

STAWISHA MAISHA IMPACT EVALUATION BASELINE SURVEY

HOUSEHOLD INSTRUMENT

2023

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DEFINITIONS

Main respondent – The main respondent is the primary female caregiver of young children in the household (usually the children's mother but can also be another caregiver if the mother does not live with the child). This caregiver is the most informed about the child's day-to-day health and nutrition.

Household member - (HHM) A household member is: Any person who usually lives in the household, regardless if he/she is temporarily absent. For example, someone who is on vacation or has left the household temporarily (for less than one year) for labor reasons is considered a household member. A person who has lived in the household for one year or more or who has lived in the household for less than one year but is planning to stay in the household for a year or more is considered a household member.

The guests who fulfill the criteria mentioned above and who sleep in the household's dwelling, share the meals prepared in the household's dwelling and use the kitchen freely. Domestic servants or any other household workers who fulfill the criteria mentioned above are considered to be a household member. Persons in places like boarding schools and hospitals who qualify to be usual members of a household, according to the definition, should be listed as members of the household, with the exception of those who have been away for 6 consecutive months or more.

Head of household - (HOH) The household head is defined as any adult who is recognized by others in the household (adult and child) as the head of the household. This person is usually responsible for contributing to the household income and decision-making. There must be only one household head per household.

COVER SHEET

METADATA			Cluster ID	_____
1	Date of interview	____ - ____ - ____	Household ID	_____
2	Time start (MM:HH)	____ : ____ 24-hour clock	3	Time end interview
				____ : ____ 24-hour clock
4	Region	_____	12	Enumerator name and code
		_____		_____
5	District	_____	13	Supervisor name and code
		_____		_____
6	Village	_____	14	GPS coordinates

7	Name head of household and MemberID	_____	14a	Latitude
		_____		N _____
8	Name respondent and MemberID	_____	14b	Longitude
		_____		E /W _____
9	Language used by respondent	_____	15.	Describe the location of the permanent address/home address of your household? (including any landmarks)
	Swahili.....1	Other (specify)-96		_____
	Sukuma.....2			
	Nyamwezi3			
	Haya4			
	Jita5			
	Zinza.....6			
	Luo7			
	Kuria.....8			
10	Interpreter used?	_____	16a	Is this respondent from the main sample or a replacement?
	No.....0			
	Yes.....1		16b	Which household did this respondent replace? SELECT HHID
11	Did the respondent Consent	No.....0	17	Response status
	Yes.....1			Complete interview 1
				Partially complete (reason: _____) 2
				Non-contact 3
				Refusal 4
				Other (specify).....5

SECTION 1: HOUSEHOLD ROSTER

Instruction: Please give me the names of all persons who usually live with this household and eat from the same pot. Start with the head of the household and include visitors who have lived with the household for six months or more. Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.

1		2	3	4		
How many people live in your household?	ID	Name of the member	Sex 1 = Male 2 = Female	How old is [NAME] now? Record exact age in completed years for all household members. For those under five record date of birth. Please prompt respondent to locate the child health book/birth certificate for the anthropometric visit.		
				a. IF >=5YRS: RECORD AGE IN YEARS	b. IF <5 YRS: RECORD DATE OF BIRTH	c. IF <5 YRS: AGE SOURCE OF AGE? 1=Child Health Book 2=Child Birth Certificate 3=Verbal Report
	<u>01</u>					
	<u>02</u>					
	<u>03</u>					
	<u>04</u>					
	<u>05</u>					
	<u>06</u>					
	<u>07</u>					
	<u>08</u>					
	<u>09</u>					
	<u>10</u>					
	<u>11</u>					
	<u>12</u>					

SECTION 1: HOUSEHOLD ROSTER (CONTINUED)

	5a	5b	5c	6	7	8	9
			For children <5	For those 12 years or older	For respondent only		For respondent only
ID	What is [NAME'S] relationship with the head of household? 1 = Head 2 = Spouse/Partner 3 = Biological Child 4 = Grandchild 5 = Parent/Parent-in- law 6 = Son/Daughter-in- law 7 = Other relative 8 = Adopted/ Foster/Stepchild 9 = House help 10 = Non-relative -96 = Other (specify)	What is [NAME'S] relationship with the main caregiver of children under 5? 1 = Self 2 = Spouse/Partner 3 = Biological Child 4 = Grandchild 5 = Parent/Parent-in-law 6 = Son/Daughter-in-law 7 = Other relative 8 = Adopted/ Foster/Stepchild 9 = House help 10 = Non-relative -96 = Other (specify)	Name of main caregiver of this child SELECT PID	What is (NAME'S) present marital status? 1 = Married, monogamous 2 = Married, polygamous 3 = Consensual Union/Co- habitating 4 = Separated (>> Q9, if [name] is respondent otherwise next person/Q10) 5 = Divorced (>> Q9, if [name] is respondent otherwise next person/Q10) 6 = Widowed (>> Q9, if [name] is respondent otherwise next person/Q10) 7 = Never Married (& <18 years old>> Q10 & ≥18>>Section 2)	Does (NAME'S) spouse/partner live in this household? 0 = NO>> Q9 1 = YES	COPY THE I.D. CODE OF THE SPOUSE/PARTNER (IF MORE THAN ONE SPOUSE, THE FIRST ONE)	At what age did you first get married or started living with a partner? (AGE IN YEARS)
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

SECTION 1: HOUSEHOLD ROSTER (CONTINUED)

	10a	10b	10c	11	11b	12	13	14
For those aged 0 – 17 years								
ID	Is the biological mother of [NAME] alive? 1 =YES, MOTHER LIVES IN HOUSEHOLD 2=YES, BUT MOTHER NOT IN HOUSEHOLD >>11 3=NO, MOTHER IS DEAD >>1 -99=DON'T KNOW >>11	WRITE PID of Biological Mother >>11	Why is the biological mother who lived in the household not the main caregiver? 1=Physically illness 2=Mental Health 3=Temporarily away from home (i.e. 1 week – 6 months) -96= Other, specify	Is the biological father of [NAME] alive? WRITE PID =YES, FATHER LIVES IN HOUSEHOLD 2=YES, BUT FATHER NOT IN HOUSEHOLD 3=NO, FATHER IS DEAD -99=DON'T KNOW	WRITE PID of Biological Father	Does [NAME] have a pair of shoes or sandals? 0=NO 1=YES -99=DON'T KNOW	Does [NAME] have at least 2 sets of clothes? 0=NO 1=YES -99=DON'T KNOW	Does [NAME] have at a blanket (either owned or shared)? 0=NO 1=YES -99=DON'T KNOW
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

SECTION 2: EDUCATION

2		3
Household Head And Caregiver		
ID	What is the highest grade you ([respondent name]) attained? [SEE CODES BELOW] [Enter 00 if did not complete any grade]	What is the highest grade the head of this household[name] attained? [SEE CODES BELOW] [Enter 00 if did not complete any grade]
01		
02		
	Codes for Q2 & Q3: None.....00 Nursery/kindergarden.....01 Grade 1.....02 Grade 2.....03 Grade 3.....04 Grade 4.....05 Grade 5.....06 Grade 6.....07 Grade 7.....08 Form 1 (O level).....09 Form 2 (O level).....10 Form 3 (O level).....11	Form 4 (O level).....12 Form 5 (A level).....13 Form 6 (A level).....14 Diploma/Cerificate (Vocational).15 Diploma/ Certificate.....16 Postgraduate Diploma.....17 University / Bachelor.....18 University / Master.....19 University/Phd.....20 Other (specify).....-96 Refused.....-97 Don't know.....-99

4		5
For all children ages 3 and up		
ID	Does [NAME] participate in a school feeding programme? [ANY KIND] 1=NO 2=YES, FREE PROGRAM 3=YES, PAID FOR IN CASH 4=YES, PAIF FOR IN KIND	Has [NAME] ever participated in any early childhood development program? 1=NO 2=YES, FREE PROGRAM 3=YES, PAID FOR IN CASH 4=YES, PAIF FOR IN KIND
01		
02		
03		

SECTION 3: HEALTH OF MAIN RESPONDENT (STAWISHA MAISHA CAREGIVER)

[illegible]

SECTION 3: HEALTH OF MAIN RESPONDENT (STAWISHA MAISHA CAREGIVER) (CONTINUED)[illegible]

SECTION 4A: HOUSING CONDITIONS, WASH AND SANITATION

[Module informed by MICS and TDHS 2022]

ENUMERATOR: Thanks for the information about household members. We now want to ask you a few questions about your residence, i.e. the dwelling/household where you sleep the majority of the time.

