

REFANI STUDY – QUESTIONNAIRES

HOUSEHOLD QUESTIONNAIRE

(COMPLETE ONE QUESTIONNAIRE PER PARENT (father or mother) OF **[NAME(S)]** IN HH)

NOTE: CODE NAMES IN [] ARE STATA CODES – IN BOLD THEY ARE THE NAMES OF COMPOSITE VARIABLES

IDENTIFYING INFORMATION (for enumerators)

Round : [][]	[MONTH]	Team number:	[][]
UC NAME: _____		UC number:	[][]
Village NAME: _____		Village Number:	[][]
Head of HH name: _____		HH number:	[][]

1. How many **years** has this family lived in this village? [] [HHYLIV]

2. How many people are there in this household? A household is described as all family members who ‘usually live and eat here’. Only include current members and not visitors or family members living elsewhere

[][] [HHSIZE]

3. How many children between the ages 6-48 months are there in this household? [][] [CNUM]

This question is for enumerators to check that they collect data on the correct amount of children

4. HH contact details (number and address):

Interviewed by:

Who is answering the questions? **CODE BOX #1**[][] [WHOANS]

Supervisor Name: _____ Supervisor Signature: _____

DATE _____/_____/_____ DD/MM/YYYY

SECTION 1: HOUSEHOLD DEMOGRAPHY

RECORD INFORMATION FOR **EACH** FAMILY MEMBER. FIRST THE FATHER OF THE CHILD FOLLOWED BY PRIMARY CARER AND THEN THE SELECTED CHILD THEN THE OTHER FAMILY MEMBERS IN ORDER OF AGE - **ONLY INCLUDE PEOPLE WHO ARE CURRENT HH MEMBERS – NOT VISITORS OR FAMILY MEMBERS LIVING AWAY PERMANENTLY. ALSO** RECORD DETAILS FOR ANYONE WHO DIED IN THE HOUSEHOLD IN THE LAST 3 MONTHS – CHECK THIS WITH THE QUESTIONS ABOVE ON NUMBER OF FAMILY MEMBERS

QUESTIONS MARKED * ARE BASELINE ONLY

1	A*	B*	C*	D*	E*	F*	G	
	Family relation to [NAME] CODE BOX #1 [HHPOS]	Age - <i>at last birthday</i> (years) [HHAGE] [MATAGE]	Sex (M/F) [HHSEX]	Highest schooling level <i>00=None</i> <i>01= Primary</i> <i>02=Secondary</i> <i>03= Informal</i> [HHSCH] [MOTH_ED] [FATH_ED]	Read &/or write in Sindhi? <i>00=No</i> <i>01= Read only</i> <i>02= Write only</i> <i>03=Both</i> [SINDHI]	Do any of the people listed have a permanent health problem that stops performance of normal daily activities? <i>00=No</i> <i>01= yes</i> [HHDIS]	Died (in past 3 months) <i>00= No</i> <i>01= Yes</i> [DIED]	CODE BOX #1
1.1	[][]	[][]	[]	[][]	[][]	[][]	[][]	01 = Father
1.2	[][]	[][]	[]	[][]	[][]	[][]	[][]	02 = Mother
1.3	[][]	[][]	[]	[][]	[][]	[][]	[][]	03 = INDEX CHILD 6-48 months
1.4	[][]	[][]	[]	[][]	[][]	[][]	[][]	04= Child < 6 months
1.5	[][]	[][]	[]	[][]	[][]	[][]	[][]	05 = Child > 5 years
1.6	[][]	[][]	[]	[][]	[][]	[][]	[][]	06 = Grandfather (father's side)
1.7	[][]	[][]	[]	[][]	[][]	[][]	[][]	07 = Grandmother (father's side)
1.8	[][]	[][]	[]	[][]	[][]	[][]	[][]	08 = Other relative adults >18 years
1.9	[][]	[][]	[]	[][]	[][]	[][]	[][]	09 = Other relative children < 18 years
1.10	[][]	[][]	[]	[][]	[][]	[][]	[][]	10 = Non-relative

2*	Who is the full time carer of [NAME]? CODE BOX #1	[][]	[CAR]
3*	Religion of Head of Household 01= Muslim 02=Hindu 03=Christian 05=Other	[][]	[HHREL]
4*	Ethnicity of Head of Household 01= Sindhi 02=Muhajir 03= Punjabi 04= Pathan 05=Baloch 06=Other	[][]	[HHETH]

SECTION 2: FACILITIES AND INFRASTRUCTURE

5*	How long does it take to get there? MINUTES	[] minutes	[HEALTHMIN]
6*	How far away is it? Kilometers 01 = <1km, 02 = 1-5km, 03 = 5+km	[][] Km	[HDIST]

7*	What is the <u>main</u> source of <u>drinking water</u> for the members of this HH that they have used in the last thirty days? Only one answer CODE BOX #2	[][]	[WATER]
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CODE BOX #2			
01=Standpipe	04=Unprotected dug well	08=Bottled	
02=Hand pump	05=Rain water		
03=Protected dug well	06=River/stream		

8*	How long does it take to collect water from water point (one way)? MINUTES	[] minutes	[TIMWAT]
9*	How do you treat water before drinking it? 00=Don't treat 01=Boil 02=Chlorine(Phitki) 03= Fabric 04=leave to sediment	[]	[TREWAT]
10*	Do you store water? 01=Yes 00=No If no skip>>14	[][]	[STORWAT]
11*	How many days do you store water before it is consumed? In days	[][]	[STORTIM]
12*	May I see the containers please? If no skip>>14		
13*	OBSERVE THE WATER STORAGE CONTAINERS/ CHECK AND SEE IF THEY ARE NARROW NECKED OR COVERED 01=All containers narrow necked or covered 02=Some are narrow necked or covered 03=None are narrow necked or covered	[][]	[CONTWAT]
14*	What is the MAIN kind of toilet facility used by this household? Only one answer CODE BOX #3 THIS VARIABLE IS USED TO CREATE WEALTH INDEX	Male(s) [][] Female(s) [][]	[MTOILET] [FTOILET]

