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Baseline Study of the Title II Development Food Assistance Program in Haiti

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Abbreviations and Acronyms

ACF	*Action Contre La Faim International*
BFS	Bureau for Food Security
BMI	Body mass index
CDF	Community Development Fund
CPI	Consumer price index
CASE	*Centre d'appui au suivi et à l'evaluation*
DAI	Development Alternatives, Inc.
DDL	USAID's Development Data Library
DHS	Demographic and Health Survey
ECVMAS	*Enquête sur les conditions de vie des ménages après le séisme*
FANTA	Food and Nutrition Technical Assistance III Project
FAO	U.N. Food and Agriculture Organization
FCS	Food consumption score
FEWS NET	Famine Early Warning System Network
FFP	USAID's Office of Food for Peace
GOH	Government of Haiti
GPS	Global positioning system
GSIS	*Groupe de Support en Informatique et en Statistiques*
HAZ	Height-for-age Z-score
HDDS	Household dietary diversity score
HHS	Household hunger scale
ICF	ICF International
IFPRI	International Food and Policy Research Institute
IHE	*Institut Haïtien de l'Enfance*
IHSI	*L'Institut Haïtien de Statistique et d'Informatique*
IYCF	Infant young child feeding
LCU	Local currency unit
LSMS	Living Standards Measurement Study
MAD	Minimum acceptable diet
MAST	*Ministère des Affaires Sociales et du Travail*
MSPP	*le Ministère de la Santé Publique and de la Population*
NGO	Non-governmental organization
ODAV	Vulnerability Analysis and Mapping Branch
ORT	Oral rehydration therapy
OLS	Ordinary least squares
PGI	Poverty gap index
PPP	Purchasing power parity
SDE	*Sections d'Énumération*
SD	Standard deviations
SPSS	Statistical Package for the Social Sciences
USAID	U.S. Agency for International Development
USD	United States dollar
USG	United States Government
WASH	Water, sanitation and hygiene
WDDS	Women's dietary diversity score
WFP	U.N. World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview of the Baseline Study

In fiscal year 2013, the U.S. Agency for International Development's (USAID) Office of Food for Peace (FFP) awarded funding to CARE International and its partners, *Action Contre La Faim International* (ACF) and the U.N. World Food Programme (WFP), to implement a Title II development food assistance program in Haiti.[1] The four-year *Kore Lavi* Program directly supports the Government of Haiti's (GOH) social protection efforts. The overall objective of the program is to reduce food insecurity and vulnerability by supporting the GOH in establishing a replicable safety net system and expanding capacities for preventing child undernutrition.

In line with the USAID Evaluation Policy, FFP contracted with ICF International (ICF) to carry out a baseline study of the Title II development food assistance program. This baseline study is the first phase of a pre-post evaluation. The second phase will include a final evaluation survey to be conducted when the Title II program is completed. The baseline study includes: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators and (2) a qualitative study to gather additional data that adds context, richness and depth to the findings from the household survey. The results from the baseline study will be used for the following purposes:

- Provide a baseline for impact and outcome indicators to serve as a point of comparison for a final evaluation; and
- Inform program targeting and, where possible, program design.

The population-based household survey sample was designed to be statistically representative of the beneficiary communes selected for implementation. The multi-stage clustered sampling design yielded a household sample size of 2,235 households. Questionnaires and training materials were developed and finalized based on consultations with FFP, the Food and Nutrition Technical Assistance III Project (FANTA) and CARE. The fieldwork, including training, data collection, and data entry, began in January 2014 and concluded in May 2014.

The qualitative study was designed based on a review of the preliminary unweighted full baseline dataset. This review was undertaken during May and June 2014, and training and data collection began in July 2014. An interview guide was developed and finalized based on consultations with FFP and FANTA. Working across eight selected communes, the qualitative team conducted 8 focus group discussions, 14 program-level interviews, and 42 household-level interviews. This yielded an overall sample of 29 men and 111 women, or 140 total individuals.

Limitations and challenges experienced during the study included the length and complexity of the household survey questionnaire, logistical and transport constraints, the limitations of self-reported data and small sample sizes for children under two years of age.

Key Findings

The baseline study findings cover seven areas: (1) characteristics of the population; (2) household hunger, dietary diversity and food consumption; (3) poverty levels; (4) water, sanitation and hygiene (WASH) practices; (5) women's health and nutrition; (6) children's health and nutrition and (7) gender equality.

[1] The *Kore Lavi* Program receives Title II development funding from USAID's Office of Food for Peace (FFP) and Community Development Funds (CDF) from USAID's Bureau for Food Security (BFS).

Characteristics of the Study Population

The *Kore Lavi* Program is being implemented in 23 communes in 5 departments: *Artibonite*, *Centre*, *Nord-Ouest*, *Ouest*, and *Sud-Est*. Approximately 1 million people and 215,541 households are included in the program area. Similar to the country overall, chronic food insecurity in the program area is a significant challenge. The Title II program area residents face challenges in all four pillars of food security: (1) availability of food, (2) access to food, (3) utilization of food and (4) stability. Qualitative data collected as part of the baseline study indicate that food is not consistently available, nor are employment opportunities sufficient for individuals to earn money to purchase food. Most of the respondents expressed a desire to produce their own food and said they believe that increased production would increase their food security. Indeed, agriculture is primarily small-plot farms managed by individual farmers using rudimentary equipment. The country's food production satisfies only about half of the country's food needs, while the remainder must be imported.[2]

Household Hunger

The household hunger scale (HHS) measures the extent of household food deprivation over the past 30 days. Survey results indicate that 57.5 percent of households suffer from moderate hunger and 13.5 percent of households suffer from severe hunger.

Data from the qualitative study indicate that many households produce food only at basic subsistence levels. Those households that can produce food to sell face challenges as well. Notably, arid land, poor soil quality and unreliable rain are common and in particular, the past 30 years has seen steep declines in the productivity of Haiti's farms due to increased environmental degradation and natural disasters.[3] Inconsistent access to income or employment, or both, compounds the situation and affects the population's ability to combat hunger. Households that lack the financial resources needed to purchase food also lack the upfront financial resources to maintain or increase subsistence farming.

Household Dietary Diversity

Although the household dietary diversity score (HDDS) gives an indication of food groups consumed in the household in the last 24 hours, it should not be interpreted as a nutrition indicator to reflect diet quality, but rather as an indicator of food access. Thus it serves as a proxy for socioeconomic status.[4] An HDDS of 6.2 indicates that households in the *Kore Lavi* Program area typically can access and consume 6 of 12 basic food groups. From these 12 food groups, the most accessed and consumed foods were oils/fats (99 percent), cereals (96 percent), pulses/legume/nuts (82 percent) and miscellaneous food items such as coffee, tea and spices. The least accessed and consumed foods were eggs (13 percent), milk and milk products (15 percent) meat, poultry, organ meat (19 percent) and fish and seafood (24.4 percent).

Qualitative data indicate that food consumption is pragmatic at the household level. Individual families eat what is available, what they can grow or what they can afford to purchase. Despite these challenges, many respondents spoke ardently to beliefs about the cultural significance of certain foods, while also holding strong opinions on imported food in comparison to locally produced food. Rice was identified as the standard Haitian food, although millet and stew were also frequently identified as key foods. The practice of selling certain foods to get money to purchase foods perceived as better was consistent and

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[2] Glaeser, L. M., Horjus, P., & Strother, S. (2011). Haiti Prospective Food Security Assessment. Washington, DC: FANTA-2 Bridge (Food and Nutrition Technical Assistance)/FHI 360. Available at http://www.fantaproject.org/sites/default/files/resources/Haiti_Prospective_FoodSecurity_Assessment_Nov2011_0.pdf.

[3] USAID. (2013). Factsheet: Feed the Future North. Available at http://www.usaid.gov/news-information/fact-sheets/feed-future-north.

[4] Swindale, A., & P. Bilinsky. (2005). *Household dietary diversity score (HDDS) for measurement of household food access: Indicator guide.* Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development.

widespread. This desire to, in a sense, upgrade one's food appeared to be less about seeking dietary diversity and more about prestige and status.

Food Consumption

The food consumption score (FCS), an indicator of dietary quality and frequency of consumption, is calculated using the frequency of consumption (number of days) of eight food groups consumed by a household during the seven days before the survey. The household food consumption classification serves as a standardized, objective and replicable tool for describing short-term food security.[5] The household survey data show that 69 percent of all households have an adequate level of food consumption, 22 percent score at the borderline level, and 9 percent score at the poor level.

Across the qualitative data, consumption of nutrient-dense foods such as meat was described as cost prohibitive. In communes with proximity to the ocean, fish is a logical possible protein-rich alternative when meat is unaffordable. Fish as a food source, however, poses different challenges. Without a more formalized fishing industry fully in place, fishing, similar to farming, struggles to be a consistent and sustainable option at the household level.

Poverty Levels

Across the *Kore Lav*i Program area, 43.6 percent of households currently live in extreme poverty (less than the international poverty line of USD$1.25 at 2005 prices), with average daily per capita expenditures of constant USD$ 2.10. The mean depth of poverty in the survey areas was 16.4 percent of the poverty line.

Qualitative data indicate that earning money consistently or having a steady job, or both, can be a real struggle. Much of the work that is undertaken tends to be piecemeal or ad hoc as needed. The most common types of work are service or retail (maid, laundry, shop attendant, tailor, barber, bakery, transport, prepared food vendor, raw food vendor, charcoal seller); labor (carpentry, masonry, construction, salt extraction); and small-scale or subsistence production (agriculture, livestock, fishing).

Household Water, Sanitation and Hygiene Practices

The household survey data show that 40 percent of households use an improved drinking water source and 16 percent of households use a non-shared improved sanitation facility. Interviewers observed the presence of water and soap, detergent, or another cleansing agent at the place for handwashing in only 6 percent of households.

Similar to the survey findings, the qualitative data indicate use of water from a public tap or cistern. The majority of respondents understand the necessity of treating their drinking water with Aquatabs® [water purification tablets] or boiling to avoid potential infections. Lack of money to purchase chlorine tablets was identified as a barrier to purifying drinking water. Qualitative data indicate self-reported use of non-improved latrines and otherwise, the use of a hole simply dug every time the need to defecate arises. Only a few respondents described actions being taken to improve sanitation facilities, which include adding more structure, such as doors, cemented tanks and walls, to help contain odors and infections and provide more safety, especially for children. Although interviewers for the household survey observed a complete handwashing station in only a few households (6 percent), respondents in the qualitative study spoke of the importance of washing their hands with soap and water to avoid transmitting germs and prevent cholera.

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[5] U.N. World Food Programme (WFP), Vulnerability Analysis and Mapping Branch (ODAV). (2008). Food consumption analysis - Calculation and use of the food consumption score in food security analysis. Rome, Italy.

Women's Health and Nutrition

As measured by body mass index (BMI), the nutritional status of women 15-49 years of age who are not pregnant or two months post-partum is generally satisfactory despite a lack of dietary diversity. The majority of women (65 percent) have a BMI within normal range (18.5-24.9), while 16 percent are considered underweight (BMI<18.5). The women's dietary diversity score (WDDS) for women 15-49 years of age is low; most women consume, on average 3.5 of 9 basic foods groups. The most frequently consumed foods are grains, roots, and tubers (98 percent) and legumes and nuts (79 percent). The least frequently consumed foods are organ meat (3 percent) and dairy products (14 percent).

The qualitative data indicate that women tend to have primary responsibility for food preparation in households. Also, gender-defined foods do not appear to be common, and therefore, men and women generally eat the same foods. The respondents—both males and females—are generally aware that consumption of diverse and nutritious foods while pregnant is important. Consistently, respondents demonstrated awareness of the importance of seeking out health care services and adhering to health-seeking practices doctors recommend. Knowledge, that is, the desire to visit the doctor, however, cannot always compensate for broader challenges, such as those related to finances and availability of services and transport. While some of these challenges are regionally specific in Haiti, some are also overarching commonalities in the sense that individuals can cope with and mitigate challenges, but longer term and more structural and systemic solutions are needed.

Children's Health and Nutrition

The survey data reveal that 8 percent of children under five years of age in the *Kore Lavi* Program area show signs of being moderately or severely underweight, and 19 percent of children under five years of age are stunted. In comparison, the 2012 Demographic and Health Survey (DHS)[6] rates of underweight children under five years of age in Haiti were 13 percent in rural households and 8 percent in urban households. The 2012 DHS rates of stunting in Haiti for children under five years of age were 25 percent in rural households and 16 percent in urban households.[7]

About one-quarter of all children under five years of age had diarrhea in the two weeks preceding the survey. Of the children with diarrhea, caregivers reported that 14 percent had blood in their stools. About half of caregivers reported seeking advice or treatment for children with diarrhea and 67 percent of children with diarrhea were treated with oral rehydration therapy.

The prevalence of diarrhea in children under five years of age in households with an improved non-shared sanitation facility was lower (19 percent) than that of households with a non-improved sanitation facility (27 percent). Children in households with an improved drinking water source also had a lower prevalence of diarrhea (22 percent) than children in households without an improved drinking water source (28 percent). Finally, children in households with soap and water near a handwashing station had a lower prevalence of diarrhea (17 percent) than that of households without soap and water at a handwashing station (26 percent).

The qualitative data indicate that respondents not only recognized the symptoms for diarrhea, but also knew of preventive measures and treatment options. Respondents tended to associate teething with incidences of diarrhea; however, respondents also mentioned exposure to microbes or bacteria as potential causes of diarrhea. When asked what treatment their children receive when they become ill,

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[6] Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Claise Sévère, Viviane Cayemittes, Emmanuel Charles. 2013. *Enquête Mortalité, Morbidité et Utilisation des Services*, Haïti, 2012. Calverton, Maryland, USA: MSPP, IHE and ICF International.

[7] Differences in the results for DHS rural households and the baseline survey may be due to differences in the underlying population sampled as well as the two-year difference in data collection between the two surveys.

most said they either take them to a health care facility or give them Oral rehydration therapy provided by the health care facilities.

Overall, 39 percent of children under six months of age in the survey households are exclusively breastfed. The qualitative data indicate a generally high level of awareness of the importance of exclusive breastfeeding and breastfeeding in general. In practice, however, it is not uncommon that mothers would feed their children under six months of age foods in addition to breast milk. The predominant reasons given were that the baby would not latch on properly or a mother's perception that breast milk was insufficient. Many women also described that if the mother was underfed, the breast milk would either not be present in the amounts needed to satisfy the child or it would not contain the nutrients necessary to nourish the child completely.

Only 7.7 percent of children 6-23 months of age are receiving a minimum acceptable diet (MAD). The proportion of children 6-23 months of age with a minimum dietary diversity of four or more food groups is low: 7 percent for breastfed children 6-8 months of age, 31 percent for breastfed children 9-23 months of age, and 25 percent for non-breastfed children 6-23 months of age.

In interviews and focus group discussions, respondents identified complementary foods such as purees and porridge (made with beans, yucca, plantain, bananas, cassava, okra, corn, potatoes, flour, rice, corn, millet); sauces (made with rice, beans, fish, meat); and other liquids and foods such as cracker smoothie [liquid with mushed crackers], rice water, eggs, Gerber® [jarred baby food], noodles, and milk. When women were asked what foods they give to babies at six months of age in addition to breast milk, their comments included responses such as "whatever I eat," "whatever foods people eat" and "all kinds of foods." These types of responses often appeared to reflect a lack of awareness of the specialized nutritional needs of infants and young children; however, these responses also could indicate that parents lack the financial resources needed to purchase complementary foods for infants and young children in addition to food for the family.

Gender Equality

The household survey included a series of questions that were asked of the primary male and female decisionmakers in each household to gain an understanding of their level of agreement with the concept that males and females should have equal access to social, economic, and political opportunities as well as access to, and decision-making concerning food. This indicator is measured on a scale of -2 to +2, where +2 indicates strong agreement, -2 indicates strong disagreement and 0 indicates neither agreement nor disagreement. The respondents were asked to rate these five statements:

- Men make better political than women.
- Men should have more rights to a job than women.
- Women should have equal right with men to access food.
- Women and men should have equal decision-making on family food.
- Women should have equal rights with men and receive the same treatment.

The overall indicator value for males was 0.47; slightly lower than the indicator value of 0.69 for females. Both values indicate some agreement, but not strong agreement. Across the qualitative data, views about gender equality tended to be polarized, rooted historically and in tradition. In general, fervor surrounding conversations about gender was often a reflection of the complexity of the topic and the likelihood that terms such as *equality*, *treatment* and *right*s are not necessarily commonplace for all of the respondents. The survey data indicate that the strongest level of agreement among men and women is in relation to access to food and decision-making concerning food. The qualitative data mirrored this trend. Respondents regularly described the ways men and women have equal access to the same foods and share in the responsibility of deciding what food the family will eat.

1. Introduction

In fiscal year 2013, the U.S. Agency for International Development's (USAID) Office of Food for Peace (FFP) entered into a new award for a Title II development food assistance program in Haiti.[8] The four-year *Kore Lavi* Program (implemented by CARE International and its partners, *Action Contre La Faim International* (ACF) and the U.N. World Food Programme (WFP) directly supports the Government of Haiti's (GOH) social protection efforts. The overall objective of the program is to reduce food insecurity and vulnerability by supporting the GOH in establishing a replicable safety net system and expanding capacities for preventing child undernutrition. The program consists of four strategic objectives:

1. SO1-Vulnerability Targeting: Establish and institutionalize an objective, equitable and effective mechanism to select vulnerable households within the *Ministère des Affaires Sociales et du Travail* (MAST).
2. SO2-Food Voucher-based Safety Net: Institutionalize a food voucher-based safety net program in MAST, targeting extremely vulnerable households and promoting women's empowerment and the purchase of locally produced food.
3. SO3-Maternal and Child Health: 150,000 households with pregnant and lactating women or children under two years are practicing targeted behaviors for ensuring that infants and children are born healthy and nurtured effectively.
4. SO4-Stewardship: Key government institutions, local partners and women are using expanded decision-making capacities to support food security, disaster risk management and social assistance programming.

In line with the USAID Evaluation Policy, FFP contracted with ICF International (ICF) to carry out a baseline study of the Title II development food assistance program (see Annex 1 for the Statement of Work). This baseline study is the first phase of a pre-post evaluation survey cycle. The second phase will include a final survey to be conducted when the Title II program is completed. The baseline study includes: (1) a representative population-based household survey to collect data for key FFP and program-specific indicators; and (2) a qualitative study to gather additional data that adds context, richness and depth to the findings from the household survey. The results from the baseline study will be used for the following purposes:

- Provide a baseline for impact and outcome indicators to serve as a point of comparison for a final evaluation; and
- Inform program targeting and, where possible, program design.

FFP defines food security as "all people at all times hav[ing] both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life." Food security depends on four main factors: (1) availability of food, (2) access to food, (3) utilization of food, and (4) stability. Availability of food refers to the physical presence of food in the region, whether in markets, on farms or through food assistance. Access to food refers to the ability of households to procure a sufficient quality and quantity of food. Utilization of food refers to the ability of individuals to properly absorb and select nutritious food. Stability in this context is the capacity to sustain acceptable nutrition over time.