Respondent for this section is main respondent / adult female caregiver

	Question	Answers	Skip
1	How many rooms does this dwelling occupy? Count living rooms, dining rooms, bed rooms but not bathrooms, toilet & kitchen	ROOMS __ __	
2	At night, what does your household <u>mainly</u> use to <u>light</u> the household?	Electricity (mains).....1 Electricity (private generator)2 Kerosene or paraffin lamp.....3 Gas lamp4 Biogas lamp.....6 Solar energy/lantern7 Rechargeable flashlight, torch or lantern8 Battery powered flashlight, torch or lantern.....9 Candle10 Charcoal11 Wood.....12 Crop residue/grass/straw/shrubs.....13 Animal dung/waste.....14 Other (specify) -96 No lighting in household.....-95	
3	What is the main construction material used for the outer wall? OBSERVED BY ENUMERATOR	Mud/Mud bricks/Earth1 Wood.....2 Metal Sheet/ Slate/Asbestos3 Stone4 Burnt bricks.....5 Cement blocks/Concrete6 Landcrete.....7 Bamboo8 Palm leaves/Thatch (Grass/Raffia).....9 Other (specify) -96	
4	What is the main material used for the roof?	Mud/Mud bricks/Earth1 Wood.....2 Metal sheet3 Slate/Asbestos4 Cement/Concrete.....5 Bamboo6 Palm leaves/Thatch (Grass/Raffia).....7 Roofing tile8 Other (specify) -96	
5	What is the main construction material used for the floor?	Earth/Mud1 Cement/Concrete.....2 Stone3 Burnt brick4 Wood.....5 Vinyl tiles6 Ceramic/Porcelain/Granite/Marble tiles.....7 Terrazzo/Terrazzo tiles.....8 Other (specify) -96	
6	What is the <u>main</u> source of <u>drinking water</u> for members of your household? <i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i>	Piped water Piped into dwelling.....11 Piped into compound, yard or plot12 Piped to neighbor13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well.....31 Unprotected well32 Spring	→ Q10 → Q10 → Q8 → Q8 → Q8 → Q8 → Q8 → Q8

		Protected spring41 Unprotected spring42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum.....71 Surface water River/ stream81 Dam, lake, pond, canal, irrigation channel82 Packaged water Bottled water91 Sachet water92 Other (specify) -96	→ Q8 → Q8 → Q8 → Q9 → Q9 → Q8
7	What is the <u>main</u> source of water used by your household for <u>other purposes such as cooking and hand washing</u> ? <i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i>	Piped water Piped into dwelling.....11 Piped into compound, yard or plot12 Piped to neighbor13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Spring Protected spring41 Unprotected spring42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum.....71 Surface water River/ stream81 Dam, lake, pond, canal, irrigation channel82 Packaged water Bottled water91 Sachet water92 Other (specify) -96	→ Q10 → Q10 → Q9 → Q9
8	Where is the source of drinking water located?	In Own Dwelling.....1 In Own Yard/Plot2 Elsewhere3	→ Q10 → Q10
9	How long does it take for members of your household to go there, get drinking water, and come back?	Members Do Not Collect0 Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know..... -99	→ Q10
10	Do you do anything to the water to make it safer to drink?	Yes1 No.....2 Don't know -99	→ Q12 → Q12
11	What do you usually do to make it safer to drink? Anything else? RECORD ALL ITEMS MENTIONED	Boil.....1 Add bleach/water guard/chlorine2 Strain it through a cloth.....3 Use water filter (ceramic, sand, composite, etc.) .4 Solar disinfection5 Let it stand and settle.....6 Cover the container7 Add camphor/naphthalene8 Add water tablet9 Other (specify)10 Don't know -99	
12	In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	Electric stove1 Solar cooker2 Liquefied petroleum gas (lpg)/cooking gas stove 3 Piped natural gas stove.....4 Biogas stove5 Liquid fuel stove6 Manufactured solid fuel stove7 Traditional solid fuel stove.....8 Three stone stove / open fire9 Other (specify) -96	→ Q14 → Q14 → Q14 → Q14 → Q14 → Q13 → Q13 → Q13

		To uncovered pit, open ground, water body, or elsewhere25 Other (specify) -96 Don't know -99	
21	Where is this toilet facility located?	In own dwelling1 In own yard/plot2 Elsewhere3	
22	Do you share this facility with others who are not members of your household?	No0 Yes1	→ next section
23	Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	Shared with known households (not public)1 Shared with general public2	→ next section
24	How many households in total use this toilet facility, including your own household?	Number of households if less than 10..... ___ 10 or more households2 Don't know -99	

SECTION 4B: HOUSEHOLD ASSETS OWNERSHIP

ENUMERATOR READ: Our next few questions are about items that you or a member of your household may own. Please remember this information will be safeguarded and not shared with anyone.

Respondent for this section is adult female caregiver

	Question	Answers	Skip
1	Does any household member own any of these items in <u>good working condition</u> ? Meaning that it is still something you can use.		
a	Radio/radio cassette	No.....0 Yes1 Don't Know..... -99 Refuse.....-97	
b	Mobile phone (any kind)	No0 Yes1 Don't Know..... -99 Refuse.....-97	
c	Smartphone	No0 Yes1 Don't Know..... -99 Refuse.....-97	
d	Refrigerator/freezer	No0 Yes1 Don't Know..... -99 Refuse.....-97	
e	Iron (Charcoal or electric)	No0 Yes1 Don't Know..... -99 Refuse.....-97	
f	Tables	No0 Yes1 Don't Know..... -99 Refuse.....-97	
g	Television	No.....0 Yes1 Don't Know..... -99 Refuse.....-97	
h	Chairs	No0 Yes1 Don't Know..... -99 Refuse.....-97	
i	Sofas	No0 Yes1 Don't Know..... -99 Refuse.....-97	
j	Beds	No0 Yes1 Don't Know..... -99 Refuse.....-97	
k	Cupboards	No0 Yes1 Don't Know..... -99 Refuse.....-97	
l	Watches	No0 Yes1 Don't Know..... -99 Refuse.....-97	
m	Hoe(s)	No0 Yes1 Don't Know..... -99 Refuse.....-97	
n	Motorcycle	No.....0 Yes1 Don't Know..... -99	

		Refuse.....-97	
o	Bicycle	No0 Yes1 Don't Know..... -99 Refuse.....-97	
p	Books (not schoolbooks)	No0 Yes1 Don't Know..... -99 Refuse.....-97	
q	Livestock	No.....0 Yes1 Don't Know/Refuse -99	
r	Charcoal Stove	No0 Yes1 Don't Know..... -99 Refuse.....-97	
s	Electric Stove	No0 Yes1 Don't Know..... -99 Refuse.....-97	
2	Which of the following best describes the ownership of the dwelling you currently occupy?	Owned by household.....1 Lived in without paying any rent2 Rented privately3 Rented from public rental estate company (NHC, NSSF, PPF, etc.) 4 Rented from employer including government.....5 Rented from a relative or a friend6 Other (specify) -96	

SECTION 4C: FOOD AND WATER SECURITY

[Modules include Household Food Insecurity Access Scale (HFIAS) and Household Water InSecurity Experiences (HWISE)]

	Question	Answers	Skip
<i>Now we want to understand about the food you and your household have eaten over the last four weeks.</i>			
1	In the past four weeks , how often did you worry that your household would not have enough food?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
2	In the past four weeks , how often were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
3	In the past four weeks , how often did you or any household member have to eat a limited variety of foods due to a lack of resources?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
4	In the past four weeks , 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?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
5	In the past four weeks , 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?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
6	In the past four weeks , how often did you or any other household member have to eat fewer meals in a day because there was not enough food?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
7	In the past four weeks , how often was there ever no food to eat of any kind in your household because of lack of resources to get food?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
8	In the past four weeks , how often did you or any household member go to sleep at night hungry because there was not enough food?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
9	In the past four weeks , how often did you or any household member go a whole day and night without eating anything because there was not enough food?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
10	In the past four weeks , was there a time when any of the children younger than 5 years old did not eat healthy and nutritious foods because of a lack of money or other resources?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
11	In the past four weeks , was there a time when any of the children younger than 5 years old was not given enough food because of a lack of money or other resources?	Never 1 Rarely (once or twice)..... 2 Sometimes (3 – 10 times) 3 Often (more than 10 times)..... 4	
<i>Now we want to understand about the water you and your household have drank over the last four weeks.</i>			
12	In the past four weeks , how frequently did you or anyone in your household worry you would not have enough <u>water</u> for all of your household needs?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
13	In the past four weeks , how frequently has your main water source been interrupted or limited (eg, water pressure, less water than expected, river dried up)?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
14	In the past four weeks , how frequently have problems with water meant that clothes could not be washed?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3	

		Always (More than 20 times) 4	
15	In the past four weeks , how frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation? (Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, etc.)	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
16	In the past four weeks , how frequently have you or anyone in your household had to change what was being eaten because there were problems with water (eg, for washing foods, cooking, etc.)?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
17	In the past four weeks , how frequently have you or anyone in your household had to go without washing hands after dirty activities (eg, defecating or changing diapers, cleaning animal dung) because of problems with water?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
18	In the past four weeks , how frequently have you or anyone in your household had to go without washing their body because of problems with water (eg, not enough water, dirty, unsafe)?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
19	In the past four weeks , how frequently has there not been as much water to drink as you would like for you or anyone in your household?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
20	In the past four weeks , how frequently did you or anyone in your household feel angry about your water situation?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
21	In the past four weeks , how frequently has there been no useable or drinkable water whatsoever in your household?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
22	In the past four weeks, how frequently have problems with water caused you or anyone in your household to feel ashamed/excluded/stigmatised ?	Never 0 Rarely (once or twice)..... 1 Sometimes (3 – 10 times) 2 Often (11-20 times)..... 3 Always (More than 20 times) 4	
23	When was the last time you ate anything, including snacks or drinks other than water?	____ ____ : ____ ____ date and time (24-hour clock)	