CODE BOX #3			
01=Flush toilet/septic tank	03=Pit latrine (public)		
02=Pit latrine (household)	04=Bush/ditch		

15	Do you have soap in this household? (Ask to see the soap) 00=No 01=Yes, soap 02=Yes, sand 03=Yes, soap or sand	[][]	[SOAP]
16	Have you used soap today or yesterday? 00=No 01=Yes	[][]	[SOAPY]
17	OBSERVATION ONLY: Is there a handwashing device e.g. tap, basin, bucket, sink etc in the compound? 00=No 01=Yes	[][]	[HYGIEN_SC] [HYGIEN_CAT]
18	OBSERVATION ONLY: Is the inside of the house swept and clean? 00=Not swept 01=Well swept 02=Partially swept	[][]	
19	OBSERVATION ONLY: Are there any animal or human faeces around the front of the house (within 3 meters of the front door or within the HH compound)? 00=No 01=Yes	[][]	

SECTION 3: WEALTH & EMPLOYMENT

20	On the whole, are you with the life that you lead? 00 = Not at all satisfied ; 01 = slightly satisfied; 03 = moderately satisfied; 04 = Very satisfied; 05 = Extremely satisfied	[][]	[PPOV]
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21	Items	a. How many of these items do you currently own		b. How many assets you sell in the past month? 00=none		c. How many did you buy in the past month? 00=none	
21.1	Livestock	[][]	[ASSET1]	[][]	[ASSETSOLD]	[][]	[ASSETBUY]
21.2	Milking Animals	[][]	[ASSET2]				
21.3	Poultry	[][]	[ASSET3]				
21.4	Land owned (acres)	[][]	[ASSET4]				
21.5	Land cultivated (acres)	[][]	[ASSET5]				
21.6	Tubewell	[][]	[ASSET6]				
21.7	Buffalo	[][]	[ASSET7]				
21.8	Cow	[][]	[ASSET8]				
21.9	Shoats	[][]	[ASSET9]				
21.10	Donkey	[][]	[ASSET10]				
21.11	Camel	[][]	[ASSET11]				
21.12	Donky Carts	[][]	[ASSET12]				
21.13	Plough	[][]	[ASSET13]				
21.14	Radio	[][]	[ASSET14]				
21.15	Iron (electric)	[][]	[ASSET15]				
21.16	Fans (electric)	[][]	[ASSET16]				
21.17	Sewing machine	[][]	[ASSET17]				
21.18	Video or cassette player	[][]	[ASSET18]				
21.19	Chair table	[][]	[ASSET18]				
21.20	Watches, clock	[][]	[ASSET20]				
21.21	TV	[][]	[ASSET21]				

21.22	VCR, VCP, VCD	[][]	[ASSET22]			
21.23	Refrigerator	[][]	[ASSET23]			
21.24	Air cooler	[][]	[ASSET24]			
21.25	AC	[][]	[ASSET25]			
21.26	Computer laptop	[][]	[ASSET26]			
21.27	Bicycle	[][]	[ASSET27]			
21.28	Motor cycle	[][]	[ASSET28]			
21.29	Car, truck	[][]	[ASSET23]			
21.30	Tractor	[][]	[ASSET24]			
21.31	Mobile phone	[][]	[ASSET25]			
21.32	Cooking stove	[][]	[ASSET26]			
21.33	Cooking range	[][]	[ASSET27]			
21.34	Stove/burner	[][]	[ASSET28]			
21.35	Washing machine	[][]	[ASSET28]			

22	How many people are in any kind of wage (including in-kind payments) employment in the household? <i>NUMBER</i>	[][]	[HHEMPLNUM]
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	A	B	C
23	What is the primary source of income for the family during the past month ? <i>See CODE BOX #4</i> <i>If answer is 00 >> Q30</i> [HHINCS1]	What is the secondary source of income for the family during the past month ? <i>See CODE BOX #4</i> [HHINCS2]	Average Income received last 30 days (local currency) [HHINCOME]
	[][]	[]	[][]

CODE BOX #4	
00 = No source at all	07=Cash for Work/training
01 = Agriculture (sharecropper or tenants)	08 = Remittances
02 = Daily wage labour	09 = Pensions
03 = Small Business	10 = Loans
04 = Enterprise	11 = Debt repayments
05 = Charity	12 = Microfinance
06 = BISP	13 = In-kind

Record the *CURRENT* employment status and hours worked of each working family member who is currently in employment.

24	A	B	C	D
Family Relation (<i>Code Box # 1</i>)	Job CODE BOX #5	Employment status <i>01=Permanent full time</i> <i>02= Permanent part time</i> <i>03 = Temporary full time</i> <i>04 = Temporary part time</i>	Hours worked per week (paid and un-paid)	Hours per week spent on child care
[HHPOS]	[JOB] [JOB_MOTH] [JOB_FATH]	[EMPLOY] [EMPLOY_MOTH] [EMPLOY_FATH]	[HOURSW] [HHWK_MOTH] [HHWK_FATH]	[HOURSCC] [HHCC_MOTH] [HHCC_FATH]

[] []	[] []	[] []	[] [] []	[] [] []
[] []	[] []	[] []	[] [] []	[] [] []
[] []	[] []	[] []	[] [] []	[] [] []
[] []	[] []	[] []	[] [] []	[] [] []
[] []	[] []	[] []	[] [] []	[] [] []
CODE BOX #5				
01 = Working in agriculture		03 = Skilled manual		
02 = Unskilled manual		04 = Non manual		