[8] The *Kore Lavi* Program receives Title II development funding from USAID's Office of Food for Peace (FFP) and Community Development Funds (CDF) from USAID's Bureau for Food Security (BFS).

The baseline study was designed to provide information on all four aspects of food security. The study collected data for indicators related to household food access; water, sanitation and hygiene (WASH) practices; household expenditures and assets; health and nutrition among women and children; and gender equality.

This report begins with an overview of the study methods for the household survey and qualitative study, followed by a summary of the current food security situation in Haiti. The findings from the population-based household survey are then presented for all FFP and program-specific indicators. The qualitative study results are integrated with these findings to provide further context and understanding. The report closes with a summary of key findings.

2. Methodology

2.1 Methods for Population-based Household Survey

A. Study Design and Objectives

The primary objective of the population-based household survey is to assess the status of key FFP and program indicators at the start of program implementation. The baseline measurements will be used to calculate change in these indicators and undertake a statistical test of differences in the indicators at completion of the four-year *Kore Lavi* Program, when the same survey will be conducted in the program area. This pre-post design will enable the measurement of changes in indicators between the baseline and final evaluation, but will not allow statements about attribution or causation to be made.

B. Sample Design

The sample for the population-based household survey was selected using a multi-stage clustered sampling approach to provide a statistically representative sample of households in the communes where the *Kore Lavi* Program is being implemented. These communes are located in five departments: *Artibonite*, *Centre*, *Nord Ouest*, *Ouest*, and *Sud Est*. (See Figure 2.1).

Figure 2.1: *Kore Lavi* Program Area

The sampling frame was constructed from the 2002-2003 Haiti census-level *Sections d'Énumération* (SDE) in the communes where the program is being implemented. The SDE is the lowest census administrative level and typically includes about 100-200 households. The maternal and child health component of the *Kore Lavi* Program is being implemented in 19 of the 23 communes, although it was planned initially to be implemented in 21 communes. The food voucher safety net component is being implemented in 15 of these communes. The sampling frame comprised the SDEs in the 21 communes where the maternal and child health component was initially planned for implementation.

The sample allocations were based on adequately powering a test of differences in the prevalence of stunting because stunting is one of several key measures for food insecurity.

The following criteria were used for deriving the sample size for the baseline study:

- Design effect of 2
- Confidence level of 95 percent
- Power level of 80 percent
- Expected change in stunting over the life of the program of 6.5 percentage points
- Use of the Stukel/Deitchler Inflation and Deflation Factors (see Appendix A of the Food and Nutrition Technical Assistance III Project [FANTA] Sampling Guide[9]) to determine the number of households with children under five years of age
- Inflation of the sample size of households by 10 percent to account for household non-response

Based on these criteria, the optimum sampling allocation was determined to be 74 SDEs, with 30 households per SDE, for a total of 2,220 households. A more detailed description of the sampling methodology, including household definitions and specific household selection procedures, can be found in Annex 2, "Sampling Plan for Baseline Study of Title II Development Food Assistance Programs in Haiti and Zimbabwe." An overview of the sample selection procedures follows.

The sample selection of 2,220 households was done in three stages. First, sampling of SDEs, second, sampling of households within each SDE, and third, sampling of individuals within each household. To ensure representation in each of the geographic departments, the SDEs were stratified by departments and a fraction of the total SDEs was proportionately allocated to each stratum for sampling based on the overall distribution of SDEs in the sampling frame.[10] The first-stage sample of 74 SDEs was selected using simple random sampling from the sampling frame. Table 2.1 provides the counts of sampled SDEs and households for each department.

Because the census data is over 10 years old and the number of households per SDE likely changed considerably during that period, a household listing exercise was completed in each of the selected SDEs to determine the total number and location of households. Global positioning system (GPS) coordinates were taken for each household in the SDE. The household listing exercise is described in further detail in Section 2.1D.

For the second stage sampling, the number of households from the household listing was used to determine the appropriate sampling interval to yield 30 households per SDE. This sampling interval was used to systematically select 30 households for each SDE. Households in which no survey was conducted due to absence or refusals after three attempts were not replaced; therefore, the target of 30 households per SDE was not always achieved. The total number of households with completed interviews and response rates for each program are provided in Table 2.2 of Section 2.1E.

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[9] Food and Nutrition Technical Assistance III Project (FANTA III) Sampling Guide (1999) and Addendum (2012). Available at http://www.fantaproject.org/monitoring-and-evaluation/sampling

[10] The distribution of the number of *Sections d'Énumération* (SDE) and the number of households by department in the sampling frame are similar.

Table 2.1: Sampled SDE and Households for the Baseline Study

Department	Number of SDEs in Program Area	Number of SDEs Sampled	Number of Households in Program Area	Number of Households Sampled
Artibonite	324	17	40,409	510
Centre	362	19	55,373	570
Nord-Ouest	350	18	51,074	540
Ouest	140	7	17,624	210
Sud-Est	263	13	45,115	390
Total	1,439	74	209,595	2,220

A third stage of sampling was done at the individual level to select one woman age 15-49 in households where multiple women were eligible to be interviewed for questionnaire module E (women's nutrition and health) and one non-pregnant or postpartum woman age 15-49 for anthropometry measurements. For these modules, a Kish grid was used to randomly select the woman to be interviewed. All children under five years of age were selected for the children's module. For each household, the self-identified primary male and female decisionmakers were interviewed for the gender equality module.

C. Questionnaire

The survey questionnaire (see Annexes 3 and 4 for the English and Haitian Créole versions, respectively) was developed through a series of consultations with FFP, FANTA, and CARE before, during and after the in-country workshop held in November 2013. During the workshop, ICF and *Kore Lavi* Program staff shared information about the baseline study and Title II program and worked on finalizing the survey instrument.

A preliminary questionnaire was developed before the workshop, based on the selected FFP indicators and guidelines described in the *FFP Standard Indicators Handbook.*[11] Definitions for program-specific indicators were discussed and confirmed during the workshop. Questions that required adaptation to the local country context, such as foods and types of sanitation facilities, were also defined in consultation with *Kore Lavi* Program staff, USAID/Haiti, FFP and FANTA.

The questionnaire consisted of separate modules for the following topics:

- Module A: Household identification and informed consent
- Module B: Household roster
- Module C: Household food diversity and hunger
- Module D: Children's nutrition and health
- Module E: Women's nutrition and health
- Module F: Household sanitation practices
- Module H: Household expenditures
- Module J: Gender equality
- Anthropometry

[11] USAID. (2011). *FFP Standard Indicators Handbook (Baseline-Final Indicators)*. Available at http://pdf.usaid.gov/pdf_docs/pnadz580.pdf

Questions for Modules A through F were adapted using questions from the *FFP Standard Indicators Handbook* and the Demographic and Health Survey (DHS) questionnaire.[12] Questions for Module H were adapted from the 2012 Living Standards Measurement Survey.[13] The gender equality questions were adapted from the cross-cutting indicator reference sheets for indicator Gender 4 of the USAID and Department of State's Standard Foreign Assistance (F) indicators.

D. Field Procedures

Listing Exercise

To conduct the listing exercise, ICF obtained maps from the *L'Institut Haïtien de Statistique et d'Informatique* (IHSI) for each of the selected SDEs. ICF's subcontractor, *l'Institut Haïtien de l'Enfance* (IHE), trained eight listing agents who travelled to the sampled SDEs from January 20 to February 1, 2014, to conduct the exercise. The listing agents accomplished the following tasks in each of the selected SDEs:

- Established contact with the authorities to inform them about the plans for the listing exercise and ask for their cooperation.
- Identified the limits of the SDE and used a location map with a detailed description of directions to the SDE.
- Listed all dwellings in the SDE systematically using a prescribed set of instructions for how to traverse the SDE and assigned a sequential order number to each dwelling counted.
- Determined the number of households in each dwelling structure and completed a household listing form for each SDE that provided basic information on all households in the SDE.
- Collected GPS coordinates (latitude and longitude) for each dwelling.

Training, Piloting, and Pretesting

For training and fielding, ICF developed three training manuals based on FFP and DHS guidelines:

1. Supervisor Manual includes a number of topics required to effectively prepare supervisors and field editors for fieldwork, such as introduction and objectives of the study, survey organization, supervisor roles and responsibilities, rules and regulations, ethics, fieldwork preparations, and quality control requirements and procedures.
2. Interviewer Manual includes guidelines for implementation of the survey and fieldwork procedures, including interviewing techniques and procedures for completing the questionnaires. This manual also includes detailed explanations and instructions for each question in the questionnaire.
3. Anthropometry Manual includes procedures adapted from the DHS biomarker manual for all DHS surveys worldwide. The procedures in the DHS biomarker manual were adapted from *How to Weigh and Measure Children*[14] and approved by FFP for use in this survey.

Supervisor training activities took place at IHE's office in Petionville from February 3 to 7, 2014. The ICF field manager and IHE field coordinators led the training, which was attended by all supervisors and field editors. A representative from FANTA observed the training and provided technical input. A staff

[12] DHS Model Questionnaire–Phase 6. (2008-2013). (English, French) Available at http://www.measuredhs.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm

[13] *Institut Haïtien de Statistique et d'Informatique.* (IHSI) (2012, unpublished). *Enquête sur les conditions de vie des ménages après le séisme (ECVMAS).*

[14] Shorr, I.J. How to weight and measure children. (1986, modified 1998).UN: New York.

member from USAID/Haiti also assisted in one of the training sessions. The training covered topics such as supervisor roles and responsibilities, rules, behaviors and ethics, household and respondent selection, use of the field control sheet, maps, and GPS data collection. It included a detailed review of the household survey questionnaire with group practices and mock interviews and role playing, as well as a review of the methodology for callbacks and field editing.

The interviewer training took place at the same training facility from February 17 to 25, 2014. The ICF field manager and IHE field coordinators led the interviewer training, which covered interviewers' roles and responsibilities, rules, behaviors and ethics, respondent selection, and a detailed review of the household questionnaire with group practices, mock interviews and role playing. Trained supervisors and field editors also participated by providing input and leading exercises during the practice sessions.

The anthropometry training, conducted from January 27 to 31, 2014 at IHE offices, included classroom and practical training. ICF's anthropometry expert and his Haitian counterpart and assistant trained 12 individuals to serve as anthropometrists. Anthropometry training also included training all interviewers to serve as anthropometry assistants, which mainly required holding children ages two to five years to ensure their feet and knees were in the correct standing position for measurement and holding children younger than two years of age to ensure their heads were correctly positioned for recumbent length measurement. The interviewers also were trained in preventing recording errors.

Supervisors were also trained in the use of the World Health Organization (WHO) Growth Charts to determine if a weight or measurement of a child appears to be reasonable and acceptable and if a child should be referred to a local health clinic for potentially suffering from acute malnutrition (i.e., weight-for-height below -2 Z-score and/or presence of bilateral pedal edema).

Anthropometry standardization took place at an orphanage in Petionville from February 3 to 7, 2014. It started with reviews of anthropometry procedures and was followed by implementation of anthropometry standardization. Independent replicate measures of 10 subjects were taken by all anthropometrists for maternal height and weight and children's height (standing and recumbent) and weight. All anthropometrists passed the standardization tests.

Immediately following the supervisor and anthropometry trainings, supervisors piloted the questionnaire and anthropometrists took anthropometric measurements of children under five years of age and selected women in three rural sections of the *Croix-des-Bouquets* commune. Two ICF field managers, the ICF anthropometry expert/trainer, and anthropometry co-trainer observed the pilot interviews and anthropometry measurements and provided feedback. The purpose of piloting was to give anthropometrists an opportunity to further train in field and household settings. The pilot also tested the questionnaire's soundness and helped identify potential problem areas, such as skip patterns, wording, sequences of questions, instructions to interviewers and clarity of the questionnaires for coding , and ascertained any questions that were particularly difficult or sensitive. After the team completed the pilot test, ICF field managers and IHE field coordinators led a debriefing session with the supervisors and anthropometrists to discuss and address difficulties or problems with the interviews and anthropometry exercises. Based on the pilot results, ICF revised the questionnaire and forwarded it to USAID for final approval before the start of interviewer training.

Following the supervisor, anthropometry and interviewer trainings, pre-tests were conducted from February 25 to 27 with the full field team (field coordinators, supervisors, field editors, interviewers and anthropometrists) in rural *Croix-des-Bouquets* to observe all interview team members in the field to ensure preparedness, appropriate contact strategy, familiarity with the questionnaires outside the classroom, and understanding of the household sampling process. ICF field managers also observed the pre-tests and provided feedback.

Fieldwork

Fieldwork in Haiti took place during a five-week period from March 8 to April 9, 2014.

The baseline study data collection team members in Haiti included 1 study director, 2 field coordinators, 8 supervisors, 8 field editors, 24 interviewers and 8 anthropometrists. The 8 interview teams had 6 members each, and each team had 1 supervisor, 1 field editor, 3 interviewers and 1 anthropometrist. In each team, a supervisor and the field editor conducted field editing of the questionnaires. Data collection for the baseline study was done in Haitian Créole.

Three ICF field managers rotated and oversaw the trainings and fieldwork in Haiti. During critical periods, including training, anthropometry standardization, questionnaire piloting, pre-tests, and beginning of fieldwork, two ICF managers were in-country at the same time to coordinate and supervise activities. ICF managers provided supervision during the entire fieldwork period. Collectively, they visited all interview teams in the five departments to observe the interviews, identify and correct mistakes and provide feedback and guidance for improvement.

For quality control, supervisors kept fieldwork control sheets to record contact with households, GPS data for essential points in each community and GPS data for each household surveyed. The supervisors also used these sheets to record the number of attempts to reach each household, number of households and individuals interviewed within each household, and reasons for non-response in households where interviews were not obtained.

Supervisors conducted spot checks of at least 15 percent of all interviews. As a part of this quality control process, supervisors verified that (1) the interview took place, (2) the approximate duration of the interview, (3) the information on the household roster was accurate, (4) the proper administration of the various sections of the questionnaires, and (5) interviewers' general adherence to professional standards. Field editors in each team also reviewed every completed questionnaire on the same day of data collection and checked for adequate completion of all fields in the questionnaires, missing data and legibility of open-ended items. Interviewers were required to make corrections or return for subsequent interviews after the reviews, if necessary.

ICF implemented additional anthropometry supervision by having a local anthropometry supervisor monitor anthropometry activities during fieldwork. The anthropometry supervisor reported to the ICF anthropometry expert and field managers on all issues related to anthropometry during fieldwork.

Data Entry and Processing

After all completed questionnaires were checked and cleared through field quality control procedures, they were forwarded to the central data entry office in Petionville. Four office editors reviewed every questionnaire before submitting them to the data entry team. A team of trained data entry personnel entered data from the questionnaire using EpiInfo. The ICF survey specialist worked directly with the data entry teams to ensure that the data entry software was thoroughly tested and matched the survey forms. All questionnaires were double-entered and the data processing team manager compared the two datasets to identify and correct all conflicting data. ICF developed a common Statistical Package for the Social Sciences (SPSS) database structure to share with the in-country data processing team. The data processing team used this database structure to deliver all data to ICF.

IHE submitted a dataset of the first 100 survey forms to ICF on March 17 and half of the dataset (about 1,100 household records) on April 21. For each dataset, ICF conducted a quality control review of the raw data and converted SPSS data files to ensure that the data were complete and accurate and to determine if there were any problems with data conversion or the database structure. For each review, ICF provided feedback and IHE incorporated changes to the data entry software or SPSS database as needed.

For the final dataset, data cleaning took place in Haiti, based on ICF's review of the final dataset. Checks were conducted for the following: SDE number matched the list of sampled SDE numbers, household roster consistency with individuals interviewed for each module, duplicate records, data completeness (e.g., variables, labels, and missing data); data validity (e.g., frequency distribution anomalies and out-of-range values), and data consistency (e.g., correspondence between the number of interviews at each level and skip patterns). Identified data inconsistencies were forwarded to the data teams for review and correction. Final data review and preparation for analysis took place at ICF after receipt of the cleaned dataset.

E. Data Analysis

Sampling Weights

Sample weights were computed for each indicator corresponding to a unique sampling scheme. The sampling weight consists of the inverse of the product of the probabilities of selection from each of the stages of sampling (SDE selection, household selection, and, when relevant, individual selection).

Separate weights were derived for indicators and adjusted to compensate for household and individual non-response as shown in Table 2.2. Given that all eligible individuals are selected for Modules D and J, the sampling weights for these modules differ from those for households (used in Modules C, F, and H) by an individual non-response adjustment only. Single questionnaire items that were missing responses were not imputed for or included in the calculations for relevant indicators.

Table 2.2: Survey Response Rates

	Number Sampled	Number Included	Response Rate
Households (Modules C, F and H)	2,281	2,235	98.0%
Children 0-59 months (Module D)	1,466	1,466	100.0%
Women 15-49 years of age (Module E)	1,557	1,542	99.0%
Women 15-49 years of age who were not pregnant or two months postpartum Anthropometry)	1,412	1,369	97.0%
Primary male decisionmakers (Module J)	1,842	1,812	98.4%
Primary female decisionmakers (Module J)	1,971	1,963	99.6%

Indicator Definitions and Tabulations

FFP indicators were calculated using tabulation methods as currently documented in the *FFP Standard Indicators Handbook*. Table A5.1 in Annex 5 presents the specific definition and disaggregation for each indicator. Child stunting and underweight indicators are derived using the WHO 2006 Child Growth Standards and associated software.[15] Consumption aggregates—to compute prevalence of poverty, mean depth of poverty, and per capita expenditure indicators—follow the World Bank's Living Standards Measurement Survey[16] methodology (see Annex 6 for more detail). Definitions for program-specific indicators are provided in Table 5.2 of Annex 5.

[15] World Health Organization. (2011). WHO Anthro and macros, version 3.2.2. Available at http://www.who.int/childgrowth/software/en/

[16] Living Standards Measurement Study (LSMS) surveys. Available at www.worldbank.org/lsms

Results for all indicators are weighted to represent the full target population for the *Kore Lavi* Program. Point estimates and variance estimation are derived using Taylor series expansion and take into account the design effect associated with the complex sampling design; 95 percent confidence intervals are provided for all FFP indicators. The tables in Annex 7 present a tabular summary of all FFP and program-specific indicators, confidence intervals, standard errors, and weighted population estimates.

Handling of Missing or Erroneous Data

Missing data points were excluded from both the denominator and the numerator for calculation of all FFP and program-specific indicators. "Don't know" responses were recoded to the null value and included in the denominator. For example, for the HDDS component, "Yes," "No," and "Don't know" responses were included in the denominator, but only "Yes" responses were counted in the numerator.

For anthropometry indicators, the WHO software flagged biologically implausible cases according to WHO criteria,[17] and only those children with valid weight and height scores were included in the analysis for the stunting and underweight indicators. A total of 24 implausible cases were excluded from the analysis but were left in the dataset. These 24 cases represent 1.6% of the total sample of children, a small proportion that does not threaten the validity of the data.