SECTION 4E: PRODUCTIVE LIVELIHOODS

	Question	Answers	Skip
1	In the past 12 months, has anyone in this household participated in livelihoods enhancement activities under TASAF?	No0 Yes1 Don't Know.....-99 Refuse.....-97	If no, don't know or refuse >3
2	What activities did they participate in? DO NOT INCLUDE PUBLIC WORKS	Savings groups1 Livelihoods/entrepreneurial training2 Received a productive grant3 Linkages to agricultural extension officer or other livelihoods services4 Don't Know-99 Refuse.....-97	
3	In the past 12 months, has anyone in this household participate in TASAF public works programs?	No0 Yes1 Don't Know-99 Refuse.....-97	
4	Did the household cultivate any crops in the last 12 months? <i>[HINT: Respondent should only answer about crops grown on the household's owned or rented lands. Not those in any employment capacity]</i>	No.....0 Yes1	→ Q8
		5. Was this crop <u>grown</u> by the household in the past 12 months? (No....0; Yes...1)	6. During the past 12 months, has your household <u>eaten</u> [CROP ITEM] which was grown by the members of your household? (No....0; Yes...1)
			7. During the past 12 months, has your household <u>sold</u> [CROP ITEM] which was grown or raised by the members of your household? (No....0; Yes...1)
A	Maize		
B	Soybean		
C	Groundnut		
D	Coffee		
E	Cowpeas		
F	Rice		
G	Millet		
H	Cassava		
I	Beans or pulses		
J	Sweet Potato		
K	Irish Potato		
L	Bananas		
M	Sorghum		
N	Barley		
O	Other (Please specify)		
	Question	Answers	Skip
8	Does this household own any livestock, herds other farm animals or poultry?	No0 Yes1	→ Q10
9	Does your household have any of the following animals?	IF UNKNOWN, RECORD '-98'.]	
	(a) Draught animals e.g. donkey, horse, bullock	(No....0; Yes...1)	
	(b) Cattle, including calves	(No....0; Yes...1)	
	(c) Sheep, goats and pigs	(No....0; Yes...1)	
	(f) Chicken or other poultry	(No....0; Yes...1)	
	(h) Fish	(No....0; Yes...1)	
	(i) Other animals	(No....0; Yes...1)	

		10. During the past 12 months, has your household <u>eaten meat</u> from [LIVESTOCK ITEM BELOW] which was raised by the members of your household? (No....0; Yes...1)	11. During the past 12 months, has your household <u>eaten produce</u> from [LIVESTOCK ITEM BELOW] which was raised by the members of your household? (i.e., milk, yoghurt, eggs) (No....0; Yes...1)	12. During the past 12 months, have the members of your household <u>sold</u> [LIVESTOCK ITEM BELOW] which was raised by the members of your household? (No....0; Yes...1)	
A	Cows				
B	Sheep, Goats and pigs				
D	Chickens				
	Question	Answers			Skip
13	Did this household engage in fishing/fish farming in the last 12 months?	No..... 0 Yes 1			
14	In the last 12 months, has anyone in your household purchased food on credit?	No..... 0 Yes 1			
15	In the last 12 months has anyone in your household asked to purchase on credit and been denied?	Yes 1 No, never applied 2 No, Applied and was approved 3			
16	Does your household have any outstanding debts to other households or institutions obtained in last 12 months (excluding purchases on credit)?	No..... 0 Yes 1			

SECTION 4F: NON-FARM ENTERPRISES

1. Did you or anyone in your household operate any non-farm enterprises or provide any services (store, transport, home brewing, trade, etc) in the last 12 months?
 - ☐ 1=Yes
 - ☐ 0=No → NEXT SECTION
2. How many non-farm enterprises or service-related activities (such as stores, transportation, home brewing, trade, etc.) did the household operate in the last 12 months? (-97=Refused; -99=Don't Know)

	3
BUSINESS ID	What type of non-farm enterprises did the household operate in the last 12 months? [SEE CODE SHEET BELOW (Q2)] [RECORD UP TO TWO IN ORDER OF IMPORTANCE]
01	
02	
ISIC BUSINESS CODES (Q2) Formal and informal sector trade/skills/classifications codes	Fishing..... 001 Trading and wholesale.....002 Merchant/retail.....003 Transport.....004 Agricultural processing.....005 Skilled Trades.....006 Services.....007 Tractor and machine rentals.....008 Other (Specify).....-96

SECTION 5A: REPRODUCTIVE HEALTH OF ALL WOMEN 12 – 49 YEARS OLD

	1	2	3	4	5	6	7	8
ID	Is [NAME] pregnant now? If YES, record number of weeks pregnant 0=NO>>Q7 -99= UNSURE>>Q7	Did (NAME) see anyone for antenatal care during this pregnancy? 0=NO 1=YES>>Q4	Why didn't (NAME) go for antenatal care? 1=Can't afford 2=No health care available 3=Health care too far 4=Not necessary 5=Health personnel not friendly 6= Do not trust health facility 7=Didn't know -96=Other (specify) (>>Q7)	Whom did (NAME) see? Health professional: 1=Doctor 2=Nurse / Midwife 3=Auxiliary midwife Other person: 4=Traditional birth attendant 5=Community health worker -96=Other (specify) [SELECT ALL THAT APPLY]	How many months pregnant was (NAME) when she first received antenatal care for this pregnancy? [MONTHS] -99= DON'T KNOW	How many times did (NAME) receive antenatal care during this pregnancy? [NUMBER] -97= REFUSED -99= DON'T KNOW	Has [NAME] ever given birth? [Live birth] 0=NO>>5B 1=YES	How many children to whom [NAME] has given birth were born alive? [number] -97= REFUSED -99= DON'T KNOW
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				
				1 2 3 4 5 -96				

SECTION 5B: BIRTH HISTORY SCHEDULE

Enter ID code of Stawisha Maisha eligible woman:

ENUMERATOR CHECK: For this person, check response to q8, Module 5A:

- ☐ No live births → NEXT SECTION
- ☐ One or more live births → CONTINUE BELOW

Now I would like to record the names of all of your births **in the last 5 years**, whether still alive or not, starting with the first one you had.

Record names of all of the births in O1. Record twins and triplets on separate lines. If there are more than 10 births, use an additional questionnaire.

	1	2	3	4a	4	5	6	7	8	9
Birth history ID	What name was given to your first/next baby?	Were any of these births twins? 1=Single birth 2=Multiple birth	Is (NAME) a boy or a girl? 1=Boy 2=Girl	Do you know (NAME)'s birthday? 1=Yes 0=No	What is (NAME)'s birthday? (DD/MM/YYYY) RECORD FROM HEALTH CARD OR BIRTH REGISTRATION DOCUMENT IF AVAILABLE.	Is (NAME) still alive? 0=NO>>Q9 1=YES	How old was (NAME) at his/her last birthday? Record age in completed years (0-5) -97= REFUSED -99= DON'T KNOW	Is (NAME) living with you? 0=NO>>Q9 1=YES	Record line number of child from household roster. If child is not listed and then add to HH roster	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? 0=NO 1=YES → NEXT BIRTH
01					_ _ _ _ _ _ _ _ _ _ _ _					
02					_ _ _ _ _ _ _ _ _ _ _ _					
03					_ _ _ _ _ _ _ _ _ _ _ _					
04					_ _ _ _ _ _ _ _ _ _ _ _					
05					_ _ _ _ _ _ _ _ _ _ _ _					
06					_ _ _ _ _ _ _ _ _ _ _ _					
07					_ _ _ _ _ _ _ _ _ _ _ _					
08					_ _ _ _ _ _ _ _ _ _ _ _					
09					_ _ _ _ _ _ _ _ _ _ _ _					
10					_ _ _ _ _ _ _ _ _ _ _ _					

SECTION 5C: CONTRACEPTION, FERTILITY PREFERENCES AND SUBJECTIVE HEALTH

Respondent for this section should be the Stawisha Maisha eligible woman in the household

	Record PID for respondent	<input type="text"/>	
	Question	Answers	Skip
1	<p>I will now ask you some questions about your physical health in general:</p> <p>Imagine a scale from 1 to 5, where 1 indicates very good health status and 5 indicates very bad health status. How would you rate your personal health status?</p>	<p>Excellent1</p> <p>Very Good.....2</p> <p>Good.....3</p> <p>Fair4</p> <p>Poor.....5</p>	
2	<p>Compared with your health one year ago, would you say that your health is:</p>	<p>Better.....1</p> <p>About the same.....2</p> <p>Worse3</p>	

SECTION 6: MATERNAL AND NEWBORN HEALTH

These questions need to be asked to the Stawisha Maisha eligible woman for each child aged 0 – 36 months. Include only children of the Stawisha Maisha eligible woman and children for which she is the primary caregiver.

Enter ID Code of Stawisha Maisha eligible woman: |__|__|

	1	2	3	4	5	6	7	8				
	Where respondent is biological Mother only											
ID of child [FROM HOUSE - HOLD ROSTER]	During this pregnancy, did your husband/partner do any of the following? 0=NO 1=YES -99=DK				Did you see anyone for antenatal care during your pregnancy with (NAME)? 0=NO 1=YES>>Q4 -99=DK>>Q9	Why didn't you go for antenatal care? 1=Can't afford 2=No health care available 3=Health care too far 4=Not necessary 5=Health personnel not friendly 6=Husband discouraged -96=Other (specify) (>>Q9)	How many times did you receive antenatal care during this pregnancy? [RECORD NUMBER OF VISITS]	Whom did you see? Health professional: 1=Doctor 2=Nurse / Midwife 3=Auxiliary midwife Other person: 4=Traditional birth attendant 5=Community health worker -96=Other (specify) [CIRCLE ALL THAT APPLY]	How many months pregnant were you when you first received antenatal care for this pregnancy? [MONTHS] -99= DON'T KNOW	How many times did you receive antenatal care during this pregnancy? [NUMBER] -97= REFUSED -99= DON'T KNOW	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once: 0=NO 1=YES -99=DON'T KNOW	
	a. Stopped you from receiving ANC?	b. Encourage you to receive ANC?	c. Had no interest in you receiving ANC?	d. Accompany you to receive ANC?							Talk with you about which foods you should eat?	Talk with you about breastfeeding?
							1 2 3 4 5 -96					
							1 2 3 4 5 -96					
							1 2 3 4 5 -96					
							1 2 3 4 5 -96					
							1 2 3 4 5 -96					
							1 2 3 4 5 -96					