SECTION 4: EXPENDITURE

25	How much was spent by the household last month on ..(item)? <i>include purchased, home produced and received as gift</i>	Amount in last 1 month (local currency)	
A	Cereals	[] [] []	[HHEXPF1]
B	Vitamin A Rich Vegetables/Tubers	[] [] []	[HHEXPF2]
C	Whitetubers/Roots	[] [] []	[HHEXPF3]
D	Dark Green Leafy Vegetables	[] [] []	[HHEXPF4]
E	Vitamin A Rich Fruits	[] [] []	[HHEXPF5]
F	Other Fruits And Vegetables	[] [] []	[HHEXPF6]
G	Organ Meat	[] [] []	[HHEXPF7]
H	Flesh Meats	[] [] []	[HHEXPF8]
I	Eggs	[] [] []	[HHEXPF9]
J	Fish	[] [] []	[HHEXPF10]
K	Legumes, Nuts And Seeds	[] [] []	[HHEXPF11]
L	Milk And Milk Products	[] [] []	[HHEXPF12]
m	Oils And Fats	[] [] []	[HHEXPF13]
n	Sweets	[] [] []	[HHEXPF14]
o	Spices, Condiments	[] [] []	[HHEXPF15]
p	Beverages	[] [] []	[HHEXPF16]
q	Wild Foods	[] [] []	[HHEXPF17]
r	Red Palm Oil	[] [] []	[HHEXPF18]
a	Tobacco (cigarettes, tobacco)	[] [] []	[HHEXPN1]
b	Paraffin/kerosene	[] [] []	[HHEXPN2]
c	Charcoal, firewood	[] [] []	[HHEXPN3]
d	Other utilities (electricity, gas, water/sewerage services)	[] [] []	[HHEXPN4]
e	Toilet soap	[] [] []	[HHEXPN5]
f	Other toiletries (shampoo, toothpaste, hair cream, etc)	[] [] []	[HHEXPN6]
g	Washing powder, laundry soap, detergents	[] [] []	[HHEXPN7]
h	Other cleaning expenses, equipment (brushes, shoe polish, etc)	[] [] []	[HHEXPN8]
i	Matches, candles	[] [] []	[HHEXPN9]
j	Batteries, bulbs	[] [] []	[HHEXPN10]
k	Bus fares, taxis	[] [] []	[HHEXPN11]
l	Other transport expenses (bicycle, car repair, petrol etc.)	[] [] []	[HHEXPN12]
m	Hair-cut and other personal services	[] [] []	[HHEXPN13]
n	Books, notebooks, newspapers, stationary, etc (not for school)	[] [] []	[HHEXPN14]
o	Communications (phone calls -- fixed and mobile, post office expenses, etc.)	[] [] []	[HHEXPN15]
p	Medicines/injections	[] [] []	[HHEXPM]
q	Entertainment/visit to hotel	[] [] []	[HHEXPE]

Now I want to ask you some questions regarding items you bought in the LAST THREE MONTHS

TO BE ASKED AT BASELINE, 6 MONTHS AND 12 MONTHS ONLY

26	How much was spent by the household last three months on ..(item)? <i>include purchased, home produced and received as gift</i>	Amount in last 3 months (local currency)	
A	Adult's clothing	[_____]	[HHEXP3M1]
B	Children's clothing	[_____]	[HHEXP3M2]
C	Clothing material and services	[_____]	[HHEXP3M3]
D	Footwear (including repair costs)	[_____]	[HHEXP3M4]
E	Recreation (toys, cinema, photography, records etc.)	[_____]	[HHEXP3M5]
F	Personal articles (umbrella, watch, lighter, belts, etc.)	[_____]	[HHEXP3M6]
G	Children under five health expenditure (doctor's fees, tests, hospitalization charges, etc)	[_____]	[HHEXP3M7]
H	Adult and other children health expenditure (doctor's fees, tests, hospitalization charges, etc)	[_____]	[HHEXP3M8]

Now I want to ask you some questions regarding items you bought in the LAST YEAR

TO BE ASKED AT BASELINE AND 12 MONTHS ONLY

27	How much was spent by the household last 12 months on ..(item)? <i>include purchased, home produced and received as gift</i>	Amount in last 12 months (local currency)	
A	Textiles (bedsheet, towels, mosquito netting, etc.)	[_____]	[HHEXP12M1]
B	Kitchen equipment (cutlery, pots, plates, small equipment)	[_____]	[HHEXP12M2]
C	Lanterns, lamps, torches	[_____]	[HHEXP12M3]
D	Education (tuition/registration fees, uniforms, textbooks, school supplies, transport to school)	[_____]	[HHEXP12M4]

CHILD EXPENDITURE

Now I am going to ask you how much you spent on [NAME] during the last WEEK OR MONTH (study child/ren)

RECORD SEPARATELY FOR EACH STUDY CHILD IF >1 CHILD

Thinking about the money spent on [NAME's] food

28	How much money did you spend on [NAME'S] food last WEEK?	[_____]	[CHEXPF]
29	Have you spent more money on [NAMEs] food this month compared to last MONTH? <i>00=No change 01=Increase 02=Decrease</i>	[___][___]	[CHEXPFINC]
30	What was the MAIN source of this money? CODEBOX #6	[___][___]	[CHEXPFS]

CODE BOX #6	
01 = Cash transfers	06 = Remittances
02 = FFV	07 = Employment
03 = Savings	08 = Loans
04 = Microfinance	09 = Employment
05 = Sale of assets	10 = Other source

Thinking about the money spent on [NAME's] health

31	How much money did you spend on [NAME'S] health last WEEK ?	[] []	[CHEXPMW]
32	How much money did you spend on [NAME'S] health last MONTH ?	[] []	[CHEXPMM]
33	Have you spent more money on [NAMEs] health this month compared to last MONTH ? 00=No change 01=Increase 02=Decrease	[] []	[CHEXPMINC]
34	What was the MAIN source of this money? CODEBOX #6	[] []	[CHEXPMS]

Thinking about the money spent on other (non-food) items for [NAME]