Multivariate Model

Multivariate analyses were performed to broaden the understanding of the causes of malnutrition in children using the height-for-age Z-score (HAZ) in children under 24 months of age, a measure of stunting and a critical malnutrition indicator. An ordinary least squares regression approach was used to develop the model. Independent variables were selected based on the availability of variables from the survey data and their theoretical relevance as predictors; this relevance was established by reviewing the relevant literature and results from previous studies. A full description of the rationale for the model, independent variables included in the model, references and detailed results are provided in Annex 8. It is worth noting that this model is exploratory rather than causal, and that the possibility of unobserved variable bias cannot be ruled out.

2.2 Methods for Qualitative Study

A. Objectives, Design and Topical Focus Areas

In undertaking a qualitative study as part of the baseline study, ICF worked toward two objectives. First, identify, examine and contextualize potential barriers the *Kore Lavi* Program team might face in achieving their program goal. Second, collect and analyze data that complement the household survey and clarify and enhance the interpretation of the survey's quantitative data.

The FFP indicators collected for the household survey informed the design of the qualitative study. In particular, the preliminary unweighted full baseline dataset was reviewed as part of designing the qualitative study. The data review provided context and confidence in assessing the food security situation in the *Kore Lavi* Program area. Examining preliminary unweighted indicator estimates guided the organization of the qualitative study around broad themes and the identification of specific topics and multi-layered investigatory questions. Table 2.3 shows an overview of the topical focus areas for the qualitative work—four broad themes are noted, with topics and investigatory questions under each theme also presented. At the request of the *Kore Lavi* Program team, governance and service provision

[17] World Health Organization Multicentre Growth Reference Study Group. (2006). WHO child growth standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization.

was included as a theme even though the household survey did not collect data on this topic. The content of the table served as an important underpinning for developing an interview guide for the qualitative study. The English and Haitian Créole versions of the interview guide are provided in Annexes 9 and 10, respectively.

B. Site Selection

The household survey sample was an important backdrop to the qualitative study. The qualitative study, however, could not work with a sample size parallel to that of the household survey or across all *Kore Lavi* Program communes. This was the case due to time and budget limitations and because rarely is it the intent of a qualitative study to mimic the sample size of a quantitative study. Moreover, the objectives for the qualitative work lend themselves not to across-the-board coverage, but to a targeted approach and, more specifically, one that is purposeful and strategically inclusive. That is, ICF selected communes and SDEs and individuals to participate in interviews and focus group discussions to collect data aligned to the objectives for the qualitative work.

The decision-making process for selecting communes was largely guided by a review of the preliminary unweighted full baseline dataset and through a logical exercise based on factors such as the following:

- Conducting data collection in at least one commune in each of the five departments; eight communes in total;
- Being attentive to commune population variation and ensuring coverage of both peri-urban and more rural communes;
- Considering climatic and topographical variations (e.g., presence of trees and sand, dry heat, drought, hurricane patterns, proximity to the ocean);
- Including communes that border the Dominican Republic to ensure consideration of the impacts of migration and cross-border trading; and
- Meeting the constraints of travel, logistics, ease of access, and working within a tight budget and a short timeframe.

The eight communes selected for the qualitative study are listed in Table 2.4. In undertaking focus group discussions and interviews, the qualitative team worked in one SDE per commune, and specifically, one of the SDEs that was part of the household survey sample. Selection of the SDE was based on consulting with local community leaders, paying attention to urban and rural distinctions and striking a balance between socioeconomic status and accessibility.

C. Study Participants, Interviewing and Data Collection

The household survey questionnaire is divided into several modules with different respondents in relation to the FFP indicators. The three respondent groups are (1) head of household or responsible adult, (2) women 15-49 years of age and (3) primary caregiver or mother of children 0-5 years of age. Logically, not all respondent groups were present in each sampled household. The three respondent groups, however, were each relevant to the qualitative study—individually and as overlapping categories. The qualitative team also purposefully ensured inclusion of pregnant women, mothers with newborns, mothers with infants 6-23 months of age and men. Three types of interviews were conducted:

- Focus group discussions: Including groups of women only and men and women together
- Program-level interview: Including interviews with GOH officers, community leaders, and *Kore Lavi* Program community health workers
- Household-level interview: Including interviews with household heads, mothers with children (0-23 months of age), fathers with children (0-23 months of age) and pregnant women

Table 2.3: Topical Focus Areas for the Qualitative Study

1. Household Vulnerabilities & Food Insecurity	
Livelihoods **Access to Food** **Food Allocations** **Family Dynamics** **Migration**	What economic and behavioral factors inform the different attributes and drivers of vulnerability? How do household members navigate varying cycles of vulnerability? What types of individual and shared coping mechanisms exist in general and in relation to food security shocks and stressors?
2. Maternal, Child Health & Nutrition	
WASH **Pregnancy** **Breastfeeding** **Childcare** **Access to Services**	What structures, traditions and practices [positively and negatively] inform health decisions? Are there ways men and women and families work to adopt a preventive approach to health and nutrition? At individual and household levels, what are some of the motivations behind positive health choices?
3. Governance & Service Provision	
Inclusion **Transparency** **Food Assistance** **Citizen Participation** **Democratic Principles**	In efforts to address food and nutrition-related needs at the community and household levels, how do the roles vary across the GOH and non-governmental organizations? What gaps exist? What tensions exist? What does the process to prioritize resources entail and who guides this process?
4. Gender Equality & Empowerment	
Roles **Responsibilities** **Decision-making** **Equality and Justice** **Societal Perceptions**	What are the dynamics around gender at the household level? How do men and women—similarly or differently—see disparities in households? In what ways are decision-making options and skill-building opportunities for women perceived, valued, enhanced, or devalued?

Table 2.4: Geographical Focus Areas for the Qualitative Study

Department	Commune	Commune Population	Total SDEs	Surveyed SDEs	SDE for Qualitative Study
Ouest	*Anse-à-Galets*	56,866	99	6	*Ville de l'Anse-à-Galets*
Artibonite	*Gonaïves*	119,515	224	10	3 *ème Petite Riviere de Bayonnais*
Artibonite	*Anse Rouge*	36,843	66	5	*I ère l'Arbre*
Nord-Ouest	*Jean-Rabel*	124,142	54	11	7 *ème Diondion*
Centre	*Hinche*	108,069	138	4	3 *ème Aguahedionde*
Centre	*Cerca la Source*	50,377	66	3	*Ti Lory*
Sud-Est	*Côtes-de-Fer*	43,037	53	2	5 *ème Boucan Bèlier*
Sud-Est	*Thiotte*	30,511	32	3	3 *ème Thiotte*

To implement the qualitative study, ICF worked in collaboration with a consortium of two local subcontractors, *Centre d'appui au suivi et à l'evaluation* (CASE) and *Groupe de Support en Informatique et en Statistiques* (GSIS). The ICF qualitative expert travelled to Haiti before the start of data collection to work with the subcontractors on final design decisions, discussion of logistical matters and training for the supervisors, interviewers, recruitment assistants, transcribers and translators.

Data collection took place from July 15 to 26. The two data collection teams each comprised two interviewers, with one of the interviewers serving as the supervisor. Each team had one recruiter-logistics manager and one driver. Team #1 worked in the *Nord-Ouest*, *Artibonite*, and *Ouest* Departments, specifically in *Anse-à-Galets*, *Anse Rouge*, *Gonaïves* and *Jean-Rabel*. Team #2 worked in the *Sud-Est* and *Centre* Departments, specifically in *Cerca la Source*, *Côtes-de-Fer*, *Hinche* and *Thiotte*. On arrival in each commune, the teams worked with local officials to gain approval and identify study participants. In collaboration with CASE and GSIS to oversee the data collection process, the ICF qualitative lead worked with each of the two data collection teams, specifically travelling to *Anse Rouge*, *Gonaïves*, *Hinche* and *Jean-Rabel*.

Overall, the team conducted eight focus group discussions, 14 program-level interviews, and 42 household-level interviews, which yielded an overall sample of 29 men and 111 women, or 140 individuals. Across the eight focus group discussions, three were with women only and five were with men and women together. The focus group discussions averaged 10 participants. Across the 14 program-level interviews, nine were with men and five were with women. Across the 42 household-level interviews, 10 were with men and 32 were with women. All respondents were parents who had, on average, four children. Among the 32 women, six were pregnant and three had a child under six months of age. (See Annex 11 for the full tally sheet of all 64 focus group discussions and interviews).

Each focus group discussion lasted approximately two hours, each program-level interview lasted approximately 45 minutes, and each household-level interview lasted approximately one hour. All focus group discussions and interviews were digitally recorded.

D. Data Preparation, Coding and Analysis

Before data collection was complete, CASE and GSIS began transcribing and translating the digitally recorded focus group discussions and interviews. ICF worked closely with CASE and GSIS to ensure the transcripts from spoken to written Haitian Créole were verbatim and that the translations from written Haitian Créole to written English were carefully considered for linguistic nuances, particularly because much of the subject matter relates to sensitive topics on food security, nutrition, maternal health, governance and gender. Transcription and translation began July 23 and was completed September 10.

While the transcription and translation continued, the ICF qualitative lead established protocols for coding each transcript—the data—in ATLAS.ti software to topically categorize and organize the content, which was the first step in identifying themes. Codebook development was an iterative process informed by the *Kore Lavi* Program goals, interview guide content and preliminary indicator values knowledge. The ICF qualitative lead and three ICF analysts conducted a pilot coding exercise to establish coder consistency protocols and further organize document families, code families and individual codes in ATLAS.ti. The codebook appears in Annex 12.

The ICF qualitative lead and three ICF analysts coded the 64 transcripts September 2 to 14. The team regularly communicated to facilitate consistency in the code application. After coding was complete, the ICF qualitative lead ran queries on the coded data to analyze the content and themes that emerged from the qualitative study, draw out data that to interpret and triangulate findings from the household survey, and identify data on the overall food security and malnutrition situation in the program area.

2.3 Study Limitations and Issues Encountered

The following paragraphs summarize study limitations and issues encountered during the baseline study.

Length and Complexity of Questionnaire

The quantitative questionnaire's length and complexity made interviews difficult. Interviewers often needed verbal explanations for survey questions. Respondents often were tired toward the end of the interview and needed extra coaxing to finish. The survey, which took approximately 2 to 2.5 hours to complete on average, required responses from multiple household members, which added time because interviewers often needed to wait or return to households to interview appropriate respondents.

Delays in the Listing Exercise

The survey data collection team in Haiti planned to conduct a household listing exercise in sampled communities in December 2013, before the holiday period; however, the listing exercise was delayed by a month because the final list of sampled communities was not available until January. This delay required some reorganization of the supervisor and field editor training because supervisors and field editors also served as the listing agents.

Logistical Constraints and Access Issues

The survey data collection team experienced challenges with road conditions in some communes. Often it took several hours to travel from one SDE to another. Rainfall toward the end of fieldwork made the roads treacherous, and the teams experienced difficulty accessing some communities.

Validity and Reliability of Self-reported Data

Most data collected for the household survey were self-reported, which has several limitations, such as the possibility of exaggeration or omission of information, inaccurate recollection of experiences or events, social-desirability bias or reporting of untruthful information and reduced validity when respondents do not fully understand a question.

Small Sample Sizes for Minimum Acceptable Diet and Exclusive Breastfeeding

The sample size for children 6-23 months of age for the minimum acceptable diet (MAD) indicator and for children under six months of age for the exclusive breastfeeding indicator are small compared to the sample sizes for all other indicators. Thus, the subgroup analyses for these children presented in Sections 4.4C and 4.4D should be interpreted with caution as the small sample sizes yield unreliable estimates.

3. Overview of the Food Security Situation in Haiti

Background

Chronic food insecurity is a significant challenge for Haiti. Almost one-third of Haiti's population is considered food insecure.[18] Haiti's 2013 global hunger index score (23.3) is classified as "alarming," despite improvements in the last two decades.[19] While Haiti continues to have the highest rate of

[18] U. N. World Food Programme (WFP). (n.d.). Haiti: Overview. Available at http://www.wfp.org/countries/haiti/overview.

[19] International Food Policy Research Institute (IFPR). (2013). 2013 Global Hunger Index: Country case study: Haiti. Available at http://www.ifpri.org/publication/2013-global-hunger-index-country-case-study-haiti.

underweight children in Latin America and the Caribbean, research indicates that the rate of under nutrition is decreasing.[20] Currently, 11 percent of children under five years of age are underweight.[21] The rate of stunting is 25 percent in rural areas and 16 percent in urban areas.[22] Haiti has very high levels of anemia; nearly two-thirds of children under five years of age and almost half the women of reproductive age are anemic.[23] High rates of iodine and vitamin A deficiency are also prevalent.[24] Dissatisfaction with the food security situation could lead to civil unrest.[25]

Haiti's food security challenges are related to all four food security pillars: (1) availability of food, (2) access to food, (3) utilization of food and (4) stability. Haitian agriculture is characterized primarily by small-plot farms managed by individual farmers using rudimentary equipment. The country's food production satisfies only about half of the country's food needs, and the remainder is imported.[26] Productivity is limited by the availability of critical inputs, such as chemical fertilizer and pesticides, which are often unavailable in local markets. In addition, farmers often have difficulty purchasing adequate supplies of seeds, and many have resisted improved seeds because they view them as a threat that will irreversibly damage local food production systems. As a result, less than one-fifth of farmers use improved seeds.[27]

While agricultural productivity limits the availability of food, on average, markets throughout the country tend to have an adequate supply of goods.[28] Imported food is generally available year round; however, food must be purchased with cash, which many families lack.

Access to food is also a challenge. Nationally, more than three-quarters of the population lives on less than USD $2.00 per day, and more than half live on less than USD $1.00 per day.[29]

Families also suffer from inefficient utilization of food as a result of poor sanitation and maternal and child feeding practices. The 2012 DHS found that one-third of Haitians lack access to an improved source of drinking water, and almost half lack access to an improved sanitation facility. Fewer than half of children under six months of age are breastfed exclusively, and fewer than one-fifth of children 6-23 months of age receive appropriate complementary nutrition.[30]

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[20] Ayoya, M. A., Heidkamp, R., Ngnie-Teta, I., Mamadoultaibou, A., Daniel, E. F., et al. (2014). Précis of nutrition of children and women in Haiti: Analyses of data from 1995 to 2012. Annals of the New York Academy of Sciences, 1309(1), 37-62.

[21] Ministry of Public Health and Population [*le Ministère de la Santé Publique and de la Population*] (MSPP), Haitian Childhood Institute [*l'Institut Haïtien de l'Enfance*] (IHE) and ICF International. (2013). *2012 Haïti Mortality, Morbidity, and Service Utilization Survey: Key Findings*. Calverton, Maryland, USA: MSPP, IHE, and ICF International.

[22] Cayemittes, M., Busangu, M., Bizimana, J., Barrère, B., Sévère, B., et al. (2013). *Enquête mortalité, morbidité et utilisation des services, Haïti, 2012*. Calverton, Maryland, USA: MSPP, IHE et ICF International.

[23] Ministry of Public Health and Population, IHE and ICF International. (2013). *op. cit.*

[24] Glaeser, L. M., Horjus, P., & Strother, S. (2011). *Haiti prospective food security assessment.* Washington, DC: FANTA-2 Bridge (Food and Nutrition Technical Assistance)/FHI 360. Available at http://www.fantaproject.org/sites/default/files/resources/Haiti_Prospective_FoodSecurity_Assessment_Nov2011_0.pdf.

[25] Reuters. (2012). Haiti's rising food insecurity risks social tension, says FAO. Available at http://www.reuters.com/article/2012/11/22/haiti-food-idUSL5E8MMCRR20121122

[26] Glaeser, L. M., Horjus, P., & Strother, S. (2011). *op. cit.*

[27] Mazzeo, J., & Brenton, B. P. (2013). Peasant resistance to hybrid seed in Haiti: The implications of humanitarian aid on food security and cultural identity. In H. Garth (Ed.), *Food and identity in the Caribbean*. London: Bloomsbury. Available at http://works.bepress.com/jmazzeo/58

[28] USAID Bellmon Estimation Studies for Title II. (2013). Haiti USAID-BEST Analysis. Washington, DC: Author. Available at http://usaidbest.org/docs/haitiReport.pdf

[29] Glaeser, L. M., Horjus, P., & Strother, S. (2011). *op. cit.*

[30] Ministry of Public Health and Population, Haitian Childhood Institute, and ICF International. (2013). *op. cit.*

Stability is also a challenge to food security in Haiti. Haiti's farm productivity has declined in the past 30 years because of increased environmental degradation and natural disasters.[31] Haiti is vulnerable to many types of natural disasters, such as hurricanes, earthquakes, droughts and floods. Between 1999 and 2011, for example, Haiti experienced 34 major earthquake shocks.[32] In addition, growing urban-area demands on the water supply has decreased groundwater levels and the quality of water in the plains.[33]

Current Food Security Summary

The Famine Early Warning Systems Network (FEWS NET) reported an improvement in food security from April 2013 to March 2014 due to strong harvests and relatively stable food prices.[34] The challenges discussed earlier, however, remain significant. For most of the country, the agricultural lean season from March through early June[35] is when farmers in much of the country begin spring planting but ave little harvest and are dependent on the market for food. Data collection for the Title II baseline survey occurred during this period—March and April 2014— when some low-production areas in the north of Haiti met the criteria of stressed or crisis, indicating reduced food consumption and potentially unsustainable coping mechanisms, according to FEWS NET.[36] For many areas of Haiti the rainy season began in March 2014; however, other areas experienced an extended drought, which resulted in substantial losses of perennial plants and winter crops.[37] The distribution of labor was inadequate during the 2014 planting season, and some farmers reported an insufficient labor supply, while laborers in other parts of the country lacked adequate work to support their families.[38]

Various programs in addition to the *Kore Lavi* Program are being implemented to address Haiti's food security challenges. These programs and initiatives illustrate the commitment to improve food and nutrition security at large. Following are some examples of ongoing programs:

- *Aba Grangou,* the GOH National Strategic Framework to fight hunger and malnutrition, is designed to (a) reduce by half the proportion of people suffering from hunger by the end of 2016 and (b) eradicate hunger and malnutrition by 2025.
- The USAID-funded Feed the Future North, implemented by Development Alternatives, Inc. (DAI), strives to double agricultural incomes for households in northern Haiti by increasing productivity and strengthening markets.
- Haiti Hope Project, a five-year, $9.5 million public-private partnership to create sustainable economic opportunities for Haitian mango farmers and their families, is a partnership that comprises the Coca-Cola Company, Multilateral Investment Fund, USAID and TechnoServe.
- WFP, working in partnership with the United Nations Children's Fund and the World Bank, supports the GOH in the implementation of the National School Meals Program.

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[31] USAID. (2013). Factsheet: Feed the future north. Available at http://www.usaid.gov/news-information/fact-sheets/feed-future-north.

[32] Glaeser, L. M., Horjus, P., & Strother, S. (2011). *op. cit.*

[33] USAID. (2013). *op. cit.*

[34] FEWS NET. (2014). Haiti Food Security Outlook: April 2014 to September 2014. Available at http://www.fews.net/central-america-and-caribbean/haiti/food-security-outlook/april-2014.