SECTION 6: MATERNAL AND NEWBORN HEALTH (CONTINUED)

	9	10	11	12	13	14									
	Where respondent is biological Mother only					All									
ID of child [FROM HOUSE - HOLD ROSTER]	During this pregnancy did you participate in a Maternal Child Health and Nutrition program? 0=NO 1=YES -99=DON'T KNOW	During this pregnancy, did you do any of the following? 0=NO 1=YES -99=DON'T KNOW	During the pregnancy with [NAME], did you take any of the following? 0=NO >>Next Item >>Q14 1=YES -99=DON'T KNOW	How many times did you take each of these during your pregnancy with [NAME]? [NUMBER]	Where did you get each of these medications: during an antenatal care visit, during another visit to a health facility or at another source? 1=ANC visit 2=Another health facility visit 3=Another source -96=Other (specify)	Who assisted with the delivery of [NAME]? [IF RESPONDENT SAYS NO ONE, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. RECORD ALL PERSONS MENTIONED] <i>Health professional:</i> 1=Doctor 2=Nurse / Midwife 3=Auxiliary midwife <i>Other person:</i> 4=Traditional birth attendant 5=Community health worker 6=Relative or friend -96=Other (specify) -95=No one -99=Don't know									
		a. Eat at least one more meal per day than you usually would when not pregnant?	b. Try to eat different types of food each day?	c. Eat at least four different types of food groups per day?	a.SP/Fansidar to keep you from getting malaria?	b.Iron tablet or syrup?	c.Consumption of Iron Folic Acid Tablets (IFA) for 90+ days?	d.Medicine for intestinal worms?	a.SP/Fansidar to keep you from getting malaria?	b.Iron tablet or syrup?	c.Medicine for intestinal worms?	a.SP/Fansidar to keep you from getting malaria?	b.Iron tablet or syrup?	c.Medicine for intestinal worms?	

SECTION 6: MATERNAL AND NEWBORN HEALTH (CONTINUED)

	15	16	17	18	19	20	21	
ID of child [FROM HOUSE -HOLD ROSTER]	Where did you give birth to [NAME]? 1=Hospital 2= Health Facility 3= Village Health Post 4= Dispensary Or Pharmacy, 5=At Home Of Traditional Birth Attendant Or Midwife, 6=At Own Home, Neighbor Or Friend's Home, 7=Outside, -96=Other (Specify) -99=Don't know	When [NAME] was born, was s/he very big, bigger than average, average, smaller than average, or very small? 1=Very big 2=Bigger Than Average 3=Average 4=Smaller Than Average 5=Very Small -99=Don't know	Was [NAME] weighed at birth? 0=NO >Q14 1=YES - 99=DK >>Q19	How much did [NAME] weigh at birth? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. RECORD IN KG AND USE APPROPRIATE CODE: 1=From health card 2=From recall -97=REFUSED -99=DON'T KNOW	How long after birth did you first put [NAME] to the breast? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days. 0=Never breastfed 1=Immediately 2=Hours 3=Days -99=Don't know	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? 0=NO (>>NEXT CHILD/SECTION) 1=YES -99=DK (>>NEXT CHILD/SECTION)	What was [NAME] given to drink? Probe: Anything else? [RECORD ALL MENTIONED] 1=Milk (other than breast milk) 2=Plain water 3=Sugar or glucose water 4=Gripe water 5=Sugar-salt-water solution 6=Fruit juice 7=Infant formula 8=Tea / Infusions 9=Honey 10=Herbal drink -96=Other (specify)	
				Kilograms	Code	Code	Number	
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96
				____.____ ____				1 2 3 4 5 6 7 8 9 10 -96

SECTION 7: CHILD UNDER 5 ILLNESS AND MEDICAL CARE

This part covers all children under 5 (0- 59 months) in the household.

	1	2	3	4	5	6	7					8
ID of child [FROM HOUSE - HOLD ROSTER]	Did you or someone else take [NAME] to a health facility in the past 12 months? 0=NO >>Q3 1=YES	How many times was [NAME] there for consultations in the past 12 months? [0-12] -97= REFUSED -99=DON'T KNOW	In the last two weeks, has [NAME] had diarrhoea? 0=NO>>Q10 1=YES	Where did you seek advice or treatment for [NAME'S] diarrhoea? 1=Government Parastatal hospital/clinic/centre 2=Religious/voluntary hospital/clinic/centre 3=Private hospital/clinic/centre 4=Pharmacy 5=Relative/Friend 6=Traditional Herbalist -95=did not seek -99= other (specify)	During the time [NAME] had diarrhoea, was he/she given less than usual to <u>eat</u> , about the same amount, or more than usual? If less, probe: Was he/she given much less than usual to drink, or somewhat less? 1=Much less 2=Somewhat less 3=About the same 4=More 5=Nothing to drink -99=Don't Know	During the time [NAME] had diarrhoea, was he/she given less than usual to <u>eat</u> , about the same amount, more than usual, or nothing to eat? If less, probe: Was he/she given much less than usual to eat, or somewhat less? 1=Much less 2=Somewhat less 3=About the same 4=More 5=Stopped food -95=Never gave food -99=Don't Know	During the episode of diarrhoea, was [NAME] given to drink any of the following: a. Fluid made from a sachet ORS (oral rehydration salt)? 0=NO 1=YES -99=Don't Know (DK) b. A pre-packaged ORS fluid for diarrhoea? 0=NO 1=YES -99=Don't Know (DK) c. Coconut water? 0=NO 1=YES -99=Don't Know (DK) d. Rice water? 0=NO 1=YES -99=Don't Know (DK) e. Other fluids? 0=NO 1=YES -99=Don't Know (DK)					Was anything else given to treat the diarrhoea? 0=NO >>Q10 1=YES

SECTION 7: CHILD UNDER 5 ILLNESS AND MEDICAL CARE (CONTINUED)

This part covers all children under 5 (0- 59 months) in the household.

	9	10	11	12	13	14	15	16	17
ID of child [FROM HOUSE - HOLD ROSTER]	What else was given to treat the diarrhoea? Pill or Syrup 1=Antibiotic 2=Antimotility (anti-diarrhoeal) 3=Zinc 4=Other (Not antibiotic, antimotility or zinc) 5=Unknown pill or syrup Injection 6=Antibiotic 7=Non-antibiotic 8=Unknown injection 9=Intravenous 10=Home remedy / Herbal medicine -96=Other (specify)	At any time in the last two weeks, has [NAME] had an illness with a cough? 0=NO>>Q14 1=YES	When [NAME] had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? 0=NO>>Q13 1=YES	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? 1=Problem in chest only 2=Blocked or runny nose only (>>Q14) 3=Both 6=Other (specify) (>>Q14) -99=Don't know	Where did you seek treatment or advice for [NAME'S] cough? 1=Government Parastatal hospital/clinic/centre 2=Religious/voluntary hospital/clinic/ centre 3=Private hospital/clinic/ centre 4=Pharmacy 5=Relative/Friend 6=Traditional Herbalist -95=did not seek -99= other (specify)	Has [NAME] been ill with fever in the last 2 weeks? 0=NO>>Q16 1=YES	Where did you seek treatment or advice for [NAME'S] fever? 1=Government Parastatal hospital/clinic/centre 2=Religious/voluntary hospital/clinic/ centre 3=Private hospital/clinic/ centre 4=Pharmacy 5=Relative/Friend 6=Traditional Herbalist -95=did not seek -99= other (specify)	Has [NAME] been diagnosed with intestinal worms in the past 6 months? 0=NO 1=YES	Has [NAME] been diagnosed with malaria in the past 6 months? 0=NO 1=YES
	1 2 3 4 5 6 7 8 9 10 -96								
	1 2 3 4 5 6 7 8 9 10 -96								
	1 2 3 4 5 6 7 8 9 10 -96								
	1 2 3 4 5 6 7 8 9 10 -96								
	1 2 3 4 5 6 7 8 9 10 -96								
	1 2 3 4 5 6 7 8 9 10 -96								

SECTION 8: CHILD UNDER 5 IMMUNIZATIONS, MONITORING AND PREVENTIVE CARE

This part covers all children under 5 (0- 59 months) in the household.

