomic shocks</b>  |   |   |   |   |   |
| Sharp food price increase  | <b>10</b>   | _ _   | _   | _   | _   |
| Unavailability of agricultural or livestock inputs                             | <b>11</b>   | _ _   | _   | _   | _   |

| SHOCK LIST  | QUESTION WORDING AND NUMBER   |   |   |   |   |
|---|---|---|---|---|---|
|   | 301   | 302   | 303   | 304   | 305   |
|   | List the various shocks and circle the codes of the shocks experienced by the household | How many times did you experience [shock] in the last five years? | Among the shocks experienced in the last 5 years, which have you experienced in the last 12 months?<br><br>Yes = 1<br>No = 2 (Skip to next shock) | What was the severity of the impact of this/these shock(s) experienced by your household in the last 12 months on your income and food consumption?<br><br>1. None<br>2. Slight impact<br>3. Moderate impact<br>4. Strong impact<br>5. Worst ever happened<br>8. DK | To what extent were you and your household able to recover after this/these shock(s) experienced in the last 12 months?<br><br>1. Did not recover<br>2. Recovered some, but worse off than before [event]<br>3. Recovered to same level as before [event]<br>4. Recovered and better off<br>5. Not affected by [event]<br>8. DK |
| Drop in agricultural or livestock product demand                    | 12  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Disease/exceptional health-related expense                          | 13  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Debt repayment  | 14  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Increase in price of agricultural or livestock inputs               | 15  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Drop in price of agricultural or livestock products                 | 16  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Job loss by household member  | 17  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Long-term unemployment  | 18  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Abrupt end of assistance/regular support from outside the household | 19  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Sudden increase in household size (including birth: triplets etc.)  | 20  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Anthropogenic Shocks</b>   |   |   |   |   |   |
| Fire (house...)   | 21  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Psychosocial Shocks</b>  |   |   |   |   |   |
| Death of household member   | 22  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Emigration of household member                                      | 23  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Serious illness of household member                                 | 24  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>Other Shocks</b>   |   |   |   |   |   |
| Forced repatriation   | 25  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Household dislocation   | 26  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |

| 306. How did you cope with the shock(s) you experienced in the last 12 months? |  |                          |                          |
|--|--|--------------------------|--------------------------|
| N°   | REMEDIES TO SHOCKS                               | YES = 1                  | NO = 2                   |
| <b>LIVESTOCK AND LAND HOLDINGS</b>   |  |                          |                          |
| 01   | Send livestock in search of pasture              | <input type="checkbox"/> | <input type="checkbox"/> |
| 02   | Sell livestock                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 03   | Slaughter livestock                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 04   | Lease out land                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>MIGRATION</b>   |  |                          |                          |
| 05   | Migrate (only some family members)               | <input type="checkbox"/> | <input type="checkbox"/> |
| 06   | Migrate (the whole family)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 07   | Send children or an adult to stay with relatives | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COPING STRATEGIES TO REDUCE CURRENT EXPENDITURE</b>                         |  |                          |                          |
| 08   | Take children out of school                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 09   | Move to less expensive housing                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10   | Limit portion size at mealtimes                  | <input type="checkbox"/> | <input type="checkbox"/> |

  

| N°   | REMEDIES TO SHOCKS                                       | YES = 1                  | NO = 2                   |
|--|--|--------------------------|--------------------------|
| <b>COPING STRATEGIES TO GET MORE FOOD OR MONEY</b> |  |                          |                          |
| 11   | Take up new wage labor                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12   | Sell household items (e.g., radio, bed)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13   | Sell productive assets (e.g., plow, water pump)          | <input type="checkbox"/> | <input type="checkbox"/> |
| 14   | Take out a loan from an NGO                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 15   | Take out an loan from a bank                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 16   | Take out a loan from a money lender                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 17   | Take out a loan from friends or relatives                | <input type="checkbox"/> | <input type="checkbox"/> |
| 18   | Send children to work for money (e.g., domestic service) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19   | Receive money or food from family members                | <input type="checkbox"/> | <input type="checkbox"/> |
| 20   | Receive food aid from the government                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 21   | Receive food aid from an NGO                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 22   | Participate in food-for-work or cash-for-work            | <input type="checkbox"/> | <input type="checkbox"/> |
| 23   | Use money from savings                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24   | Get money from a relative that migrated (remittances)    | <input type="checkbox"/> | <input type="checkbox"/> |
| 25   | Eating of lean season food: Anza; etc.                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26   | Excavation of termite mounds                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 27   | Hunting, gathering                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 28   | Consume seed stock held for next season                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29   | Reduce number of meals eaten in a day                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 30   | Other (specify)  | <input type="checkbox"/> | <input type="checkbox"/> |

## MODULE 4. Household Housing Characteristics

| N°  | QUESTION WORDING  | ANSWERS   | Typing               |
|-----|---|---|----------------------|
| 400 | What is the occupancy status of dwelling(s)?                          | 1. Owner<br>2. Leased property<br>3. Rent<br>4. Lodging provided by the employer<br>5. Lodging provided free of charge by a third party<br>6. Other (specify) _____ | <input type="text"/> |
| 401 | Type of dwelling occupied by the household                            | 1. Single housing<br>2. Multi-dwelling building (no block)<br>3. Hut<br>4. Villa<br>5. Apartment Building<br>6. Other (specify) _____                               | <input type="text"/> |
| 402 | What materials have been used to construct the roof of the dwelling?  | 1. Sheet metal<br>2. Cement<br>3. Straw or thatch<br>4. Wood and mud (earth)<br>5. Plastic sheeting<br>6. Other (specify) _____                                     | <input type="text"/> |
| 403 | What materials have been used to construct the floor of the dwelling? | 1. Dirt<br>2. Cow dung<br>3. Concrete/stone/cement<br>4. Sand<br>5. Other (specify) _____   | <input type="text"/> |
| 404 | What materials have been used to construct the walls?                 | 1. Cement/concrete<br>2. Fired brick<br>3. Clay/clay brick<br>4. Wood/bamboo<br>5. Stones<br>6. Sheet metal<br>7. Straw<br>8. Other (specify) _____                 | <input type="text"/> |
| 405 | How many rooms does the household have?                               | <b>(Number of rooms)</b>  | <input type="text"/> |



| N°  | QUESTION WORDING  | ANSWERS  | Typing   |
|-----|---|--|--|
| 406 | What type of latrine does your household use?   | 01. Pit flush toilet<br>02. Flush toilet connected to a sealed septic system<br>03. Flush toilet connected to a sewage system<br>04. Pit toilet with slab<br>05. Composting toilet<br>06. Ventilated improved pit<br>07. Flush toilet with no connection to sewage system<br>08. Pit toilet with no slab or connected to open septic system<br>09. Bucket latrine<br>10. Hanging toilet/latrine<br>11. In the open | <div style="text-align: center;"> _ _ </div>   |
| 407 | What is the main source of drinking water supply for your household?  | 01. Surface water (dam, river, stream, lake, pond, creek, irrigation channel, canal)<br>02. Protected well<br>03. Uncovered, concrete-cased well<br>04. Traditional well<br>05. Boreholes/tube-wells<br>06. Public fountain/public tap<br>07. Own indoor tap<br>08. Shared outdoor tap<br>09. Cart with small tanks/drums<br>10. Tank trucks<br>11. Bottled water<br>12. Other (specify)_____                      | <div style="text-align: center;"> _ _ </div>   |
| 408 | Do you usually do anything to make the water you drink healthier?   | 1. Yes<br>2. No [if « no », skip to question 410]  | <div style="text-align: center;"> _ </div>     |
| 409 | What do you do to make the water you drink healthier?   | 1. Boil it<br>2. Add bleach/chlorine<br>3. Filter with cloth<br>4. Use a water filter<br>5. Solar disinfection<br>6. Let the water stand<br>7. Add Aquatabs<br>8. Other (specify)_____   | <div style="text-align: center;"> _ </div>     |
| 410 | How long does it take to get water for domestic use (round trip including waiting time for fetching water)? If the water source is in the compound, enter 000 as time value | <b>Duration in minutes</b>   | <div style="text-align: center;"> _ _ _ </div> |

| N°          | QUESTION WORDING  | ANSWERS   | Typing  |
|-------------|---|---|---|
| 411         | Please, show me where the household members wash their hands most often?  | 1. Observation<br>2. No observation in the household/compound/plot<br>3. No observation because not allowed to see<br>4. No observation for other reasons <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <span style="border-left: 1px solid black; border-bottom: 1px solid black; padding: 0 5px;"> </span> → Skip to 414         </div> | <input style="width: 40px; height: 20px;" type="text"/> |
| 412         | <b>Section dedicated to observations</b><br>Check the presence of water at the specified hand washing location  | 1. There is water<br>2. There is no water   | <input style="width: 40px; height: 20px;" type="text"/> |
| 413         | <b>Section dedicated to observations</b><br>Check the presence of soap, detergent, or other cleaning agent<br>Also ask if the soap/detergent is kept in another room in the house   | 1. Soap or detergent<br>2. Solid, liquid, powder, paste<br>3. Ash, mud, sand<br>4. None<br>5. Other (specify) _____   | <input style="width: 40px; height: 20px;" type="text"/> |
| 414         | When do your household members wash their hands?<br><br><b>Several answers possible (circle the codes corresponding to all answers provided by the respondent and enter responses codes in the spaces)</b><br><br><u>Do not read the answers.</u> | 01. Before eating   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 02. After eating  | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 03. Before praying  | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 04. Before breastfeeding or feeding a child   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 05. Before cooking food   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 06. After using the toilet/latrine  | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 07. After cleaning or changing diapers of a child who has defecated   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 08. When hands are dirty  | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 09. After cleaning the toilet or bedpan   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 10. Other (specify)   | <input style="width: 40px; height: 20px;" type="text"/> |
|             |   | 88. DK  | <input style="width: 40px; height: 20px;" type="text"/> |
| 99. Refused | <input style="width: 40px; height: 20px;" type="text"/>   |   |   |

## MODULE 5. Assets (Excluding Livestock)

| CONSUMPTION/PRODUCTION ASSETS |                              | QUESTION WORDING AND NUMBER   |                          |                          |                            |  |   |
|-------------------------------|------------------------------|---|--------------------------|--------------------------|----------------------------|--|---|
|                               |                              | 500   | 501                      | 502                      | 503                        | 504  | 505   |
|                               |                              | Does your household currently own (name of asset)?<br><br>1 = Yes<br>2 = No | Number owned now         | Number owned a year ago  | Number owned two years ago | Did you purchase or pay for any of these [ITEMS] in the last 12 months?<br><br>Yes = 1<br>No = 2 ( <b>Skip to next asset</b> ) | How much did you pay for these [ITEMS] all together in the last 12 months? (CFA F)<br><br>8 = DK<br>9 = Refused |
| Code                          | 1 = CONSUMPTION ASSETS       |   |                          |                          |                            |  |   |
| 101                           | Improved charcoal/wood stove | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 102                           | Kerosene stove               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 103                           | Gas stove                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 104                           | Chairs                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 105                           | Blanket/sakala               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 106                           | Iron                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 107                           | Sofa/armchair                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 108                           | Mosquito net                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 109                           | Wooden bed                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 110                           | Metal bed                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 111                           | Telephone set/cellular phone | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 112                           | Radio                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 113                           | Tape player                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 114                           | Television                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 115                           | Jewelry, gold                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 116                           | Jewelry, silver              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 117                           | Jewelry, wristwatches        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 118                           | Firearms                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 119                           | Table                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 120                           | Mat                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 121                           | Portable hand-held lighting  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 122                           | Wheelbarrow                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 123                           | Bicycle                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 124                           | Cart (animal drawn)          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 125                           | Pick-up truck                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 126                           | Motorcycles/mopeds           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |

| CONSUMPTION/PRODUCTION ASSETS |  | QUESTION WORDING AND NUMBER   |                          |                          |                            |   |   |
|-------------------------------|--|---|--------------------------|--------------------------|----------------------------|---|---|
|                               |  | 500   | 501                      | 502                      | 503                        | 504   | 505   |
|                               |  | Does your household currently own (name of asset)?<br><br>1 = Yes<br>2 = No | Number owned now         | Number owned a year ago  | Number owned two years ago | Did you purchase or pay for any of these [ITEMS] in the last 12 months?<br><br>Yes = 1<br>No = 2 (Skip to next asset) | How much did you pay for these [ITEMS] all together in the last 12 months? (CFA F)<br><br>8 = DK<br>9 = Refused |
| 127                           | Fans                                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 128                           | Sewing machine                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 129                           | Satellite dish/decoder                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 130                           | Generator                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 131                           | Solar lamp                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 132                           | Refrigerator/freezer                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>2 = PRODUCTIVE ASSETS</b>  |  |   |                          |                          |                            |   |   |
| 201                           | Metal-Plow                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 202                           | Sickle                                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 203                           | Pick axe                               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 204                           | Axe                                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 205                           | Pruning/Cutting shears                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 206                           | Hoe                                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 207                           | Spade or shovel                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 208                           | Traditional beehive                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 209                           | Modern Beehive                         | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 210                           | Knapsack chemical sprayer              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 211                           | Mechanical water pump                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 212                           | Motorized water pump (diesel/gasoline) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 213                           | Motorized grain mill (diesel/gasoline) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 214                           | Motor hoe                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 215                           | Small tractor                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 216                           | Hand-held motorized tiller             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 217                           | Farming land                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 218                           | Well                                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 219                           | Borehole                               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 220                           | Watering can                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |

## MODULE 5a. Access to Land

| 506a    | Has your household engaged in farming activities in the last 12 months?                                 |   | 1. Yes (Fill in the table)<br>2. No (skip to next module) | _  |   |
|---------|---|---|---|--|---|
| Farm N° | 506b Type of Farm   |   | 507 Area (ha)   | 508 Mode of acquisition  |   |
|         | 01. Rain-fed farm<br>02. Off-season<br>03. Orchard<br>04. Hydro-agricultural developments<br>05. Garden | 06. Rain-fed + off-season<br>07. Rain-fed + off-season + orchard<br>08. Orchard + off-season<br>09. Orchard + rain-fed<br>10. Other |   | 01. Inherited<br>02. Bought<br>03. Sharecropping basis<br>04. Use right (usufruct)<br>05. Borrowed | 06. Right of the axe<br>07. Hydro-agricultural development<br>08. Leased<br>09. Gift, grant |
| 01      | _ _   |   | _ _ _ ,  _  | _  |   |
| 02      | _ _   |   | _ _ _ ,  _  | _  |   |
| 03      | _ _   |   | _ _ _ ,  _  | _  |   |
| 04      | _ _   |   | _ _ _ ,  _  | _  |   |
| 05      | _ _   |   | _ _ _ ,  _  | _  |   |
| 06      | _ _   |   | _ _ _ ,  _  | _  |   |
| 07      | _ _   |   | _ _ _ ,  _  | _  |   |
| 08      | _ _   |   | _ _ _ ,  _  | _  |   |
| 09      | _ _   |   | _ _ _ ,  _  | _  |   |
| 10      | _ _   |   | _ _ _ ,  _  | _  |   |
| 11      | _ _   |   | _ _ _ ,  _  | _  |   |
| 13      | _ _   |   | _ _ _ ,  _  | _  |   |
| 14      | _ _   |   | _ _ _ ,  _  | _  |   |
| 15      | _ _   |   | _ _ _ ,  _  | _  |   |

## MODULE 6. Livestock Assets

| TYPE OF LIVESTOCK |                      | QUESTION WORDING AND NUMBER                                |  |  |
|-------------------|----------------------|--|--|--|
|                   |                      | 601  | 602  | 603  |
|                   |                      | Total [livestock types] owned one year ago (opening stock) | Total [livestock type] owned now (closing stock)<br><br>(if Q602=0 skip to next row) | If you would sell an average one of the [livestock types] today, how much would you receive from the sale? (CFA F) |
| 01                | Oxen (bovine)        | □□□□   | □□□□   | □□□□□□□□□□   |
| 02                | Sheep (ovine)        | □□□□   | □□□□   | □□□□□□□□□□   |
| 03                | Goats (caprine)      | □□□□   | □□□□   | □□□□□□□□□□   |
| 04                | Donkeys              | □□□□   | □□□□   | □□□□□□□□□□   |
| 05                | Horse (equine)       | □□□□   | □□□□   | □□□□□□□□□□   |
| 06                | Pigs (porcine)       | □□□□   | □□□□   | □□□□□□□□□□   |
| 07                | Camels – dromedaries | □□□□   | □□□□   | □□□□□□□□□□   |
| 08                | Rabbits              | □□□□   | □□□□   | □□□□□□□□□□   |
| 09                | Hens                 | □□□□   | □□□□   | □□□□□□□□□□   |
| 10                | Guinea fowls         | □□□□   | □□□□   | □□□□□□□□□□   |
| 11                | Turkeys              | □□□□   | □□□□   | □□□□□□□□□□   |
| 12                | Ducks                | □□□□   | □□□□   | □□□□□□□□□□   |
| 13                | Pigeons              | □□□□   | □□□□   | □□□□□□□□□□   |