[35] U.N. World Food Programme (WFP). (2013). Haiti 2010-2013: Working towards sustainable solutions. Retrieved from http://www.wfp.org/sites/default/files/Haiti%202010-2013%20Report_English.pdf

[36] FEWS NET. (2014). *op. cit.*

[37] FEWS NET. (2014). *op. cit.*

[38] FEWS NET . (2014). *op. cit.*

4. Findings

The baseline study findings are organized in five content categories: (1) population characteristics, (2) household indicators, (3) women's health and nutrition, (4) children's health and nutrition and (5) gender equality. Each section includes results for FFP and program-specific indicators, along with relevant qualitative study results.

4.1 Characteristics of the Study Population

This section provides an overall picture of population and household characteristics for the Title II program area based on results from the household survey which was completed in 2,235 households across 21 communes.

An estimated 1 million people live in the Title II program area, which includes 215,541 households. Table 4.1a shows population estimates for specific subgroups.

Table 4.1a. Total population in the Title II program area
[Haiti, 2014]

Total population	1,017,236
Male	505,370
Female	511,866
Total households (HH)	215,541
Male and female adults	149,784
Female adults only	40,741
Male adults only	24,573
Child no adults	444
Women of reproductive age (15-49 years)	217,896
Women 15-49 who are not pregnant or 2 months post-partum	197,548
Women who gave birth to a child within the past two years	52,867
Children under 5 years	142,306
Males under 5 years	68,090
Females under 5 years	74,216
Children under 6 months	14,353
Males under 6 months	7,279
Females under 6 months	7,074
Children 6-23 months	39,123
Males 6-23 months	18,370
Females 6-23 months	20,753

Source: USAID Title II baseline survey in Haiti (2014), weighted population estimates

Household characteristics in the survey area (Table 4.1b) indicate that the average household has 4.7 household members. About 47 percent of all households have children under five years of age, 17 percent of households have children 6-23 months of age and 6 percent of households have children under six months of age. About 36 percent of heads of household completed primary education, and 42 percent had no formal education. Most households include an adult male and female (69 percent) or a single adult female (19 percent).

Table 4.1b. Household characteristics
Household characteristics [Haiti, 2014]

Average household size	4.7
Percent of households with children under 5 years	47.0
Percent of households with a child 6-23 months	17.3
Percent of households with a child under 6 months	6.6
Household headship (% male)	66.6
Education level of head of household	
No formal education	41.9
Pre-primary	1.1
Primary	35.8
Secondary	20.0
Higher	1.2
Gendered household type	
Adult Female no Adult Male	18.9
Adult Male no Adult Female	11.4
Male and Female Adults	69.5
Child No Adults	0.2
Number of responding households	2,235
Adult Female no Adult Male	399
Adult Male no Adult Female	263
Male and Female Adults	1,568
Child No Adults	5

4.2 Household Indicators

This section begins with the household survey findings for the household hunger scale (HHS), household dietary diversity score (HDDS) and food consumption score (FCS), followed by a summary of the results for the three poverty indicators and household WASH practices. Analysis of the qualitative data follows the data summary for each indicator to complement household survey findings and clarify and enhance the survey's quantitative data interpretation.

A. Household Hunger Scale

Household hunger was measured using the HHS, a perception-based food deprivation scale. The scale consists of three components that measure inadequate household food access, with each component split into an occurrence question (whether the episode of food deprivation occurred at all in the past four weeks) and a frequency of occurrence question (how many times the episode had occurred in the past four weeks). The responses are coded and summed for a numerical score, with a minimum possible score of 0 and a maximum possible score of 6, to represent three levels of hunger: (a) *little to no hunger* (HHS score = 0 to 1), (b) *moderate hunger* (HHS score = 2 to 3) and (c) *severe hunger* (HHS score = 4 to 6).

Table 4.2a shows the HHS results. Overall, 70 percent of households experience moderate or severe hunger, with 13.5 percent suffering from severe hunger. More households with an adult female and no adult male experience moderate to severe hunger (73.4 percent), compared to households with an adult male and female present (69.4 percent). Households with a single adult male or female have higher rates of severe hunger compared to households with an adult male and female present.

Table 4.2a. Food for Peace Indicators - Household Hunger Score (HHS)
Household-level FFP indicators [Haiti, 2014]

HHS (All Households)	
Prevalence of households with severe hunger	13.5
Adult Female no Adult Male	16.2
Adult Male no Adult Female	19.4
Male and Female Adults	11.8
Child No Adults[1]	0.0
Prevalence of households with moderate or severe hunger	70.0
Adult Female no Adult Male	73.4
Adult Male no Adult Female	68.5
Male and Female Adults	69.4
Child No Adults[1]	32.1
Number of responding households	2,232
Adult Female no Adult Male	399
Adult Male no Adult Female	263
Male and Female Adults	1,565
Child No Adults	5

[1] Insufficient sample size (n<30)

The HHS is based on perceptions of hunger in the past four weeks and, thus, it may be sensitive to the season when the survey is conducted. The household survey data were collected in March 2014 near the beginning of the lean season. The lean season in Haiti typically occurs from March through June during the rainy season and before the harvest season. During this time, families' reserves typically are used up and the harvest still has not come in.

The qualitative data that resulted from responses on the number of meals eaten per day indicate that food is not consistently available. The following responses exemplify that answers often are not straightforward on the number of meals individuals eat daily.

Respondent (*Anse-à-Galets*): For the week, if we are lucky enough, we can eat for three days. The other days, we can find some bread and juice or milk that we share. We take it the way it comes.
Respondent (*Cerca la Source*): Sometimes we can only eat twice a day. It depends on the means.
Respondent (*Thiotte*): When things are better, we may eat three times a day, sometimes twice, but, there are times where we might not find anything at all for the day.
Respondent (*Thiotte*): We might eat twice a day, sometimes once. The food might be ready at 8h (8:00 a.m.), sometimes it can be noon and we still haven't found anything.
Respondent (*Gonaïves*): We might find food on Sunday, but nothing on the other days of the week. Sometimes, I cannot find any loan, or credit, or anything.
Respondent (*Jean-Rabel*): In rural areas, people generally eat once a day.
Respondent (*Côtes-de-Fer*): Sometimes we had two meals per day. Sometimes we could only find coffee and bread for the day.

When circumstances limit food availability, prominent parts of daily life involve finding food and sharing it with relatives and neighbors. A respondent in *Anse-à-Galets* summarized the circumstances this way:

Respondent: I may eat twice a day; if I do not find food I have to stay like that. Sometimes a neighbor or friend feeds me.
Interviewer: What do you do when you do not find food?
Respondent: Sometimes I beg some people or the neighbor feeds me.

Based on the qualitative data, a lack of available food creates a cyclical problem. Many households are unable to produce food beyond subsistence levels, if at all. Without a steady source of income, these households potentially lack the financial resources needed to purchase food or the upfront financial resources needed to maintain or increase subsistence farming. One respondent in *Cerca la Source* said, "To buy [food] you need money and there is no money. But if we had some productions [crops] we would not need to stay hungry." Households that can produce food to sell also face challenges, such as lack of arid land, poor soil quality and unreliable rainfall, albeit regionally varied. Subsistence farming, as described by one respondent in *Jean-Rabel*, tends to be a short-term, unstable solution: "The issue is not so much to sell it [crops]; we would like to have means to store it for harder periods."

B. Household Dietary Diversity Score

The HDDS is based on the number of different food groups consumed by the head of household or any other household members in the past 24 hours. The set of 12 food groups is derived from the U.N. Food and Agriculture Organization (FAO). The HDDS ranges from 0 to 12, with lower numbers indicating less dietary diversity. Although the HDDS gives an indication of food groups consumed in the household in the last 24 hours, the HDDS should not be interpreted as a nutrition indicator reflecting diet quality, but rather as an indicator of food access. Thus it serves as a proxy for socioeconomic status.[39]

[39] Swindale, A., & P. Bilinsky. (2005). *Household dietary diversity score (HDDS) for measurement of household food access: Indicator guide.* Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development.

The results for the HDDS are shown in Table 4.2b. The overall HDDS score of 6.2 indicates that, on average, each household consumes 6 of the 12 food groups, indicating moderate access to diverse foods. Cereals (96.4 percent), oils and fats (98.5), and pulses, legumes or nuts (81.6) are the most commonly consumed foods, along with those in the miscellaneous category, such as coffee, tea, bouillon and spices (99 percent). Meat, poultry and organ meat (19 percent), milk and milk products (15 percent) and eggs (13 percent) are consumed the least frequently.

Table 4.2b. Food for Peace Indicators - Household Dietary Diversity Score (HDDS)
Household-level FFP indicators [Haiti, 2014]

HDDS (All Households)	
Average Household Dietary Diversity Score	6.2
Percentage of households consuming food groups:	
Cereals	96.4
Root and tubers	37.1
Vegetables	25.1
Fruits	37.8
Meat, poultry, organ meat	19.0
Eggs	13.1
Fish and seafood	24.4
Pulses/legumes/nuts	81.6
Milk and milk products	14.9
Oil/fats	98.5
Sugar/honey	67.2
Miscellaneous (tea, coffee, condiments, etc.)	99.0
Number of responding households	2,078

Qualitative data on regularly eaten foods indicate that achieving household dietary diversity poses challenges. Respondents consistently identified rice and beans as a staple meal, which coincides with the findings in Table 4.2b. The most common types of food individuals and families consume, as reported in response to open-ended questions, include corn meal, millet, wheat, spaghetti, squash, avocado, pumpkin, sweet potato, yucca, yam, cassava, taro, breadfruit, peas, greens, plantain, coconut and mango. Few individuals reported regularly eating eggs, fish, meat and other protein-rich foods. When meat is eaten, the most common meat-centered meal is stew made with vegetable stock, tubers and meat, such as goat head, legs or guts. If goat meat is not available, the stew is made with vegetable stock and tubers.

The types of foods eaten show little regional variation. Issues with consistent food availability appear to be somewhat regionally varied, most notably because of poor soil quality and road conditions. For example, in *Anse Rouge* respondents indicated that food production is limited, and without paved roads it becomes challenging to travel to neighboring areas to purchase food. In some cases, poor access to food and challenges with dietary diversity are not the result of lack of interest or desire for variety, as this respondent from *Anse Rouge* noted:

> I can say that we eat just to survive. People really eat when they have a balanced meal. For a family to really eat, they should have breakfast, lunch, and supper. Often the family finds a canister of rice to cook for the kids around 4 to 5 p.m. after they have spent the whole day without anything to eat. I don't know of any family in *Anse Rouge* that eats normally.

Participants in the qualitative study often described their access to foods and food diversity pragmatically, that is, in relation to what is or is not available, and often in combination with specific thoughts on sociocultural beliefs and practices that concern the significance of rice and make comparisons between imported food and locally produced food. The following exchange during a program-level interview in *Thiotte* highlights these concerns:

> **Respondent:** For example corn. We produce it, but many people don't eat it. They would rather sell it really cheap to buy rice for a lot more money.
> **Interviewer:** Why do you think they do that? Does the corn make them sick?
> **Respondent:** Not necessarily. They just don't give it a great importance. I think the problem is that we like products that come from foreign countries. We give them a lot more importance. That's why some people would rather eat rice everyday instead of the corn, although it does not sicken them.

The feelings expressed by the *Thiotte* respondent about rice were common, but not universal, across all interviews and focus group discussions. Millet and stew were also often mentioned as key foods that create a feeling of fullness and function as a complete meal. The preference for imported food over locally produced food was not universal. Indeed, opinions tended toward one extreme or the other. The practice of selling certain foods—whether imported or local—to get money to purchase foods perceived as better was consistent and widespread. The desire to upgrade the perceived quality of food or maintain tradition appeared to be less about seeking dietary diversity and more about seeking prestige and status, illustrated in these responses:

> **Respondent (*Côtes-de-Fer*):** The foods that we produce give us more strength than the ones we buy, such as rice.
> **Respondent (*Jean-Rabel*):** My children reside mostly in *Port-au-Prince* and are used to consume mostly imported food, while I prefer that my wife cooks local food, such as millet instead of the imported rice.
> **Respondent (*Thiotte*):** They'd rather sell the corn and millet to buy rice; sell the organic [local] chicken and eggs to buy the imported ones because they are bigger.

It is important to understand that individuals give status and prestige to certain foods, which influences the personal choices and behavior in eating patterns and preferences. Food and nutrition-related education can provide facts, but nutritional considerations potentially will not carry much influence when a household prefers to sell a large percentage of food produced to purchase rice.

C. Food Consumption Score

The FCS is a frequency-weighted diet diversity score, also referred to as a "food frequency indicator." The FCS is calculated using the frequency of consumption (number of days) of eight food groups in a household during the seven days before the survey, weighted by the nutrient density of the food groups. The household food consumption classification is a standardized, objective and replicable tool used to describe short-term food security. [40]

The determination of the food group weights is based on an interpretation of nutrient density by a team of analysts. "Nutrient density" is a term used to subjectively describe a food group's quality of caloric density, macro- and micronutrient content and actual quantities typically eaten. Although subjective, this weighting attempts to give greater importance to foods such as meat and fish, usually considered to have greater nutrient density, and lesser importance to foods such as sugar.[41] Using standard thresholds, the FCS is recoded from a continuous score to a categorical variable with three levels of food consumption: poor, borderline and adequate.

The FCS differs from the HDDS in the following ways:

- The FCS reference period is seven days, compared to the past 24 hours for the HDDS.
- The FCS main staples group is not disaggregated into two groups (cereals, and roots and tubers) as it is for the HDDS.
- The FCS meat, fish and eggs group is not disaggregated into three subgroups as it is for the HDDS.
- The FCS does not have a group for "other foods," such as condiments, coffee, or tea.
- The FCS takes into consideration the frequency of food consumption for each group, but the HDDS does not.
- FCS weights food groups according to nutrient density, but the HDDS does not.

The standard FCS thresholds were adjusted for Haiti to take into account the high proportion of households that consume fats and oils (98 percent). The results for the FCS, shown in Table 4.2c, indicate that 68.7 percent of all households have adequate levels of food consumption, 22.2 percent have borderline levels and 9.1 percent are in the poor food consumption category.

Table 4.2c. Food for Peace Indicators - Food Consumption Score (FCS)
Household-level FFP indicators [Haiti, 2014]

FCS - Percent of Households	
Households with FCS ≤ 28 (Poor)	9.1
Households with FCS > 28 and FCS ≤ 42 (Borderline)	22.2
Households with FCS > 42 (Adequate)	68.7
Number of responding households	2,235

The qualitative data indicate that consumption of nutrient-dense foods, such as meat and fish, generally was seen as desirable, and yet respondents often described that food to be cost prohibitive. Similar to rice, meat often carries significance as the key food that makes a meal a meal. One respondent in *Anse Rouge* noted this perception:

[40] U.N. World Food Programme (WFP), Vulnerability Analysis and Mapping Branch (ODAV). (2008). Food consumption analysis - Calculation and use of the food consumption score in food security analysis. Rome, Italy.

[41] Wiesman, D., Bassett, L., Benson, T., & Hoddinott, J. (2009).Validation of the World Food Programme's food consumption score and alternative indicators of household food security, IFPRI Discussion Paper.

> Yes, you only eat well when you eat meat, rice, corn and everything. Sometimes you can wake up and have only five gourdes [USD $0.12 at the time of the interview]. What can you eat?

In communes near the ocean, such as *Anse-à-Galets* and *Gonaïves*, fish is a logical possible protein-rich alternative when meat is unaffordable. However, fish as a food source poses a different set of challenges, as described by a respondent in *Gonaïves*:

> There is no such thing as fishing for commerce. I might call myself entrepreneur, I go and buy some fishing equipment, get someone to fish for me, then I take whatever he brings back and share it. They only do fishing for survival.

As the household survey indicates (Table 4.2b) and the qualitative data corroborate, most households do not commonly eat fish. While regional variation between inland and coastal communities would seem logical, the qualitative interviews and focus groups offered little indication that would suggest regional variation is extensive. Certainly coastal communities, because of their location, have closer access to the ocean and fish for food, fish generally is not seen as a consumption priority. Instead, fishing generally is seen as an income source.

D. Household Poverty Levels

Poverty indicators are based on household expenditures, which are used as a proxy for income. Income in most developing countries and rural areas is difficult to measure, and expenditure data are typically less prone to recall error and more smoothly distributed over time than income data.

The three FFP poverty indicators are (1) percentage of people living on less than USD $1.25 per day, (2) daily per capita expenditures and (3) mean depth of poverty. Consumption data are collected through a series of five modules related to food, durable assets, housing, occasional expenses and unusual expenses, which are aggregated to compute a daily per capita expenditure estimate. The prevalence of poverty and mean depth of poverty are in turn computed using the daily per capita expenditure figure. Annex 4 provides definitions of these indicators and the methodology used to compute them. The results for these indicators are provided in Table 4.2d.

A total of 43.6 percent of the population in the survey areas is currently living in extreme poverty (less than the international poverty line of USD $1.25 at 2005 prices), with average daily per capita expenditures of constant USD $2.10. Note that the distribution of household incomes appears to be skewed heavily toward the lower end in most societies, with a long tail of outlying households on the higher end. The average is strongly affected by these outliers, making it more volatile as a summary statistic. A more robust measure is the median. Median daily per capita expenditures in the project areas were constant USD $1.57, indicating that 50 percent of all individuals had a daily per capita expenditure of less than USD $1.57. There are some important differences by gendered household type worth exploring. Households with an adult male and no adult female spend 1.65 times more than households with at least an adult male and an adult female. An examination of the household composition can provide some background to understand these differences. Households with an adult male and no adult female are generally smaller, with an average household size of 2.0 members. They also have fewer dependents than those with male and female adults, with an average of 0.4 children under 15 years of age, and 0.22 adults 65 years and older. Households with male and female adults are on average larger (5.5 members) and with more dependents (2.23 children, 0.31 elders). Everything else being equal, a greater number of dependents means that the same income is shared across more individuals, and therefore per capita expenditures will be lower on average in households with a greater number of dependents.

On average, food is the main consumption category, representing 63 percent of total average consumption. Of the 62 food groups included, rice and beans are clearly the main staple, with average per capita consumption representing about 14 percent (rice) and 11 percent (beans) of total food expenditures. Other important food items include oil, butter and lard (6 percent of daily food consumption), sugar and honey (5 percent) and poultry and bread (both 4 percent).

Besides food consumption, other monthly and annual expenditures are the second most important consumption category, representing 24 percent of total expenditures. The main monthly and annual expenditures, as a share of total consumption, include cellular phone charges, transport, soap and cleaning products, and other hygiene products, such as toothpaste, deodorant, soap and body cream, with each category representing approximately 3 percent of total daily per capita consumption. Of education-related expenses, school fees were the most important expenditure, representing 2 percent of total daily per capita consumption. Health care costs were mostly driven by drugs and traditional medications, which represented approximately 1 percent of total daily per capita consumption.

Mean depth of poverty is defined as the average of the differences between total daily per capita consumption for the poor and the poverty line, expressed as a proportion of the poverty line, with 0 representing the shallowest possible poverty and 100 representing the deepest possible poverty. One way to interpret the mean depth of poverty is that it gives the per capita cost of ending poverty, as a percentage of the poverty line, if money could be targeted perfectly. Mean depth of poverty, or the average income among the 43.6 percent of people who live below the poverty line (USD $1.25 per person per day), as measured using expenditures, is 16.4 percent below the poverty line, or USD $1.045 per person per day.