35	How much money did you spend on [NAME'S] non-food items last MONTH ?	[] []	[CHEXPNM]
36	Have you spent more money on [NAMEs] non-food items this month compared to last MONTH ? 00=No change 01=Increase 02=Decrease	[] []	[CHEXPNINC]
37	What was the MAIN source of this money? CODEBOX #6	[] []	[CHEXPNS]

SECTION 5: FOOD SECURITY

38	Did you or anyone in your household eat anything (meal or snack) outside of the home yesterday? 00= No 01=Yes	[] []	[HCONOUT]
39	During mealtime who in the family gets to eat first? 01= Father/males; 02=Mother/females; 03=Children; 04=All adults first; 05=Children first; 06=Eat together	[] []	[HHFDDIST]

40	Have you or members of your household consumed [FOOD ITEM] during the past week? Ask full list of items first, then ask details	How much of this food did your HH consume during <u>the last week</u> (7 days) including food purchased, produced, grown or received as payment/gift?	
		How many days in last 7 days	[HDDS]
A	CEREALS	[][]	[HHCEREAL]
B	VITAMIN A RICH VEGETABLES/TUBERS	[][]	[HHVITAVEG]
C	WHITETUBERS/ROOTS	[][]	[HHTUBER]
D	DARK GREEN LEAFY VEGETABLES	[][]	[HHDARKGN]
E	VITAMIN A RICH FRUITS	[][]	[HHVITAFRU]
F	OTHER FRUITS AND VEGETABLES	[][]	[HHOTHFV]
G	ORGAN MEAT	[][]	[HHIRONMEAT]
H	FLESH MEATS	[][]	[HHFLESH]
I	EGGS	[][]	[HHEGGS]
J	FISH	[][]	[HHFISH]
K	LEGUMES, NUTS AND SEEDS	[][]	[HHLEGUMES]
L	MILK AND MILK PRODUCTS	[][]	[HHMILK]
M	OILS AND FATS	[][]	[HHOIL]
N	SWEETS	[][]	[HHSWEET]
O	SPICES, CONDIMENTS	[][]	[HHSPICE]
P	BEVERAGES	[][]	[HHBEV]
Q	WILD FOODS	[][]	[HHWILD]
R	RED PALM OIL	[][]	[HHPALM]
S	Rice	[][]	[HHRICE]
T	Meals eaten out	[][]	[HHOUT]
U	Other ready-made foods (biscuits/cakes/pasta/baby foods)	[][]	[HHOTH]

41	In the past month: Was there ever no food to eat of any kind in your household because of lack of resources to get food? 00= No; 01=Rarely; 02=Sometimes; 03=Often	[][]	[HHFIAS]
42	In the past month: Did you or any household member go to sleep at night hungry because there was not enough food? 00= No; 01=Rarely; 02=Sometimes; 03=Often	[][]	
43	In the past month: Did you or any household member go a whole day and night without eating anything because there was not enough food? 00= No; 01=Rarely; 02=Sometimes; 03=Often	[][]	

SECTION 6: COPING

TO BE ASKED AT BASELINE, 6 MONTHS AND 12 MONTHS ONLY

44	Are there any household members who have left for migration in past six months (<i>i.e. migration for work</i>) in the past month? 00=No 01=Yes	[][]	[HHMIGR]
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52	If yes what was the main reason for this? CODEBOX #9	[][]	[HLOANR]
CODE BOX #9			
01 = Repay debts		07 = Water for animals	
02 = Festivals		08 = Community obligations	
03 = Funeral		09 = Taxes	
04 = Illness		10 = Transport	
05 = Extra food		11 = To buy phone credit	
06 = Livestock drugs/vet bills		12 = Other, pilot	

53	Do you have any debts? 00=No 01=Yes If yes >>54 otherwise SKIP>>56	[][]	[HDEBT]
54	Are you able to pay this debt this month ? 00=No 01=Yes If yes >>55 otherwise SKIP>>56	[][]	[HDEBTREP]
55	How will you repay this debt? (Main method) CODEBOX #10	[][]	[HHOWREP]
CODE BOX #10			
01 = Income from agriculture		07 = Remittances	
02 = Income from daily wage labour		08 = Pensions	
03 = Income from small business/enterprise		09 = Extra loans	
04 = REFANI CTP		10 = Gift	
05 = Other charity		11 = Microfinance	
06 = BISP		12 =other pilot	

SECTION 7: SOCIAL CAPITAL

TO BE ASKED AT BASELINE, 6 MONTHS AND 12 MONTHS ONLY

56	Are you or any member of the household a member of any organization? 00=No 01=Yes 88 = refused 99=Don't know If yes >> 57 otherwise SKIP>>58	[][]	[WORG]
57	If yes, RECORD ALL THAT APPLY CODEBOX #11	[][] [][] [][] [][]	[WORG1] [WORG2] [WORG3] [WORG4]
CODE BOX #11			
01 = Woman's cooperative		03 = Villager's agricultural society	
02 = School management committees (SMC)/Students' parent association		04 = Village development committee	
58	Are you or any member of the household currently a beneficiary of any other programme(s) – do not include WINS/REFANI here	[][]	[WPGM]

	00=No 01=Yes 88 = refused 99=Don't know		
59	Are you or any member of the household currently a beneficiary of the Benazir Income Support Programme (BISP)? 00=No 01=Yes 88 = refused 99=Don't know	[][]	[BISPNOW]
60	Have you or any member of the household received a cash transfer or been a beneficiary of BISP in the past year? 00=No 01=Yes 88 = refused 99=Don't know	[][]	[BISPEVER]

END

REFANI STUDY – MOTHER & CHILD QUESTIONNAIRE

Some of these questions are of a sensitive nature and must only be asked by a female enumerator