	2	3	4	5	6	7	8	9	10
	For Children >=6 months								
ID of child [FROM HOUSE - HOLD ROSTER]	Has (NAME) received a Vitamin A dose like this within the last 6 months? [SHOW COMMON TYPES OF AMPULES /CAPSULES / SYRUPS] 0=NO 1=YES -99=DON'T KNOW	In the last 7 days was (NAME) given micronutrient powder like this? [SHOW MICRONUTRIENT POWDER PACKAGE] 0=NO 1=YES -99=DON'T KNOW	The last time [NAME] passed stools, what was done to dispose of the stools? 1=Child used toilet / latrine 2=Put / Rinsed into toilet or latrine 3=Put / Rinsed into drain or ditch 4=Thrown into garbage (solid waste) 5=Buried 6=Left in the open -96=Other (specify) -99=Don't Know	Did [NAME] sleep under a mosquito net last night? 0=NO 1=YES -99=DON'T KNOW	Has (NAME) been given any medicine for intestinal worms within the last 6 months? 0=NO 1=YES -99=DON'T KNOW	Has (NAME) been tested for anaemia within the last 6 months? 0=NO 1=YES, TESTED 2=YES, TESTED POSITIVE -99=DON'T KNOW	Has [NAME] received an iron supplement, tablet or syrup in the past 6 months? 0=NO 1=YES -99=DON'T KNOW	In the last 3 months has any healthcare provider or community health worker measured [NAME'S] height? Please do not include today's measurements done by our team (Antro team) 0=NO 1=YES	In the last 3 months has any healthcare provider or community health worker measured [NAME'S] weight? Please do not include today's measurements done by our team (Antro team) 0=NO 1=YES

SECTION 9: CHILD UNDER 5 NUTRITION AND FEEDING

This part covers all *children for which the respondent is the main caregiver under 5 (0- 59 months) in the household.*

	1	2	3	4	5										6	7									
	Children under 4				Children aged 0 – 23 months only																				
ID of child [FROM HOUSE - HOLD ROSTER]	Are you currently breast-feeding (NAME)? 0=NO 1=YES (>>Q3)	At what age did you stop breast-feeding (NAME)? Record age in completed months; -95=never breastfed -97= Refused -99= Don't know (>>Q4)	How many times did you breastfeed (NAME) yesterday, during the day and night? [Record number of times] -95= none or N/A -97= Refused -99= Don't know	At what age (in months) did you first give (NAME) water or other fluids besides breast milk? [00=LESS THAN ONE MONTH] -95=Not yet>>Q7 -97= Refused -99= Don't know	<p>Now I would like to ask you about liquids or foods that (NAME) had yesterday during the day or at night. I am interested in whether your child had the item I mention, even if it was combined with other foods.</p> <p>[For milk products, infant formula and baby cereal, ask how many times the child had the item]</p> <p>0=NO 1=YES</p> <table border="1"> <tr> <td>a. Plain water ?</td> <td>b. Milk such as tinned, powdered, or fresh animal milk?</td> <td>b2. How many times? -95= None or N/A -97= Refused -99= Don't know</td> <td>c. Infant formula (Infacare , NAN, S-26 SMA, Lactogen , ...)?</td> <td>c2. How many times? -95= None or N/A -97= Refused -99= Don't know</td> <td>d. Baby cereal (Nestle Cerelac, Unga wa lishe, thin porridge, made with maize, sorghum, millet, cassava or finger millet)</td> <td>d2. How many times? -95= None or N/A -97= Refused -99= Don't know</td> <td>e. Tea or coffee ?</td> <td>f. Any other liquids (soda, koko, juice, cocoa, coconut water ...)?</td> </tr> </table>										a. Plain water ?	b. Milk such as tinned, powdered, or fresh animal milk?	b2. How many times? -95= None or N/A -97= Refused -99= Don't know	c. Infant formula (Infacare , NAN, S-26 SMA, Lactogen , ...)?	c2. How many times? -95= None or N/A -97= Refused -99= Don't know	d. Baby cereal (Nestle Cerelac, Unga wa lishe, thin porridge, made with maize, sorghum, millet, cassava or finger millet)	d2. How many times? -95= None or N/A -97= Refused -99= Don't know	e. Tea or coffee ?	f. Any other liquids (soda, koko, juice, cocoa, coconut water ...)?	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night? 0=NO 1=YES	At what age (in months) did you first give (NAME) solid or semi-solid food? [00=LESS THAN ONE MONTH] [-95=NOT YET] >> NEXT CHILD/ SECTION
a. Plain water ?	b. Milk such as tinned, powdered, or fresh animal milk?	b2. How many times? -95= None or N/A -97= Refused -99= Don't know	c. Infant formula (Infacare , NAN, S-26 SMA, Lactogen , ...)?	c2. How many times? -95= None or N/A -97= Refused -99= Don't know	d. Baby cereal (Nestle Cerelac, Unga wa lishe, thin porridge, made with maize, sorghum, millet, cassava or finger millet)	d2. How many times? -95= None or N/A -97= Refused -99= Don't know	e. Tea or coffee ?	f. Any other liquids (soda, koko, juice, cocoa, coconut water ...)?																	

SECTION 9: CHILD UNDER 5 NUTRITION AND FEEDING (CONTINUED)

This part covers all children *for which the respondent is the main caregiver* under 5 (0- 59 months) in the household.

8												
All children 0 – 59 months old												
ID of child [FROM HOUSE - HOLD ROSTER]	Now I would like to ask you about (other) liquids and foods that (NAME) may have had yesterday during the day or the night. I am interested to know whether your child had the item even if combined with other foods. Did (NAME) eat (name of food) during the day or the night before: 0=NO 1=YES											
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.
	Mtindi or roshoro?	Ugali, porridge, rice, pasta, bread, chapati, or kitumbua?	Carrots or orange flesh sweet potato (viaze lishe)?	Cassava, cassava ugali, makopa, yam, green banana, Irish potato, white-flesh sweet potato?	Collard greens, spinach, chainizi, mchicha, majani ya kunde, au kisamvu?	Nightshade leaves (mnafu), spider flower (mgagani), jute mallow (mlenda), sweet potato leaves (matembele), pumpkin leaves (majani ya maboga), or Malabar spinach (delega)?	Any other vegetables, such as cabbage, tomato, African eggplant, sweet pepper, cucumber, okra, or other vegetables?	Mango, papaya, or passionfruit?	Any other fruits, such as bananas, oranges, watermelon, avocado, baobab, or other fruits?	Liver, kidney, heart, or gizzard?	Sausages/ hot dogs, ham, or bologna?	Any other meat, such as beef, mutton, goat, pork, chicken, ducks, guinea fowl, or bush meat?

SECTION 9: CHILD UNDER 5 NUTRITION AND FEEDING (CONTINUED)

This part covers all children *for which the respondent is the main caregiver* under 5 (0- 59 months) in the household.

8									
All children 0 – 59 months old									
ID of child [FROM HOUSE - HOLD ROSTER]	Now I would like to ask you about (other) liquids and foods that (NAME) may have had yesterday during the day or the night. I am interested to know whether your child had the item even if combined with other foods. Did (NAME) eat (name of food) during the day or the night before:								
	0=NO 1=YES								
	m.	n.	o.	p.	q.	r.	s.	t.	u.
	Eggs?	Fish, dried small fish (dagaa), dried small tilapia, shrimp, prawn, shellfish, or octopus?	Beans, green peas, cowpeas, green gram, pigeon peas, sesame kashata, groundnuts, or groundnut paste?	Cheese?	Grasshopper, flying termites, or termites?	Sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?	Chips, bagia, mandaazi, fried potatoes, fried cassava, fried sweet potato, or instant noodles?	Red palm oil?	Any other solid, semi-solid, or soft food? IF YES: What was the food?"

SECTION 9: CHILD UNDER 5 NUTRITION AND FEEDING (CONTINUED)

This part covers all children for which the respondent is the main caregiver under 5 (0- 59 months) in the household.

	9	10	11	12	13
ID of child [FROM HOUSE - HOLD ROSTER]	IF ALL ‘NO’ IN Q8 >> Q10 IF AT LEAST 1 ‘YES’ IN Q8: How many times did (NAME) eat solid or semi- solid (soft, mushy) food yesterday, during the day or night? [RECORD NUMBER OF TIMES] -97= Refused -99= Don’t know	How often does (NAME) refuse the food you offer him/her? 1=Often 2=Sometimes 3=Never (>>Q12)	What do you normally do when (NAME) refuses to eat? 1=Do nothing 2=Force him/ her to eat 3=Sing, tell stories, play with my child 4=Try different food -96=Other (Specify)	How much do you talk directly to [NAME] when you are feeding him/her complementary food? 1=I talk rarely while feeding 2=I talk sometimes while feeding 3=I talk most of the time while feeding	Did (name) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night? 0=NO 1=YES -99=Don’t Know

SECTION 10: CHILD UNDER 5 DEVELOPMENT

This part covers children aged 24- 59 months in the household.

ENUMERATOR READ: I would like to ask you about certain things (name) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.

	1	2	3	4	5	6	7	8	9
	Children 24-59 months								
ID of child [FROM HOUSE - HOLD ROSTER]	Can [NAME] walk on an uneven surface, for example, a bumpy or steep road, without falling? 0=NO 1=YES -99=Don't Know	Can [NAME] jump up with both feet leaving the ground? 0=NO 1=YES -99=Don't Know	Can [NAME] dress (him/herself), that is, put on pants and a shirt, without help? 0=NO 1=YES -99=Don't Know	Can [NAME] fasten and unfasten buttons without help? 0=NO 1=YES -99=Don't Know	Can [NAME] say 10 or more words, like 'mama' or 'ball'? 0=NO 1=YES -99=Don't Know	Can [NAME] speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"? 0=NO 1=YES -99=Don't Know	Can [NAME] speak using sentences of 5 or more words that go together, for example, "The house is very big"? 0=NO 1=YES -99=Don't Know	Can [NAME] correctly use any of the words 'I,' 'you,' 'she,' or 'he,' for example, "I want water" or "He eats rice"? 0=NO 1=YES -99=Don't Know	If you show [NAME] an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? <i>By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct</i>

SECTION 10b: CHILD UNDER 5 DEVELOPMENT (CONTINUED)

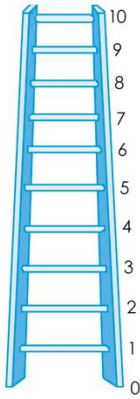
This part covers children aged 36- 59 months in the household.

ENUMERATOR READ: I would like to ask you about certain things (name) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.