The prevalence of poverty in the program area (43.6 percent) is lower than the latest figures reported by the World Bank, which estimated that nationally, 62 percent of the Haitian population lived under the international poverty line in 2001.[42] It is, however, difficult to draw a comparison between these two data points because of the time gap and the different populations covered.

[42] Available at http://data.worldbank.org/indicator/SI.POV.DDAY.

Table 4.2d. Food for Peace Indicators - Poverty by Gendered Household Type
Household-level FFP indicators [Haiti, 2014]

Poverty (Household Members)	
Percent of people living on less than $1.25/day	43.6
Adult Female no Adult Male	42.9
Adult Male no Adult Female	22.2
Male and Female Adults	45.0
Child No Adults	0.0
Daily per capita expenditures [1]	2.1
Adult Female no Adult Male	2.1
Adult Male no Adult Female	3.3
Male and Female Adults	2.0
Child No Adults	4.1
Mean depth of poverty [2]	16.4
Adult Female no Adult Male	16.6
Adult Male no Adult Female	8.0
Male and Female Adults	16.8
Child No Adults	0.0
Number of household members in responding households	10,458
Adult Female no Adult Male	1,441
Adult Male no Adult Female	494
Male and Female Adults	8,516
Child No Adults	7

[1] Expressed in constant 2010 USD
[2] Expressed as percent of poverty line

The household survey did not collect data on income sources; however, the qualitative study integrated several questions on income sources and employment options. The qualitative study collected data on financial decision-making in recognition that how households choose to allocate money earned can be interrelated to shifts in their poverty level, their ability to cope with poverty, or their need for and attitudes about supplemental assistance.

In general, the qualitative data indicate that earning money consistently or having a steady job can be a real struggle. Much of the work that is undertaken tends to be piecemeal or ad hoc as needed. The most common types of work were in the areas of service or retail (e.g., maid, laundry, shop attendant, tailor, barber, bakery, transport, prepared food vendor, raw food vendor, selling charcoal), labor (e.g., carpentry, masonry, construction, salt extraction) and small-scale or subsistence production (e.g., agriculture, livestock, fishing).

In situations where individuals have seemingly more stable access to income, the stability exists not necessarily in a single job. A *Gonaïves* respondent noted: "I have several activities. I am a retailer, a beautician, and I work as a nurse assistant." It also appears that some employment types show gender trends. A male respondent in *Jean-Rabel* summed up the perception: "We do agriculture and breeding, and the women do retailing."

The qualitative data make it clear that decision-making is a complicated topic, and not necessarily entirely gendered. Certainly, in some situations the dynamics are straightforward, and even reflective of gender inequities and masculinist views about the specific roles of men and women. For example, one respondent from an interview in *Gonaïves* said:

> **Interviewer:** Who is the primary decisionmaker in your household?
> **Respondent:** The man.
> **Interviewer:** Why is it the man who makes the decisions?
> **Respondent:** Because I have no occupation.

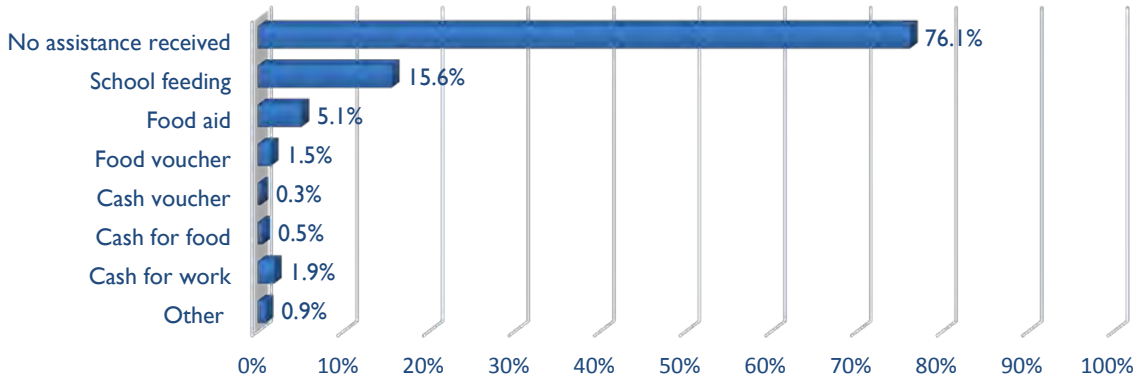
In this case and others, decision-making power comes by way of bringing income into the household with tacit acknowledgement that men work outside of the home and women do not. In many households, however, decision-making, as a concept and linked to the breadwinner, is not necessarily the central organizing principle of the household. In the following exchange from an interview in *Côtes-de-Fer*, the respondent seems to view decision-making and the household in non-gendered terms.

> **Interviewer:** Is your wife free to make any decisions for the household?
> **Respondent:** If it is a decision that will be fruitful for the household, she can make it.
> **Interviewer:** Why do you think that way?
> **Respondent:** Because you might be making a decision and she can help you realize that you could do it differently. You might be ready to do something in a way, but the woman sees it differently, and it might be better and you accept it and vice versa. The decision is not about the person. Any one of us can make a decision.
> **Interviewer:** For you, there is not this question of a woman cannot make such and such decision?
> **Respondent:** No. Any one of us can make a decision that is going to be good for the household.

The notion that anyone or everyone in a household can make a decision or that decisions are jointly made was present throughout the qualitative data. In particular, respondents often spoke about household decisions on paying school fees, selling livestock, seeking medical services, and using financial resources more broadly, as examples. Less clear was the attribution of responsibility to the husband or wife for decisions. The qualitative data signals a more nuanced dynamic in households where decisions tend to be made case-by-case and often involve negotiation. In those situations, negotiation does not automatically equate to joint decision-making; rather, the negotiation is often about teasing out different options for the decision and who is best suited or appropriately equipped to make the decision.

In addition to income, households may receive supplemental assistance in food aid, food vouchers or cash, which affects consumption and expenditure patterns, and thus also affects poverty levels. As shown in Figure 4.2, just over three-quarters of households reported that they received no assistance in the past six months. About 15 percent of households reported having access to school feeding programs and 5 percent of households reported receiving food aid.

Figure 4.2. Types of Assistance Received by Households in the Past Six Months



Similar to the household survey, the qualitative study inquired about the number of individuals who indicated they have received food assistance. This question was asked only as part of the 42 household-level interviews, with responses recorded in 39, in which 10 indicated they have received food assistance and 29 that they have never received food assistance.

Across the qualitative data, feelings about food assistance—its purpose and methods of administration—were specific. Many respondents, for example, indicated that that they see job creation and improved agricultural-related assistance as priorities over food assistance. The desire for jobs and job creation was not simply a fleeting comment; rather, respondents were consistent and even persistent with this type of suggestion, illustrated by the exchange between an interviewer and a 40-year-old woman in *Hinche*:

> **Interviewer:** How high a priority do you feel food assistance programs are with the Government of Haiti?
> **Respondent:** They could help by providing food assistance; however, instead of giving food to people, they would better create jobs to allow people to be self-sufficient. If I have a job I can work and provide food for myself and my family, and then I will feel more at ease. If they think providing food is the easiest way they can help, I welcome that. But I would rather they allow me to work for my food.
> **Interviewer:** To what extent do households rely on non-governmental support for food assistance?
> **Respondent:** If they give us food we will accept it, but we would prefer having jobs. But we will accept the food since they are the one deciding on what to give.
> **Interviewer:** Do you want to add a word?
> **Respondent:** They can help fight food insecurity although they cannot feed us all the time, especially because we are not the only ones in need.
> **Interviewer:** Do you know that you can always request the type of assistance you would like to receive from the government?
> **Respondent:** If the government can provide loans to women, we could do retailing business while our husbands are doing their activities. This could at least provide meals three times a day for the family. If they are giving something that everyone rejects, it is not to me to take it. But if everyone agrees on the help that they provide, I will too. If I do not receive I will accept the situation. When the NGO that was here was doing food distribution, some people did not receive anything.

Considering the strong opinions on jobs and job creation, it was challenging to draw out views about preferences on food distribution, food vouchers or cash transfers. Commonly, in response to these three options, respondents made statements such as: "What I want is a job" or "What I want is improved irrigation." As one respondent from *Anse Rouge* noted when pressed to indicate a preference, finding consensus among recipients of food assistance is unlikely.

> Some people prefer receiving the money, some prefer receiving the food. Some even sell the food so they can buy other goods, such as soap or gas. Therefore, if they [government or donors] give them the money, they could buy exactly what they need.

In that comment the respondent moved from the idea of "any assistance would be good" to the idea of "what we need is cash." This opinion was common across many responses. Often respondents described food assistance (food distribution and food vouchers) as something that would help, but cash is what would help households most. One respondent from *Cerca la Source* noted:

> What I could recommend if they want to help us really, they should give the money. Because when you have several children, you cannot go to the market every day to buy food. You could invest in commerce and you will be able to feed your children out of what you are gaining.

In many program-level interviews, respondents pointed out the potential downside of receiving cash. For example, one respondent from *Côtes-de-Fer* commented:

> I would rather they give the vouchers because Haitians are known to misuse funds. If you give money to the people, they might use it for other purposes than buying food to nourish their families. If they are given vouchers, they have no choice than buying the food to give to their children and fight food insecurity.

E. Household WASH Practices

WASH practices are assessed based on three standard FFP indicators: (1) percentage of households using an improved drinking water source, (2) percentage of households using an improved sanitation facility and (3) percentage of households with a cleansing agent and water available at a handwashing station. Table 4.2e summarizes the results for these indicators, and Table A13.1 in Annex 13 provides a further breakdown of the components for each indicator.

Poor WASH practices are associated with increased morbidity and mortality, particularly for diarrheal diseases. Worldwide it is estimated that improved water sources reduce diarrhea morbidity by 21 percent, improved sanitation reduces diarrhea morbidity by 37.5 percent and the simple act of washing hands at critical times can reduce the number of diarrhea cases by as much as 35 percent.[43] Results for children's diarrhea indicators in the survey population are discussed in Section 4.4B.

[43] World Health Organization (WHO), Facts and Figures: Water, sanitation and hygiene links to health. Available at http://www.who.int/water_sanitation_health/publications/factsfigures04/en/print.html.

Table 4.2e. Food for Peace Indicators - Water, Sanitation and Hygiene
Household-level FFP indicators [Haiti, 2014]

WASH (All Households)	
Percentage using an improved drinking water source[1]	39.5
Percentage using improved sanitation facilities[2]	15.8
Percentage with cleansing agent and water available at handwashing station	6.4
Number of responding households	2,235

[1] Improved drinking water sources include piped water into home, yard/plot, standpipe or public pipe, protected well in the yard, other protected well, protected spring, rain water, water seller, bottled water and water selling society.
[2] Improved sanitation facilities are "non-shared" and include flush toilets to sewer system, septic tank or pit latrine, ventilated improved latrine, pit latrine with a slab, composting toilet and portable chemical toilet.

Water

About 40 percent of households in the survey area use an improved drinking water source. The definition of an improved drinking water source has two components: (1) type of water source and (2) water availability at the source. Types of improved drinking water sources include water piped into the home or yard, standpipe or public pipe, protected wells or springs, rainwater, water sellers or water selling societies and bottled water. If water is reported as unavailable from the source for a day or more during the past two weeks, then the source is not considered improved. Although 52.5 percent of all households reported using an improved type of drinking water source, most often a public tap or water piped to a standpipe, 13 percent of these households reported that water was unavailable from the source for a day or more in the past two weeks. For the 91 percent of households where the water source was not in the house or yard, the average time to reach the water source, get water, and return home was 53 minutes.

When asked what methods are used to make water safer to drink, respondents indicated two main methods: (1) adding chlorine or bleach and (2) using Aquatabs® [water purification tablets]. About 27 percent of households reported that they do nothing to make their water safer to drink.

In line with the survey findings, most individuals interviewed for the qualitative study indicated using water from a public tap or cistern. Respondents also indicated that often these water sources have periods of unavailability. Improved water sources, such as water piped into a home or bottled water, were described as not available or unaffordable. A few respondents reported buying bottled water in gallons when the needed financial resources are available. A few respondents reported using spring water as their only source of water or as a secondary source for domestic use beyond cooking and drinking. Only a few respondents indicated traveling long distances (more than 30 minutes) to fetch water; most often, the need to travel is because the closest water source is not working. The following response from a respondent in *Jean-Rabel* characterizes trends and resourcefulness in acquiring water:

> We used to get water from the national water company through this pipeline here. But since I owe and cannot pay the water company, it got cut off. I have been buying water: three buckets for 5 gourdes [USD $0.12 at the time of the interview]. But, luckily the pipeline that belongs to this restaurant right there goes through my yard. So, I put a pipe and get some water from it. If the water company discovers that, they will cut it and I will have to go back to buying buckets of water.

Water availability is seasonal. During the rainy season, tap and spring water is generally readily available, but then scarce during the dry season. Respondents reported that their community's tap or cistern was damaged for many months without anyone to repair it, with few options for financing a repair.

As indicated by the household survey data, most respondents understand the necessity of treating their drinking water with Aquatabs® or boiling to avoid potential infection, which likely results from the many campaigns implemented to raise awareness. A respondent from a program-level interview in *Gonaïves* expanded on one of these activities:

> We have frequent sessions with the people on how to purify the water they drink. During these sessions, we distribute chlorine tablets to them. Some people still drink the water without purifying it. Some do not have the means to buy potable water so they just drink the water as is.

Some respondents shared that they are not always able to purify their drinking water as advised because they lack the money to purchase the chlorine tablets, as noted by this respondent in *Gonaïves*:

> If we do not treat the water, it can give us infection. Sometimes you do not have the money to buy purified water. When I do not have the money to buy purified water, I get it from the cistern. When I can, I put Aquatabs or chlorine it. If I cannot afford the chlorine, I just drink it.

Sanitation

Results from the household survey indicate that 16 percent of households reported using a non-shared improved sanitation facility; of those, the majority reported using a pit latrine slab (11 percent). Another 18 percent reported using a shared improved sanitation facility. Households that do not use a shared or non-shared improved facility use either an open pit (25 percent) or nothing (42 percent).

The majority of respondents in the qualitative interviews expressed that having a non-shared, improved latrine would be ideal and their preference. Much of the understanding about latrines appears to be the result of past and on-going non-governmental organization (NGO) information and awareness campaigns. In areas on or near the border with the Dominican Republic, several respondents indicated that the Government of the Dominican Republic has had programs to provide latrines. For most respondents, however, having a non-shared, improved latrine is not affordable. The upfront cost associated with constructing an improved latrine and the cost of maintaining the facility present financial challenges. Several respondents described in detail the unmet need to improve sanitation facilities with more structure, such as doors and cemented tanks and walls, to help contain odors and infections and to provide more safety, especially for children. A few respondents live in rented homes and do not have the authority or the means to build their own latrines, in which case they use neighbors' or communal latrines. Following are quotes from the interviews on some of the barriers beyond the financial constraints to building latrines:

Respondent (*Hinche*): We had a latrine but it broke. We have to go out to the public latrines. The area does not really have latrines. What we had was a hole covered with a piece of wood. The rain messed it up. We do not have the means to build a solid one with blocks.
Respondent (*Anse-à-Galets*): People from the area of Sous Saline have difficulty to build latrines because they are too close to the sea. Whenever they start digging up to five feet they encounter water. Other than that, mostly people in the area have latrines.

Most respondents indicated using non-improved latrines because of financial and other constraints. An example alternative is the practice of digging a simple hole to defecate or defecating by the ocean. As the household survey indicates, open defecation is common. Indeed, one respondent from a program-level interview in *Gonaïves* indicated that the number of people defecating in the bushes is likely higher than is being self-reported: "I could estimate that half of the population does not have latrines. They go right on the floor in the bushes. That is the reason for many cases of typhoid."

Handwashing

Household survey interviewers observed the presence of water and soap, detergent, or another cleansing agent at the place for handwashing in only 6 percent of households. Qualitative study respondents, however, appeared to be aware of the importance of washing their hands. In particular, many respondents saw handwashing as critical to avoid transmitting germs and prevent cholera. The times most mentioned to wash hands were after defecating and before eating. Other times often mentioned as important were before feeding a child, when hands look dirty, and, in a few cases, before cooking. A small number of respondents said it is necessary to wash their hands only when they are visibly dirty, as described by a respondent in *Anse Rouge*: "If you have dirt or grease in your hands, you have to use soap or laundry detergent; otherwise, your hands will still hold this dirt." Although almost all respondents said that water and soap are both necessary to properly wash their hands, some stated that water or soap are not always readily available. Lemon, detergent, leaves, alcohol, ashes or chlorine were some of the products mentioned by respondents as soap substitute. A respondent in *Anse Rouge* described what is done when soap is unavailable: "I wash my hands after I have used the toilet if I can find water. I use soap. You might find soap but not always. When I do not have soap, I simply pour the water on my hands."

4.3 Women's Health and Nutrition Indicators

A. Women's Anthropometry

The women's module of the household survey was administered to one woman between 15 and 49 years of age in each household. A total of 1,542 women were interviewed; of these, 171 were pregnant or had given birth within the preceding two months (postpartum). Valid anthropometry measurements were taken for 1,339 women. Measurements were missing or invalid for 32 women.

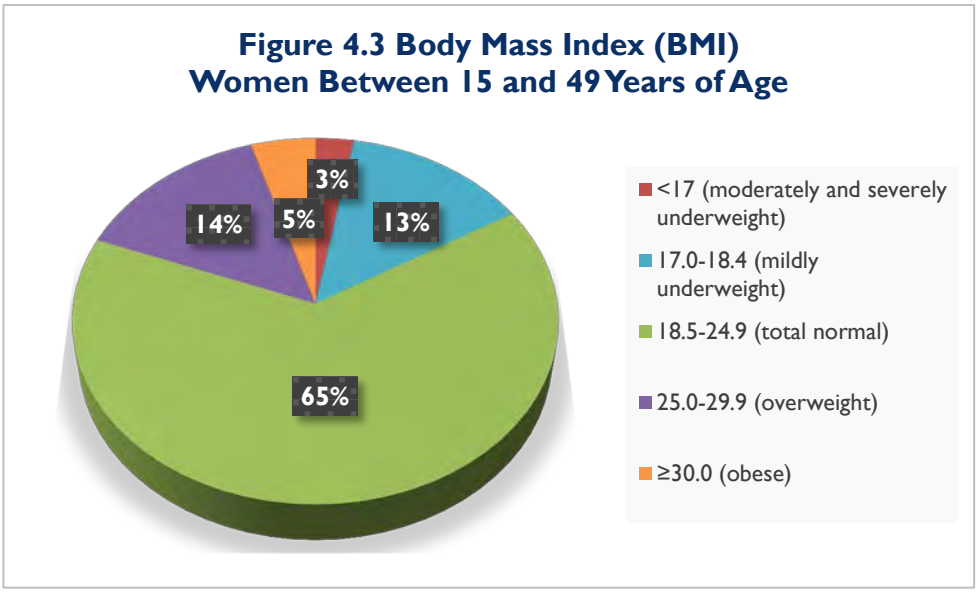
The nutritional status of women was assessed using the body mass index (BMI), derived by taking height and weight measurements of women between 15 and 49 years of age who were not pregnant or two months postpartum. BMI, expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2), was used to measure the prevalence of underweight women. A BMI below 18.5 indicates underweight or acute malnutrition and is associated with increased mortality.