SECTION 1: IDENTIFYING INFORMATION

1	Team number:	[][]	
2	How many children are there in this HH between the ages 6-48 months? [][]	Check this matches with HH questionnaire	
3	Child order number; 1, 2 or 3 <i>(Record data for youngest child first and code 1, 2, 3 depending on the order they are in age – make sure twins are coded the correct way round)</i>	[]	[ORDER]
4	Child NAME !! Check again you have the right child and then refer to child by that name – make sure twins are coded the correct way round)		

5	Does [NAME] have a certificate of birth? If yes recode this (dd/mm/yyyy); if no skip >> Q6 Enter 77 if the day is unknown DO NOT LEAVE MONTH AND YEAR EMPTY	-----/-----/-----	[CDOB]
6	What is [NAME'S] age (in months)	[][] Months	[CAGE]
7	What sex is [NAME] ? 01=Male 02=Female	[][]	[CSEX]

The following questions marked [] are asked at BASELINE ONLY*

SECTION 2: IYCF & DIETARY DIVERSITY

8*	Was [NAME] ever breast fed? 01=Yes 00=No 98=Don't know If no skip >> Q13	[][]	[CHBFEV]
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9*	<p>How long after birth did you first put [NAME] to the breast?</p> <p><i>If respondent reports she put the infant to the breast immediately after birth, circle '000' For 'Immediately'.</i></p> <p><i>If less than 1 hour, circle '1' for hours AND RECORD '00' hours.</i></p> <p><i>If less than 24 hours, circle '1' and record number of completed hours, from 01 to 23.</i></p> <p><i>Otherwise, circle '2' and record number of completed days.</i></p>	<p>IMMEDIATELY..... 000</p> <p>OR</p> <p>HOURS.....</p> <p>1 [][]</p> <p>OR</p> <p>DAYS.....</p> <p>2 [][]</p>	[CHBFPUT]
10*	<p>At what age did [NAME] stop receiving breast milk? (<i>in months</i>)</p> <p><i>Record 00 if child <u>still</u> receiving breast milk</i></p>	[][] Months	[CHBFSTOP]
11	<p>Is [NAME] currently being breastfed or receiving breastmilk?</p> <p>01=Yes 00=No</p> <p><i>If no skip >> Q13</i></p>	[][]	[CHBFCURR]
12	<p>Did [NAME] receive breast milk yesterday during the day or at night?</p> <p>01=Yes 00=No 98=Don't know</p>	[][]	[CHBFY]
13	<p>Did [NAME] receive any vitamin/mineral drops yesterday during the day or at night?</p> <p>01=Yes 00=No 98=Don't know</p>	[][]	[CHDROPS]
14	<p>Has [NAME] taken any multi-vitamin supplements in the past month?</p> <p>00= No 01=Yes 98=Don't know</p> <p><i>Ask to see what they have</i></p>	[][]	[CHVIT]
15	<p>Did [NAME] receive any ORS yesterday during the day or at night?</p> <p>01=Yes 00=No 98=Don't know</p>	[][]	[CHORS]
16	<p>Did [NAME] eat anything (meal or snack) outside of the home yesterday?</p> <p>00= No 01=Yes</p>	[][]	[CHCONOUT]
17	<p>How many meals or snacks (solid, semi-solid, soft, milk feeds) did [NAME] receive yesterday during the day or at night?</p> <p>GIVE NUMBER</p> <p>Do not include breast milk</p>	[][]	[CHMFREQ]
18	<p>Is [NAME] receiving any supplementary foods such as Plumpynut? (e.g. CSB+,CSB++ etc.)</p> <p>00= No 01=Yes</p>	[][]	[CHSUPP]

19	Is [NAME] receiving any Complementary Food Vouchers? 00= No 01=Yes	<input type="text"/> <input type="text"/>	[CHFV]
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[ASK THE FOLLOWING QUESTIONS TO THE MOTHER FIRST AND THEN ASK ABOUT THE CHILD/REN]

20	Food Group	Examples	00=No; 01=Yes	
20.1	CEREALS	corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products) + <i>local foods</i>	<input type="text"/> <input type="text"/>	[WCEREAL] [CHCEREAL]
20.2	VITAMIN A RICH VEGETABLES/TUBERS	carrots, squash, or sweet potatoes that are orange inside + <i>other locally available vitamin-A rich vegetables (e.g. pumpkin)</i>	<input type="text"/> <input type="text"/>	[WVITAVEG] [CHVITAVEG]
20.3	WHITETUBERS/ROOTS	white potatoes, or other foods made from roots (e.g. <i>bay, turnip</i>)	<input type="text"/> <input type="text"/>	[WTUBER] [CHTUBER]
20.4	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables, including wild ones + <i>locally available vitamin-A rich leaves e.g. amaranth, spinach, fenugreek leaves</i>	<input type="text"/> <input type="text"/>	[WDARKGN] [CHDARKGN]
20.5	VITAMIN A RICH FRUITS	ripe mangoes, ripe papaya, + <i>other locally available vitamin A-rich fruits</i>	<input type="text"/> <input type="text"/>	[WVITAFRU] [CHVITAFRU]
20.6	OTHER FRUITS AND VEGETABLES	other fruits, bananas, orange, pineapple, including wild fruits; tomato, onion, cabbage, including wild vegetables, okra, cauliflower, brinjal, bottle ground, cluster beans, chilli	<input type="text"/> <input type="text"/>	[WOTHFV] [CHOTHFV]
20.7	ORGAN MEAT	liver, kidney, heart or other organ meats or blood-based foods	<input type="text"/> <input type="text"/>	[WIRONMEAT] [CHIRONMEAT]
20.8	FLESH MEATS	beef, lamb, goat, wild game, chicken, duck, guinea hen/fowl, other birds	<input type="text"/> <input type="text"/>	[WFLESH] [CHFLESH]
20.9	EGGS	chicken, duck, guinea hen or any other eggs	<input type="text"/> <input type="text"/>	[WEGGS] [CHEGGS]
20.10	FISH	fresh or dried fish	<input type="text"/> <input type="text"/>	[WFISH] [CHFISH]
20.11	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, ground nuts or other nuts, seeds or foods made from these	<input type="text"/> <input type="text"/>	[WLEGUMES] [CHLEGUMES]
20.12	MILK AND MILK PRODUCTS	milk, cheese, yogurt or other milk products, powdered milk	<input type="text"/> <input type="text"/>	[WMILK] [CHMILK]
20.13	OILS AND FATS	oil, fats, butter or margarine added to food or used for cooking	<input type="text"/> <input type="text"/>	[WOIL] [CHOIL]
20.14	SWEETS	sugar, honey, sweetened soda or juice, sugary foods such as chocolates, candies, biscuits and cakes	<input type="text"/> <input type="text"/>	[WSWEET] [CHSWEET]
20.15	SPICES, CONDIMENTS	Spices(black pepper, salt), condiments, OR <i>local examples</i>	<input type="text"/> <input type="text"/>	[WSPICE] [CHSPICE]