	10	11	12	13	14	15	16	17	18	19	20
	Children 36-59 months										
ID of child [FROM HOUSE - HOLD ROSTER]	Can [NAME] recognize at least 5 letters of the alphabet?	Can (name) write (his/her) name? 0=NO 1=YES -99=Don't Know	Can (name) recognize all numbers from 1 to 5? 0=NO 1=YES -99=Don't Know	If you ask (name) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount? 0=NO 1=YES -99=Don't Know	Can (name) count 10 objects, for example 10 fingers or 10 blocks, without mistakes? 0=NO 1=YES -99=Don't Know	Can (name) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly? 0=NO 1=YES -99=Don't Know	Does (name) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"? 0=NO 1=YES -99=Don't Know	Does (name) offer to help someone who seems to need help? 0=NO 1=YES -99=Don't Know	Does (name) get along well with other children? 0=NO 1=YES -99=Don't Know	How often does (name) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never? 1=Daily 2=Weekly 3=Monthly 4=A few times a year 5=Never -99=Don't Know	Compared with children of the same age, how much does (name) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more? 1=Not at all 2=The same or less 3=More 4=A lot more -99=Don't know

SECTION 11: WOMEN'S EMPOWERMENT, SOCIAL CAPITAL AND RESILIENCE

Respondent for this section should be the Stawisha Maisha eligible woman in the household (i.e. the mother/caregiver of a child < 5 year old or a pregnant woman)

	Record PID for respondent	_____	
	Question	Answers	Skip
1	Some people try to save some money for emergencies or to buy something special in the future. Are you currently saving (in cash)?	No 0 Yes 1	→ Q3
2	How much have you saved in cash in the last one month?	Tanzanian Shillings: _____	
3	<p><i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p>Probe if necessary: Which step comes closest to the way you feel?</p> <p>Best Possible Life</p>  <p>Worst Possible Life</p>	Ladder Step..... _ _	
4	Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	Improved 1 More or less the same 2 Worsened 3	
5	People sometimes look for companionship, assistance or other types of support. If you needed it, how often is someone available...	Circle answer categories for each item below: None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	
a	to help you if you were confined to bed?	1 2 3 4 5	
b	to take you to the doctor if you need it?	1 2 3 4 5	
c	to prepare your meals if you are unable to do it yourself?	1 2 3 4 5	
d	to help with daily chores if you were sick?	1 2 3 4 5	
f	to turn to for suggestions about how to deal with a personal problem?	1 2 3 4 5	
i	Help you when you do not have enough food at home?	1 2 3 4 5	
6	Do you meet with a group of other women in the community to discuss the following issues?	No 0 Yes 1	
A	Issues related to the community?	No 0 Yes 1	
B	Issues related to education?	No 0	

		Yes	1				
C	Issues related to health?	No	0				
		Yes	1				
D	Issues related to finances?	No	0				
		Yes	1				
E	Issues related to agriculture or livestock?	No	0				
		Yes	1				
F	Issues specific to women?	No	0				
		Yes	1				
G	Issues related to nutrition?	No	0				
		Yes	1				
7	How often do you see your relatives (relative that does not live in your household)?	Everyday	1				
		Every week at least once	2				
		Every 2 weeks at least once	3				
		Every month at least once	4				
		Less than once a month	5				
		Never	6				
8	How often do you see your friends?	Everyday	1				
		Every week at least once	2				
		Every 2 weeks at least once	3				
		Every month at least once	4				
		Less than once a month	5				
		Never	6				
9	In the last 12 months, how often did you feel that ...	Answer categories:					
		None of the time	1				
		A little of the time	2				
		Some of the time	3				
		Most of the time	4				
		All of the time	5				
A	Your life is determined by your own actions	1	2	3	4	5	
B	You have the power to make important decisions that change the course of your own life	1	2	3	4	5	
C	You have the power to make important decisions that change the wellbeing of your children	1	2	3	4	5	
D	You have the power to make important decisions that change the wellbeing of your household	1	2	3	4	5	
E	You are capable of protecting your own interests within your household	1	2	3	4	5	
F	You are capable of protecting your own interests outside of your household (e.g. in the community, in groups in which you participate)	1	2	3	4	5	
G	You are satisfied with your life	1	2	3	4	5	
10	I now want to know whether you agree or disagree with the following statements:	Answer categories:					
		Strongly disagree	1				
		Disagree	2				
		Agree	3				
		Strongly agree	4				
A	The majority of people in this community generally get along with each other.	1	2	3	4		
B	I feel part of this community.	1	2	3	4		
C	The majority of people in this community would try to take advantage of you if they got the chance.	1	2	3	4		
D	There is a group of my peers that I feel a sense of belonging and membership with. (Examples include civic groups, community groups, women groups, trade groups, etc.)	1	2	3	4		
E	There is a group of my peers that I both give support and receive support from.	1	2	3	4		
F	When it comes to maternal and child feeding practices, I am open to learning and change.	1	2	3	4		
G	I have aspirations for my child to have a better life than me.	1	2	3	4		

H	When it comes to solving problems related to feeding my children, I feel confident coming up with solutions.	1	2	3	4	
I	When it comes to solving problems related to my own nutrition and healthcare during pregnancy, I feel confident coming up with solutions.	1	2	3	4	
11	How often are the following statements true for you?	Not true at all 0 Rarely true 1 Sometimes true 2 Often true 3 True nearly all the time 4				
A	I am able to adapt when changes occur.					
B	I can deal with whatever comes my way.					
C	I try to see the humorous side of things when I am faced with problems.					
D	Having to cope with stress can make me stronger.					
E	I tend to bounce back after illness, injury or other hardships.					
F	I believe I can achieve my goals, even if there are obstacles.					
G	Under pressure, I stay focused and think clearly.					
H	I am not easily discouraged by failure.					
I	I think of myself as a strong person when dealing with life's challenges and difficulties.					
j.	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.					

	Question	Answers	Skip
	ENUMERATOR: Please share the tablet with the respondent and ask them to read aloud the following passage: “Leo schule yetu wamefika wageni. Wageni hao ni wanafunzi kutoka shule iliyo jirani na shule yetu. Ilipofika jioni, time za shule hizi zilicheza mpira wa miguuu. Shule yetu ilishinda kwa kufunga magoli mawili kwa goli moja. Juma lijalo kutakuwa na mechi ya marudiano.” English meaning: Today, guests have arrived at our school. The guests are students from a school neighboring our school. When the evening came, the teams of these schools played football. Our school won by scoring two goals to one goal. Next week there will be a rematch.		
13	Did the respondent read the sentence?	Cannot read anything 1 Insecure reader, hesitant and many mistakes 2 Standard reader, some mistakes 3 Good reader, fluent with understanding 4	

SECTION 12a: MATERNAL NUTRITION KNOWLEDGE AND ATTITUDES

Respondent for this section should be the Stawisha Maisha eligible woman in the household (i.e. the mother/caregiver) **DO NOT PROMPT OR PROVIDE CODES, ALLOW RESPONDENT TO ANSWER AND THEN MARK ALL THAT APPLY**

	Record PID for respondent		
	Question	Answers	Skip
1	How should a pregnant woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Eat more food (more energy)..... 1 Eat more at each meal (eat more food each day)... 2 Eat more frequently (eat more times each day)..... 3 Eat more protein-rich foods..... 4 Eat more iron-rich foods..... 5 Use iodized salt when preparing meals..... 6 Eat more diverse foods 7 Other (specify)..... -96 Don't know..... -99	
2	How good do you think it is to eat more food during pregnancy?	Not good 0 Good 1 Don't know..... -99	
3	How difficult is it for you to eat more food during pregnancy?	Not so difficult..... 0 So-so..... 1 Difficult 2	
4	Most women would benefit from nutritional supplements, or tablets, during pregnancy. Which are they? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Iron supplements 1 Folic acid supplements 2 IFA pill containing Iron & Folic Acid 3 Other (specify)..... -96 Don't know..... -99	
5	How many months pregnant should a woman be when she first seeks antenatal care from a clinic or skilled medical provider/doctor?	0-3 months 1 3-6 months 2 6+ months 3 Not until labour/delivery 4 Not at all/doesn't need to..... 5 Don't know..... -99	
6	How good do you think it is to go to a doctor/clinic in the first three months of pregnancy?	Not good 0 Good 1 Don't know..... -99	
7	How difficult is it to go to a doctor/clinic in the first three months of pregnancy?	Not so difficult..... 0 So-so..... 1 Difficult 2	
8	How many times should a pregnant woman seek antenatal care from a clinic or skilled medical provider/doctor?	0 times 0 1-3 times 1 4+ times 2 Don't know..... -99	
9	How good do you think it is for a pregnant woman to go to a doctor/clinic four or more times during her pregnancy?	Not good 0 Good 1 Don't know..... -99	
10	How difficult do you think it is for a pregnant woman to go to a doctor/clinic four or more times during her pregnancy?	Not so difficult..... 0 So-so..... 1 Difficult 2	
11	How serious a problem do you think it is for your baby to have a low birth weight?	Not serious..... 0 Serious 1 Don't know..... -99	
12	When a pregnant woman is undernourished, she is at risk of having a low-birth-weight baby, meaning that the baby is small or has a low birth weight. Are there any health risks for low birth weight babies?	No 0 Yes..... 1 Don't know..... -99	→next section →next section
13	What are the health risks for these babies? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Slower growth and development 1 Risk of infections/being sick 2 Risks of being undernourished/having micronutrient deficiencies..... 3 Risks of being sick once adult/chronic diseases in adulthood 4 Other (specify)..... -96 Don't know..... -99	

SECTION 12b: CHILD NUTRITION/FEEDING KNOWLEDGE AND ATTITUDES

Respondent for this section should be the Stawisha Maisha eligible woman in the household (i.e. the mother/caregiver) **DO NOT PROMPT OR PROVIDE CODES, ALLOW RESPONDENT TO ANSWER AND THEN MARK ALL THAT APPLY**