About two-thirds (65 percent) of women in the survey population have a BMI in the normal range (18.5-24.9), 16 percent can be considered underweight (BMI < 18.5), and 3 percent are in the moderately to severely underweight range (BMI < 17). About 19 percent of women are overweight or obese, with 14 percent considered overweight (BMI ≥ 25 and < 30) and 5 percent considered obese (BMI ≥ 30).

Table 4.3a. Food for Peace Indicators - Women Underweight
Women's Level Indicators [Haiti, 2014]

	Total
Prevalence of underweight women[1]	16.2
Number of eligible women (15-49 years) with valid measurements	1,339

[1] Excludes pregnant and postpartum (birth in the preceding 2 months) women.



B. Women's Dietary Diversity

The women's dietary diversity score (WDDS) is computed based on nine critical food groups. This validated indicator measures the micronutrient adequacy of the diet and reports the mean number of food groups consumed in the previous day by women of reproductive age (15-49 years of age). The indicator is tabulated by averaging the number of food groups consumed out of the nine food groups across all women. The survey results indicate that women consume, on average, 3.5 of the 9 basic food groups. As shown in Table 4.3b, grains, roots, and tubers (98 percent) and legumes and nuts (79 percent) are the most frequently consumed basic food groups by women, while organ meat (3 percent) and dairy products (14 percent) are consumed least often.

Table 4.3b. Food for Peace Indicators - Women's Dietary Diversity
Women's Level Indicators [Haiti, 2014]

	Total
Women's Dietary Diversity Score	3.5
Percentage of women consuming food groups:	
Grains, roots and tubers	97.6
Legumes and nuts	78.7
Dairy products (milk, yogurt, cheese)	13.8
Organ meat	3.4
Eggs	14.1
Flesh foods and other small animal protein	41.0
Vitamin A dark green leafy vegetables	33.7
Other Vitamin A rich vegetables and fruits	28.9
Other fruits and vegetables	39.5
Number of responding women (15-49 years)	1,542

[1] Excludes pregnant and postpartum (birth in the preceding 2 months) w omen.

The two women's health and nutrition indicator scores indicate that most women—even those lacking diversity in their diet—are still maintaining a healthy BMI. Bearing this in mind, the qualitative study explored food-related practices and choices in women's lives. This included women's food consumption in general, the role gender plays in food allocation in households and beliefs or taboos about certain foods and experiences during pregnancy. This inquiry sought to highlight food and health-related perceptions and some of the vulnerabilities and challenges that households face. These types of subtleties can influence the options available to women to increase their dietary diversity.

Qualitative study participants indicated that women tend to have primary responsibility for food preparation in households, but gender-defined foods do not appear to be common. Men and women generally eat the same foods, although individuals have taste preferences that are accommodated to the extent that the needed financial resources are available. A respondent from a focus group discussion in *Jean-Rabel* summarized women's options to increase dietary diversity in the household: "In general, since the woman is the one who is managing this thing [what to cook] she decides about what can be done, depending on the resources available."

Respondents in the qualitative study, both males and females, generally were attentive to the food intake of pregnant women. In many cases, they were well aware that consumption of diverse and nutritious foods while pregnant is important. A husband in *Gonaïves*, for example, noted that he feels it is his obligation to ensure his pregnant wife is eating adequately:

> **Interviewer:** Since you have an 18–month-old baby, when your wife was pregnant have there been instances where you or any other member of your house felt that you had to save her some of your food to ensure that she eats more—even if you were not full?
> **Respondent:** I am the one who does that since I am the head of the house.
> **Interviewer:** You used to do that—save some of your food so your wife can have more?
> **Respondent:** Yes, because she is pregnant and needs to eat more. When I realize that what has been cooked is not enough, as the husband, I had to eat less and give her some of my food. If there was enough I would not have to do that.

The qualitative data revealed that, similar to nearly all parts of the world, foods are believed to carry cultural significances. Beliefs often revolve around foods perceived to inflict harm or bad fortune and, as a result, are considered taboo. While it is potentially useful to understand that, respondents in *Thiotte*, for example, feel that men do not eat chayote because it hinders their sexual vitality. Often what carries more salience are the nuances of taboos, particularly how they are adapted to accommodate other or new beliefs. In the following exchange, a respondent in *Anse-à-Galets* takes a taboo about boiled eggs and, in a sense, expands understanding of the taboo to make a claim that the imported eggs and chickens eaten in Haiti have fewer vitamins:

> **Interviewer:** I used to hear that pregnant women should not drink coconut water or eat boiled egg, is that true for you?
> **Respondent:** I don't know about the coconut water, but I hear that you should not eat boiled eggs during your first pregnancy. Other than that, pregnant women should eat local eggs and local chickens as they contain more vitamins.

A focus group discussion respondent in *Jean-Rabel* uses this same perceived taboo about eggs to draw attention to perceived preferences for imported eggs:

> **Interviewer:** In some areas they say pregnant women should not eat eggs?
> **Respondent:** Sometimes, they [eggs] are the cause of their health issue. Because they might have all the foods available in their gardens, but they would rather sell them and buy these imported foods. They might have the chicken in their farm, but go sell them at the market and return home with *pèpè* egg [eggs imported from the Dominican Republic].

Specific thoughts, and even advocacy, about protein-rich foods, such as chicken and eggs, are relevant in increasing women's dietary diversity.

Consistently, the respondents demonstrated awareness of the importance of seeking out health care services and adhering to health-seeking practices that doctors recommend. The following exchange from a focus group discussion in *Anse Rouge* illustrates some of these attitudes and dynamics:

> **Interviewer:** So what is the first place you go when you are sick?
> **Respondent:** In my family, whenever we are sick we go to the hospital. Other than that, we pray God.
> **Respondent:** It depends on the people's belief. Some people go to *Plaine-de-l'Arbre* where there is a nurse assistant who pretends he is a doctor. It might be that the medicines he gives are good, but people believe in him.
> **Interviewer:** When you do not find a solution to your health issue at the hospital don't you try anywhere else to find a solution?
> **Respondent:** As I just told you, in my family it is only the doctors and God.
> **Respondent:** We understand what Ms. Gertrude is trying to say. Many people believe in different things. Some people used to go the voodoo priest when doctors cannot solve their issue. As for me, my belief is in God, he is the one to do everything for me. I don't know anything else and do not want to know anything else.

Knowledge, desire to visit the doctor and faith, however, cannot always compensate for broader challenges, such as finances, availability of services and transport. While some of these challenges are regionally specific in Haiti, some overall commonalities prevail. Individuals can cope with challenges and mitigate them, but the need is for longer term and more structural and systemic solutions, as suggested by a respondent from *Anse-à-Galets*:

> The biggest challenge for pregnant women here is the lack of good care. There is no health center to help them. An NGO has built a few health centers here but they are not equipped. There is one nurse in each and she is the only one to do everything. There are no doctors available to examine the people after the triage by the nurse. The nurse serves as doctor, nurse and nurse assistant. Pregnant women here do not find adequate health care. The distance from their localities to the only hospital which is located in *Anse-à-Galets* is so long that they often die by the time they reach the hospital for care.

4.4 Children's Health and Nutrition Indicators

A. Stunting and Underweight

Anthropometric indicators for children under five years of age provide outcome measures of nutritional status. Height (length) and weight measurements are taken using standardized procedures and then compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally and genetically diverse healthy children living under optimum conditions that are conducive to achieving a child's full genetic growth potential. Use of the 2006 WHO Child Growth Standards is based on the assumption that well-nourished children of all population groups for which data exist follow similar growth patterns before puberty.

Weight-for-age takes into account both chronic and acute malnutrition and is often used to monitor nutritional status longitudinally. Children who are below minus two standard deviations (-2 SD) from the median of the WHO Child Growth Standards population for weight-for-age may be considered underweight.

Stunting is measured using the height-for-age index, which gives an indication of linear growth retardation among children. Children who are below -2 SD from the median of the WHO Child Growth Standards population for height-for-age may be considered short for their age (stunted) or chronically malnourished. Severe linear growth retardation (stunting) reflects the outcome of a failure to receive adequate nutrition over a number of years and is also affected by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection.

Age, height and weight measurements were obtained for 1,442 children under five years of age. These measurements were used to calculate two indicators:

- Prevalence of underweight children under five years of age (weight-for-age)
- Prevalence of stunted children under five years of age (height-for-age)

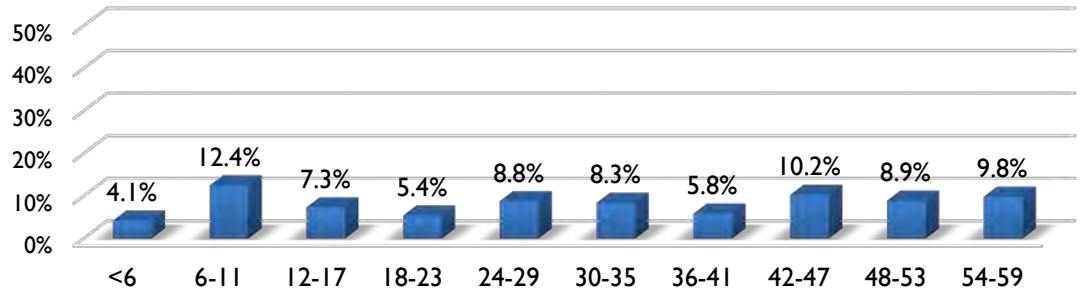
Table 4.4a provides the results for the anthropometric indicators.

Table 4.4a. Food for Peace Indicators - Children's Nutritional Status
Child-level FFP indicators by sex [Haiti, 2014]

	Total
Children's Nutritional Status (Children under 5 years)	
Prevalence of underweight children	
Male	8.4
Female	7.7
Total	8.0
Number of children (under 5 years)	1,442
Prevalence of stunted children	
Male	20.4
Female	18.0
Total	19.2
Number of children (under 5 years)	1,442

Results from the household survey indicate that 8 percent of children under five years of age are moderately or severely underweight (below -2 SD from the median). As shown in Figure 4.4a, the proportion of underweight children is lowest in children under six months of age and highest among children 6-11 months of age. Older children are slightly more underweight than younger children. Estimates for sub-groups of children are however subject to larger sampling errors, and so these differences may not be significant. Indeed, a statistical test that takes clustering in the sample into account finds no significant differences among the different age groups presented in Figure 4.4a ($p = .31$).[44]

Figure 4.4a Prevalence of Underweight Children under 5 Years by Age Group (months)

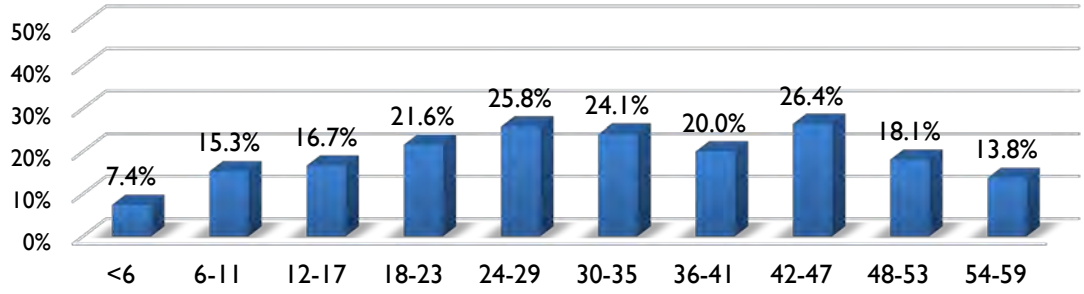


The survey also indicates that 19 percent of children under five years of age are stunted (below -2 SD from the median). As shown in Figure 4.4b, the prevalence of stunting steadily increases as the age of the child increases, until 24-29 months of age. A statistical test that takes clustering in the sample into account indicates that differences among these age subgroups are significant ($p < .01$).[45]

[44] Testing based on a second-order Rao-Scott adjusted chi-square test, a generalization of Pearson's Chi-Square Test of Independence for contingency tables for complex samples, with standard errors computed using a Taylor series linearization.

[45] Ibid.

Figure 4.4b Prevalence of Stunted Children under 5 years by Age Group (months)



To better understand the practices and beliefs that are potential factors in stunting rates, interviewers asked a series of questions as part of the qualitative study about how respondents feel about their children's height, weight, development, food intake and overall health. In all of the questions, the interviewers avoided use of the word "malnutrition," and yet consistently respondents directed the conversation to discuss malnutrition, worded as such. Specifically, the Haitian Créole words *malnitrisyon* and *malnitri* were commonly used as was the phrase *li pa byen nouri* (the child is not well nourished).

The qualitative data indicate some understanding of the causes of malnutrition. Many respondents spoke of the ways childhood malnutrition results from food unavailability or the lack of financial resources to buy food. Most common among the respondents was identification of the importance of vitamins in the growth and development of children. One *Hinche* respondent noted: "If the parents do not have the means to feed them well, they will lack some vitamins and do not develop well." In this comment, it is important to recognize that the respondent is not speaking to personal experience; rather, that the respondent refers to other parents and other children. Malnutrition is a sensitive topic, and referencing other children helps distance the respondent from malnutrition. Indeed, the qualitative data include examples, such as the following exchange from an interview in *Côtes-de-Fer*, where respondents appear to take pride in their children's health and simultaneously try to counterbalance the perceived stigma of having malnourished children:

> **Interviewer:** What does the doctor say about your children's size?
> **Respondent:** I have never been told by the doctor that my children's size is inappropriate. My children never have malnutrition.
> **Interviewer:** The doctor never tells there is anything wrong with your children?
> **Respondent:** I have 10 children, but doctors never told me there is anything wrong with my children.
> **Interviewer:** What do they tell you?
> **Respondent:** They always compliment me for my children. I have never had any malnourished children. My youngest child is 15; it is too late for her to have malnutrition.
> **Interviewer:** When the doctors compliment you, you agree with that?
> **Respondent:** Oh yes.

Many respondents mentioned maternal and child health programs in their communities, including observing the role of community health agents in areas such as monitoring growth, raising awareness of nutrition and breastfeeding, timing and composing the introduction of complementary food and preventing and treating childhood illnesses. Many responses showed some frustration that these

programs appear to target specific populations or only certain families. The respondents expressed concern that sometimes this creates tension in the community. A focus group respondent in *Jean-Rabel*, for example, noted the dilemmas because no food assistance program can reach everyone.

> You have mentioned vouchers. But until now we only heard about them. Nobody has received vouchers. When they mentioned the program, we have welcomed it because we are in need, but we thought this would have happened within a month if it is part of an emergency response program. We believe that the help could be better distributed. If they had planned to provide food assistance for six months, they could provide food for two months and use the other four months to support irrigation and soil preservation. As far as tension, there will always be tension in these situations. There are 16,800 people in this area and they plan to give to 1,200. People will think that the distribution is based on acquaintances. It would be good for the government and the NGO to think of more durable strategies to help the population to get out of this miserable situation.

Interest in more durable strategies was a common theme throughout the interviews and focus group discussions. A small but strong-willed set of individuals advocated for improved family planning as an important long-term strategy. In nearly all of the 14 program-level interviews, the respondents, who were primarily community leaders, such as local governmental officials, community health agents and health care providers, described the way many families in their communities have more children than they can afford to feed. Individual respondents at the household level and through focus group discussions were generally less definitive in drawing connections between a lack of family planning and cases of malnutrition among children. Individual respondents did, however, mention some of the approaches to family planning and its role in the power dynamics in marriages. One female respondent in *Gonaïve*s identified one of the main dilemmas: "As long as you have a husband, you cannot say that you will no longer have children."

Predictors of Stunting

Multivariate analyses were performed to broaden the understanding of the causes of malnutrition in children using the HAZ in children under 24 months of age, a measure of stunting and a critical malnutrition indicator. An ordinary least squares regression model was attempted, although it showed counterintuitive results and low explanatory power ($R^2 = 0.15$).

This relatively low explanatory power is not surprising, considering that the model includes only a limited subset of the predictors that the literature identifies as relevant. Data on important child-level predictors that were not collected as part of the Title II baseline study include birth weight, breastfeeding duration and initiation, immunization status and iron, zinc or vitamin A supplementation. Important maternal-level predictors of child HAZ were omitted as well, including maternal BMI and height, and maternal health or maternal supplementation with zinc, iron folate or micronutrients during pregnancy.

Due to the low explanatory power and counterintuitive results, the multivariate models are of limited usefulness and are discussed only in Annex 8. Future food security surveys may attempt to obtain better-fitting models by incorporating some of the child and maternal-level predictors discussed earlier.

B. Diarrhea and Oral Rehydration Therapy

Dehydration caused by severe diarrhea is a major cause of morbidity and mortality among young children, although the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhea-causing agents is frequently related to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. Caregivers were asked if any children under five years of age had diarrhea at any time during the two-week period preceding the survey. If the child had diarrhea,

the caregiver was asked about feeding practices during the diarrheal episode, whether they sought advice or treatment, and whether ORT was given to the child. Types of ORT included oral rehydration solution, home-made sugar-salt water solution or increased fluids. Caregivers were also asked if the child's stools contained blood, which can indicate other diseases that need to be treated differently from diarrhea in which no blood is present in the stools.

Table 4.4b shows the results for the two FFP indicators: (1) the percentage of children with diarrhea in the past two weeks and (2) the percentage of children with diarrhea who were treated with ORT. Overall, about one-quarter of all children under five years of age had diarrhea in the two weeks preceding the survey. Of the children with diarrhea, caregivers reported that 14 percent had blood in their stools.

About half of the caregivers reported seeking advice or treatment for children with diarrhea, and 67 percent of these children were treated with ORT, which can be administered with one or more types of treatment. Oral rehydration solution was used for 41 percent of children, an oral serum liquid sold in a store or pharmacy was used for 8 percent of children, and a home-made sugar-salt solution was used for 6 percent of children. Caregivers reported increasing fluids for 38 percent of children with diarrhea and the use of other treatments, such as antibiotics and home remedies, for 41 percent of children with diarrhea.

A bivariate analysis of the relationship between children with diarrhea and WASH practices (see Table A13.4 in Appendix 13) indicates that children in households that use improved WASH practices tend to experience lower rates of diarrhea than those in households that do not use them. The prevalence of diarrhea in children under five years of age in households with an improved non-shared sanitation facility was lower (19 percent) compared to those with a non-improved sanitation facility (27 percent). Children in households with an improved drinking water source also had a lower prevalence of diarrhea (22 percent) compared to children in households without an improved drinking water source (28 percent). Finally, children in households with soap and water near a handwashing station had a lower prevalence of diarrhea (17 percent) compared to children in households without soap and water at a handwashing station (26 percent).