20.16	BEVERAGES	Tea, coffee, soda, juice	[][]	[WBEV] [CHBEV]
20.17	WILD FOODS	Insects, grubs, snails	[][]	[WWILD] [CHWILD]
20.18	RED PALM OIL	Foods containing red palm oil	[][]	[WPALM] [CHPALM]
20.19	OTHER	Soft or semi-soft food not listed above	[][]	[WOTH] [CHOTH]

SECTION 3: SOCIAL CAPITAL

QUESTIONS TO BE ASKED AT BASELINE, 6 & 12 MONTHS

21			
21.1. Groups and networks	<p>1. If you suddenly needed a small amount of money, how many people beyond your immediate household could you turn to? NUMBER</p> <p>2. About how many close friends do you have these days? <i>These are people you feel at ease with, can talk to about private matters, or call on for help.</i></p>	<p>1.[][]</p> <p>2.[][]</p>	<p>[WSCG]</p> <p>[WSCG1]</p>
21.2. Trust and solidarity	<p>3. If you were caring for a child and needed to go out for a while, would you ask a neighbour for help? 00=No 01=Yes 88 = refused</p> <p>4. Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? 00=No trust 01=Trust 88 = refused</p>	<p>3.[][]</p> <p>4.[][]</p>	<p>[WSCT]</p> <p>[WSCT1]</p>
21.3. Collective action and cooperation	<p>5. Do you help out a local group as a volunteer? 00=No 01=Yes 88 = refused</p> <p>6. Have you attended a local community event in the past 6 months (e.g. church fete, school concert, craft exhibition , urs, mela, eid festival other examples in pilot)? 00=No 01=Yes 88 = refused</p>	<p>5.[][]</p> <p>6.[][]</p>	<p>[WSCC]</p> <p>[WSCC1]</p>
21.4. Social cohesion and inclusion	<p>7. Are there any services where you or members of your household are occasionally denied service or have only limited opportunity to use? 00=No 01=Yes 88 = refused</p> <p>8. There are often differences in characteristics between people living in the same village/neighbourhood. For example,</p>	<p>7.[][]</p> <p>8.[][]</p>	<p>[WSCS]</p> <p>[WSCS1]</p>

	<p>differences in wealth, income, social status, ethnic or linguistic background/ race/ caste/ tribe. There can also be differences in religious or political beliefs, or there can be differences due to age or sex.</p> <p>To what extent do any such differences characterise your village/neighbourhood? 01= very great extent; 02 = great extent; 03= average; 04 = small extent; 05 = very small extent</p>		
21.5. Information and communication	<p>9. In the past month, how many times have you made or received a phone call? NUMBER</p> <p>10. What are your three main sources of information about what the government is doing (<i>pilot - such as agricultural extension, workfare, family planning, etc.</i>). CODEBOX #1</p>	<p>9.[][]</p> <p>10[][]</p>	<p>[WSC1]</p> <p>[WSC11]</p>
CODE BOX #1			
01 = Relatives		05 = Work	
02 = Neighbours		06 = Local newspaper	
03 = Friends		07= FM Radio	
04 = NGO			

SECTION 4: AUTONOMY

BASELINE, 6 & 12 MONTHS

22	Who in your family usually makes the decision on the following matters? CODEBOX #2		
	1. Your own health	[][]	[WDEC1]
	2. Large household purchases	[][]	[WDEC2]
	3. Daily household purchases	[][]	[WDEC3]
	4. Visits to family, friends, or relatives	[][]	[WDEC4]
	5. Food to be cooked each day	[][]	[WDEC5]
	6. Number of children and when	[][]	[WDEC6]
	7. Joining organisations	[][]	[WDEC7]
	8. Children's marriage	[][]	
CODE BOX #2			
01 = themselves (respondent)		04= someone else	
02= husband/partner		05= respondent and someone else jointly	
03= respondent and husband/partner jointly		088=refused	

EXTRA QUESTIONS ASKED AT M12

23	Who in your family usually made the decision on the following matters? CODEBOX #2		
	1. How the intervention was utilised	[][]	[WDEC9] [WDEC10] [WDEC11]
	2. Who collected the intervention	[][]	
	3. Who went to the market/shops to use it?	[][]	

SECTION 5: MOTHER'S HEALTH (PHYSICAL AND MENTAL)

24	In the past month: Have you been suffering from any illness that has caused you to rest more than usual? 00= No 01= Yes, but not too bad 02=Yes, much more	[][]	[WHEALTH]
25	In the past month: Have you taken any deworming tablet? 00= No 01= Yes	[][]	[WDEWORM]