	Record PID for respondent	_____	
	Question	Answers	Skip
1	What is the first food a newborn baby should receive? [DO NOT READ RESPONSES]	Only breastmilk 1 Other (specify)..... -96 Don't know -99	
2	How long after birth should a baby be first put to the breast?	Immediately/ within one hour..... 1 Within one day 2 After more than one day 3 Don't know -99	
3	Have you heard of something called “exclusive breastfeeding”?	No 0 Yes..... 1	→Q5
4	What does exclusive breastfeeding mean? [DO NOT READ RESPONSES]	Exclusive breastfeeding means that the infant gets only breastmilk and no other liquids (even water) or foods..... 1 Other response -96 Don't know -99	
5	How long should a baby receive nothing more than breastmilk?	From birth to 6 months 1 Other (specify)..... -96 Don't know -99	
6	How good do you think it is to breastfeed your baby exclusively for six months?	Not good 0 Good 1 Don't know -99	
7	How difficult is it for you to breastfeed your baby exclusively for six months?	Not so difficult..... 0 So-so 1 Difficult 2	
8	How much do you agree or disagree with the following statement? A baby should be given plain water before they turn 6 months old. READ RESPONSE OPTIONS	Disagree..... 1 Somewhat Disagree 2 Somewhat Agree 3 Agree 4	
10	What are the benefits for a baby if he or she receives only breastmilk during the first six months of life? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	He/she grows healthily 1 Protection from diarrhoea and other infections 2 Protection against obesity and chronic diseases in adulthood 3 Protection from other diseases 4 Other (specify)..... -96 Don't know -99	
11	What are the physical or health benefits for a mother if she exclusively breastfeeds her baby? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Delays fertility 1 Helps her lose the weight she gained during pregnancy 2 Lowers her risk of cancer (breast and ovarian)..... 3 Lowers risk of losing blood after giving birth (less risk of post-partum haemorrhage) 4 Improves the relationship between the mother and baby 5 Other (specify)..... -96 Don't know -99	
12	Many times, mothers complain about not having enough breastmilk to feed their babies. Please tell me different ways a mother can keep up her milk supply [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Breastfeeding exclusively on demand 1 Manually expressing breastmilk 2 Having a good nutrition/eating well/having a healthy or diversified diet..... 3 Drink enough liquids during the day 4 Other (specify)..... -96 Don't know -99	
13	Now we want to discuss breastfeeding in general. If a mother has difficulties feeding breastmilk what should she do to overcome them?	Seek professional help from health-care services: doctors, nurses, midwives or other health professionals..... 1 Seek advice from friends/family/neighbours 2	

		Seek advice from community health workers..... 3 Other.....-96 Don't know.....-99	
14	Thinking about your youngest living child, how confident did you/do you feel about breastfeeding your child?	Not confident..... 0 Okay/So-so..... 1 Confident..... 2	
15	How long is it recommended that a woman breastfeeds her child? <i>Probe if necessary:</i> Until what age is it recommended that a mother continues breastfeeding?	Six months or less..... 1 6–11 months..... 2 12–23 months..... 3 24 months or beyond (correct response)..... 4 Other.....-96 Don't know.....-99	
16	How good do you think it is to continue breastfeeding beyond six months?	Not good..... 0 Good..... 1 Don't know..... 2	
17	How difficult is it for you to continue breastfeeding beyond six months?	Not so difficult..... 0 So-so..... 1 Difficult..... 2	
18	There is a nutrient found in food called 'iron' which helps children 'accumulate' blood (nutrient that makes blood strong). Can you tell me some foods that are a good source of iron? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Meat..... 1 Fish..... 2 Eggs..... 3 Breast milk..... 4 Cow's milk..... 5 Beans/lentils..... 6 Blood from cattle or other animals..... 7 Other (specify)..... 8 Don't know.....-99	
19	Vitamin A is a nutrient that helps children see better. Can you tell me some of the foods that are rich in vitamin A? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Orange colored fruits/vegetables..... 1 Green leafy vegetables..... 2 Eggs..... 3 Liver..... 4 Breast milk..... 5 Cow's milk..... 6 Palm Oil..... 7 Other (specify)..... 8 Don't know.....-99	
20	How confident do you feel, or would you feel when child is eating solid foods, in preparing nutritious food for your children?	Not confident..... 0 Okay/So-so..... 1 Confident..... 2	
21	How good do you think it is to give different types of food to your child each day when they are 6 months and older?	Not good..... 0 Good..... 1 Don't know..... 2	
22	How difficult is it (or will it be) for you to give different types of food to your child each day?	Not so difficult..... 0 So-so..... 1 Difficult..... 2	
23	How stressed or worried does it make you to think about feeding your child different types of food?	Not at all stressed/worried..... 0 Somewhat stressed/worried..... 1 Very stressed/worried..... 2	
24	How good do you think it is to feed your child several times each day?	Not good..... 0 Good..... 1 Don't know.....-99	
25	How difficult is it (or will it be) for you to feed your child several times each day?	Not so difficult..... 0 So-so..... 1 Difficult..... 2	
26	How stressed or worried does it make you to think about feeding your child more frequently?	Not at all stressed/worried..... 0 Somewhat stressed/worried..... 1 Very stressed/worried..... 2	
28	I am going to read a list of seven food groups. How many of these food groups (out of seven) should a child 6-23 months old eat each day? grains, roots, and tubers legumes and nuts dairy products (milk yogurt, cheese) flesh foods (meat, fish, poultry, and liver/organ	Zero..... 1 At least one..... 2 At least two..... 3 At least three..... 4 At least four..... 5 Five or more..... 6 Don't know.....-99	

	meat) eggs vitamin A-rich fruits and vegetables and other fruits and vegetables.		
29	Who do you <u>most often go to</u> for support and information on nutrition during your most recent pregnancy?	Husband/partner 1 Family (mother, mother-in-laws, aunts) 2 Friends/other women in community 3 Doctors/clinics 4 Community programs/organizations 5 No one -95 Don't know -99	
30	Who <u>do you most often go to</u> for support and information on feeding your children?	Husband/partner 1 Family (mother, mother-in-laws, aunts) 2 Friends/other women in community 3 Doctors/clinics 4 Community programs/organizations 5 No one -95 Don't know -99	
31	How much do you/would you trust nutrition information that comes from family members (mother, mother-in-law, aunts)? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Completely 1 A lot 2 A moderate amount 3 A little 4 Not at all 5 Don't know -99	
32	How much do you/would you trust nutrition information that comes from a clinic or doctor? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Completely 1 A lot 2 A moderate amount 3 A little 4 Not at all 5 Don't know -99	
33	How much do you/would you trust nutrition information that comes from peers, friends or other women in your community? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Completely 1 A lot 2 A moderate amount 3 A little 4 Not at all 5 Don't know -99	
34	How much do you/would you trust nutrition information that comes from radio programs? [DO NOT READ RESPONSES; RECORD ALL MENTIONED]	Completely 1 A lot 2 A moderate amount 3 A little 4 Not at all 5 Don't know -99	
35	What needs to be done when a child has diarrhoea?	Give ORS (oral rehydration salt) 1 Give less food than usual 2 Give same quantity of food as usual 3 Give more food than usual 4 Give less liquids than usual 5 Give the same amount of liquid as usual 6 Give more liquid than usual 7 Keep breastfeeding 8 Increase breastfeeding 9 Give syrup 10 Give traditional medication 11 Give treated water 12 Give carrot juice or rice water 13 Give zinc 14 Other (Specify) 96 Don't know -99	
36	[SHOW SAMPLE GROWTH MONITORING CARD] What does this growth curve mean?	The child is about average height for his/her age 1 The child is smaller than the height of the average child his/her age 2 The child is taller than the height of the average child his/her age 3 I don't understand it 4	

SECTION 12c: HEALTH AND NUTRITION DECISION MAKING AND NORMS

Respondent for this section should be the Stawisha Maisha eligible woman in the household (i.e. the mother/caregiver) **DO NOT PROMPT OR PROVIDE CODES, ALLOW RESPONDENT TO ANSWER AND THEN MARK THE ONE WHICH APPLIES**

	Record PID for respondent	_____	
	Question	Answers	Skip
Decision Making			
1	During your most recent (or current) pregnancy, who usually made decisions about your health care: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know -99	
2	During your most recent (or current) pregnancy, who usually made decisions about what you ate and how often you ate?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know -99	
4	Do you feel you can make your own personal decision regarding your health care and feeding practices during pregnancy if you wanted to?	No 0 Yes..... 1 Don't know 998	
5	After giving birth to your youngest child, who usually made decisions about how long you breastfed that child for?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know 998	
6	Who usually makes decisions about health care for your child/children (including seeking treatment for illness)?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know 998	
7	Who usually makes decisions about what foods your child/children eat and how often they eat?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know 998	
9	Do you feel you can make your own personal decision regarding your child's/children's health care and feeding practices if you wanted to?	No 0 Yes..... 1 Don't know 998	
10	Who usually decides how the money you receive from TASAF/PSSN will be used?	Respondent 1 Husband/Partner 2 Respondent and Husband/Partner Jointly 3 Other (specify)..... 96 Don't know 998	
Social Norms			
11	How many mothers in your community attend their first antenatal care visit before they are three months pregnant?	None 0 Some..... 1 Many..... 2	
12	How many mothers in your community attend at least four antenatal care service visits during their pregnancy?	None 0 Some..... 1 Many..... 2	
13	How many mothers in your community eat one extra meal each day during pregnancy?	None 0 Some..... 1 Many..... 2	
14	How many mothers in your community breastfeed their child for at least six months without giving them any other food or liquids?	None 0 Some..... 1 Many..... 2	
15	How many mothers in your community introduce nutritionally balanced solid foods to their babies at six months and continue breast feeding to 24 months?	None 0 Some..... 1 Many..... 2	
16	How many mothers in your community regularly bring their under 5 year old children to health services that include growth monitoring and nutrition counseling?	None 0 Some..... 1 Many..... 2	