## MODULE 7. Livestock Commodities (Ask these questions even if the household does not own or use livestock)

| Commodity |                 | 700  | 701  | 702   | 703   | 704  | 705   |
|-----------|-----------------|--|--|---|---|--|---|
|           |                 | Did your household produce (name of product) in the last 12 months?<br><br>Yes = 1<br>No = 2 | Number of animals that have been milked in the last 12 months? | Number of months in which milking occurs every day in the last 12 months? | Frequency (number of milkings per day during those months)? | Daily milk quantity in liters collected during these months? | What proportion (%) of milk was sold per day during those months? |
| 1         | Cattle milk     | _  | _ _  | _ _   | _ _   | _ _ _  | _ _ _   |
| 2         | Sheep/Goat milk | _  | _ _  | _ _   | _ _   | _ _ _  | _ _ _   |
| 3         | Camel milk      | _  | _ _  | _ _   | _ _   | _ _ _  | _ _ _   |

## MODULE 7a. Household Agricultural Production

| Commodity |                       | QUESTION WORDING AND NUMBER   |      |   |      |  |  |                              |      |  |
|-----------|-----------------------|---|------|---|------|--|--|------------------------------|------|--|
|           |                       | 701b  |      | 702b  |      | 703b   | 704b   | 705b                         |      | 706b   |
|           |                       | Total [commodity] produced in the last year (in the last 12 months) |      | Total [commodity] sold in the last year (in the last 12 months) |      | Value of commodity sold in the last year (in the last 12 months) | Where did you sell [commodity]?<br>1 = Local market<br>2 = Regional market<br>3 = Others | Current stock of [commodity] |      | If you would sell the stock today, how much would you receive from the sale? (CFA F) |
|           |                       | Quantity  | Unit | Quantity  | Unit |  |  | Quantity                     | Unit |  |
| 01        | Millet                |   |      |   |      |  |  |                              |      |  |
| 02        | Maize                 |   |      |   |      |  |  |                              |      |  |
| 03        | Rice                  |   |      |   |      |  |  |                              |      |  |
| 04        | Sorghum               |   |      |   |      |  |  |                              |      |  |
| 05        | Wheat                 |   |      |   |      |  |  |                              |      |  |
| 06        | Fonio                 |   |      |   |      |  |  |                              |      |  |
| 07        | Cowpea                |   |      |   |      |  |  |                              |      |  |
| 08        | Peanut                |   |      |   |      |  |  |                              |      |  |
| 09        | Sesame                |   |      |   |      |  |  |                              |      |  |
| 10        | Vouandzou             |   |      |   |      |  |  |                              |      |  |
| 11        | Tobacco               |   |      |   |      |  |  |                              |      |  |
| 12        | Cotton                |   |      |   |      |  |  |                              |      |  |
| 13        | Beans                 |   |      |   |      |  |  |                              |      |  |
| 14        | Tigernut              |   |      |   |      |  |  |                              |      |  |
| 15        | Henna                 |   |      |   |      |  |  |                              |      |  |
| 16        | Sweet potato          |   |      |   |      |  |  |                              |      |  |
| 17        | Irish potato          |   |      |   |      |  |  |                              |      |  |
| 18        | Onion                 |   |      |   |      |  |  |                              |      |  |
| 19        | Hot pepper            |   |      |   |      |  |  |                              |      |  |
| 20        | Sorrel                |   |      |   |      |  |  |                              |      |  |
| 21        | Okra                  |   |      |   |      |  |  |                              |      |  |
| 22        | Tomato                |   |      |   |      |  |  |                              |      |  |
| 23        | Lettuce (salad)       |   |      |   |      |  |  |                              |      |  |
| 24        | Cabbage               |   |      |   |      |  |  |                              |      |  |
| 25        | Fruit trees (specify) |   |      |   |      |  |  |                              |      |  |
| 26        | Other (specify)       |   |      |   |      |  |  |                              |      |  |

| Units of measure code list |            |        |          |           |              |               |         |            |         |             |          |
|----------------------------|------------|--------|----------|-----------|--------------|---------------|---------|------------|---------|-------------|----------|
| 01 Kilograms               | 02 Quintal | 03 Ton | 04 Stack | 05 Basket | 06 50 kg bag | 07 100 kg bag | 08 Pack | 09 Bundles | 10 Unit | 11 « Tine » | 12 Other |



## MODULE 8. Household Consumption Expenditure

Ask these questions about the consumption/expenditures of all household members. Ask whoever is most knowledgeable about the food the household members have eaten over the past 7 days, as well as any non-food items that household members have bought. The same respondent should be asked questions in Modules E2-E5.

**Note:** Quantities are often reported in local units of measure. Any unit listed must be able to be converted to a standardized unit. This conversion will happen during data analysis. It should not be done in the field by the enumerator.

### MODULE 8-E2. Non-Food Expenditures Over Past 7 Days

|      |  | Over the past week (7 days), did your household use or buy any [item]? | How much did you pay (how much did [item] cost) in total? |
|------|--|--|---|
|      |  | Yes = 1<br>No = 2<br>DK = 8<br>Refused = 9                             |   |
|      |  | } Skip to next asset   |   |
| Code | Items  | E2.01  | E2.02 (CFAF)  |
| 1101 | Charcoal or other fuel for cooking               | <input type="text"/>   | <input type="text"/>                                      |
| 1102 | Firewood   | <input type="text"/>   | <input type="text"/>                                      |
| 1103 | Gasoline   | <input type="text"/>   | <input type="text"/>                                      |
| 1104 | Kerosene   | <input type="text"/>   | <input type="text"/>                                      |
| 1105 | Gas  | <input type="text"/>   | <input type="text"/>                                      |
| 1106 | Batteries  | <input type="text"/>   | <input type="text"/>                                      |
| 1107 | Candles  | <input type="text"/>   | <input type="text"/>                                      |
| 1108 | Matches  | <input type="text"/>   | <input type="text"/>                                      |
| 1109 | Prepaid top-up card/mobile phone credit transfer | <input type="text"/>   | <input type="text"/>                                      |
| 1110 | Transport  | <input type="text"/>   | <input type="text"/>                                      |
| 1111 | Milling fees for grains                          | <input type="text"/>   | <input type="text"/>                                      |

## MODULE 8-E3. Non-Food Expenditures Over Past One Month

|      |  | <b>Over the past 30 days (past month), did your household use or buy any [item]?</b><br>Yes = 1<br>No = 2<br>DK = 8<br>Refused = 9 | How much did you pay (how much did [item] cost) in total? |
|------|--|--|---|
|      |  | } Skip to next asset   |   |
| Code | Items  | E3.01  | E3.02 (CFAF)  |
| 1201 | Milling fees for grains (excluding cost of grain itself), grain                              | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1202 | Personal products (body soap, skin creams, shampoo, razor blades, toothbrush/paste, etc.)    | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1203 | Soap for clothes   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1204 | Donation – to church, mosque, charity, beggar, etc.  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1205 | Insecticides   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1206 | Cooking gas  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1207 | Gasoline or diesel   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1208 | Light bulbs  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1209 | Electricity fees   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1210 | Top-up card fees   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1211 | Transport costs (bush taxi, motorcycle taxi, canoe, carts, etc.)                             | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1212 | (Motor vehicle, motorcycle) service, repair, or parts  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1213 | Bicycle service, repair, or parts  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1214 | Repairs & maintenance to dwelling  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1215 | Repairs to household and personal items (radios, watches, etc., excluding battery purchases) | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1216 | Vehicle batteries  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1217 | Batteries  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1218 | Male hairdressing fees   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1219 | Female hairdressing fees   | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1220 | Health expenditures related to illnesses and injuries  | <input type="checkbox"/>   | <input type="text"/>                                      |
| 1221 | Health expenditures for preventative care (visits, medications, etc.)                        | <input type="checkbox"/>   | <input type="text"/>                                      |

## MODULE 8-E4. Non-Food Expenditures Over Past Three Months

|      |   | Over the past three months, did your household use or buy any [item]? | How much did you pay (how much did [item] cost) in total? |
|------|---|---|---|
|      |   | Yes = 1<br>No = 2<br>DK = 8<br>Refused = 9                            |   |
|      |   | } Skip to next asset  |   |
| Code | Items   | E4.01   | E4.02 (CFAF)  |
| 1301 | Clothing  | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1302 | Shoes   | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1303 | Dishware (bowls, plates, glassware)                               | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1304 | Cooking utensils (cooking pots, stirring spoons and whisks, etc.) | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1305 | Light bulbs   | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1306 | Torch/flashlight  | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1307 | Kerosene lamp   | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |
| 1308 | Music or CD/DVD or video cassette                                 | _   | _ _ _ _ _ _ _ _ _ _ _ _ _ _                               |

## MODULE 8-E5. Non-Food Expenditures Over Past 12 Months

|      |  | Over the past one year (twelve months), did your household use or buy any [item]? | How much did you pay (how much did [item] cost) in total? |
|------|--|---|---|
|      |  | Yes = 1<br>No = 2<br>DK = 8<br>Refused = 9  |   |
|      |  | } Skip to next asset  |   |
| Code | Items  | E5.01   | E5.02 (CFAF)  |
| 1401 | Carpet, rugs, mats   | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1402 | Shoe repair  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1403 | Linen-towels, sheets, blankets   | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1404 | Toys   | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1405 | Mosquito nets  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1406 | Construction materials (bricks, cement, wood)  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1407 | Dowry  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1408 | Marriage ceremony costs  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1409 | Funeral costs for household members  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1410 | Funeral costs for non-household members (relatives, neighbors/friends)   | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1411 | Major health expenses (hospitalizations, traditional healer costs) including travel, lodging and food expenses | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1412 | Education expenses (fees, books, uniforms, etc.).  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1413 | Rituals and traditional events   | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1414 | Punitive compensation (property damage, injury, loss of life)  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1415 | Fertilizer purchase  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1416 | Land or livestock taxes  | <input type="checkbox"/>  | <input type="text"/>                                      |
| 1417 | Tax (paid by household members)  | <input type="checkbox"/>  | <input type="text"/>                                      |

## MODULE 9. Access to Financial Services/Credit

| N°  | QUESTION WORDING  | ANSWERS   |   |
|-----|---|---|---|
| 901 | Have any household members taken out a loan in the last year (cash or in-kind)? | 1. Yes (if "yes", skip to q903)<br>2. No<br>8. DK ( <b>Skip to Module 10</b> )<br>9. Refused ( <b>Skip to Module 10</b> )   | _ |
| 902 | If not, why not?<br><br>Enter respondent's answer and skip to Module 10         | 1. Didn't need<br>2. Couldn't find a loan that met my needs" (i.e. "is appropriate" in terms of size, terms, Sharia-compliant, etc.)<br>3. Afraid I couldn't pay back<br>4. No loan providers in my area<br>5. Other (specify)<br>8. DK<br>9. Refused | _ |

**If yes, list all the loans taken out by household members.**

| QUESTION WORDING AND NUMBER |  |   |  |  |   |  |  |
|-----------------------------|--|---|--|--|---|--|--|
| 903                         | 904  | 905   | 906  | 907  | 908   | 909  | 910  |
| Loan Number                 | ID of household member who took the loan<br><br>Enter IDs or household members who took the loan | Source of the loan<br><br>01 Money lender<br>02 Friend/Neighbor<br>03 Family member<br>04 Micro credit<br>05 Bank<br>06 NGO<br>07 Religious institution<br>08 Savings group<br>09 Input supplier<br>10 Local trader<br>11 Community based organization (CBO)<br>12 Other (specify)<br>88 DK<br>99 Refused | What was the total value of the loan?<br>(CFA F) | Do you have to pay a monthly interest rate or service fee on the loan?<br><br>1 = Yes<br>2 = No<br>8 = DK<br>9 = Refused | Purpose of the loan<br><br>1. Feed family<br>2. Pay school fees<br>3. Pay medical fees<br>4. Production inputs (e.g. livestock, agricultural inputs)<br>5. Business capital<br>6. Pay veterinary fees<br>7. Other | Who made the decision from [SOURCE]?<br><br>01 Myself<br>02 Partner<br>03 Myself and partner/spouse together<br>04 Another household member<br>05 Myself and other household member(s)<br>06 Partner/spouse<br>07 Household<br>08 Myself and another external person<br>09 Partner/spouse and another external person<br>10 Myself, partner/spouse and another external person | Who makes the decision on what to do with the money/item borrowed from [SOURCE]?<br><br>01 Myself<br>02 Partner<br>03 Myself and partner/spouse together<br>04 Another household member<br>05 Myself and other household member(s)<br>06 Partner/spouse<br>07 Household<br>08 Myself and another external person<br>09 Partner/spouse and another external person<br>10 Myself, partner/spouse and another external person |
| 1                           |  |   |  |  |   |  |  |
| 2                           |  |   |  |  |   |  |  |
| 3                           |  |   |  |  |   |  |  |
| 4                           |  |   |  |  |   |  |  |
| 5                           |  |   |  |  |   |  |  |
| 6                           |  |   |  |  |   |  |  |
| 7                           |  |   |  |  |   |  |  |

## MODULE 10. Access to Financial Services/Savings

|             |   |   |   |
|-------------|---|---|---|
| <b>1001</b> | Do any of your household members have cash savings? | Yes .....1<br>No .....2<br>DK.....8<br>Refused .....9 | } (Skip to next module)<br><input type="checkbox"/> |
|-------------|---|---|---|

| QUESTION WORDING AND NUMBER |   |  |  |
|-----------------------------|---|--|--|
| 1002                        | 1003  | 1004   | 1005   |
| Saving Number               | Enter the ID of household member owning the savings | Where is the savings held?<br>1. In cash at home<br>2. With microfinance institution<br>3. With bank<br>4. With savings group<br>5. Other (specify)<br>8. DK<br>9. Refused | What is the primary purpose of the saving?<br>1. To use in emergencies<br>2. To buy livestock<br>3. For non-livestock business investment<br>4. Seed purchase<br>5. Invest in agriculture<br>6. Timber harvesting/reforestation<br>7. Other (specify)<br>8. DK<br>9. Refused |
| 1                           | _ _   | _  | _  |
| 2                           | _ _   | _  | _  |
| 3                           | _ _   | _  | _  |
| 4                           | _ _   | _  | _  |
| 5                           | _ _   | _  | _  |
| 6                           | _ _   | _  | _  |

## MODULE II. Access to Information

|                            |  | QUESTION WORDING AND NUMBER  |   |
|----------------------------|--|--|---|
|                            |  | 1101   | 1102  |
| <b>TYPE OF INFORMATION</b> |  | Did you receive any information on [topic] in the last year?<br><br>Yes = 1<br>No = 2 ( <b>Skip to next topic</b> )<br>DK = 8 ( <b>Skip to next topic</b> )<br>Refused = 9 ( <b>Skip to next topic</b> ) | What was your main source of information about [topic]?<br><br>01. Rural development agents<br>02. Service providers (agricultural, health/hygiene, veterinary, etc.)<br>03. Village/traditional leaders<br>04. Coranic schoolteachers<br>05. Madrasa/Franco-Arabic teachers<br>06. Conventional/mainstream education teachers<br>07. Neighbors or friends<br>08. Government officials<br>09. Family members<br>10. Newspapers<br>11. Audiovisual media/TV/radio<br>12. Internet or SMS<br>13. Town crier<br>14. Village Development Committee (CVD)<br>15. Other (specify) |
| 1                          | Long-term changes in weather patterns                                | _ _  | _ _ _   |
| 2                          | Rainfall prospects/ weather prospects for coming season              | _ _  | _ _ _   |
| 3                          | Water availability and prices of local boreholes, shallow wells etc. | _ _  | _ _ _   |
| 4                          | Methods for animal health/husbandry                                  | _ _  | _ _ _   |
| 5                          | Livestock disease threats or epidemics                               | _ _  | _ _ _   |
| 6                          | Innovations in cultivation   | _ _  | _ _ _   |
| 7                          | Child nutrition and health information                               | _ _  | _ _ _   |