26	HOW YOU HAVE BEEN FEELING IN THE LAST FOUR WEEKS		
	00= None of the time, 01= A little of the time, 02= Some of the time, 03= Most of the time, 04= All of the time		
A	In the last four weeks, about how often did you feel tired out for no good reason?	[][]	[K10]
B	In the last four weeks, about how often did you feel nervous?	[][]	
C	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	[][]	
D	In the last four weeks, about how often did you feel hopeless?	[][]	
E	In the last four weeks, about how often did you feel restless or fidgety?	[][]	
F	In the last four weeks, about how often did you feel so restless you could not sit still?	[][]	
G	In the last four weeks, about how often did you feel depressed?	[][]	
H	In the last four weeks, about how often did you feel that everything was an effort?	[][]	
I	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	[][]	
J	In the last four weeks, about how often did you feel worthless?	[][]	

	HOW THESE FEELINGS MAY HAVE AFFECTED YOU IN THE LAST FOUR WEEKS.		
K	In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	[][] Number of days	[WFEELINGS1]
L	[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	[][] Number of days	[WFEELINGS2]
M	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	[][] Number of consultations	[WFEELINGS3]

N	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	[][]	[WFEELINGS4]
00= None of the time, 01= A little of the time, 02= Some of the time, 03= Most of the time, 04= All of the time			

SECTION 6: CHILD'S HEALTH

		27	28
	Has [NAME] had any of the following in the past 2 weeks	00=No; 01=Yes If no >> next illness If no to all >>Q33	Has [NAME] been ill for more than 14 days? 00=No, 01=Yes
A	Diarrhea <i>(More than 3 watery stools a day)</i>	[][] [CHDIA3]	[][] [CHDIA3P]
B	Blood in stools	[][] [CHDIABLD]	[][] [CHDIABLDP]
C	High fever	[][] [CHFEVER]	[][] [CHFEVP]
D	Cough	[][] [CHCOUGH]	[][] [CHCOUNP]
E	Very fast or difficult breathing	[][] [CHCOUGHDF]	[][] [CHCOUDFP]
F	Serious loss of appetite	[][] [CHAPPT]	[][] [CHAPPTP]
G	Vomiting everything	[][] [CHVOM]	[][] [CHVOMP]
H	Convulsions	[][] [CHCONV]	[][] [CHCONVP]
I	Unconsciousness	[][] [CHCONSCI]	
J	Extreme lethargy	[][] [CHLETHAR]	[][] [CHLETHARP]
K	Measles	[][] [CHMEAS]	
L	Malaria	[][] [CHMALA]	

29	Did you seek medical advice for [NAME] during the past 2 weeks for any of the illnesses above? 01=Yes 00=No	[][]	[CHSEEK]
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	if yes > Q30, if no SKIP >>Q33		
30	Where did you go for treatment FIRST? CODEBOX #3 If you went to a second place please answer the next question; otherwise skip to Q35	[][]	[CHTREAT1]
31	Where did you go for treatment SECOND? CODEBOX #3	[][]	[CHTREAT2]
CODE BOX #3			
01=Hospital	06=Pvt. health centre/clinic	11=Drug peddler	
02=Public clinic	07=Pvt. Pharmacy	12=Traditional practitioner	
03=Integrated Health centre	08=Pvt. Doctor	13=Family member or friend	
04=Public mobile clinic	09=Pvt. mobile clinic		
05=Pvt. Hospital	10=Market/shop		

32	Did [NAME] sleep under a mosquito net last night? 00= No 01=Yes	[][]	[MOSQNET]
33	Did [NAME] receive a deworming tablet in the last year? 00= No 01=Yes	[][]	[DEWORM]
34	Did you attend ANC before you had [NAME] ? 00= No 01=Yes If yes Q36 if no skip>>	[][]	[CHANC]
35	Did you attend ANC before you had [NAME] ? 00= No 01=Yes	[][]	[CHANCVISIT]

36	Does [NAME] have any long term health problems? 01=Yes 00=No Do not include seasonal diseases	[][]	[CHRONIC]
37	Is NAME currently taking any medications for any of these diseases? 01=Yes 00=No	[][]	[CHRONMED]

SECTION 7 MOTHER/CARER ANTHROPOMETRY/HEAMOGLOBIN

BASELINE, MONTHLY, 12

38	Is the mother pregnant? 00=No 01=Yes 99=Don't know <i>If Yes DO NOT take weight - skip >> Q38</i>	[][] [][]	[WPREG]
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BASELINE, MONTHLY, 12

39	Mother's Weight (in Kg) Do not take weight if mother is pregnant	[][] . [] Kg	[WMWT]
40	Child/ren's Weight(s) (in Kg)	[][] . [] Kg	[CWT]

BASELINE ONLY FOR MOTHER

41	Mother's Height 1 (in cm)	[][][] . [] cm	[WMHT]
42	Mother's Height 2 (in cm) <u>check</u>	[][][] . [] cm	

BASELINE, MONTHLY, 12

43	Child Height / length (cm) <i>If child <2yrs or if age unknown <87cm measure length</i>	[][][] . [] cm	[CHT]
44	Child Height / length (cm) <u>check</u>	[][][] . [] cm	

BASELINE, MONTHLY, 12

45	Mother's MUAC (in cm)	[][] . [] cm	[WMUAC]
46	Child MUAC (in cm) Refer child to CMAM if MUAC <11.5CM!	[][] . [] cm	[CHMUAC]

47	Child Bilateral Oedema 01=Yes 00=No	1. [][]	[OEDEMA]
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BASELINE, 6 & 12 MONTHS

48	Mother's Haemoglobin concentration (in g/dl) REFER MOTHER TO CLINIC IF ; NON-PREGNANT WOMEN HB<12 G/DL PREGNANT WOMEN HB<13G/DL 1ST AND 3RD TRIMESTER; <13.5 G/DL IN 2ND TRIMESTER	[][] . [] g/dl\	[WMHB]
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49	Child Haemoglobin concentration (in g/dl) Refer child to clinic ifHb<11.0 g/dl	1. [][] . [] g/dl	[CHB]
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REFANI STUDY – PROCESS EVALUATION QUESTIONNAIRE
(COMPLETE ONE QUESTIONNAIRE PER **MOTHER** OF **[NAME(S)]** IN HH)