Table 4.4b. Food for Peace Indicators - Children's Diarrhea and ORT
Child-level FFP indicators by sex [Haiti, 2014]

	Total
Children's Diarrhea and ORT (Children under 5 years)	
Percentage of children who had diarrhea in the last two weeks	
Male	27.3
Female	24.0
Total	25.6
Number of children (under 5 years)	1,457
Percentage of children with diarrhea treated with ORT [1]	
Male	65.7
Female	68.5
Total	67.1
Number of children (under 5 years) with diarrhea	372

[1] Includes oral serum liquid sold in a store or pharmacy, oral rehydration salts (ORS), home-made sugar-salt water solution or increased fluids.

The qualitative data indicate that respondents not only recognized the symptoms of diarrhea, but also knew of preventive measures and forms of treatment. A *Hinche* participant, for example, described how to prepare a salt and sugar solution in the absence of the hospital-provided oral rehydration powder:

> **Interviewer:** The older children have not had diarrhea?
> **Respondent:** Yes. One of them always had diarrhea. I almost lost him.
> **Interviewer:** What caused that?
> **Respondent:** The water caused that. I was in *Hinche* because my mother was at the hospital. Since I know the water in *Hinche* is purified, I gave the baby the water. As soon as I did he started vomiting and having diarrhea. When I took him to the hospital, they told me that and I started to boil the water before I give it to him. They gave me medicine which stops the diarrhea.
> **Interviewer:** What can you give to a child to stop diarrhea?
> **Respondent:** You give him homemade oral rehydration solution. You squeeze half a lime in three bottles [1 liter] of water; you add three pieces of marine salt and 1 spoon of sugar; you mix it and give it to the child.

Poor hygiene, exposure to untreated water and poor handwashing behavior all allow bacteria, viruses and parasites to be ingested, frequently leading to onset of diarrhea and other illnesses. Many respondents reported that their children had experienced occasional episodes of diarrhea, and several associated these incidences with teething in young children, rather than with exposure to harmful pathogens. A few respondents mentioned exposure to microbes or bacteria as potential causes of diarrhea, as shown in the following exchange. A respondent from *Côtes-de-Fer* explained that by using clean water and frequent handwashing, diarrhea could be avoided:

> **Interviewer:** Is there anything you can do to prevent diarrhea with your children?
> **Respondent:** You give them purified water in a clean receptacle. You always wash your hands and theirs as well to avoid bacteria, which are the cause of diarrhea.

When asked what treatment their children receive when they become ill, most said they either take them to a health care facility or give them the oral rehydration powder provided by the health care facilities, which is mixed with water at home, as described by this respondent from *Jean-Rabel*:

> **Interviewer:** What do you do when they have diarrhea?
> **Respondent:** I used to give them oral serum. I put a pack of powered serum in 1½ bottle of water and gave him that all day until the diarrhea stops.

Some caregivers in Haiti take actions they perceive as ingenuity in treating their child's diarrhea, as explained by one focus group participant from *Anse-à-Galets* who was still breastfeeding: "When I prepare the serum and the child does not want to drink it, I drink it myself." Seemingly, the logic here is that the serum will be passed to the child through the breast milk. Several respondents drew connections between exclusive breastfeeding and diarrhea prevention by expressing a belief that exclusive breastfeeding can prevent diarrhea in children.

C. Minimum Acceptable Diet

Adequate nutrition during the period from birth to two years of age is critical for a child's optimal growth, health, and development. This period is one marked for growth faltering, micronutrient deficiencies, and common childhood illnesses, such as diarrhea and acute respiratory infection. Adequate

nutrition requires a minimum dietary diversity, which is measured in seven key food groups. In addition to dietary diversity, feeding frequency (i.e., the number of times the child is fed) and consumption of breast milk (or other types of milk or milk products) needs to be considered. All three dimensions are aggregated in the MAD indicator. This indicator measures the percentage of children 6-23 months of age who receive a MAD, apart from breast milk. The MAD indicator measures both the minimum feeding frequency and minimum dietary diversity, as appropriate for various age groups. If a child meets the minimum feeding frequency and minimum dietary diversity for his or her age group and breastfeeding status, the child is considered to be receiving a MAD.

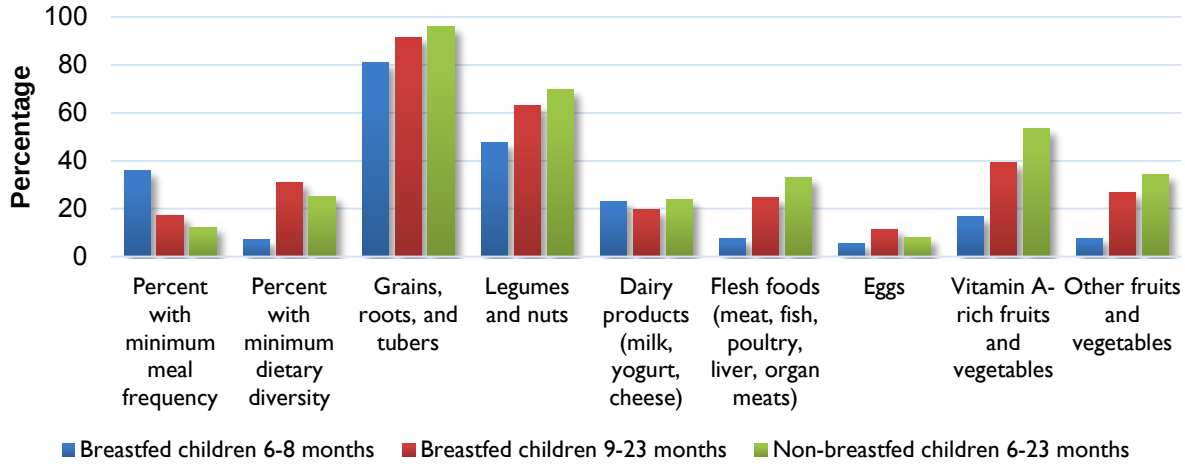
A total of 372 children 6-23 months of age were included in the household survey. Overall, only 7.7 percent of these children are receiving a MAD. Table 4.4c shows the results for the MAD indicator.

Table 4.4c. Food for Peace Indicators - Minimum Acceptable Diet (MAD)
Child-level FFP indicators by sex [Haiti, 2014]

Minimum Acceptable Diet (Children 6-23 months)	
Prevalence receiving a minimum acceptable diet	
Male	8.5
Female	6.9
Total	7.7
Number of children (6-23 months)	372

Figure 4.4c shows the results for the MAD indicator for three subgroups: (1) breastfed children 6-8 months, (2) breastfed children 9-23 months and (3) non-breastfed children 6-23 months. As Figure 4.4c shows, the percentage of breastfed children 6-8 months of age with a minimum meal frequency of two or more meals is higher (36 percent) than the percentage of breastfed children 9-23 months of age with a minimum meal frequency of three meals (17 percent) and the percentage of non-breastfed children 6-23 months of age with a minimum meal frequency of four meals plus two servings of milk (12 percent). The proportion of children 6-23 months of age with a minimum dietary diversity of four or more food groups is low: 7 percent for breastfed children 6-8 months of age, 31 percent for breastfed children 9-23 months of age and 25 percent for non-breastfed children 6-23 months of age.

Figure 4.4c. Components of MAD by Age Group and Breastfeeding Status



In interviews and focus group discussions, respondents identified complementary foods, such as purees and porridge made with beans, yucca, plantain, bananas, cassava, okra, corn, potatoes, flour, rice, corn or millet; sauces made with rice, beans, fish or meat; and other liquids and foods, such as rice water, eggs, Gerber® [jarred baby food], noodles, milk or cracker smoothie [liquid with mushed crackers]. When participants were asked what they give to babies at six months of age in addition to breast milk their comments included responses such as "whatever I eat," "whatever foods people eat" and "all kinds of foods." These types of responses often appeared to reflect a lack of awareness of the specialized nutritional needs of infants and young children; however, these responses also could indicate that parents lack the financial resources needed to purchase complementary foods for infants and young children in addition to providing food for the family.

D. Breastfeeding

Breastfeeding is an important factor in predicting the future health of children. Research indicates a strong link between breastfeeding and the development of a child's immune system.[46] The United Nations Children's Fund and WHO recommend that children be exclusively breastfed (no other liquid or solid food or plain water) during the first six months of life and that children be given solid or semisolid complementary food, in addition to continued breastfeeding beginning when the child is six months of age and continuing to two years of age and beyond. Introducing breast milk substitutes to infants before six months of age can contribute to limiting breastfeeding, which has negative implications for a child's health and development. Substitutes, such as formula, other kinds of milk and porridge, are often watered down and provide too few calories. The lack of appropriate complementary feeding may lead to malnutrition, frequent illnesses and possibly death.

Table 4.4d shows the results of the household survey for the prevalence of exclusive breastfeeding, based on whether the child was breastfed during the past 24 hours. Of the 147 children under six months of age in the baseline household survey, 39 percent are exclusively breastfed.

Table 4.4d. Food for Peace Indicators - Exclusive Breastfeeding
Child-level FFP indicators by sex [Haiti, 2014]

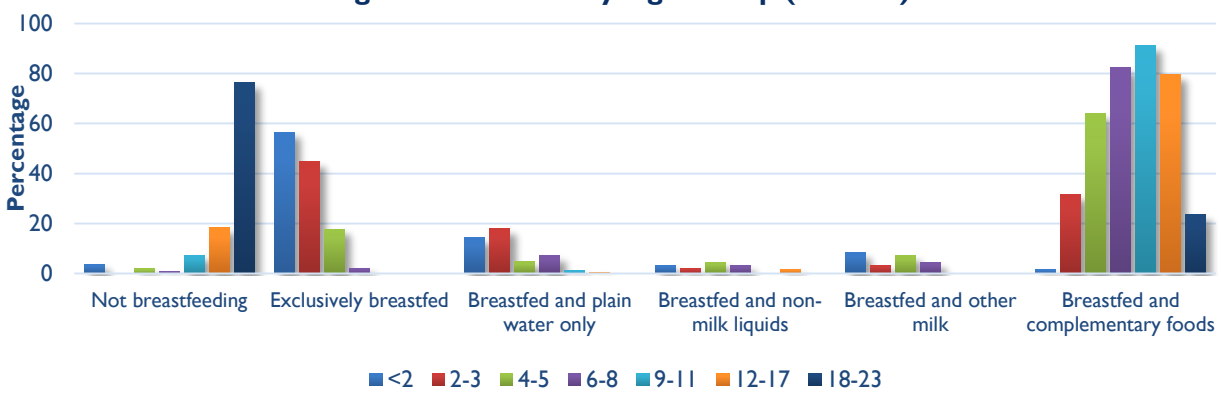
	Total
Exclusive Breastfeeding (Children under 6 months)	
Prevalence of exclusive breast-feeding	
Male	26.4
Female	51.0
Total	38.5
Number of children (under 6 months)	147

Results for the breastfeeding status for children 0-23 months of age (518 children) are shown in Figure 4.4d and Table A13.6 in Annex 13. The prevalence of exclusive breastfeeding is highest in the 0-2-month range (57 percent) and gradually decreases with each age group thereafter. About 76 percent of children 18-23 months of age are no longer breastfeeding. The addition of complementary foods along with breastfeeding begins early; about 40 percent of children 2-3 months of age are receiving complementary

[46] Additional information on breast milk and the immune system is available in Slade, H. B., & Schwartz, S. A. (1987). Mucosal immunity: The immunology of breast milk. *J Allergy Clin Immunol,* 80(3 Pt 1):348-58; Cunningham, A. S., Jelliffe, D. B., & Jelliffe, E. F. (1991). Breast-feeding and health in the 1980s: A global epidemiologic review. *J Pediatr,* 118(5):659-66; and Goldman, A. S. (1993). The immune system of human milk: Antimicrobial, anti-inflammatory and immunomodulating properties. *Pediatr Infect Dis J,* 12(8):664-71.

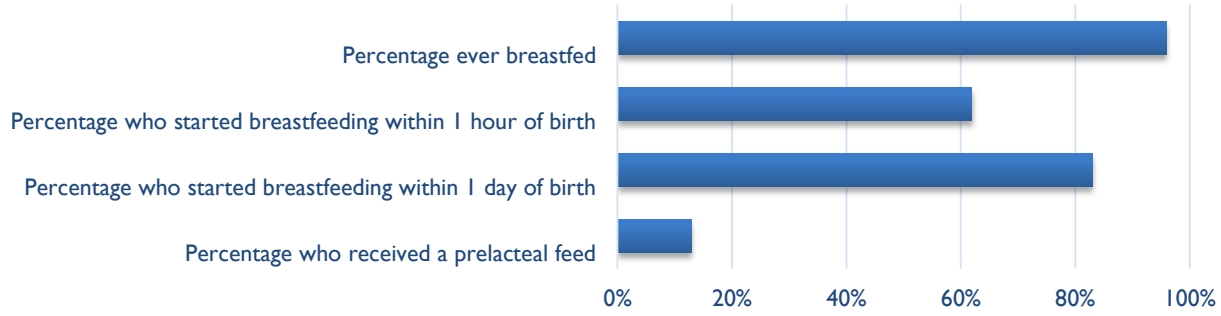
foods. Because the sample sizes for children under 6 months of age and children 6-23 months of age are small, results for these subgroups should be interpreted with caution because estimates are subject to larger sampling errors and are not as reliable.

Figure 4.4d. Breastfeeding Status for Children Ages 0-23 Months by Age Group (months)



The household survey collected information on children who were ever breastfed, who were breastfed in the first hour and the first day after birth, and children who were fed anything other than breast milk before breast milk was given regularly, also known as "prelacteal feeding." As shown in Figure 4.4e, almost all children born within the past two years are ever breastfed (96 percent), 62 percent started breastfeeding within 1 hour of birth and 83 percent within the first day. Overall, 17 percent are given prelacteal feeds within the first three days of life. In general, the practice of giving prelacteal feeding is discouraged because it limits the infant's frequency of suckling and exposes the baby to the risk of infection.

Figure 4.4e Initial Breastfeeding and Prelacteal Feeding for Last Birth within the Past Two Years



The qualitative data suggest that respondents—both male and female—commonly understand and consider breastfeeding important. Among their main sources of information about breastfeeding are doctors, nurses, and health agents. When asked why breastfeeding is important, respondents consistently stated that breast milk nourishes the baby, helps the child develop well, helps keep the baby healthy and protects a child from diseases. A respondent from *Hinche* explained:

> It is important to start breastfeeding right on the first day, because the child needs the colostrum to clean his system. Instead of buying expensive formulas, it is better to breastfeed the child for six months.

Respondents frequently stated that breast milk helps the baby grow and reduces incidents of illness, such as diarrhea, and helps avoid bacteria. In some instances, respondents felt quite strongly that exclusive breastfeeding for the first six months is a guarantee a child will not get sick.

In some instances, mothers do not breastfeed exclusively for six months. Respondents identified numerous explanations for why mothers introduce solid foods before six months of age, such as the baby would not latch on properly, the mother feels breast milk is not sufficient, maternal illness, pregnancy and fear the child will not get used to eating other foods. Often, mothers did not provide much explanation for why they introduced solid foods before six months of age. In general, however, choices about introducing solid food appeared to depend on the personal decisions of the mother, with some introducing solid foods as early as three to four days of age, others waiting 15 days and others a month to a month and a half. The following responses are indicative of the decision-making process on exclusive breastfeeding:

> **Respondent (*Anse-à-Galets*):** I had to start feeding him at four months because he was constantly crying and did not want to take the breast milk.
> **Respondent (*Anse Rouge*):** Today is my child's eleventh day [and] he has already taken at least four jars of baby food. The breast milk is not sufficient for him, he is constantly crying.
> **Respondent (*Anse Rouge*):** Although they have told me at the hospital to wait until the sixth month to feed him, I could not wait and start feeding him baby food and yucca porridge on the fifth day.
> **Respondent (*Jean-Rabel*):** Even sometimes when the doctor says to do breastfeeding up to six months I can't resist. Sometimes when you eat you feel like feeding it to the baby.

Respondents identified puree of crackers mixed with milk as the most common complementary food for children under six months of age. Other foods included Gerber® [jarred baby food], Nourisoy® [supplemental food], porridge made from manioc or plantain flour, powdered formula, juices, the plant *arawout* [arrowroot], smashed plantains or bean sauce.

Often mothers linked their own nutritional status to their ability to breastfeed. Many of the women interviewed believed that if the mother is underfed, the breast milk either would not be present in the amounts needed to satisfy the child or it would not contain the nutrients necessary to nourish the child completely.

Although respondents indicated that community health agents stressed that it is more cost effective to feed the mother so that she is then able to breastfeed, not all respondents agreed with that approach, as explained in the following exchange with a man from *Anse-à-Galets*:

> **Interviewer:** You said that because your wife was not well nourished she had to stop exclusive breastfeeding and you started to feed your child baby food. Don't you think you could have used the money for baby food to feed her so she could breastfeed? You have not thought of that?
> **Respondent:** We made that calculation. However, with 50 gourdes [USD $1.25 at the time of the interview] you can buy a pack of Nourisoy® [supplemental food] that could feed the baby for more than 15 days.

4.5 Gender Equality

The household survey included a series of questions that were asked of the primary male and female decisionmakers in each household to gain an understanding of their level of agreement with the concept that males and females should have equal access to social, economic and political opportunities, as well as access to and decision-making concerning food. Interviewers asked a series of five questions and respondents rated their level of agreement on a scale of -2 to +2. Positive scores between 0 and 2 indicate increasing levels of agreement and negative scores between 0 to -2 indicate increasing levels of disagreement with the concept of equality. A score of 0 indicates neither agreement nor disagreement. The overall indicator averages the results for all five questions and provides an indication of overall level of agreement.

The results for the indicator and each question are shown in Table 4.5. The overall indicator value is 0.47 for males and 0.69 for females, indicating that females are slightly more in agreement with gender equality in the areas measured than males. More than 90 percent of men and women agreed (either agree or strongly agree) with the statement that men and women should have equal rights to access food and the statement that men and women should have equal decision-making on family food and nutrition. The level of agreement differed most between men and women on the statement "Men make better political leaders than women."

Table 4.5. Program-specific Indicator - Agreement with Gender Equality
Program-specific gender indicator [Haiti, 2014]

	Male	Female
Gender indicator – Agreement with Gender Equality		
Average Agreement with Equality	0.47	0.69
Men make better political leaders than women		
Strongly disagree	18.8%	35.1%
Disagree	24.0%	28.7%
Neither agree nor disagree	6.4%	5.8%
Agree	44.0%	27.4%
Strongly agree	6.6%	2.2%
Don't know	0.3%	0.8%
Men should have more rights to a job than women		
Strongly disagree	14.4%	21.2%
Disagree	16.4%	21.9%
Neither agree nor disagree	2.9%	3.6%
Agree	56.2%	47.5%
Strongly agree	9.6%	5.5%
Don't know	0.4%	0.2%
Women should have equal rights with men to access food		
Strongly disagree	2.2%	4.0%
Disagree	2.9%	4.3%
Neither agree nor disagree	0.6%	0.4%
Agree	79.2%	75.9%
Strongly agree	15.0%	15.3%
Don't know	0.0%	0.1%
Women and men should have equal decision-making on family food and nutriton		
Strongly disagree	2.0%	1.9%
Disagree	6.2%	4.2%
Neither agree nor disagree	0.8%	0.7%
Agree	79.9%	80.8%
Strongly agree	10.9%	12.3%
Don't know	0.2%	0.1%
Women should have equal rights with men and receive the same treatment		
Strongly disagree	5.9%	6.2%
Disagree	12.4%	9.1%
Neither agree nor disagree	1.2%	0.9%
Agree	66.9%	66.4%
Strongly agree	13.4%	17.2%
Don't know	0.1%	0.2%
Number of responding decision makers	1,812	1,963

Similar to the household survey, the qualitative study integrated questions concerning ways men and women are viewed, perceived and treated equally. Questions about gender in relation to decision-making, income sources, childcare and household roles came up at multiple points during the interviews and focus group discussions. Views about gender equality tended to be polarized, rooted historically and in tradition.