To what extent do you agree or disagree with the following statements? [READ RESPONSE OPTIONS]			
17	It is suitable for women to eat more and better food than other family members during pregnancy.	Disagree..... 1 Somewhat Disagree 2 Somewhat Agree 3 Agree 4	
18	Avoiding bad treatment by a nurse is an acceptable reason for a pregnant woman to delay ANC visits.	Disagree..... 1 Somewhat Disagree 2 Somewhat Agree 3 Agree 4	
19	It is appropriate in my community for women to exclusively breastfeed their child for six months without giving water or other foods.	Disagree..... 1 Somewhat Disagree 2 Somewhat Agree 3 Agree 4	
20	It is appropriate in my community for families to feed their children diverse diets with many different types of nutritious foods beginning when they are six months old.	Disagree..... 1 Somewhat Disagree 2 Somewhat Agree 3 Agree 4	
	If you were to decide to attend at least four antenatal care appointments throughout your pregnancy, starting in the first three months, how likely would these situations be to occur? [READ OPTIONS]		
21	You will be criticized by your husband/partner.	Very likely 1 Somewhat likely 2 Not likely 3	
22	You may encounter more arguments and conflict with your elders.	Very likely 1 Somewhat likely 2 Not likely 3	
23	You may be considered greedy and selfish.	Very likely 1 Somewhat likely 2 Not likely 3	
	If you were to decide to eat extra food and better food during pregnancy how likely would these situations be to occur?		
24	You will be criticized by your husband/partner.	Very likely 1 Somewhat likely 2 Not likely 3	
25	You may encounter more arguments and conflict with your elders.	Very likely 1 Somewhat likely 2 Not likely 3	
26	You may be considered greedy and selfish.	Very likely 1 Somewhat likely 2 Not likely 3	

SECTION 13: MEDIA AND COMMUNICATION

The next few questions will all be about the type of media and information you may know of or use
Respondent for this section should be the Stawisha Maisha eligible woman in the household (i.e. the mother/caregiver)

	Record PID for respondent		
	Question	Answers	Skip
1	How often do you listen to the radio? [READ RESPONSE OPTIONS]	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
2	How often do you use a computer or tablet?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
3	How often do you access the internet?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
4	How often do you watch television?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
5	How often do you read the newspaper?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
6	How often do you use a mobile telephone?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	→Q8
7	How often do you listen to radio broadcasts on a mobile phone?	Not at all0 Less than once a week1 At least once a week2 Almost every day3	
	In the last 12 months have you:		
8	Heard anything about nutrition on the radio?	No.....0 Yes1	
9	Seen anything about nutrition on a television?	No.....0 Yes1	
10	Read anything about nutrition in a magazine or newspaper?	No.....0 Yes1	
11	Seen anything about nutrition on a poster, leaflet or brochure?	No.....0 Yes1	
12	Seen anything about nutrition on an outdoor sign or billboard?	No.....0 Yes1	
13	Heard anything about nutrition at community meetings or events?	No.....0 Yes1	
14	Heard anything about nutrition from a community health worker?	No.....0 Yes1	
15	Discussed nutrition with other women in your community?	No.....0 Yes1	
16	Discussed nutrition with anyone else in your family or household?	No.....0 Yes1	
17	Have you ever heard of 'Stawisha Maisha'?	No.....0 Yes1	

SECTION 14a: GENDER EQUITABLE MEN (GEM) MODULE

Now we want to ask you your opinion about what you believe around the norms for men and women

Respondent for this section should be the Stawisha Maisha eligible woman in the household

	Record PID for respondent		
	Question	Answers	Skip
	Please rate the extent to which you agree with the following statements.		
1	There are times a woman deserves to be beaten.	Agree 1 Partially agree 2 Do not agree 3	
2	A woman should tolerate violence in order to keep her family together.	Agree 1 Partially agree 2 Do not agree 3	
3	If someone insults a man he should defend his reputation with force if he has to.	Agree 1 Partially agree 2 Do not agree 3	
4	It is okay for a man to hit his wife if she will not have sex with him.	Agree 1 Partially agree 2 Do not agree 3	
5	A man using violence against his wife is a private matter that should not be discussed outside the couple.	Agree 1 Partially agree 2 Do not agree 3	
6	It is alright for a man to beat his wife if she is unfaithful.	Agree 1 Partially agree 2 Do not agree 3	
7	It is a woman's responsibility to avoid getting pregnant.	Agree 1 Partially agree 2 Do not agree 3	
8	A man should be angered/shocked if his wife asks him to use a condom.	Agree 1 Partially agree 2 Do not agree 3	
9	Women who carry condoms on them are easy.	Agree 1 Partially agree 2 Do not agree 3	
10	Only when a woman has a child is she a real woman.	Agree 1 Partially agree 2 Do not agree 3	
11	A real man produces a male child.	Agree 1 Partially agree 2 Do not agree 3	
12	It disgusts me when I see a man acting like a woman.	Agree 1 Partially agree 2 Do not agree 3	
13	A woman should not initiate sex.	Agree 1 Partially agree 2 Do not agree 3	
14	You do not talk about sex, you just do it.	Agree 1 Partially agree 2 Do not agree 3	
15	A woman who has sex before she marries does not deserve respect.	Agree 1 Partially agree 2 Do not agree 3	
16	Men need sex more than women do.	Agree 1 Partially agree 2 Do not agree 3	
17	Men are always ready to have sex.	Agree 1 Partially agree 2 Do not agree 3	
18	A man needs other women, even if things with his wife are fine.	Agree 1 Partially agree 2 Do not agree 3	

19	It is the man who decides how he wants to have sex.	Agree 1 Partially agree 2 Do not agree 3	
20	Giving the kids a bath and feeding the kids are the mother's responsibility.	Agree 1 Partially agree 2 Do not agree 3	
21	A woman's most important role is to take care of her home and cook for her family.	Agree 1 Partially agree 2 Do not agree 3	
22	A man should have the final word on decisions in his home.	Agree 1 Partially agree 2 Do not agree 3	
23	The husband should decide what major household items to buy.	Agree 1 Partially agree 2 Do not agree 3	
24	A woman should obey her husband in all things.	Agree 1 Partially agree 2 Do not agree 3	

CONTACT INFORMATION FOR TRACKING

ENUMERATOR READS: In case you are not at the current address when we return, please tell us the names of two of your closest friend or family member who are sure to know where you are, and how to contact you. These should be friends or family that would stay in their current residence if this household moved away. *Hint: Contacts should usually not be husbands or children, since these contacts often move along with the respondent. We want contacts that are likely to stay in the same place when the respondent moves.*

1	2	3	4
Is there a mobile phone number where I can reach you? Yes.....01 No.....02	Please share with me that number	Is there a landline phone number where I can reach you? Yes.....01 No.....02	Please share with me that number

5	Contact 1	Contact 2
1. Name of contact people 2. 1b. Nickname of contact		
2. Relationship to you		
3. Where does [CONTACT] currently live?		
Landmarks Description of address Village Region		
4a. Primary phone number of [CONTACT] 4b. Secondary phone number of [CONTACT]		

END OF VISIT 1

SECOND VISIT

METADATA

Date of interview	_ _ - _ _ - _ _
Time start	_ _ : _ _ 24-hour clock
Time end interview	_ _ : _ _ 24-hour clock

Enumerator name and code	_____ _ _
Supervisor name and code	_____ _ _
Cluster ID	_ _
Household ID	_ _ _ _

SECTION 15: ANTHROMOPETRY

MEASURE ALL CHILDREN 0 – 59 MONTHS OLD.

Record weight and length/height below, taking care to record the measurements on the correct line for each child. Check the child's name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.

[FOR CHILDREN 0-24 MONTHS MEASURE HEIGHT LYING DOWN. FOR CHILDREN AGE 25-59 MONTHS MEASURE HEIGHT STANDING UP]

[INSTRUCTIONS: Two measurements of height and weight will be taken for each individual and if the difference is > 0.5 cm or 0.5 kg a third measurement should be taken to verify the first two measurements. Take the average of the two most reliable measurements and record in the table.]

	1	2	3	4	5	6	7	8	9	10	11	12
M E M B E R I D	Name	Sex 1 = Male 2 = Female	Age Record exact age in completed <u>months</u>	Record Date of Birth	Was (NAME) measured ? 1=YES (>>Q3) 0=NO	Why not? 1=Not home during survey period, 2=Too ill, 3=Has Disability 4=Mother not willing 5=Child not willing -96=Other (specify) (>> NEXT PERSON)	Weight in kilograms [USE ONE DECIMAL PLACE]	Was (NAME) weighed with clothes on or off? 1=Clothes on 2=Clothes off	Height in centimetres [USE ONE DECIMAL PLACE]	How was height captured? 1=Lying down 2=Standing up	Check for oedema 1=Oedema present 2=Oedema not present 3=Unsure -96=Not checked (specify reason)	For children 3 months-5years, measure upper arm circumference in centimetres [USE ONE DECIMAL PLACE]
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			
							_ _ _ . _		_ _ _ _ . _			

END OF VISIT 2 INTERVIEW