## MODULE 12. Livelihood Activities

|                              |  | QUESTION WORDING AND NUMBER   |   |  |   |   |
|------------------------------|--|---|---|--|---|---|
|                              |  | 1201  | 1202  | 1203   | 1204  | 1205  |
| <b>LIVELIHOOD ACTIVITIES</b> |  | What were the sources of your household's food/income over the whole last 12 months?<br><br>Yes = 1<br>No = 2 | Rank these sources based on the proportion of food/income they provide for your household<br><br><b>Rank from 1 (highest proportion of food/income) to the number in q1202.</b> | Enter the proportion of food/income they provide for your household<br><br>88. DK<br>99. Refused | Is this food/income source available in the dry season only, wet season only, or all year?<br><br>1. Dry season only<br>2. Wet season only<br>3. Both (all year round)<br>8. DK<br>9. Refused | Do you only rely on this source during times of stress?<br><br>1. Yes<br>2. No<br>8. DK<br>9. Refused |
| Code                         | 1. Agricultural Sources  |   |   |  |   |   |
| 101                          | Farming/crop production and sales  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 102                          | Livestock production and sales   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 103                          | Farm laborer   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 104                          | Production and sale of seedlings, seeds, animal feed   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 105                          | Production and sale of firewood, charcoal, poles, timber   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 106                          | Sale of wild products  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 107                          | Employed in an agricultural and animal product processing and marketing company  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 108                          | Private agricultural service providers (veterinary paraprofessionals, agricultural service delivery agent, etc.)   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 109                          | Other (specify)  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 110                          | Other (specify)  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 2. Non-agricultural Sources  |  |   |   |  |   |   |
| 201                          | Retailing (shopkeeper, sale of non-agricultural products etc.)   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 202                          | Non-agricultural service delivery agent  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 203                          | Technical and professional activities (carpenter, mason, bike or motorcycle repairman, tire repairman, mechanic, cellular phone repairman, motor pump repairman, tailor, etc.) | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 204                          | Artisanal mining   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| 205                          | Non-agricultural worker (factory, company, mine, etc.)   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |

|   |   | QUESTION WORDING AND NUMBER   |   |  |   |   |
|---|---|---|---|--|---|---|
|   |   | 1201  | 1202  | 1203   | 1204  | 1205  |
| <b>LIVELIHOOD ACTIVITIES</b>                |   | What were the sources of your household's food/income over the whole last 12 months?<br><br>Yes = 1<br>No = 2 | Rank these sources based on the proportion of food/income they provide for your household<br><br><b>Rank from 1 (highest proportion of food/income) to the number in q1202.</b> | Enter the proportion of food/income they provide for your household<br><br>88. DK<br>99. Refused | Is this food/income source available in the dry season only, wet season only, or all year?<br><br>1. Dry season only<br>2. Wet season only<br>3. Both (all year round)<br>8. DK<br>9. Refused | Do you only rely on this source during times of stress?<br><br>1. Yes<br>2. No<br>8. DK<br>9. Refused |
| 206   | Domestic help                                 | _   | _ _   | _ _ _  | _   | _   |
| 207   | Crafts (pottery, basketry, carved wood, etc.) | _   | _ _   | _ _ _  | _   | _   |
| 208   | Carrier, docker                               | _   | _ _   | _ _ _  | _   | _   |
| 209   | Other (specify)                               | _   | _ _   | _ _ _  | _   | _   |
| 210   | Other (specify)                               | _   | _ _   | _ _ _  | _   | _   |
| <b>3. External Non-agricultural Sources</b> |   |   |   |  |   |   |
| 301   | Migration                                     | _   | _ _   | _ _ _  | _   | _   |
| 302   | Gifts/inheritance                             | _   | _ _   | _ _ _  | _   | _   |
| 303   | Other (specify)                               | _   | _ _   | _ _ _  | _   | _   |
| 304   | Other (specify)                               | _   | _ _   | _ _ _  | _   | _   |
| 305   | Other (specify)                               | _   | _ _   | _ _ _  | _   | _   |

**Questions to be asked only if the household responded in the table above that migration was a source of food/ income in the last 12 months**

| 1206. In your household, how many people have migrated in the last twelve months? |          | _ _   |   |  |   |  |
|---|----------|---|---|--|---|--|
| QUESTION WORDING AND NUMBER   |          |   |   |  |   |  |
| Migrant List  |          | 1207  | 1208  | 1209   | 1210  | 1211   |
|   |          | Where did the person migrate to?<br>1. Another locality in the country<br>2. Another African country<br>3. Another non-African country<br>8. DK<br>9. Refused | Is migration seasonal or permanent?<br>1. Seasonal<br>2. Permanent<br>8. DK<br>9. Refused | How long ago (in months) did the person migrate?<br><br><b>(Enter the number of months since the individual migrated)</b><br><br>88. DK<br>99. Refused | What is the main income generating activity in which the person is engaged over there?<br><br>.....<br> _ _ | Has the person ever sent money back to your household from his/her place of migration?<br><br>1. Yes<br>2. No<br>8. DK<br>9. Refused |
| 1   | Person 1 | _   | _   | _ _  | .....<br> _ _   | _  |
| 2   | Person 2 | _   | _   | _ _  | .....<br> _ _   | _  |
| 3   | Person 3 | _   | _   | _ _  | .....<br> _ _   | _  |
| 4   | Person 4 | _   | _   | _ _  | .....<br> _ _   | _  |
| 5   | Person 5 | _   | _   | _ _  | .....<br> _ _   | _  |

## MODULE 13. Social and Capacity-Building Support

| N°  | QUESTION WORDING  | ANSWERS/CODES   |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
|---|---|---|---|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|---------|--------|--------------------------|
| <b>FORMAL SOURCES OF SOCIAL SUPPORT</b>   |   |   |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>1301</b>                               | Has your household received any kind of support from the government, an NGO or religious organization during the last year?           | 1. Yes<br>2. No<br>8. DK<br>9. Refused <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <span style="font-size: 2em;">}</span> → <b>Skip to Q1304a</b> </div>  | <input type="checkbox"/>  |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>1302</b>                               | Who provided the support? ( <b>Multiple response</b> )  | 1. Government.....<br>2. NGOs .....<br>3. Religious organization .....<br>8. Other (specify) .....  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Yes = 1</td> <td style="width: 15%;">No = 2</td> <td style="width: 70%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>   | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>1303</b>                               | What types of support were received? ( <b>Read list</b> )   | 1. Food ration .....<br>2. Food-for-work/Cash-for-work .....<br>3. Housing materials .....<br>4. Installed water points .....<br>5. Installed latrine .....<br>6. School for children .....<br>7. Cash transfer .....<br>8. Other (specify) .....         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Yes = 1</td> <td style="width: 15%;">No = 2</td> <td style="width: 70%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>INFORMAL SOURCES OF SOCIAL SUPPORT</b> |   |   |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>1304a</b>                              | Has your household received any kind of support from relatives, neighbors or friends in the past 12 months?)                          | 1. Yes<br>2. No<br>8. DK<br>9. Refused <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <span style="font-size: 2em;">}</span> → <b>Skip to Q1305</b> </div>   | <input type="checkbox"/>  |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| <b>1304b</b>                              | What types of assistance has your household received from relatives, neighbors or friends in the past 12 months? ( <b>Read list</b> ) | 1. Zakat .....<br>2. Remittances .....<br>3. Gifts/habbanaye (donation of cash/animals to people in need) .....<br>4. Loans (cash, labor, seeds, animals) .....<br>5. Restocking of poorer relatives .....<br>6. Sadaqa .....<br>8. Other (specify) ..... | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Yes = 1</td> <td style="width: 15%;">No = 2</td> <td style="width: 70%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>   | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> | Yes = 1 | No = 2 | <input type="checkbox"/> |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |
| Yes = 1                                   | No = 2  | <input type="checkbox"/>  |   |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |         |        |                          |

| N°  | QUESTION WORDING   | ANSWERS/CODES   |                          |
|---|--|---|--------------------------|
| <b>INFORMAL SOURCES OF SOCIAL SUPPORT</b> |  |   |                          |
| 1305                                      | Presently, if your household had a problem and needed <i>money or food</i> urgently, would you be able to get it from relatives living in this community?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1306                                      | Presently, if your household had a problem and needed money for food urgently, would you be able to get it from relatives living elsewhere?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1307                                      | Presently, if your household had a problem and needed money for food urgently, would you be able to get it from people in your community who are not your relatives?                                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1308                                      | Presently, if your household had a problem and needed money for food urgently, would you be able to get it from people living someplace else who are not your relatives?                                   | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1309                                      | Compared to one year ago has your ability to get this type of assistance:  | 1. Increased<br>2. Stayed the same<br>3. Decreased<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1310                                      | Presently, if someone in your household fell ill or was injured, and you needed assistance to perform work in your household, would you be able to get it from people in your community or from relatives? | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1311                                      | Presently, if your household had a problem and needed assistance to perform work therein, would you be able to get it from relatives living elsewhere?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1312                                      | Presently, if your household had a problem and needed assistance to perform work therein, would you be able to get it from people in your community who are not your relatives?                            | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |

| N°  | QUESTION WORDING   | ANSWERS/CODES  |                          |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
|---|--|--|--------------------------|---------|--------|--------------------------|----------------------|---------|--------|--------------------------|---|---------|--------|--------------------------|--|---------|--------|--------------------------|---|---------|--------|--------------------------|----------------|---------|--------|--------------------------|-------------------------|---------|--------|--------------------------|--|
| <b>INFORMAL SOURCES OF SOCIAL SUPPORT</b>                             |  |  |                          |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1313  | Presently, if your household had a problem and needed assistance to perform work therein, would you be able to get it from people living elsewhere who are not your relatives? | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1314  | Compared to one year ago has the number of people you think you could ask for assistance to perform work in your household:  | 1. Increased<br>2. Stayed the same<br>3. Decreased<br>8. DK<br>9. Refused  | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1315a   | Has your household given assistance to relatives, neighbors or friends in the past 12 months?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <span style="font-size: 2em;">}</span> → Skip to Q1316         </div>   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1315b   | What types of assistance has your household given to relatives, neighbors or friends in the past 12 months? ( <b>Read list</b> )   | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. Zakat .....</td> <td style="width: 10%;">Yes = 1</td> <td style="width: 10%;">No = 2</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Remittances .....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Gifts/habbanaye (donation of cash/animals to people in need) .....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Loans (cash, labor, seeds, animals) .....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Restocking of poorer relatives .....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Sadaqa.....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>8. Other (specify).....</td> <td>Yes = 1</td> <td>No = 2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | 1. Zakat .....           | Yes = 1 | No = 2 | <input type="checkbox"/> | 2. Remittances ..... | Yes = 1 | No = 2 | <input type="checkbox"/> | 3. Gifts/habbanaye (donation of cash/animals to people in need) ..... | Yes = 1 | No = 2 | <input type="checkbox"/> | 4. Loans (cash, labor, seeds, animals) ..... | Yes = 1 | No = 2 | <input type="checkbox"/> | 5. Restocking of poorer relatives ..... | Yes = 1 | No = 2 | <input type="checkbox"/> | 6. Sadaqa..... | Yes = 1 | No = 2 | <input type="checkbox"/> | 8. Other (specify)..... | Yes = 1 | No = 2 | <input type="checkbox"/> |  |
| 1. Zakat .....  | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 2. Remittances .....  | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 3. Gifts/habbanaye (donation of cash/animals to people in need) ..... | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 4. Loans (cash, labor, seeds, animals) .....                          | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 5. Restocking of poorer relatives .....                               | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 6. Sadaqa.....  | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 8. Other (specify).....   | Yes = 1  | No = 2   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1316  | Presently, if a relative in this community had a problem and needed <i>money for food</i> urgently, would you be able to give money or food?                                   | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1317  | Presently, if a relative outside this community had a problem and needed <i>money for food</i> urgently, would you be able to give money or food?                              | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1318  | Presently, if someone who is not your relative, but lives in this community had a problem and needed <i>money for food</i> urgently, would you be able to give money or food?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |
| 1319  | Presently, if someone who is not your relative and lives someplace else had a problem and needed <i>money for food</i> urgently, would you be able to give money or food?      | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/> |         |        |                          |                      |         |        |                          |   |         |        |                          |  |         |        |                          |   |         |        |                          |                |         |        |                          |                         |         |        |                          |  |

| N°  | QUESTION WORDING  | ANSWERS/CODES   |                          |
|---|---|---|--------------------------|
| <b>INFORMAL SOURCES OF SOCIAL SUPPORT</b> |   |   |                          |
| 1320                                      | Compared to one year ago has your ability to give this type of assistance:  | 1. Increased<br>2. Stayed the same<br>3. Decreased<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1321                                      | Presently, if a relative who lives in this community had a problem and needed <i>help with his/her work</i> , would you be able to help him/her with it?                        | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1322                                      | Presently, if a relative who lives outside this community had a problem and needed <i>help with his/her work</i> , would you be able to help him/her with it?                   | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1323                                      | Presently, if a person who is not your relative but lives in this community had a problem and needed <i>help with his/her work</i> , would you be able to help him/her with it? | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1324                                      | Presently, if a person who is not your relative and lives someplace else had a problem and needed <i>help with his/her work</i> , would you be able to help him/her with it?    | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
| 1325                                      | Compared to one year ago has your ability to give this type of assistance:  | 1. Increased<br>2. Stayed the same<br>3. Decreased<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| <b>CAPACITY-BUILDING SUPPORT</b>          |   |   |                          |
| 1326                                      | In the last 12 months, have you or anyone in your household ever received any vocational (job) or skill training?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused                                    | <input type="checkbox"/> |
|   |   | <b>Skip to Q1328</b>  |                          |
| 1327                                      | Who provided the vocational skills training?  | 1. Government<br>2. NGOs<br>3. Private sector<br>8. DK<br>9. Refused      | <input type="checkbox"/> |

| N°                               | QUESTION WORDING  | ANSWERS/CODES   |                          |
|----------------------------------|---|---|--------------------------|
| <b>CAPACITY-BUILDING SUPPORT</b> |   |   |                          |
| 1328                             | In the last 12 months, have you or anyone in your household ever received any business development training?                        | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> → <b>Skip to Q1330</b> | <input type="checkbox"/> |
| 1329                             | Who provided the business development training?   | 1. Government<br>2. NGOs<br>3. Private sector<br>8. DK<br>9. Refused                      | <input type="checkbox"/> |
| 1330                             | In the last 12 months, have you or anyone in your household received any early warning training?                                    | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> → <b>Skip to Q1332</b> | <input type="checkbox"/> |
| 1331                             | Who provided the early warning training?  | 1. Government<br>2. NGOs<br>3. Private sector<br>8. DK<br>9. Refused                      | <input type="checkbox"/> |
| 1332                             | In the last 12 months, have you or anyone in your household received any natural resource management training?                      | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> → <b>Skip to Q1334</b> | <input type="checkbox"/> |
| 1333                             | Who provided the natural resource management training?  | 1. Government<br>2. NGOs<br>3. Private sector<br>8. DK<br>9. Refused                      | <input type="checkbox"/> |
| 1334                             | In the last 12 months, have you or anyone in your household received seed packets/starter packets from the government or NGOs?      | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> → <b>Skip to Q1336</b> | <input type="checkbox"/> |
| 1335                             | Who did you receive them from?  | 1. Government<br>2. NGOs<br>8. DK<br>9. Refused   | <input type="checkbox"/> |
| 1336                             | In the last 12 months, have you or anyone in your household received adult education (literacy or numeracy or financial education)? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> → <b>Skip to Q1338</b> | <input type="checkbox"/> |



| N°                               | QUESTION WORDING  | ANSWERS/CODES  |   |
|----------------------------------|---|--|---|
| <b>CAPACITY-BUILDING SUPPORT</b> |   |  |   |
| 1337                             | Who provided adult education (literacy, numeracy or financial education)?   | 1. Government<br>2. NGOs<br>3 Private sector<br>8. DK<br>9. Refused    | _ |
| 1338                             | In the last 12 months, have you or anyone in your household received training in how to use your cell phone to get market information such as prices? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><b>→ Skip to next module</b> | _ |
| 1339                             | Who did you receive training on how to use your cell phone to get market information like prices from?  | 1. Government<br>2. NGOs<br>3 Private sector<br>8. DK<br>9. Refused    | _ |

## MODULE 14. Aspirations and Confidence to Adapt

| N°   | QUESTION WORDING  | ANSWER/CODE  |  |
|------|---|--|--|
| 1401 | Please tell me which one of these views you most agree with.  | 1. "Each person is primarily responsible for his/her success or failure in life".<br>2. "One's success or failure in life is a matter of his/her destiny".<br>3. "One's success or failure in life is a combination of his/her own efforts and destiny"<br>8. DK<br>9. Refused | <input type="checkbox"/>   |
| 1402 | Please tell me which one of these views you most agree with.  | 1. "To be successful, above all one needs to work very hard".<br>2. "To be successful, above all one needs to be lucky".<br>3. "To be successful, above all one needs God".<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1403 | Are you willing to move somewhere else to improve your life?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1404 | Do you agree that one should always follow the advice of the elders?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1405 | Do you communicate regularly with at least one person outside the village?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1406 | During the past week, have you engaged in any economic activities with members of other groups of people outside your community? For example, farming, trading, employment, borrowing or lending money. | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1407 | How many times in the past month have you gotten together with people to have food or drinks, either in their home or in a public place?  | 88= DK; 99 = Refused   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 1408 | How many times in the past month have you attended a church/mosque or other religious service?  | 888= DK; 999 = Refused   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 1409 | In the last year, how many times have you stayed more than 2 days outside this village?   | 88= DK; 99 = Refused   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |
| 1410 | Do you think men and women should have equal access to social, economic and political opportunities?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |
| 1411 | Have you successfully engaged with a local authority body to effect a change in your village during the past year?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused   | <input type="checkbox"/>   |