Date : ____/____/____ DD/MM/YYYY	[DATE]	Team number: []	[TNUM]
HH ID THIS IS PRELOADED – PLEASE CHECK IT IS THE CORRECT NUMBER FOR EACH HOUSEHOLD			

THE FOLLOWING QUESTIONS ARE ONLY FOR THE **INTERVENTION ARMS ONLY** – THEY MUST NOT BE ASKED TO THE COMPARISON GROUP

1: DELIVERY TO INDIVIDUALS

1	Ask the mother <u>JUST TO CHECK</u> what she got. DO NOT GIVE HER THE OPTIONS. RECORD HER ANSWER 02=DC, 03=FFV, 04=SC	[][]	[PE_WHAT]
2	Who received (PHYSICALLY COLLECTED) the [CASH] [VOUCHER] 01 = mother 02=her husband 03=other male HH member 04=other female HH member If 01 skip to Q 4	[][]	[PE_WHOREC]
3	If it was not the mother who collected the transfer was the transfer handed over to the mother? 00=No 01=Yes all 02 Yes some	[][]	[PE_HANDOVER]

These 2 questions to be asked to ALL arms

4	What messages did you receive? RECORD ALL THAT APPLY 01=Nutrition, 02=WASH, 03= IYCF, 04=Health	[][] [][] [][] [][]	[PE_KEYMSG]
5	Did anybody else also receive the key messages? 00 =no 01=her husband 02=other male HH member 03=other female HH member	[][]	[PE_KEY]

SECTION 2:

CASH AND VOUCHER

6	How do you travel TO the distribution point? 01=bicycle 02=donkey cart 03 = local transport 04= motorbike 05= on foot	[][]	[PE_TRAVMODE]
7	How long does it take to get there? This is one way and doesn't include waiting time MINUTES	[] minutes	[PE_TIMETO]
8	How long did you have to wait to collect your transfer? MINUTES (Waiting time includes the entire time from when they are told to arrive (or when they actually arrive) to when they leave)	[] minutes	[PE_TIMEWAIT]
9	How do you travel HOME from the distribution site? See Q6 categories	[]	
10	How long does it take to get home? MINUTES (This is one way and doesn't include waiting time)	[][]	[PE_TIMEFROM]
11	Approximately how much money do you (or another member of your household) spend on transport to collect your cash or voucher transfer? Rupees	[] Rupees	[PE_COSTCOLL]
12	Are there any informal fees paid to get the transfer (e.g. % HHs paying any "informal fees" to anybody (person to collect cash/FV, bank staff, ACF staff, food vendors (FFV))) 00=No 01=Yes	[][]	[PE_INF_FEE]
13	How satisfied were you with the transfer? Satisfaction (1 to 10; 1 = very poor, 10 = very good)	[][]	[PE_SATIS]
14	BNF security going home 00=Do not feel safe 01=Feel fairly safe 02=Feel very safe	[]/[]	[PE_SECURE]

SECTION 3:

CASH ONLY

15	What was the main use of the cash? Record the main use CODE BOX #1 Prompt if necessary If this was the only use then skip to Q20	[][]	[PE_1CASH_USE]
16	What was the second main use of the CASH? Record the main use using CODE BOX #1 If all the cash was used on Q6 skip to Q8	[][]	[PE_2CASH_USE]
CODE BOX #1			

00 = Not spent yet	05= on food for all the family	10= on non-food items for the index children (excl schooling)	15=loaned to family member
01=Saved all	06= on food for all the children	11= on medical items for all the family	16= loaned to non-family member
02=Saved most	07=on food for index children only	12= on medical items for all the children	
03=Paid off debts	08=on non-food items for all the family (excl schooling)	13= on medical items for the index children	
04=Bought productive assets	09= on non-food items for all the children (excl schooling)	14=schooling	

17	Was the cash transfer amount sufficient to cover needs 00=No 01 = Yes	[][]	[PE_SUFFICIENT]
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SECTION 4:

VOUCHERS ONLY

18	Were the vouchers used as intended (i.e. redeemed in the shop for food items)? 00=No 01=Yes	[][]	[PE_FFVUSE]
19	Were any of the vouchers sold? 00=No 01=Yes all (skip to Q33) 02=Yes some	[][]	[PE_FFVSOLD]
20	Were any of the voucher <i>items</i> sold? 00=No 01=Yes all 02=Yes some	[][]	[PE_FFVITEMSOLD]
21	Who were the main beneficiaries of the VOUCHER? 01=index children only 02= all children 03=all family 04=adults only 05=male adults only 06=female adults only	[][]	[PE_FFVBNF]
22	Was the voucher redeemed correctly i.e. were the correct amount of items received? 00=No 01=Yes	[][]	[PE_FFVCORR]
23	Were the items received of acceptable quality? 00=No 01=Yes	[][]	[PE_FFVQUALITY]

24	If given the choice would you have preferred cash to the voucher? 00=No 01=Yes	[][]	[PE_FFVPREF]
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These questions are only for VOUCHER recipients who sold any of their vouchers

25	If you sold the vouchers what did you do with the cash? USE CODEBOX #1 Record all	[][] [][] [][] [][] [][]	[PE_FFVSOLDWHAT]
CODE BOX #1			
00 = Not spent yet	05= on food for all the family	10= on non-food items for the index children (excl schooling)	15=loaned to family member
01=Saved all	06= on food for all the children	11= on medical items for all the family	16= loaned to non-family member
02=Saved most	07=on food for index children only	12= on medical items for all the children	
03=Paid off debts	08=on non-food items for all the family (excl schooling)	13= on medical items for the index children	
04=Bought productive assets	09= on non-food items for all the children (excl schooling)	14=schooling	