**Below is a series of statements that you may agree or disagree with. Using the scales below indicate your agreement with each item.**

| N°   | QUESTION WORDING   | CODES/ANSWERS     |          |                   |                |       |                |    |         |
|------|--|-------------------|----------|-------------------|----------------|-------|----------------|----|---------|
|      |  | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree | DK | Refused |
| 1412 | I feel like what happens in my life is mostly determined by powerful people.   | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1413 | My experience in my life has been that what is going to happen will happen.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1414 | My life is mainly controlled by other powerful people.   | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1415 | It is not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune. | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1416 | I can mostly determine what will happen in my life.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1417 | When I get what I want, it is usually because I worked hard for it.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1418 | My life is determined by my own actions.   | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1419 | Most people are basically honest.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1420 | Most people can be trusted.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |
| 1421 | I trust my neighbors to look after my house if I am away.  | 1                 | 2        | 3                 | 4              | 5     | 6              | 8  | 9       |

## Baseline Survey: Gender Questionnaire

### MODULE I. Household Identification Cover Sheet

|                |             |               |                                |
|----------------|-------------|---------------|--------------------------------|
| DATE OF SURVEY | _ _ <br>Day | _ _ <br>Month | _2_ _ _0_ _ _1_ _ _5_ <br>Year |
|----------------|-------------|---------------|--------------------------------|

| 100: Country | 101: Region | 102: Province/District | 103: Commune | 104: Village |
|--------------|-------------|------------------------|--------------|--------------|
| _            | _ _         | _ _                    | _ _ _        | _ _ _        |

| GPS UNIT (UTM reading) |           |          |           | 109             | 110             |
|------------------------|-----------|----------|-----------|-----------------|-----------------|
| 105: Accuracy          | 106: ELEV | 107: Lat | 108: Long | Enumerator Code | Supervisor Code |
| _ _ _                  | _ _ _     | _ _ _    | _ _ _     | _ _             | _ _             |

| 111: Compound                              | 112: Household                              |
|--|---|
| Compound ID:  _ _ _ _                      | Household ID in Village:  _ _ _ _           |
| Full Name of Head of Compound:<br>_____    | Household ID in Sample:  _ _                |
| Phone Number of Head of Compound:<br>_____ | Full Name of Head of Household:<br>_____    |
|  | Phone Number of Head of Household:<br>_____ |

|   |  |
|---|--|
| <b>Answers to Modules G2 through G5 shall be provided by the household member identified in the household questionnaire</b> | <b>113: ID of household member identified in the household questionnaire</b><br> _ _ |
|---|--|

| 114                            |   |
|--------------------------------|---|
| Interview result (circle code) |   |
| Fully completed..... 1         | _ |
| Partially completed..... 2     |   |
| Refusal..... 3                 |   |
| Absent..... 4                  |   |
| Other..... 5                   |   |

|   |
|---|
| Interview status comments:<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|

|  |
|--|
| <b>Supervisor's clearance</b><br>"I certify that this questionnaire has been collected in accordance with the survey design and RISE survey guidance."<br>Supervisor's Name: _____<br>Date of Verification:  _ _ / _ _ / _ _ _ _ |
|--|

Confidential

## Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from SAREL, a USAID-funded project in partnership with the Governments of Niger and Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview on topics such as your dwelling characteristics, household expenditures and assets, household food consumption and nutrition of children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. These questions in total will take approximately one and half hours (1h30) to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have just said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the USAID/SAREL Project (**Stephen Reid**|Chief of Party, Sahel Resilience Learning (SAREL) Project/Tel.: 227-9663-0291|227-9025-7197/[sreid@sarelproject.com](mailto:sreid@sarelproject.com)). We will leave one copy of this form for you so that you will have record of this contact information and about the study.

|    | Name | Consent to participate in survey (Insert code) |                          | Signature or mark |
|----|------|--|--------------------------|-------------------|
|    |      | YES = 1  | NO = 2                   |                   |
| 1  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 2  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 3  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 4  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 5  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 6  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 7  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 8  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 9  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 10 |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |

## MODULE G2. Role in Decision Making on Production and Income-Generating Activities

| Activity Code | Activity Description   | QUESTION WORDING AND NUMBER  |  |   |   |
|---------------|--|--|--|---|---|
|               |  | Did your household conduct this activity (activity name) over the past 12 months?<br><br>Yes = 1<br>No = 2 | Did you (singular) participate in an [ACTIVITY] over the past 12 months (i.e., during [on/two] cropping season(s))?<br><br>Yes..... 1<br>No ..... 2 >> skip to next activity | What was your level of input in the decision making on [ACTIVITY]?<br><br>1. None;<br>2. Input in very few decisions;<br>3. Input in some decisions;<br>4. Input in most decisions;<br>5. Input in all decisions;<br>6. No decision | What was your level of input in the decision making on the use of revenue generated by [ACTIVITY]?<br><br>1. None;<br>2. Input in very few decisions;<br>3. Input in some decisions;<br>4. Input in most decisions;<br>5. Input in all decisions;<br>6. No decision |
|               |  | <b>G2.01a</b>  | <b>G2.01</b>   | <b>G2.02</b>  | <b>G2.03</b>  |
| <b>A</b>      | Food production: crops primarily grown for household consumption                         | _  | _  | _   | _   |
| <b>B</b>      | Cash crops: crops primarily grown for sale in markets                                    | _  | _  | _   | _   |
| <b>C</b>      | Livestock  | _  | _  | _   | _   |
| <b>D</b>      | Non-agricultural economic activities: small business, self-employment, purchase and sale | _  | _  | _   | _   |
| <b>E</b>      | Employment income/salary: work in kind or monetary in agriculture and other paid work    | _  | _  | _   | _   |
| <b>F</b>      | Fishing and fish pond  | _  | _  | _   | _   |

## MODULE G3. Access to Productive Capital

| N°       | Productive Capital  | QUESTION WORDING AND NUMBER  |  |  |  |  |   |   |
|----------|---|--|--|--|--|--|---|---|
|          |   | Is there anyone in your household who currently owns [item]?<br><br>Yes = 1<br>No = 2<br>DK = 8<br>Refused = 9 | How many [ITEM] does your household currently own? | 01. Myself<br>02. Partner/spouse<br>03. Myself and partner/spouse together<br>04. Another household member<br>05. Myself and (an)other household member(s)<br>06. Partner/spouse and (an)other household member(s) |  | 07. Someone (or group of people) from outside the household<br>08. Myself and another external person<br>09. Partner/spouse and another external person<br>10. Myself, partner/spouse and another external person<br>88. DK<br>99. Refused |   | Who contributes the most in decisions about a new purchase of [ITEM]? |
|          |   |  |  | According to you, who owns most of [ITEM]?   | Most of the time, who may decide to sell [ITEM], according to you? | Most of the time, who may decide to give [ITEM] away, according to you?  | Most of the time, who may decide to mortgage or lease [ITEM], according to you? |   |
| G301     | G302  | G303   | G304   | G305   | G306   | G307   |   |   |
| <b>A</b> | Farming land (smallholdings/lots)   | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>B</b> | Large scale livestock farming (cattle, herd)  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>C</b> | Small scale livestock farming (goat, pig, sheep)  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>D</b> | Chicken, duck, turkey, pigeon, other poultry  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>E</b> | Fish pond or fishing gear   | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>F</b> | Farming equipment (non-mechanized)  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>G</b> | Farming equipment (mechanized)  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>H</b> | Non-agricultural economic equipment   | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   |  |  |   |   |
| <b>I</b> | House (and other buildings)   | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>J</b> | Long-lasting large consumer goods (refrigerator, TV)  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>K</b> | Long-lasting large consumer goods (radio, pot, utensils)                                    | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>L</b> | Cellular phone  | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>M</b> | Other land not used for agricultural needs (smallholdings, residential and commercial land) | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| <b>N</b> | Means of transportation (bicycle, motorcycle, car, canoe)                                   | <input type="text"/>   | <input type="text"/>                               | <input type="text"/>   |  |  |   |   |

## MODULE G3. Access to Credit (continued)

| Credit Source Code | Names of Credit Source   | QUESTION WORDING AND NUMBER   |   |   |
|--------------------|--|---|---|---|
|                    |  | Did anyone in your household take out a loan or borrow cash/kind from [SOURCE] over the past 12 months?<br><br>1 = Yes, cash<br>2 = Yes, in kind<br>3 = Yes, cash and in kind<br>4 = No (if no, skip to next credit source)<br>8 = DK (if DK, skip to next credit source)<br>9 = Refused (if refused, skip to next credit source) | Who made the decision from [SOURCE]?<br><br>01. Myself<br>02. Partner/spouse<br>03. Myself and partner/spouse together<br>04. Another household member<br>05. Myself and other household member(s)<br>06. Partner/spouse and the other household members<br>07. Someone (or group of people) from outside the household<br>08. Myself and other external persons<br>09. Partner/spouse and other external persons<br>10. Myself, partner/spouse and another external person | Who makes the decision on what to do with the money/item borrowed from [SOURCE]?<br><br>01. Myself<br>02. Partner/spouse<br>03. Myself and partner/spouse together<br>04. Another household member<br>05. Myself and other household member(s)<br>06. Partner/spouse and the other household members<br>07. Someone (or group of people) from outside the household<br>08. Myself and other external persons<br>09. Partner/spouse and other external persons<br>10. Myself, partner/spouse and another external person |
|                    |  | G308  | G309  | G310  |
| A                  | Non-governmental organization (NGO)                                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| B                  | Informal lender  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| C                  | Formal lender (bank/financial institution)                             | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| D                  | Friends or relatives   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| E                  | Microfinance run by associations or VSLAs/SACCOs loan/swap transaction | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |



## MODULE G4. Decision Making

| N° | ASPECTS OF HOUSEHOLD LIFE   | QUESTION WORDING AND NUMBER  |  |
|----|---|--|--|
|    |   | When decisions are made on the following aspects of the household life, who makes the decision?  | To what extent do you think you can make your own decisions on these aspects of the household life if you want (wanted)? |
|    |   | 01. Husband<br>02. Myself<br>03. Husband and myself<br>04. Another household member<br>05. Jointly with another household member<br>06. Jointly with another person from outside the household<br>07. Another person from outside the household<br>08. No decision<br>09. Activity not carried out by the household<br>88. DK<br>99. Refused | 1. Not at all<br>2. Small extent<br>3. Medium extent<br>4. To a high extent  |
|    |   | G4.01  | G4.02  |
| A  | Obtaining inputs for agricultural production  | <input type="text"/>   | <input type="text"/>   |
| B  | Type of crops to be grown   | <input type="text"/>   | <input type="text"/>   |
| C  | Taking crops to the market (or not)   | <input type="text"/>   | <input type="text"/>   |
| D  | Livestock   | <input type="text"/>   | <input type="text"/>   |
| E  | Your (singular) own income or paid job  | <input type="text"/>   | <input type="text"/>   |
| F  | Major household expenses (such as a large household appliance like a refrigerator)      | <input type="text"/>   | <input type="text"/>   |
| G  | Minor household expenses (such as food for daily consumption and other household needs) | <input type="text"/>   | <input type="text"/>   |
| H  | Migration for paid labor  | <input type="text"/>   | <input type="text"/>   |

## MODULE G5. Use of Contraception

Now, I would like to talk about family planning with you; the various ways or methods a couple may use to delay or avoid pregnancy.

|  |   |
|--|---|
| <b>G5.01 Have you heard of methods a couple may use to delay or avoid pregnancy?</b><br>1 = yes<br>2 = no<br>8 = DK<br>9 = Refused | End of interview<br><input style="width: 40px; height: 20px;" type="checkbox"/> |
|--|---|

IF RESPONDENT HAS NEVER HEARD OF METHODS THAT A COUPLE MAY USE TO AVOID PREGNANCY, STOP THE INTERVIEW HERE

| N°    | QUESTIONS  | CLASSIFICATION OF CODES                          | Type  |
|-------|--|--|---|
| G5.02 | Are you and your husband/partner doing anything or are you currently using any method to delay or avoid pregnancy? | 1. Yes<br>2. No<br>3. N/A<br>8. DK<br>9. Refused | <input style="width: 40px; height: 20px;" type="checkbox"/> |

### Section 5: DECISION MAKING PROCESS

Now, I would like to discuss the way decisions are made in your household

| N° | QUESTIONS | CODING CLASSIFICATION |
|----|-----------|-----------------------|
|----|-----------|-----------------------|

|       |   |  |
|-------|---|--|
| G5.03 | In your opinion, who should decide the number of children a couple should have?<br><br>SEVERAL ANSWERS ARE POSSIBLE.  | 1. Husband/partner..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>2. Wife..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>3. Husband/partner and wife together ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>4. Husband/partner and wife and family members ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>5. Family elders..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>6. Service provider(s) ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>7. Other (specify) ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>8. DK ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>9. Refused..... <input style="width: 40px; height: 20px;" type="checkbox"/> |
| G5.04 | In your opinion, who should decide the birth control method a couple should use?<br><br>SEVERAL ANSWERS ARE POSSIBLE. | 1. Husband/partner..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>2. Wife..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>3. Husband/partner and wife together ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>4. Husband/partner and wife and family members ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>5. Family elders..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>6. Service provider(s) ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>7. Other (specify) ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>8. DK ..... <input style="width: 40px; height: 20px;" type="checkbox"/><br>9. Refused..... <input style="width: 40px; height: 20px;" type="checkbox"/> |

|       |  |  |   |
|-------|--|--|---|
| G5.05 | <b>SEE QUESTION #502: IF THE COUPLE CURRENTLY USE A BIRTH CONTROL METHOD</b><br><br>Who decided on the choice of the birth control method that you or your husband/partner is currently using? | 1. Husband/partner<br>2. Myself<br>3. Husband/partner and wife together<br>4. Husband/partner and wife and family members<br>5. Family elders<br>6. Service provider(s)<br>7. Other (specify)<br>8. DK<br>9. Refused | <input style="width: 40px; height: 20px;" type="checkbox"/> |
| G5.06 | <b>IF THE COUPLE CURRENTLY USE NO BIRTH CONTROL METHOD</b><br><br>Who decided not to use any birth control method?   | 1. Husband/partner<br>2. Myself<br>3. Husband/partner and wife together<br>4. Husband/partner and wife and family members<br>5. Family elders<br>6. Service provider(s)<br>7. Other (specify)<br>8. DK<br>9. Refused | <input style="width: 40px; height: 20px;" type="checkbox"/> |

## Baseline Survey: Household Food Consumption Survey and Child Anthropometry Questionnaire

### MODULE I. Household Identification Cover Sheet

|                |     |       |                         |
|----------------|-----|-------|-------------------------|
| DATE OF SURVEY | _ _ | _ _   | _2_ _ _0_ _ _1_ _ _5_ _ |
|                | Day | Month | Year                    |

| 100: Country | 101: Region | 102: Province/District | 103: Commune | 104: Village |
|--------------|-------------|------------------------|--------------|--------------|
| _            | _ _         | _ _                    | _ _ _        | _ _ _        |

| GPS UNIT (UTM reading) |           |          |           | 109             | 110             |
|------------------------|-----------|----------|-----------|-----------------|-----------------|
| 105: Accuracy          | 106: ELEV | 107: Lat | 108: Long | Enumerator Code | Supervisor Code |
| _ _ _                  | _ _ _     | _ _ _    | _ _ _     | _ _             | _ _             |

| 111: Compound                              | 112: Household                              |
|--|---|
| Compound ID:  _ _ _ _                      | Household ID in Village:  _ _ _ _           |
| Full Name of Head of Compound:<br>_____    | Household ID in Sample:  _ _                |
| Phone Number of Head of Compound:<br>_____ | Full Name of Head of Household:<br>_____    |
|  | Phone Number of Head of Household:<br>_____ |

| 113                            |   |
|--------------------------------|---|
| Interview result (circle code) |   |
| Fully completed ..... 1        | _ |
| Partially completed ..... 2    |   |
| Refusal ..... 3                |   |
| Absent ..... 4                 |   |
| Other ..... 5                  |   |

|                            |
|----------------------------|
| Interview status comments: |
| _____                      |
| _____                      |
| _____                      |
| _____                      |

|  |
|--|
| <b>Supervisor's clearance</b><br>"I certify that this questionnaire has been collected in accordance with the survey design and RISE survey guidance."<br><br>Supervisor's Name: _____<br><br>Date of Verification:  _ _ / _ _ / _ _ _ _ |
|--|

Confidential

## Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from SAREL, a USAID-funded project in partnership with the Governments of Niger and Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview on topics such as your dwelling characteristics, household expenditures and assets, household food consumption and nutrition of children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. These questions in total will take approximately one and half hours (1h30) to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have just said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the USAID/SAREL Project (**Stephen Reid**|Chief of Party, Sahel Resilience Learning (SAREL) Project/Tel.: 227-9663-0291|227-9025-7197/[sreid@sarelproject.com](mailto:sreid@sarelproject.com)). We will leave one copy of this form for you so that you will have record of this contact information and about the study.

|    | Name | Consent to participate in survey (Insert code) |                          | Signature or mark |
|----|------|--|--------------------------|-------------------|
|    |      | YES = 1  | NO = 2                   |                   |
| 1  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 2  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 3  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 4  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 5  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 6  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 7  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 8  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 9  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 10 |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |

## MODULE 8\_EI. Food Consumption Over Past 7 Days

Ask these questions about the consumption/expenditures of all household members. Ask whoever is most knowledgeable about the food the household members have eaten over the past 7 days, as well as any non-food items that household members have bought.

**Note:** Quantities are often reported in local units of measure. Any unit listed must be able to be converted to a standardized unit. This conversion will happen during data analysis. It should not be done in the field by the enumerator.

| INCLUDE FOOD EATEN BOTH COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS, BOTH INSIDE AND OUTSIDE THE HOME |  | Over the past one week (7 days), did you or others in your household eat any [food]?<br>Yes = 1<br>No = 2 | How much [food] in total did your household eat in the past week? | How much [food] came from purchases? | How much [food] did you spend on what was eaten last week?<br><br><i>If family ate part but not all of something they purchased, estimate only cost of what was consumed</i> | How much [food] came from own-production? | How much [food] came from gifts and other sources? |                      |                      |                      |                      |
|--|--|---|---|--------------------------------------|--|---|--|----------------------|----------------------|----------------------|----------------------|
| Code   |  | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity   | E1.05b<br>Unit       | E1.06a<br>Quantity   | E1.06b<br>Unit       |
| <b>Cereals, grains and cereal products (Category 1)</b>  |  |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 101  | Maize flour                                  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 102  | Wheat flour                                  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 103  | Cassava flour (attiéké, tapioca, gari, etc.) | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 104  | Beans four (cowpea flour)                    | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 105  | Maize  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 106  | Millet                                       | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 107  | Rice   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 108  | Sorghum                                      | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 109  | Fonio  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 110  | Other cereals                                | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 111  | Pasta (spaghetti, macaroni, pasta)           | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 112  | Bread (wheat, maize)                         | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 113  | Biscuits                                     | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 114  | Fritter, fried dough                         | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 115  | Flat cake, griddlecake (rice, corn, etc.)    | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 116  | Other pastries                               | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Units of measure code list

|          |              |            |           |                |           |                |                |                   |                      |                |               |           |
|----------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|
| 01 Grams | 02 Kilograms | 03 Quintal | 04 Stack  | 05 Tia         | 06 Basket | 07 « Tongolo » | 08 50 kg bag   | 09 100 kg bag     | 10 Pack              | 11 Plastic bag | 12 Bundles    | 13 Pieces |
| 14 Bars  | 15 Boxes     | 16 Leaves  | 17 Liters | 18 Centiliters | 19 Piles  | 20 Unit        | 21 « Yorouba » | 22 Big tomato tin | 23 Glass (22cl, tea) | 24 « Tine »    | 25 « Moudou » | 26 Other  |

| INCLUDE FOOD EATEN BOTH COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS, BOTH INSIDE AND OUTSIDE THE HOME |   | Over the past one week (7 days), did you or others in your household eat any [food]?<br>Yes = 1<br>No = 2 | How much [food] in total did your household eat in the past week? | How much [food] came from purchases? | How much [food] did you spend on what was eaten last week?<br><br><i>If family ate part but not all of something they purchased, estimate only cost of what was consumed</i> | How much [food] came from own-production? | How much [food] came from gifts and other sources? |                    |                |                    |                |
|--|---|---|---|--------------------------------------|--|---|--|--------------------|----------------|--------------------|----------------|
| Code   |   | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity | E1.05b<br>Unit | E1.06a<br>Quantity | E1.06b<br>Unit |
| <b>Meat, fish and eggs (Category 2)</b>  |   |   |   |                                      |  |   |  |                    |                |                    |                |
| 201  | Beef  |   |   |                                      |  |   |  |                    |                |                    |                |
| 202  | Goat  |   |   |                                      |  |   |  |                    |                |                    |                |
| 203  | Mutton  |   |   |                                      |  |   |  |                    |                |                    |                |
| 204  | Poultry/chicken                                   |   |   |                                      |  |   |  |                    |                |                    |                |
| 205  | Camel   |   |   |                                      |  |   |  |                    |                |                    |                |
| 206  | Pork  |   |   |                                      |  |   |  |                    |                |                    |                |
| 207  | Eggs  |   |   |                                      |  |   |  |                    |                |                    |                |
| 208  | Bush meat   |   |   |                                      |  |   |  |                    |                |                    |                |
| 209  | Other meat  |   |   |                                      |  |   |  |                    |                |                    |                |
| 210  | Fresh fish  |   |   |                                      |  |   |  |                    |                |                    |                |
| 211  | Smoked fish                                       |   |   |                                      |  |   |  |                    |                |                    |                |
| 212  | Dried fish  |   |   |                                      |  |   |  |                    |                |                    |                |
| 213  | Tinned fish                                       |   |   |                                      |  |   |  |                    |                |                    |                |
| 214  | Other (specify)                                   |   |   |                                      |  |   |  |                    |                |                    |                |
| <b>Fruit (Category 3)</b>  |   |   |   |                                      |  |   |  |                    |                |                    |                |
| 301  | Mango   |   |   |                                      |  |   |  |                    |                |                    |                |
| 302  | Pineapple   |   |   |                                      |  |   |  |                    |                |                    |                |
| 303  | Orange  |   |   |                                      |  |   |  |                    |                |                    |                |
| 304  | Other citrus fruits (tangerine, lemon grapefruit) |   |   |                                      |  |   |  |                    |                |                    |                |
| 305  | Banana  |   |   |                                      |  |   |  |                    |                |                    |                |
| 306  | Watermelon  |   |   |                                      |  |   |  |                    |                |                    |                |
| 307  | Dates   |   |   |                                      |  |   |  |                    |                |                    |                |
| 308  | Sugarcane   |   |   |                                      |  |   |  |                    |                |                    |                |
| 309  | Melon   |   |   |                                      |  |   |  |                    |                |                    |                |

| Units of measure code list |              |            |           |                |           |                |                |                   |                      |                |               |           |  |
|----------------------------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|--|
| 01 Grams                   | 02 Kilograms | 03 Quintal | 04 Stack  | 05 Tia         | 06 Basket | 07 « Tongolo » | 08 50 kg bag   | 09 100 kg bag     | 10 Pack              | 11 Plastic bag | 12 Bundles    | 13 Pieces |  |
| 14 Bars                    | 15 Boxes     | 16 Leaves  | 17 Liters | 18 Centiliters | 19 Piles  | 20 Unit        | 21 « Yorouba » | 22 Big tomato tin | 23 Glass (22cl, tea) | 24 « Tine »    | 25 « Moudou » | 26 Other  |  |

| INCLUDE FOOD EATEN BOTH COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS, BOTH INSIDE AND OUTSIDE THE HOME |                       | Over the past one week (7 days), did you or others in your household eat any [food]?<br>Yes = 1<br>No = 2 | How much [food] in total did your household eat in the past week? | How much [food] came from purchases? | How much [food] did you spend on what was eaten last week?<br><br><i>If family ate part but not all of something they purchased, estimate only cost of what was consumed</i> | How much [food] came from own-production? | How much [food] came from gifts and other sources? |                    |                |                    |                |
|--|-----------------------|---|---|--------------------------------------|--|---|--|--------------------|----------------|--------------------|----------------|
| Code   |                       | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity | E1.05b<br>Unit | E1.06a<br>Quantity | E1.06b<br>Unit |
| 310  | Palm-tree (fruit)     |   |   |                                      |  |   |  |                    |                |                    |                |
| 311  | Kola nut              |   |   |                                      |  |   |  |                    |                |                    |                |
| 312  | Cactus fruit          |   |   |                                      |  |   |  |                    |                |                    |                |
| 313  | Guava                 |   |   |                                      |  |   |  |                    |                |                    |                |
| 314  | Strawberry            |   |   |                                      |  |   |  |                    |                |                    |                |
| 315  | Other (specify)       |   |   |                                      |  |   |  |                    |                |                    |                |
| <b>Milk and dairy products (Category 4)</b>  |                       |   |   |                                      |  |   |  |                    |                |                    |                |
| 401  | Fresh milk            |   |   |                                      |  |   |  |                    |                |                    |                |
| 402  | Curdled milk          |   |   |                                      |  |   |  |                    |                |                    |                |
| 403  | Powder milk           |   |   |                                      |  |   |  |                    |                |                    |                |
| 404  | Cheese                |   |   |                                      |  |   |  |                    |                |                    |                |
| 405  | Butter                |   |   |                                      |  |   |  |                    |                |                    |                |
| 406  | Yogurt (Solani, etc.) |   |   |                                      |  |   |  |                    |                |                    |                |
| 407  | Other dairy products  |   |   |                                      |  |   |  |                    |                |                    |                |
| <b>Market garden produce (Category 5)</b>  |                       |   |   |                                      |  |   |  |                    |                |                    |                |
| 501  | Onion                 |   |   |                                      |  |   |  |                    |                |                    |                |
| 502  | Lettuce (salad)       |   |   |                                      |  |   |  |                    |                |                    |                |
| 503  | Cabbage               |   |   |                                      |  |   |  |                    |                |                    |                |
| 504  | Eggplant              |   |   |                                      |  |   |  |                    |                |                    |                |
| 505  | Carrot                |   |   |                                      |  |   |  |                    |                |                    |                |
| 506  | Green beans           |   |   |                                      |  |   |  |                    |                |                    |                |
| 507  | Cucumber              |   |   |                                      |  |   |  |                    |                |                    |                |
| 508  | Field peas            |   |   |                                      |  |   |  |                    |                |                    |                |
| 509  | Squash and zucchini   |   |   |                                      |  |   |  |                    |                |                    |                |
| 510  | Fresh tomato          |   |   |                                      |  |   |  |                    |                |                    |                |

| Units of measure code list |              |            |           |                |           |                |                |                   |                      |                |               |           |
|----------------------------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|
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|--|---|---|---|--------------------------------------|--|---|--|----------------------|----------------------|----------------------|----------------------|
| Code   |   | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity   | E1.05b<br>Unit       | E1.06a<br>Quantity   | E1.06b<br>Unit       |
| 511  | Dried tomato  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 512  | Dried okra  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 513  | Dried beans   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 514  | Vouandzou   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 515  | Other dried vegetables                                | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 516  | In-shell peanuts                                      | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 517  | Peanut kernel   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 518  | Kapok flower (« voaga »)                              | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 519  | Baobab leaves   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 520  | Moringa leaves  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 521  | Sorrel leaves   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 522  | Yodo (« foye gouto »)                                 | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 523  | Other vegetables or leaves                            | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 524  | Malahia (« Fakkou »)                                  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Sugar, honey, fats, and oil (Category 6)</b>  |   |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 601  | Sugar   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 602  | Honey   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 603  | Palm oil  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 604  | Shea butter   | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 605  | Peanut oil  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 606  | Other oils (soy, sesame, maize, etc. to be specified) | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 607  | Peanut paste  | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 608  | Other (specify)                                       | <input type="checkbox"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Units of measure code list |              |            |           |                |           |                |                |                   |                      |                |               |           |
|----------------------------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|
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|--|--|---|---|--------------------------------------|--|---|--|----------------------|----------------------|----------------------|----------------------|
| Code   |  | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity   | E1.05b<br>Unit       | E1.06a<br>Quantity   | E1.06b<br>Unit       |
| <b>Beverages and energizers</b>  |  |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 701  | Water  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 702  | Tea  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 703  | Coffee in pot or bag                         | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 704  | Chocolate                                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 705  | Soft drinks/sodas, carbonated drinks         | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 706  | Fruit juice                                  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 707  | Local beer (« dolo »)                        | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 708  | Locally brewed liquor                        | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 709  | Spirits (whiskey, gin, cognac)               | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 710  | Tobacco (chewing, or snuff, smoking)         | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 711  | Cigarette                                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 712  | Other tisanes and infusions                  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 713  | Other (specify)                              | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Spices and miscellaneous (Category 8)</b>   |  |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 801  | Salt   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 802  | Pepper                                       | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 803  | Hot pepper                                   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 804  | Maggi seasoning                              | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 805  | « Soumbala »                                 | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 806  | Tomato concentrate                           | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 807  | Peanut cake (« couracoura », « koulikouli ») | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 808  | Garlic                                       | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 809  | Ginger                                       | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 810  | Other spices (to be specified)               | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Units of measure code list |              |            |           |                |           |                |                |                   |                      |                |               |           |
|----------------------------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|
| 01 Grams                   | 02 Kilograms | 03 Quintal | 04 Stack  | 05 Tia         | 06 Basket | 07 « Tongolo » | 08 50 kg bag   | 09 100 kg bag     | 10 Pack              | 11 Plastic bag | 12 Bundles    | 13 Pieces |
| 14 Bars                    | 15 Boxes     | 16 Leaves  | 17 Liters | 18 Centiliters | 19 Piles  | 20 Unit        | 21 « Yorouba » | 22 Big tomato tin | 23 Glass (22cl, tea) | 24 « Tine »    | 25 « Moudou » | 26 Other  |

| INCLUDE FOOD EATEN BOTH COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS, BOTH INSIDE AND OUTSIDE THE HOME |   | Over the past one week (7 days), did you or others in your household eat any [food]?<br>Yes = 1<br>No = 2 | How much [food] in total did your household eat in the past week? | How much [food] came from purchases? | How much [food] did you spend on what was eaten last week?<br><br><i>If family ate part but not all of something they purchased, estimate only cost of what was consumed</i> | How much [food] came from own-production? | How much [food] came from gifts and other sources? |                      |                      |                      |                      |
|--|---|---|---|--------------------------------------|--|---|--|----------------------|----------------------|----------------------|----------------------|
| Code   |   | E1.01   | E1.02a<br>Quantity  | E1.02b<br>Unit                       | E1.03a<br>Quantity   | E1.03b<br>Unit                            | E1.04<br>(CFA F)                                   | E1.05a<br>Quantity   | E1.05b<br>Unit       | E1.06a<br>Quantity   | E1.06b<br>Unit       |
| <b>Tubers (Category 9)</b>   |   |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 901  | Cassava   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 902  | Yam   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 903  | Irish potato                                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 904  | Taro  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 905  | Sweet potato                                    | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 906  | Other tubers (to be specified)                  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                 | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Prepared dishes (Category 10)</b>   |   |   |   |                                      |  |   |  |                      |                      |                      |                      |
| 1001   | Millet ball and milk                            | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1002   | Millet ball without milk/milky porridge         | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1003   | Millet and green leaves dish (no meat, no fish) | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1004   | Sorghum and green leaves (no meat, no fish)     | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1005   | Maize and green leaves dish (no meat, no fish)  | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1006   | Other millet, sorghum or maize-based dishes     | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1007   | Boiled beans                                    | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1008   | Rice and cowpea                                 | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1009   | Rice and baobab leaves sauce                    | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1010   | Rice and tomato sauce                           | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1011   | Jollof rice and fish/chicken                    | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1012   | Rice and peanut sauce                           | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1013   | Pasta with no meat, no chicken, no fish         | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1014   | Hot coffee (bought from a seller)               | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |
| 1015   | Hot tea, coffee (bought from a seller)          | <input type="text"/>  |   |                                      |  |   | <input type="text"/>                               |                      |                      |                      |                      |

| Units of measure code list |              |            |           |                |           |                |                |                   |                      |                |               |           |
|----------------------------|--------------|------------|-----------|----------------|-----------|----------------|----------------|-------------------|----------------------|----------------|---------------|-----------|
| 01 Grams                   | 02 Kilograms | 03 Quintal | 04 Stack  | 05 Tia         | 06 Basket | 07 « Tongolo » | 08 50 kg bag   | 09 100 kg bag     | 10 Pack              | 11 Plastic bag | 12 Bundles    | 13 Pieces |
| 14 Bars                    | 15 Boxes     | 16 Leaves  | 17 Liters | 18 Centiliters | 19 Piles  | 20 Unit        | 21 « Yorouba » | 22 Big tomato tin | 23 Glass (22cl, tea) | 24 « Tine »    | 25 « Moudou » | 26 Other  |

## MODULE 15. Household Dietary Diversity

Ask these questions of whoever is most knowledgeable about the food consumption of household members. Read the list of foods. Choose “yes” if anyone in the household ate at least one of the food items under each category. Choose “no” if no one in the household ate the food.

Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day and at night. Please include all food eaten both at your home and away from home.

| N°   | QUESTION WORDING  | ANSWERS/CODES                          |                          |
|------|---|--|--------------------------|
| 1501 | Any bread, rice, pasta, fritters, biscuits, or other foods made from millet, sorghum, maize, rice, wheat?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1502 | Any food made from Irish potato, yam, sweet potato, cassava, taro and other tubers?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1503 | Any food made with vegetables such as onions, cabbage, green leafy vegetables, gathered wild green leaves, tomato, cucumber, mushroom, green pepper, beet root, garlic, or carrots? | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1504 | Any food or fruit juices made from fruits such as mango, banana, oranges, pineapple, papaya, guava, avocado, wild fruit, or apple?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1505 | Any food made from meat such as beef, lamb, goat, wild game, chicken, or other birds, other meats?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1506 | Any eggs?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1507 | Any fresh fish, smoked fish, fish soup/sauce or dried fish or shellfish?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1508 | Any foods made from beans (white, brown, horse), peas, lentils, chick peas, rapeseed, linseed, sesame, sunflower, vetch, soybean flour or nuts (groundnuts, groundnut flour)?       | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |

| N°   | QUESTION WORDING  | ANSWERS/CODES                          |                          |
|------|---|--|--------------------------|
| 1509 | Any cheese, yogurt, milk, powder milk, butter or other milk products?             | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1510 | Any foods made with oil, margarine, fat, or butter?                               | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1511 | Any sugar, sugar cane, tamarind or honey?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1512 | Any other foods, such as condiments, traditional beer, beer, wine, coffee or tea? | 1. Yes<br>2. No<br>8. DK<br>9. Refused | <input type="checkbox"/> |

## MODULE 16. Household Hunger

Ask these questions of whoever is most knowledgeable of household members.

| N°    | QUESTION WORDING   | CODES/ANSWERS  |                          |
|-------|--|--|--------------------------|
| 1601  | In the past four weeks, did you worry that your household would not have enough food?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1602</b>   | <input type="checkbox"/> |
| 1601a | In the past four weeks, how often did you worry that your household would not have enough food?  | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1602  | In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1603</b>   | <input type="checkbox"/> |
| 1602a | How often were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?  | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1603  | In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1604</b>   | <input type="checkbox"/> |
| 1603a | How often did you or any household member have to eat a limited variety of foods due to a lack of resources?   | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1604  | In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1605</b>   | <input type="checkbox"/> |
| 1604a | How often did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?               | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |

| N°    | QUESTION WORDING   | CODES/ANSWERS  |                          |
|-------|--|--|--------------------------|
| 1605  | In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1606</b>   | <input type="checkbox"/> |
| 1605a | How often did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?               | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1606  | In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?              | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1607</b>   | <input type="checkbox"/> |
| 1606a | How often did you or any other household member have to eat fewer meals in a day because there was not enough food?                            | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1607  | In the past four weeks, was there ever no food to eat (of any kind) in your household because of lack of resources to get food?                | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1608</b>   | <input type="checkbox"/> |
| 1607a | How often was there ever no food to eat (of any kind) in your household because of lack of resources to get food?                              | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1608  | In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?                         | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to Q1609</b>   | <input type="checkbox"/> |
| 1608a | How often did you or any household member go to sleep at night hungry because there was not enough food?                                       | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |
| 1609  | In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?    | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>→ <b>Skip to next module</b>   | <input type="checkbox"/> |
| 1609a | How often did you or any household member go a whole day and night without eating anything because there was not enough food?                  | 1. Rarely (once or twice in the past four weeks)<br>2. Sometimes (three to ten times in the past four weeks)<br>3. Often (more than ten times in the past four weeks)<br>8. DK<br>9. Refused | <input type="checkbox"/> |

## MODULE 17. Child Anthropometry

Ask these questions of the primary caregiver of each child aged 0–59 months in the household, as identified in Module 2. Check to see if each caregiver has given consent to be interviewed on the signature page of the informed consent form. If a caregiver has not yet given consent, return to Module 1a and gain caregiver consent before proceeding.

Fill in the information for q1701-q1703 for all of the children identified in q212 of Module 2.

| N°           | QUESTION WORDING   | CODES/ANSWERS                           |   |   |   |   |   |   |
|--------------|--|---|---|---|---|---|---|---|
|              |  | Child 1                                 | Child 2                                 | Child 3                                 | Child 4                                 | Child 5                                 | Child 6                                 | Child 7                                 |
| 1701         | Record caregiver's number from Module 2  | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    |
| 1702         | Record child's number from Module 2  | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    |
| 1703         | Record child's first name  | .....                                   | .....                                   | .....                                   | .....                                   | .....                                   | .....                                   | .....                                   |
| 1704         | What is child's sex?   | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> | 1 Boy<br>2 Girl<br><input type="text"/> |
| AGE OF CHILD |  |   |   |   |   |   |   |   |
| 1705         | When was [child's name] born (dd/mm/yy)?<br><b>If the respondent does not know the exact birth date ask:</b><br>Does [child's name] have a health/vaccination card with the birth date recorded?<br><b>If the health/vaccination card is shown and the respondent confirms the information is correct, record the date of birth as documented on the card.</b><br><b>If the day is unknown, put 88 in the space</b><br><b>If the month is unknown, put 88 in the space</b> | <input type="text"/><br>Day             | <input type="text"/><br>Day             | <input type="text"/><br>Day             | <input type="text"/><br>Day             | <input type="text"/><br>Day             | <input type="text"/><br>Day             | <input type="text"/><br>Day             |
|              |  | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           |
|              |  | <input type="text"/><br>Year            | <input type="text"/><br>Year            | <input type="text"/><br>Year            | <input type="text"/><br>Year            | <input type="text"/><br>Year            | <input type="text"/><br>Year            | <input type="text"/><br>Year            |
| 1706         | How old was [child's name] at [his/her] last birthday?<br><b>Record age in completed years.</b>  | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    | <input type="text"/>                    |
| 1707         | How many months old is [child's name]?<br><b>Record age in completed months.</b>   | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           | <input type="text"/><br>Month           |

| N°                     | QUESTION WORDING   | CODES/ANSWERS        |                      |                      |                      |                      |                      |                      |
|------------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                        |  | Child 1              | Child 2              | Child 3              | Child 4              | Child 5              | Child 6              | Child 7              |
| 1708                   | Check 1707. Is the child under 60 months [age months]?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No → Skip to next child or end module   | _                    | _                    | _                    | _                    | _                    | _                    | _                    |
| 1709                   | Is the child available to be weighed and measured?<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. Yes (DISABLED)<br><input type="checkbox"/> 3. NO (ABSENT)<br><input type="checkbox"/> 4. NO (SICK) → Skip to next child or end module | _                    | _                    | _                    | _                    | _                    | _                    | _                    |
| <b>WEIGHT OF CHILD</b> |  |                      |                      |                      |                      |                      |                      |                      |
| 1710                   | Does child have edema? (observe if child shows signs of swelling of the feet)<br><input type="checkbox"/> 1. Yes<br><input type="checkbox"/> 2. No   | _                    | _                    | _                    | _                    | _                    | _                    | _                    |
| 1711                   | Weigh the child<br>(Weight in kilograms)   | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg | _ _ _ _ _ _ _ <br>Kg |
| <b>HEIGHT OF CHILD</b> |  |                      |                      |                      |                      |                      |                      |                      |
| 1712                   | Measure the child<br>(Height in centimeters)<br><i>Children under 24 months should be measured lying down; Children 24 months or older should be measured standing up.</i>   | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm | _ _ _ _ _ _ _ <br>cm |



# MODULE 17a. Child Nutritional Status and Feeding Practices

## Exclusive Breastfeeding and Minimum Acceptable Diet (MAD)

| N°    | QUESTION WORDING   | CODES/ANSWERS  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
|       |  | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  | Child 7  |
| 17b01 | Is (child's name) under 24 months?<br><br>Check 1707. Is the child under 24 months [age months]?   | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  | 1. Yes<br>2. No<br><br>If "no" skip to next<br><br><input type="checkbox"/>                  |
| 17b02 | Has (child's name) already been breastfed?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b04<br><br><input type="checkbox"/> |
| 17b03 | Has (child's name) been breastfed during the day or at night?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b05<br><br><input type="checkbox"/> |
| 17b04 | Sometimes babies are breastfed in different ways, for example with a spoon, a cup or a bottle. This can occur when the mother cannot always be with the baby. Sometimes babies are breastfed by another woman or from breast milk donated by another woman with a spoon, cup, bottle or another way. This can happen if a mother cannot breastfeed her baby.<br><br>Has (child's name) got breast milk using one of these methods during the day or night yesterday? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       |
| 17b05 | Now I would like to ask you about certain drugs and vitamins which are sometimes given to infants.<br>Has (child's name) received vitamin drops or other drugs as drops yesterday during the day or evening?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/>                       |

| N°   | QUESTION WORDING  | CODES/ANSWERS  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
|  |   | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  | Child 7  |
| 17b06  | Has (child's name) received oral rehydration solution during the day or night yesterday?                          | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       |
| <b>Now, I would like to ask you about some liquids (child's name) may have taken yesterday during the day or night yesterday.<br/>Do you know if (child's name) had:</b> |   |  |  |  |  |  |  |  |
| 17b07  | Ordinary water (without bubbles or carbonation) for example, from a well, spring, or tap?                         | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       |
| 17b08  | Infant preparations such as France lait, Nativa, other dairy products such as Nestlé for children?                | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b10<br><br> _ |
| 17b09  | How many times in the day and in the night has (child's name) consumed a preparation of infant formula yesterday? | _ _  | _ _  | _ _  | _ _  | _ _  | _ _  | _ _  |
| 17b10  | Has (child's name) drunk canned, powdered or fresh milk?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b12<br><br> _ |
| 17b11  | How many times in the day and in the night has (child's name) drunk that milk yesterday?                          | _ _  | _ _  | _ _  | _ _  | _ _  | _ _  | _ _  |
| 17b12  | Has (child's name) drunk juice or beverages?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       |
| 17b13  | Clear broth   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br> _                       |

| N°  | QUESTION WORDING   | CODES/ANSWERS  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   |  | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  | Child 7  |
| 17b14   | Yogurt   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br>↓<br>Skip to 17b16<br><input type="checkbox"/> |
| 17b15   | How many times in the day or in the night has (child's name) eaten yogurt yesterday?   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>               |
| 17b16   | Has (child's name) eaten porridge such as cowpea puree, porridge, enriched porridge (« koko ») Misola, CSB, etc.?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |
| 17b17   | Other liquids such as tea, decoction, sugar water, « rouboutou » (Coranic verses written on a slate and washed to give children)?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |
| 17b18   | Other liquids?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |
| <b>Yesterday during the day and in the night, has (child's name) drunk/eaten (food under the group)</b><br><b>CIRCLE (1) IF RESPONDENT SAYS « YES », (2) IF RESPONDENT SAYS « NO », (8) IF S/HE DOES NOT KNOW AND (9) IF S/HE REFUSES</b> |  |  |  |  |  |  |  |  |
| 17b19   | Cereal-based foods such as bread, biscuit, cake, fritters, couscous, rice, pasta, porridge, cereal or other foods made from corn, rice, fonio, wheat (« bulgur », « doumé »), sorghum, and millet? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |
| 17b20   | Carrots, squash, monkey bread, « gonda » (papaya) whose inside color is yellowish or orange-yellow?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |
| 17b21   | Potatoes, yams, cassava, taro, any food made of roots or tubers?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/>                       |

| N°    | QUESTION WORDING  | CODES/ANSWERS  |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|--|
|       |   | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  | Child 7  |
| 17b22 | Spinach, lettuce, sorrel, « molohiya » (« fakkou »), baobab leaf (« kouka »), « yodo », okra leaf, Moringa, « tchapatta », other local dark green leafy vegetables? | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b23 | Ripe mangoes, ripe papayas, guava, melon?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b24 | Other fruits or vegetables such as cabbage, cauliflower, watermelon, squash/zucchini, onion, tomato, eggplant (« yalo »), green beans?                              | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b25 | Liver, kidney, heart, or other offals?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b26 | Any meat such as beef, pork, sheep, goat, chicken, duck?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b27 | Eggs?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b28 | Fresh or dried fish, shellfish, seafood?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |
| 17b29 | Any food made from beans, peas, lentils or beans, « vouandzou »/cowpea (« dan-wari »), néré/« soubala »?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><br><input type="checkbox"/> |

| N°    | QUESTION WORDING  | CODES/ANSWERS  |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|--|
|       |   | Child 1  | Child 2  | Child 3  | Child 4  | Child 5  | Child 6  | Child 7  |
| 17b30 | Cheese, yogurt or other dairy products?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b31 | Any oil, grease, or butter or any food based on any of these products?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b32 | Any sugary food such as chocolates, candies, sweets, pastries, cakes, cookies?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b33 | Any seasoning for flavor, such as pepper, spices, herbs or fish powder?   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b34 | Any larvae, snails, insects?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b35 | Any foods made of red palm oil, red palm nut or red palm nut pulp sauce?  | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b36 | Has [child's name] eaten any solid, semi-solid or soft food during the day or in the night yesterday?                                   | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> | 1. Yes<br>2. No<br>8. DK<br>9. Refused<br><input type="checkbox"/> |
| 17b37 | How many times has [child's name] eaten any solid, semi-solid or soft food other than liquids during the day or in the night yesterday? | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

**\*\*THANK YOU\*\***

After the interview thank the respondent for giving you his/her time and for the co-operation in providing the information. Inform them that you may possibly be returning to collect more information or seek any necessary clarification on the information provided at later date. At this point invite the respondent to ask you any questions that he/she might have. Answer where you can. If you do not know the answer(s), tell the respondent that his/her questions will be forwarded to a relevant person who can respond.

## Baseline Survey: Village Questionnaire

### MODULE I. Village Identification Cover Sheet

|                |             |               |                                |
|----------------|-------------|---------------|--------------------------------|
| DATE OF SURVEY | _ _ <br>Day | _ _ <br>Month | _2_ _ _0_ _ _1_ _ _5_ <br>Year |
|----------------|-------------|---------------|--------------------------------|

| 100: Country | 101: Region   | 102: Province/District | 103: Commune    | 104: Village    |
|--------------|---------------|------------------------|-----------------|-----------------|
| .....<br> _  | .....<br> _ _ | .....<br> _ _          | .....<br> _ _ _ | .....<br> _ _ _ |

| GPS UNIT (UTM reading) |           |          |           | 109             | 110             |
|------------------------|-----------|----------|-----------|-----------------|-----------------|
| 105: Accuracy          | 106: ELEV | 107: Lat | 108: Long | Enumerator Code | Supervisor Code |
| .....                  | .....     | .....    | .....     | _ _             | _ _             |

At least three respondents must be included.

| <u>Respondents' Full Name</u> | <u>Telephone Number</u> |
|-------------------------------|-------------------------|
| 1.                            |                         |
| 2.                            |                         |
| 3.                            |                         |
| 4.                            |                         |
| 5.                            |                         |
| 6.                            |                         |

Confidential

## Informed Consent Signature Page

Thank you for the opportunity to speak with you. We are from SAREL, a USAID-funded project in partnership with the Governments of Niger and Burkina Faso. We are conducting a survey to learn about agriculture, food security, food consumption, nutrition and wellbeing of households in this area. Your community has been selected to participate in an interview on topics such as the types of services available here, the community organizations, and the stressors that have affected you. These questions in total will take approximately one hour to complete and your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or to skip any questions you do not want to answer. Your answers will be completely confidential; we will not share information that identifies you with anyone.

Do you have any questions about the survey or what I have just said? If in the future you have any questions regarding the survey and the interview, or concerns or complaints we welcome you to contact the USAID/SAREL Project (**Stephen Reid**|Chief of Party, Sahel Resilience Learning (SAREL) Project/Tel.: 227-9663-0291|227-9025-7197/[sreid@sarelproject.com](mailto:sreid@sarelproject.com)). We will leave one copy of this form for you so that you will have record of this contact information and about the study.

|    | Name | Consent to participate in survey (Insert code) |                          | Signature or mark |
|----|------|--|--------------------------|-------------------|
|    |      | YES = 1  | NO = 2                   |                   |
| 1  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 2  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 3  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 4  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 5  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 6  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 7  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 8  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 9  |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 10 |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |
| 11 |      | <input type="checkbox"/>                       | <input type="checkbox"/> |                   |



## MODULE 2. Village Characteristics

| N°  | QUESTION WORDING  | CODES/ANSWERS   |  |
|-----|---|---|--|
| 201 | What is the total population of this village?   | _ _ _ _ _ _ _   |  |
| 202 | In the last five years, has the population of this village stayed the same, increased or decreased?   | 1. Stayed the same<br>2. Increased<br>3. Decreased  |  |
| 203 | What are the three largest ethnic groups in this village? (specify)   | <b>Burkina Faso<br/>Ethnic Groups</b>   | <b>Niger Ethnic<br/>Groups</b>   |
|     |   | 11. Mossi<br>12. Fulfuldé/Peul<br>13. Gourmantché<br>14. Songhaï/Sonraï<br>15. Touareg<br>16. Bella | 21. Haoussa<br>22. Djerma<br>23. Sonraï<br>24. Peul<br>25. Gourmantché<br>26. Touareg<br>27. Bella |
| 204 | How far is this village from the nearest town? (kms)<br><i>Town: e.g. presence of important educational centers like schools, integrated health centers or hospitals, banks, business services, major markets, input supplies facilities, other facilities...</i> | _ _ _ _   |  |
| 205 | How far is this village from the zonal capital? (kms)   | _ _ _ _   |  |
| 206 | For how many years has this village existed?  | 1. More than 20 years<br>2. Between 10 and 20 years<br>3. Less than 10 years<br>8. DK               |  |
| 207 | In addition to the rainy season campaign does your village have a second cropping season?   | 1. Yes<br>2. No   |  |
| 208 | Does this village have corridors and communal grazing areas?  | 1. Yes<br>2. No ( <b>Skip to q211</b> )   |  |
| 209 | If yes, is there a group in the village that decides who can use these grazing areas and when they can use them?  | 1. Yes<br>2. No   |  |
| 210 | In the last year, has there ever been a problem of too many animals on the communal grazing land?   | 1. Yes<br>2. No   |  |

| N°  | QUESTION WORDING   | CODES/ANSWERS                                 |    |
|-----|--|---|----|
| 211 | Does this community have a communal water source for livestock?  | 1. Yes<br>2. No ( <b>Skip to q214</b> )       | __ |
| 212 | What is this communal water source?  | 1. River<br>2. Pond<br>3. Borehole<br>4. Well | __ |
| 213 | In the last year, has there ever been a time when there was not enough water for all the animals?  | 1. Yes<br>2. No                               | __ |
| 214 | Do people in this community get their firewood from communal land?   | 1. Yes<br>2. No ( <b>Skip to q217</b> )       | __ |
| 215 | If yes, is there a group in the community that decides who can gather the wood and how much?   | 1. Yes<br>2. No                               | __ |
| 216 | In the last year, has there ever been a problem of not enough firewood on the communal land?   | 1. Yes<br>2. No                               | __ |
| 217 | Is there a water users' group that manages the water used for irrigation in this community?<br>(Enter N/A if the village does not practice irrigation) | 1. Yes<br>2. No<br>3. N/A                     | __ |

## MODULE 3. Community Infrastructure and Services

| N°           | QUESTION WORDING   | CODES/ANSWERS  |  |
|--------------|--|--|--|
| <b>WATER</b> |  |  |  |
| <b>301</b>   | Does this village have access to piped water?                          | 1. Yes<br>2. No <b>(Skip to q304)</b>  | _  |
| <b>302</b>   | If yes, is the water in public standpipes or piped into houses?        | 1. Public standpipes<br>2. Piped into houses<br>3. Public standpipes and piped into houses   | _  |
| <b>303</b>   | What share of the households in the village has access to piped water? | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few  | _  |
| <b>304</b>   | What are the main sources of drinking water supply in the dry season?  | 01. Tube wells<br>02. Public standpipes<br>03. Protected hand-dug wells<br>04. Protected springs<br>05. Rainwater collection<br>06. Ponds and rivers<br>07. Unprotected springs/wells<br>08. Truck/vendor<br>09. Borehole<br>10. Piped into houses<br>11. Other (specify)_____ | 1 <sup>st</sup>  _ _ _ <br><br>2 <sup>rd</sup>  _ _ _ <br><br>3 <sup>rd</sup>  _ _ _ |
| <b>305</b>   | What are the main sources of drinking water supply in the wet season?  | 01. Tube wells<br>02. Public standpipes<br>03. Protected hand-dug wells<br>04. Protected springs<br>05. Rainwater collection<br>06. Ponds and rivers<br>07. Unprotected springs/wells<br>08. Truck/vendor<br>09. Borehole<br>10. Piped into houses<br>11. Other (specify)_____ | 1 <sup>st</sup>  _ _ _ <br><br>2 <sup>rd</sup>  _ _ _ <br><br>3 <sup>rd</sup>  _ _ _ |

| N°                              | QUESTION WORDING   | CODES/ANSWERS   |                          |
|---------------------------------|--|---|--------------------------|
| <b>ELECTRICITY</b>              |  |   |                          |
| 306                             | Do any of the households in the village have electricity?                                    | 1. Yes<br>2. No ( <b>Skip to q309</b> )   | <input type="checkbox"/> |
| 307                             | What share of households in the village has electricity?                                     | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few | <input type="checkbox"/> |
| 308                             | What is the main source of electricity?  | 1. Public utility<br>2. Generator<br>3. Other (specify) _____   | <input type="checkbox"/> |
| <b>TELEPHONE SERVICE</b>        |  |   |                          |
| 309                             | Does this village have cell phone service?   | 1. Yes<br>2. No ( <b>Skip to q311</b> )   | <input type="checkbox"/> |
| 310                             | What share of households in this village has cell phones?                                    | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few | <input type="checkbox"/> |
| 311                             | Does this village have public telephones?  | 1. Yes ( <b>Skip to q317</b> )<br>2. No ( <b>Skip to q312</b> )   | <input type="checkbox"/> |
| 312                             | How far from the village is the nearest public telephone? (kms)                              |   | <input type="text"/>     |
| <b>ROADS AND TRANSPORTATION</b> |  |   |                          |
| 313                             | What are the main routes used to reach this village?<br>(multiple responses possible)        | 1. Paved road .....   | <input type="checkbox"/> |
|                                 |  | 2. Dirt road .....  | <input type="checkbox"/> |
|                                 |  | 3. Mixed paved and dirt.....  | <input type="checkbox"/> |
|                                 |  | 4. Footpath.....  | <input type="checkbox"/> |
|                                 |  | 5. Trail.....   | <input type="checkbox"/> |
|                                 |  | 6. Other (specify) .....  | <input type="checkbox"/> |
| 314                             | Are there times of the year when people cannot travel because of poor road/trail conditions? | 1. Yes<br>2. No   | <input type="checkbox"/> |
| 315                             | Is this village served by a public transport system?   | 1. Yes ( <b>Skip to q317</b> )<br>2. No   | <input type="checkbox"/> |
| 316                             | How far from the village is the nearest public transport? (kms)                              |   | <input type="text"/>     |

| N°                              | QUESTION WORDING   | CODES/ANSWERS  |                          |
|---------------------------------|--|--|--------------------------|
| <b>ROADS AND TRANSPORTATION</b> |  |  |                          |
| 317                             | What is the share of households in this village that uses public transportation?                     | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few            | <input type="checkbox"/> |
| <b>INFRASTRUCTURE</b>           |  |  |                          |
| 317a                            | How far from the village is there a passable road that leads to the municipal capital?               | 1. Village ( <b>Skip to 317c</b> )<br>2. Less than 1 km<br>3. 1 to 2 km<br>4. 3 to 5 km<br>5. More than 5 km                                       | <input type="checkbox"/> |
| 317b                            | Are there times of the year when people cannot access this road?                                     | 1. Yes<br>2. No  | <input type="checkbox"/> |
| 317c                            | How far from the village is there a passable road that leads to the departmental/provincial capital? | 1. Village ( <b>Skip to 317e</b> )<br>2. Less than 1 km<br>3. 1 to 2 km<br>4. 3 to 5 km<br>5. More than 5 km                                       | <input type="checkbox"/> |
| 317d                            | Are there times of the year when people cannot access this road?                                     | 1. Yes<br>2. No  | <input type="checkbox"/> |
| 317e                            | How far from the village is there a passable road that leads to the regional capital?                | 1. Village ( <b>Skip to 318</b> )<br>2. Less than 1 km<br>3. 1 to 2 km<br>4. 3 to 5 km<br>5. More than 5 km  | <input type="checkbox"/> |
| 317f                            | Are there times of the year when people cannot access this road?                                     | 1. Yes<br>2. No  | <input type="checkbox"/> |
| <b>HOUSING</b>                  |  |  |                          |
| 318                             | What share of households in the village has tin (corrugated sheet metal) roofs?                      | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few<br>6. None | <input type="checkbox"/> |

| N°             | QUESTION WORDING   | CODES/ANSWERS  |                          |
|----------------|--|--|--------------------------|
| <b>HOUSING</b> |  |  |                          |
| 319a           | What share of households in the village has adobe (laterite mud) housing?                      | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few<br>6. None | <input type="checkbox"/> |
| 319b           | What share of households in the village has semi-solid (cement and adobe) housing?             | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few<br>6. None | <input type="checkbox"/> |
| 319c           | What share of households in the village has solid material housing (hard)?                     | 1. All households<br>2. Most of the households<br>3. About half of the households<br>4. Less than half of the households<br>5. Very few<br>6. None | <input type="checkbox"/> |
| <b>SCHOOLS</b> |  |  |                          |
| 320            | Is there a primary school in this village?   | 1. Yes ( <b>Skip to q322</b> )<br>2. No ( <b>Skip to q321</b> )  | <input type="checkbox"/> |
| 321            | How far from the village is the nearest primary school? (kms)                                  |  | <input type="text"/>     |
| 322            | What share of eligible school-age children attends primary school?                             | 1. All<br>2. Most<br>3. About half<br>4. Less than half<br>5. Very few<br>6. None  | <input type="checkbox"/> |
| 323            | Are there enough teachers for the primary school that the children in this village attend?     | 1. Yes<br>2. No  | <input type="checkbox"/> |
| 324            | What is the physical condition of the primary school that the children in this village attend? | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor   | <input type="checkbox"/> |
| 325            | Is there a secondary school in this village?   | 1. Yes ( <b>Skip to q327</b> )<br>2. No ( <b>Skip to q326</b> )  | <input type="checkbox"/> |

| N°                     | QUESTION WORDING   | CODES/ANSWERS  |         |        |   |
|------------------------|--|--|---------|--------|---|
| <b>SCHOOLS</b>         |  |  |         |        |   |
| 326                    | How far from the village is the nearest secondary school? (kms)  |  |         | □□□□   |   |
| 327                    | What share of eligible school-age children attends secondary school?   | 1. All<br>2. Most<br>3. About half<br>4. Less than half<br>5. Very few |         | □      |   |
| 328                    | Are there enough teachers for the secondary school that the children in this community attend??  | 1. Yes<br>2. No  |         | □      |   |
| 329                    | What is the physical condition of the secondary school that the children attend?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor                     |         | □      |   |
| <b>HEALTH SERVICES</b> |  |  |         |        |   |
| 330                    | Is there a health center in this village?  | 1. Yes <b>(skip to q332)</b><br>2. No <b>(Skip to q331)</b>            |         | □      |   |
| 331                    | How far is this village from the nearest health center? (kms)  |  |         | □□□□   |   |
| 332                    | What is the physical condition of the nearest health center to this village?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor                     |         | □      |   |
| 333                    | In the last year was there a time when people in the village needed health services but could not get them from the health center?                                 | 1. Yes<br>2. No <b>(Skip to q335)</b>                                  |         | □      |   |
| 334                    | If yes, why were the village members not able to get health services from the health center?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b> | 01. No beds, health center was full.....                               | Yes = 1 | No = 2 | □ |
|                        |  | 02. No staff in the health center .....                                | Yes = 1 | No = 2 | □ |
|                        |  | 03. Health center was destroyed/burnt .....                            | Yes = 1 | No = 2 | □ |
|                        |  | 04. Security problem.....  | Yes = 1 | No = 2 | □ |
|                        |  | 05. No transportation.....   | Yes = 1 | No = 2 | □ |
|                        |  | 06. No road or poor road condition .....                               | Yes = 1 | No = 2 | □ |
|                        |  | 07. No drugs at the health center .....                                | Yes = 1 | No = 2 | □ |
|                        |  | 08. No money for services .....  | Yes = 1 | No = 2 | □ |
|                        |  | 09. Quality of the health service is very poor .....                   | Yes = 1 | No = 2 | □ |
|                        |  | 10. Other (specify)_____   | Yes = 1 | No = 2 | □ |

| N°  | QUESTION WORDING   | CODES/ANSWERS   |         |        |                          |
|---|--|---|---------|--------|--------------------------|
| <b>VETERINARY AND VALUE-ADDED ANIMAL SERVICES</b> |  |   |         |        |                          |
| 335   | Is there a facility for veterinary services in this village?   | 1. Yes ( <b>Skip to q337</b> )<br>2. No ( <b>Skip to q336</b> ) |         |        | <input type="checkbox"/> |
| 336   | If not, what distance separates the village from the facility for veterinary services? (kms)   |   |         |        | <input type="text"/>     |
| 337   | What is the physical condition of the nearest veterinary center to this village?   | 1. Very good<br>2. Good<br>3. Poor<br>4. Very poor              |         |        | <input type="checkbox"/> |
| 338   | In the last year was there a time when people in the village needed veterinary services but could not get them from the veterinary center?                   | 1. Yes<br>2. No ( <b>Skip to q340</b> )                         |         |        | <input type="checkbox"/> |
| 339   | If yes, why were the village members not able to get veterinary services from the veterinary center?<br>(multiple responses possible)<br><br>List modalities | 1. No staff in the veterinary center .....                      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 2. Veterinary center too busy.....                              | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 3. Security problem.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 4. No transportation .....                                      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 5. No road or poor road condition.....                          | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 6. No equipment/drugs at the veterinary center.....             | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 7. No money for services.....                                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 8. Quality of the services is poor.....                         | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 9. Other (specify).....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 340   | Which services are provided by the veterinary center?<br>(multiple responses possible)<br><br>List modalities  | 1. Livestock vaccinations.....                                  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 2. Livestock antibiotics.....                                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 3. De-worming.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 4. Dipping inoculation.....                                     | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 5. Other treatment for diseases.....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 6. Supplemental feeding (commercial feeding) .....              | Yes = 1 | No = 2 | <input type="checkbox"/> |
|   |  | 7. Other (specify).....   | Yes = 1 | No = 2 | <input type="checkbox"/> |



| N°                                     | QUESTION WORDING  | CODES/ANSWERS  |         |        |                          |
|--|---|--|---------|--------|--------------------------|
| <b>AGRICULTURAL EXTENSION SERVICES</b> |   |  |         |        |                          |
| 341                                    | Are there agricultural extension services offered in this village?  | 1. Yes<br>2. No ( <b>Skip to q343</b> )                        |         |        | <input type="checkbox"/> |
| 342                                    | If yes, what agricultural extension services are provided?<br>(multiple responses possible)<br><br>List modalities                            | 1. Seed supply.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 2. Fertilizer supply .....                                     | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 3. Training .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 4. Climate-adapted technologies (e.g., drought-tolerant seeds) | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 5. Other (specify)_____  | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 343                                    | In the last year was there a time when people in the village needed these services but could not get them?                                    | 1. Yes<br>2. No ( <b>Skip to q345</b> )                        |         |        | <input type="checkbox"/> |
| 344                                    | Is yes, why were the village members not able to get agricultural extension services?<br>(multiple responses possible)<br><br>List modalities | 01. Extension service center was closed .....                  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 02. There was no extension worker.....                         | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 03. Security problem.....                                      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 04. Extension workers were not cordial.....                    | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 05. The extension center was too far away .....                | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 06. There was no transportation .....                          | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 07. No road or poor road condition .....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 08. No money for services.....                                 | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 09. Quality of the services is poor .....                      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 10. Other (specify)_____                                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
| <b>MARKETS</b>                         |   |  |         |        |                          |
| 345                                    | How far away is the nearest livestock market from this village? (kms)   |  |         |        | <input type="text"/>     |
| 346                                    | In the last year was there a time when people in this village needed to buy or sell livestock in the market but could not?                    | 1. Yes<br>2. No ( <b>Skip to q348</b> )                        |         |        | <input type="checkbox"/> |
| 347                                    | If yes, why were the village members not able to buy or sell livestock in the market?<br>(multiple responses possible)<br><br>List modalities | 1. Market closed .....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 2. No road or poor road condition.....                         | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 3. No transportation .....                                     | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 4. Could not pay for transportation.....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 5. Security problem.....                                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|  |   | 6. Other (specify)_____  | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 348                                    | Is there an emergency plan for livestock offtake if a drought hits?   | 1. Yes<br>2. No  |         |        | <input type="checkbox"/> |
| 349                                    | How far away is the nearest market for selling agricultural products from this village? (kms)   |  |         |        | <input type="text"/>     |

| N°              | QUESTION WORDING   | CODES/ANSWERS   |         |        |                          |
|-----------------|--|---|---------|--------|--------------------------|
| <b>MARKETS</b>  |  |   |         |        |                          |
| 350             | In the last year was there a time when people in this village needed to sell agricultural products in the market but could not?                                    | 1. Yes<br>2. No <b>(Skip to q352)</b>   |         |        | <input type="checkbox"/> |
| 351             | If yes, why were people in the village not able to sell agricultural products in the market?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b> | 1. Market closed .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 2. No road or poor road condition.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 3. No transportation .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 4. Could not pay for transportation.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 5. Security problem.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 6. Other (specify).....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 352             | How far away is the nearest market for purchasing agricultural inputs from this village? (kms)   |   |         |        | <input type="text"/>     |
| 353             | In the last year was there a time when people in this village needed to buy agricultural inputs in the market but could not?                                       | 1. Yes<br>2. No <b>(Skip to q355)</b>   |         |        | <input type="checkbox"/> |
| 354             | If yes, why were people in the village not able to buy agricultural inputs in the market?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b>    | 1. Market closed .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 2. No road or poor road condition.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 3. No transportation .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 4. Could not pay for transportation.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 5. Security problem.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 6. Other (specify).....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| <b>SECURITY</b> |  |   |         |        |                          |
| 355             | Does this village have a security or police force?   | 1. Yes<br>2. No <b>(Skip to q357)</b>   |         |        | <input type="checkbox"/> |
| 356             | If yes, who provides the security/police force?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b>  | 1. Local government.....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 2. National government.....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 3. Community members.....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                 |  | 4. Other (specify) .....  | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 357             | How long does it take for security/police force to reach this village?   | 1. Over one hour<br>2. About one hour<br>3. Half an hour<br>4. Minutes<br>5. The code for security force in the village is ' 00 ' |         |        | <input type="text"/>     |

| N°                                 | QUESTION WORDING  | CODES/ANSWERS                             |         |        |                          |
|------------------------------------|---|---|---------|--------|--------------------------|
| <b>SAVINGS/CREDIT</b>              |   |   |         |        |                          |
| 358                                | Are there people or institutions in this village where people can save money?   | 1. Yes<br>2. No ( <b>Skip to q360</b> )   |         |        | <input type="checkbox"/> |
| 359                                | If yes, which persons or institutions provide these services?<br>(multiple responses possible)<br><br>List modalities | 1. Banks .....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Community group/Association/Group..... | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Friends/relatives.....                 | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Shops/merchants.....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 6. Microfinance institution (MFI) .....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 7. Other (specify).....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 360                                | Are there people or institutions in this village from which people can borrow money?                                  | 1. Yes<br>2. No ( <b>Skip to q362</b> )   |         |        | <input type="checkbox"/> |
| 361                                | If yes, which persons or institutions provide these services?<br>(multiple responses possible)<br><br>List modalities | 1. Banks .....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Community group/Association/Group..... | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Friends/relatives.....                 | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Shops/merchants.....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 6. Microfinance institution (MFI) .....   | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 7. Other (specify).....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| <b>OTHER PROGRAMS AND SERVICES</b> |   |   |         |        |                          |
| 362                                | Are there institutions in this village where people can receive adult education or training?                          | 1. Yes<br>2. No ( <b>Skip to q364</b> )   |         |        | <input type="checkbox"/> |
| 363                                | If yes, who provides these services?<br>(multiple responses possible)<br><br>List modalities                          | 1. Government.....                        | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Religious organization .....           | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Community group/Association/Group..... | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Other (specify).....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 364                                | Are there institutions in this village where people can receive food assistance?                                      | 1. Yes<br>2. No ( <b>Skip to q366</b> )   |         |        | <input type="checkbox"/> |
| 365                                | If yes, who provides these services?<br>(multiple responses possible)<br><br>List modalities                          | 1. Government.....                        | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                       | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Religious organization .....           | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Community group/Association/Group..... | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Other (specify).....                   | Yes = 1 | No = 2 | <input type="checkbox"/> |

| N°                                 | QUESTION WORDING  | CODES/ANSWERS                                  |         |        |                          |
|------------------------------------|---|--|---------|--------|--------------------------|
| <b>OTHER PROGRAMS AND SERVICES</b> |   |  |         |        |                          |
| 366                                | Are there institutions in this village where people can receive housing materials and other non-food items assistance?  | 1. Yes<br>2. No ( <b>Skip to q368</b> )        |         |        | <input type="checkbox"/> |
| 367                                | If yes, who provides these services?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b>              | 1. Government.....                             | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Religious organization .....                | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Community group/Association/Group.....      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Other (specify).....                        | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 368                                | Are there people/institutions in this village from which people can receive assistance in the case of livestock losses? | 1. Yes<br>2. No ( <b>Skip to q370</b> )        |         |        | <input type="checkbox"/> |
| 369                                | If yes, who provides these services?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b>              | 1. Government .....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Religious organization .....                | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Community group/Association/Group.....      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Other (specify).....                        | Yes = 1 | No = 2 | <input type="checkbox"/> |
| 370                                | Are there people/institutions in this village from which people can receive assistance due to losses of crops?          | 1. Yes<br>2. No ( <b>Skip to next module</b> ) |         |        | <input type="checkbox"/> |
| 371                                | If yes, who provides these services?<br><b>(multiple responses possible)</b><br><br><b>List modalities</b>              | 1. Government .....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 2. NGO/Project.....                            | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 3. Religious organization .....                | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 4. Community group/Association/Group.....      | Yes = 1 | No = 2 | <input type="checkbox"/> |
|                                    |   | 5. Other (specify).....                        | Yes = 1 | No = 2 | <input type="checkbox"/> |

## MODULE 4. Community Organizations

|  | QUESTION WORDING AND NUMBER   |   |   |
|--|---|---|---|
|  | 401   | 402   | 403   |
| <b>TYPES OF COMMUNITY ORGANIZATION</b>             | What are the community organization groups active in this village?<br><br><i>Circle the codes of the following community organization groups that are active in this village?</i> | Who participates in this group?<br><br>1 = Men<br>2 = Women<br>3 = Both | Which age group participates in this group?<br><br>1 = Youth<br>2 = Adults<br>3 = Older persons<br>4 = Everyone |
| <b>List of the types of community organization</b> | <b>Code</b>   |   |   |
| Water users' group                                 | 01  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Grazing land users' group                          | 02  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Disaster planning group (SCAP RU in Niger)         | 03  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Credit or micro-finance group                      | 04  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Mutual help group (including burial companies)     | 05  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Trade or business associations                     | 06  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Civic group (improving community)                  | 07  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Charitable group (helping others)                  | 08  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Religious group                                    | 09  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Political group                                    | 10  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Women's group                                      | 11  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Youth group  | 12  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Other (specify)                                    | 13  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Other (specify)                                    | 14  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Other (specify)                                    | 15  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Health group                                       | 16  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Students' group                                    | 17  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Community/police Monitoring Group                  | 18  | <input type="checkbox"/>  | <input type="checkbox"/>  |

## MODULE 5. Government and NGO Programs

| N°         | QUESTION WORDING  | CODES/ANSWERS                                  |                          |
|------------|---|--|--------------------------|
| <b>501</b> | Were there any government programs implemented in this village in the last 5 years? | 1. Yes<br>2. No ( <b>Skip to q503</b> )        | <input type="checkbox"/> |
| <b>502</b> | If yes, what kinds of government programs are there?<br><b>(List all programs)</b>  | 1. Livestock .....                             | <input type="checkbox"/> |
|            |   | 2. Agriculture .....                           | <input type="checkbox"/> |
|            |   | 3. Water .....                                 | <input type="checkbox"/> |
|            |   | 4. Health .....                                | <input type="checkbox"/> |
|            |   | 5. Disaster planning .....                     | <input type="checkbox"/> |
|            |   | 6. Disaster response.....                      | <input type="checkbox"/> |
|            |   | 7. Other (specify) .....                       | <input type="checkbox"/> |
|            |   | 8. Other (specify) .....                       | <input type="checkbox"/> |
|            |   | 9. Other (specify) .....                       | <input type="checkbox"/> |
| <b>503</b> | Were there any NGO programs implemented in this village in the last 5 years?        | 1. Yes<br>2. No ( <b>Skip to next module</b> ) | <input type="checkbox"/> |
| <b>504</b> | If yes, what kinds of NGO programs are there?<br><b>(List all programs)</b>         | 1. Livestock .....                             | <input type="checkbox"/> |
|            |   | 2. Agriculture .....                           | <input type="checkbox"/> |
|            |   | 3. Water .....                                 | <input type="checkbox"/> |
|            |   | 4. Health .....                                | <input type="checkbox"/> |
|            |   | 5. Disaster planning .....                     | <input type="checkbox"/> |
|            |   | 6. Disaster response.....                      | <input type="checkbox"/> |
|            |   | 7. Other (specify) .....                       | <input type="checkbox"/> |
|            |   | 8. Other (specify) .....                       | <input type="checkbox"/> |
|            |   | 9. Other (specify) .....                       | <input type="checkbox"/> |

## MODULE 6. Shocks

| TYPES OF SHOCKS  | QUESTION NUMBERS AND ANSWER CODES   |   |   |   |   |   |
|--|---|---|---|---|---|---|
|  | 601   | 602   | 603   | 604   | 605   | 606   |
| <b>SHOCK LIST</b>  | Over the past five years, what shock(s) has this village experienced?<br><br><i>Circle the shock(s) experienced by this village over the past 5 years</i> | Date (mo/year)<br><br><b>If the month is unknown, enter the year when the shock was experienced</b> | Date (mo/year)<br><br><b>If the month is unknown, enter the year when the shock was experienced</b> | Date (mo/year)<br><br><b>If the month is unknown, enter the year when the shock was experienced</b> | Date (mo/year)<br><br><b>If the month is unknown, enter the year when the shock was experienced</b> | Date (mo/year)<br><br><b>If the month is unknown, enter the year when the shock was experienced</b> |
| <b>Climatic shocks</b>   | <b>Code</b>   |   |   |   |   |   |
| Excessive rains/floods   | 01  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Too little rain/drought  | 02  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Massive insect invasion  | 03  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Epizootic  | 04  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Bush fires   | 05  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Erosion  | 06  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| <b>Conflict shocks</b>   |   |   |   |   |   |   |
| Land conflicts   | 07  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Conflicts between farmers and breeders                             | 08  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Conflict/violence involving entire communities/villages            | 09  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Theft of assets/holdups (animals, crops, etc.)                     | 10  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| <b>Economic shocks</b>   |   |   |   |   |   |   |
| Sharp food price increase  | 11  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Unavailability of agricultural or livestock inputs                 | 12  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Drop in agricultural or livestock product demand                   | 13  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| High increase in price of agricultural or livestock inputs         | 14  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Drop in price of agricultural or livestock products                | 15  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Job loss by household member                                       | 16  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Abrupt end of support/regular support from outside the household   | 17  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |
| Sudden increase in household size (including birth: triplets etc.) | 18  | __/__/____  | __/__/____  | __/__/____  | __/__/____  | __/__/____  |

## MODULE 6b. Management of Climate Shocks

| N°    | QUESTION WORDING  | CODES/ANSWERS  |  |
|-------|---|--|--|
| 601b  | Over the last 5 to 10 years have you noticed a significant change in climate in this village?                         | 1 = Yes<br>2 = No >> <b>Skip to next module</b>  | _  |
| 602b  | If yes, list the two main effects of climate change that have had the most impact on villagers' welfare?              | 1 = Irregular rains;<br>2 = Poor rainfall distribution in time and space;<br>3 = Drought;<br>4 = Floods;<br>5 = Poor groundwater recharge;<br>6 = Loss of vegetation cover;<br>7 = Disappearance of certain wild animal species;<br>8 = Other (specify)  | 1 <sup>st</sup>  _ _ _ <br><br>2 <sup>nd</sup>  _ _ _                                |
| 603b  | List the three main new practices or techniques adopted in this village to address the impact of climate change       | 01 = Improved seed;<br>02 = Irrigation (off-season crops);<br>03 = Mineral fertilizer;<br>04 = Organic fertilizer;<br>05 = Zai;<br>06 = Half-moon;<br>07 = Bunds;<br>08 = Trenches;<br>09 = Benches (contour earth bunds);<br>10 = Tree planting;<br>11 = Mulching;<br>12 = Composting;<br>13 = Fallow;<br>14 = Cultivation techniques (seeding rate, crop rotation...);<br>15 = Plant treatment;<br>16 = Breed improvement;<br>17 = Feed improvement;<br>18 = De-worming;<br>19 = Immunization;<br>20 = Feed treatment/conservation;<br>21 = Fish farming techniques;<br>22 = Other (specify) | 1 <sup>st</sup>  _ _ _ <br><br>2 <sup>nd</sup>  _ _ _ <br><br>3 <sup>rd</sup>  _ _ _ |
| 604b1 | What is the level of implementation of the first new practice or technique to adapt to climate change by inhabitants? | 1. Very high<br>2. Average<br>3. Low<br>4. No implementation<br>5. Other (specify) _____   | _  |



| N°    | QUESTION WORDING   | CODES/ANSWERS   |   |
|-------|--|---|---|
| 604b2 | What is the level of implementation of the second new practice or technique to adapt to climate change by inhabitants?         | 1. Very high<br>2. Average<br>3. Low<br>4. No implementation<br>5. Other (specify)_____ | _ |
| 604b3 | What is the level of implementation of the third new practice or technique to adapt to climate change by inhabitants?          | 1. Very high<br>2. Average<br>3. Low<br>4. No implementation<br>5. Other (specify)_____ | _ |
| 605b  | What is the level of effectiveness of adaptation to the impact of climate change in this village?                              | 1. Very effective<br>2. Average<br>3. Low<br>4. Not effective at all                    | _ |
| 606b  | In your village, are there resource people trained in techniques to cope with climate change who disseminate those techniques? | 1. Yes<br>2. No   | _ |

## MODULE 7. Land Management

| N°  | TYPES OF LAND TENURE   | What are the types of land tenure that exist in your village?<br>1 = Yes                      2 = No   |                          |
|-----|--|--|--------------------------|
| 701 | Customary – privately held   | <input type="checkbox"/>   |                          |
| 702 | Customary land – communally held   | <input type="checkbox"/>   |                          |
| 703 | Leasehold  | <input type="checkbox"/>   |                          |
| 704 | Freehold   | <input type="checkbox"/>   |                          |
| 705 | Public land  | <input type="checkbox"/>   |                          |
| 706 | Other (specify)  | <input type="checkbox"/>   |                          |
| 707 | What is the main mode of acquisition of a farm in your village today?<br><b>Enter the answer</b>               | 1. Cash purchase.....<br>2. Allocation by the community/local authorities Inheritance .....<br>3. Obtained for free/gift.....<br>4. Possession taken (after deforestation) .....<br>5. Other (specify) ..... | <input type="checkbox"/> |
| 708 | What is the second most common mode of acquisition of a farm in your village today?<br><b>Enter the answer</b> | 1. Cash purchase.....<br>2. Allocation by the community/local authorities Inheritance .....<br>3. Obtained for free/gift.....<br>4. Possession taken (after deforestation) .....<br>5. Other (specify) ..... | <input type="checkbox"/> |

## MODULE 8. Governance

| N°  | QUESTION WORDING   | CODES/ANSWERS  |                          |
|-----|--|--|--------------------------|
| 801 | What type of community governance do you have in your village?   | 1. Traditional<br>2. Formal government representative<br>3. Both       | <input type="checkbox"/> |
| 802 | Has your village defined clear and widely accepted rules to ensure good management of natural resources?   | 1. Yes<br>2. No  | <input type="checkbox"/> |
| 803 | Do you have a natural resources management-related conflict resolution committee in your village?  | 1. Yes<br>2. No ( <b>Skip to q805</b> )                                | <input type="checkbox"/> |
| 804 | Is the conflict resolution committee successful in finding appropriate and sustainable solutions to conflicts that arise?  | 1. All<br>2. Most<br>3. About half<br>4. Less than half<br>5. Very few | <input type="checkbox"/> |
| 805 | Does your village take regular initiatives to engage with commune (municipal) and state authorities to increase the quality of public infrastructure and services (health, agriculture, education, roads, etc.)? | 1. Often<br>2. Periodically<br>3. Very rarely<br>4. Never              | <input type="checkbox"/> |
| 806 | Does your commune (municipality) have a commune (municipal) development plan?  | 1. Yes<br>2. No<br>3. DK   | <input type="checkbox"/> |
| 807 | Does your village chief share commune (municipal) development plan implementation-related information with the public?   | 1. Often<br>2. At least once a year<br>3. Never<br>4. DK               | <input type="checkbox"/> |

**\*\*THANK YOU\*\***

After the interview thank the respondents for giving you their time and for the co-operation in providing the information. Inform them that you may possibly be returning to collect more information or seek any necessary clarification on the information provided at later date. At this point invite the respondents to ask you any questions that they might have. Answer where you can. If you do not know the answer(s), tell them that their questions will be forwarded to a relevant person who can respond.