In general, fervor surrounding conversations about gender was often a reflection of the complexity of the topic and the likelihood that terms such as equality, treatment and rights are not necessarily commonplace for all of the respondents. The survey data indicate that the strongest level of agreement

among men and women is in relation to access to food and decision-making concerning food and nutrition. The qualitative data mirrored this trend. Respondents described the ways men and women have equal access to the same foods (type and amount) and share in the responsibility of deciding what food the family will eat.

In the qualitative data, respondents expressed more mixed and less straightforward thoughts about equal rights to jobs. The following exchange from a household-level interview with a 34-year-old male farmer in *Côtes-de-Fer* is indicative of the ways attitudes toward gender and gender equality are evolving:

> **Respondent:** They [women] might have the same rights, but maybe not in regards to work activities. Because the man is stronger than the woman; this is why I ask you in which regards. If it is in regards to support, in their participation to conversation, in their participation to other things, they should be equal. But in regards to lifting heavy stuffs, in farming, etc., we do not have the same rights. The man is stronger. There are farming tools that I would not authorize my wife to use because she will not be able to use them the way I would. Other than that, she can have money just like me or own a cow or a pig just like me.
> **Interviewer:** Is it a bit clearer now? Do you think that gender equity is possible? Is it 50/50? Are there areas where the woman has more right than the man?
> **Respondent:** These days, you hear that a lot. There is even a ministry for women that talks about women having the same rights as men. For a woman to have the same rights as man that can be true. When they say that the woman should have the same rights as the man, they mean that where the man can go, the woman should be able to go. A man can work at a hospital or be a minister, and a woman can occupy the same functions. A man can be president and a woman can be president too. This is how I see it.
> **Interviewer:** But there are areas you feel that they should be treated differently?
> **Respondent:** Even if the woman would want to do it, she can't. For instance, when a man is sawing wood, a woman cannot do that, even if she would want to do that. In a way, they have the same rights, but in other ways, they cannot.
> **Interviewer:** For instance, she could never saw a piece of wood?
> **Respondent:** Have you seen that?
> **Interviewer:** Yes, I used to see that.
> **Respondent:** Some other things, she cannot do.
> **Interviewer:** Is it because she has not learned to do that, or because she cannot do that?
> **Respondent:** She was not made for that. You might see a woman sawing wood because she does not have a choice, but it should not be that way.

5. Summary of Key Findings

Data for the baseline study of the Title II development food assistance program in Haiti were collected through a population-based household survey (March to April 2014) and a qualitative study (July 2014). The data is publicly available in USAID's Development Data Library.[47]

The final section of this report includes a brief analytic summary of the key findings. As a starting point for this analysis, Table 5 lists the values for the 18 indicators that were collected for the 2014 Title II

[47] The Development Data Library (DDL) is USAID's public repository of Agency-funded, machine-readable data. The DDL is part of USAID's commitment to evidence-based programming and rigorous evaluation, while also supporting the principles of the President's Open Government Initiative. The DDL can be found at www.usaid.gov/data.

baseline study in Haiti and compares data from the 2012 DHS and the Multi-sectoral Baseline Survey of the Post-Earthquake U.S. Government (USG) Haiti Strategy, which was sponsored by USAID/Haiti and conducted in FY 2013.[48] Comparing these indicators is intended to promote discussion among the *Kore Lavi* Program team and relevant stakeholders. Differences among indicators from the different data sources may reflect differences in the underlying populations that were surveyed. The DHS results represent all rural populations in Haiti, while the multi-sectoral baseline survey results represent rural populations in three development corridors prioritized in the five-year Post-Earthquake USG Haiti Strategy—Northern Corridor, St. Marc Corridor and Cul-de-Sac Corridor.

Table 5: Summary and Comparison of Indicators

	Title II Baseline Study 2014	DHS 2012 (rural household)	Multi-sectoral Baseline Study FY 2013 (rural household)
FOOD SECURITY INDICATORS			
Average household dietary diversity score (HDDS)	6.2		
Prevalence of households with moderate or severe hunger (HHS)	70.0%		46.3%
Food consumption score (FCS)			
Households with FCS = ≤28	9.1%		
Households with FCS > 28 and FCS ≤42	22.2%		
Households with FCS >42	68.7%		
POVERTY INDICATORS			
Prevalence of poverty: Percent of people living on less than US$ 1.25/day	43.6%		25.0%
Mean depth of poverty	16.4%		
Per capita expenditures (as a proxy for income) of U.S. Government targeted beneficiaries	USD $2.10		USD $4.60
WATER, SANITATION AND HYGIENE INDICATORS			
Percent of households using improved drinking water source	39.5%	48.9%	60.6%
Percent of households using improved sanitation facilities	15.8%	19.6%	24.4%
Percent of households with soap and water at a handwashing station commonly used by family members	6.4%		
WOMEN'S HEALTH AND NUTRITION INDICATORS			
Prevalence of underweight women	16.2%	14.2%	9.7%
Women's dietary diversity score (WDDS)	3.5		3.6
CHILDREN'S HEALTH AND NUTRITION INDICATORS			
Prevalence of underweight children under 5 years of age	8.0%	12.9%	10.9%
Prevalence of stunted children under 5 years of age	19.2%	24.7%	20.8%
Percent of children under 5 years of age with diarrhea in last two weeks	25.6%	20.1%	
Percent of children under 5 years of age with diarrhea treated with ORT	67.1%	70.1%	
Prevalence of exclusive breast-feeding of children under six months of age	38.5%		20.7%
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.7%	12.6%	18.8%
GENDER INDICATOR			
Average agreement that males and females should have equal access to social, economic and political opportunities (males)	0.47		
Average agreement that males and females should have equal access to social, economic and political opportunities (females)	0.69		

[48] ICF International. (2013). Haiti Baseline Survey. Calverton, MD: ICF International. Available at http://pdf.usaid.gov/pdf_docs/PA00JJJW.pdf

Food Diversity and Access

The survey and qualitative data indicate that households in the *Kore Lavi* Program area face challenges in accessing food consistently in general, and diverse and nutrient-rich food specifically. The situation, however, does not appear to be bleak. The HDDS (6.2) and FCS (68.7 percent adequate) are each relatively high scores, which suggests that the surveyed households manage to find food. The relatively low percentage of people living on less than USD $1.25 per day (43.6 percent) indicates that a not insignificant number of individuals in the surveyed households manage to find ways to earn money. A life that revolves around *managing* to find food and *finding ways* to earn money is seemingly a life with a high level of uncertainty and stress. The dominant day-to-day routine would likely be consistently dependent on adaptive and coping strategies. Moreover, given daily per capita expenditures of USD $2.10, a significant portion of the 56.4 percent of households that live above the international poverty line (USD $1.25 per day) are barely above that line.

Access to and consumption of food does not guarantee a diverse diet, nor does it guarantee nutrient-rich food in that diet. Indeed, the qualitative data suggest that while the diet of people in the *Kore Lavi* Program area has some diversity, it lacks steady consumption of nutrient-rich foods. Consumption consists primarily of cereals, tubers, vegetables and fruit. More nutrient-rich foods, such as eggs, fish and meat, generally are not part of the everyday diet among the population surveyed. Data on the food categories that form the basis of the HDDS, WDDS and MAD bear this out. The percentages of households that consume nutrient-rich food is relatively low, as shown in Tables 4.2b, 4.3b and Figure 4.4c and summarized here:

WDDS: Dairy products (13.8 percent), eggs (14.1 percent), organ meat (3.4 percent) and flesh foods and other miscellaneous small-animal protein, including fish and seafood (41 percent)

HDDS: Dairy products (14.9 percent), eggs (13.1 percent), fish and seafood (24.4 percent) and meat, poultry and organ meat (19 percent)

MAD (breastfed children 6-8 months of age): Dairy products (22.9 percent), eggs (5.7 percent) and flesh foods (7.5 percent)

MAD (breastfed children 9-23 months of age): Dairy products (19.5 percent), eggs (11.3 percent) and flesh foods (24.6 percent)

MAD (non-breastfed children 6-23 months of age): Dairy products (23.9 percent), eggs (8.0 percent) and flesh foods (32.9 percent)

In comparison, consumption of food other than eggs, fish and meat happens in a higher percentage of households, shown in Tables 4.2b and 4.3b and Figure 4.4c, summarized here:

WDDS: Legumes and nuts (78.7 percent) and grains, roots and tubers (97.6 percent)

HDDS: Cereals (96.4 percent), roots and tubers (37.1 percent), oil and fats (98.5 percent), sugar and honey (67.2 percent) and miscellaneous (99 percent)

MAD (breastfed children 6-8 months of age): Legumes and nuts (47.7 percent) and grains, roots and tubers (81.1 percent)

MAD (breastfed children 9-23 months of age): Legumes and nuts (63.1 percent) and grains, roots and tubers (91.6 percent)

MAD (non-breastfed children 6-23 months of age): Legumes and nuts (69.7 percent) and grains, roots and tubers (96.0 percent)

To improve dietary diversity and the consumption of nutrient-rich foods at the household level is a complex challenge. The qualitative data indicate that, for many households, managing to find food, making choices about food and finding ways to earn money each individually and interrelatedly revolve around the degree that agricultural production is possible. Subsistence farming is equally an integral factor in dietary diversity. Many focus group discussion and interview participants commented that if everyone in the community grows sweet potatoes, for example, then everyone in the community is

going to be eating sweet potatoes. This is to say that, when families purchase food beyond what they produce, often that food is purchased from people nearby.

The qualitative data indicate that awareness of and desire for dietary diversity exists, albeit certainly not universally, and not to the degree that continued counselling and support is not needed. Whatever level of awareness is present, however, that knowledge operates in tandem with specific beliefs, traditions and practices concerning food. In particular, the practice of selling certain foods, whether imported food or locally produced food, to get money to purchase perceived better foods is common. This practice of essentially upgrading one's food appears to be less about seeking dietary diversity and more about prestige and status.

Health, Nutrition and WASH

Across the 11 health, nutrition and WASH indicators, the 2 on weight indicate relatively low in the prevalence of underweight women (16.2 percent) and the prevalence of underweight children under five years of age (8.0 percent). These data indicate that despite inconsistent availability of food and limited income, women and children generally are not underweight. As noted in Figure 4.3, among women 15-49 years of age surveyed, 65 percent have a BMI in the normal range, and the qualitative data support this finding. These data suggest gender dynamics do not appear to be a major factor or barrier for women for household-level food consumption. Women tend to have primary responsibility for food preparation in households and generally eat the same foods as men (type and amount).

The prevalence of underweight children varies across different age groups, as shown in Figure 4.4a. The increase between children under six months of age (4.1 percent) and children 6-11 months of age (12.4 percent) is the largest increase. The transition that occurs in these subgroups is from exclusive breastfeeding to the initial introduction of complementary foods. The survey and qualitative data also suggest that the introduction of complementary foods sometimes occurs earlier than at six months of age, as shown in Figure 4.4dm which indicates about 40 percent of children 2-3 months of age receive complementary foods. When complementary foods are introduced before a child is six months of age, the parents' understanding of which complementary foods to select is a crucial decision. Potentially of concern is the frequency with which respondents in the qualitative study described their complementary feeding practices in statements such as "whatever I eat," "whatever foods people eat" or "all kinds of foods." These types of responses were in addition to the naming of specific complementary foods, such as purees and porridge made with beans, yucca, plantain, bananas, cassava, okra, corn, potatoes, flour, rice, corn or millet; sauces made with rice, beans, fish or meat; and other liquids and foods, such as rice water, eggs, Gerber® [jarred baby food], noodles and milk or cracker smoothie [liquid with mushed crackers].

The indicators for WASH are relatively low; specifically, the percentage of households that use an improved drinking water source (39.5) and improved sanitation facilities (15.8) and the percentage of households that have soap and water at a handwashing station commonly used by family members (6.4). The qualitative data suggest that the key driver of these indicators is limited financial resources, particularly for the latter two indicators. For example, respondents often reported that, in the wake of broken public taps, Aquatabs® are cost prohibitive and further, that household income tends to be allocated to food and school fees rather than improving latrines, building handwashing stations or buying soap.

Limited financial resources are, however, not the only factor in assessing these WASH indicators. Levels of awareness and willingness to adjust daily routines also play a role in introducing improved latrines and handwashing stations. While the qualitative data indicate a relatively high level of awareness of the importance of improved sanitation and hygiene, building handwashing stations, for example, does not automatically mean household residents will routinely use their handwashing station. In particular, the qualitative data indicate that handwashing practices center on washing one's hands at key moments (i.e., before eating, after using the latrine, before feeding a child), and doing so where that activity takes

place (i.e., where the cooking occurs, outside the latrine, where the child is to be fed). As such, the use of a dedicated handwashing station would not necessarily become part of individual routines.

The household survey and qualitative data indicate several areas that the Title II program might consider targeting. Dietary diversity for all household members appears to be lacking, particularly for woman ages 15-49 and children under five years of age. Poor dietary diversity can significantly affect the health of the survey population as shown in the rates of stunting and underweight for children under five years of age and the rates of overweight and obesity in women 15-49 years of age. Poor hygiene practices are another area for programs to target because they significantly contribute to morbidity and mortality in the survey population. High poverty levels, which likely result from a lack of employment opportunities and the inability of households to generate income from farming, greatly influence all of these areas.

ANNEXES

ANNEX I
Statement of Work
Baseline Study of the Title II Development Food Assistance Program in Haiti

Statement of Work for Baseline Study:

Title II Development Food Assistance Programs in Haiti and Zimbabwe

I. Introduction

A. Overview

In FY 2013, USAID's Office of Food for Peace (FFP) plans to enter into new awards for Title II development food assistance programs in Haiti and Zimbabwe. Subject to the availability of funds and commodities, FFP anticipates the following funding levels:

- in Haiti, up to one award totaling approximately $20 million for the first year and $80 million over a four-year life-of-activity and
- in Zimbabwe, up to two awards totaling approximately $20 million for the first year and $100 million over a five-year life-of-activity.

FFP is currently reviewing applications from private voluntary organizations and cooperatives submitted in response to a Request for Applications (RFA) for Title II Development Food Assistance Programs.[1] The RFA provided information on funding opportunities for multi-year, development food assistance programs that are integrated with USAID strategies to address the underlying causes of chronic food insecurity. FFP's goal for multi-year development programming is to reduce risks and vulnerabilities to food insecurity and increase food availability, access, and utilization. FFP anticipates issuing awards for programs in Zimbabwe by July 1, 2013, and in Haiti by August 1, 2013.

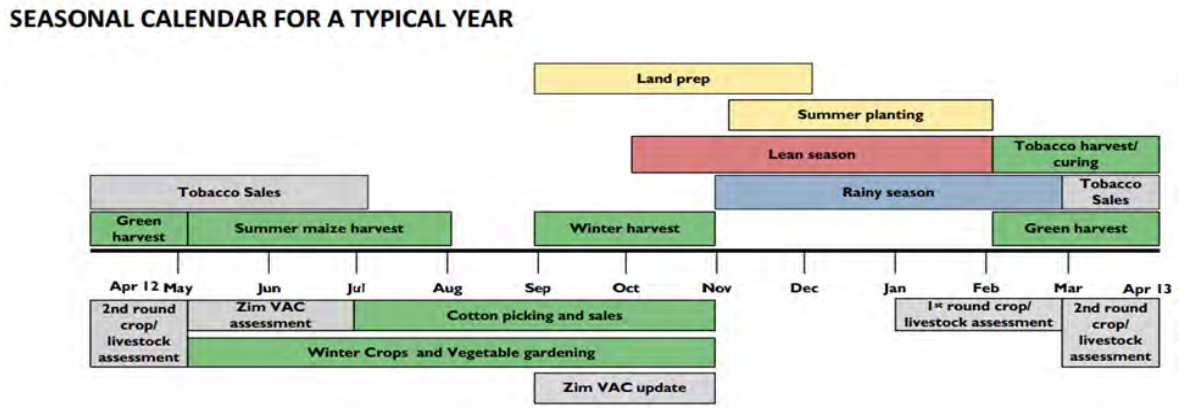
Through this solicitation, FFP seeks a firm (referred to in this document as "the Contractor") to conduct a baseline study to determine conditions in targeted areas of Haiti and Zimbabwe prior to the start of new Title II programs. FFP requires a representative population-based household survey focused on the collection of data for the required impact and outcome indicators for Title II program intervention areas. The study will also include a qualitative component that will add depth, richness, and context and serve to triangulate information from survey findings and analysis.

The Contractor should strive to conduct the baseline study during the first year of the program cycle, prior to the start of program implementation, and, in the case of Zimbabwe, during the country's lean season if possible. The Famine Early Warning System Network (FEWSNET) graphs below show the seasonal calendar and critical events timelines for Zimbabwe. Note that although these graphs correspond to the country in general, the specific zones in which the Title II programs will be working may have a seasonal calendar that varies slightly from this graph. After contract issuance, the

[1] The FY 2013 RFA for Title II Development Food Aid Programs can be found at www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/programs/development-programs.

Contractor should confirm with FFP and the USAID Missions in Haiti and Zimbabwe when data collection will take place.

FEWSNET Seasonal Calendar and Critical Events Timeline for Zimbabwe [2]



B. Program Background

While specific information on the Title II programs in each country is not yet available, the Country-Specific Information documents for Haiti[3] and Zimbabwe[4] provide information on the food security situation and programming priorities for FFP and USAID Missions in each country.

In Haiti, the Title II program will be implemented in the following communes:

- **Artibonite Department**: Gonaives (urban), Gonaives (rural), Anse Rouge, Terre Neuve, and Ennery;
- **Centre (Central) Department**: Thomassique, Cerca Carvajal, Cerca La Source, Thomonde, Hinche, Boucan Carre, Saut d'Eau, Maissade, and Lascahobas;
- **Nord-Est (Northeast) Department:** Baie de Henne, Bombardopolis, Mole Saint Nicholas, Jean Rabel, Bassin Bleu, Port de Paix (Rural), Port de Paix (Urban), and Chansolme;
- **Ouest (West) Department:** Pointe-à-Raquette and Anse-à-Galets ; and
- **Sud-Est (Southeast) Department**: Anse-à-Pitres, Belle Anse, Grand Gosier, La Vallée de Jacmel, Bainet, Côtes de Fer, Thiotte, and Marigot.

Please refer to the FY 2013 Country-Specific Information documents for additional detail. Program-specific information will be available to the Contractor when FFP awards cooperative agreements for the Title II development food assistance programs.

[2] FEWSNET's Zimbabwe Food Security Outlook – January to June 2013 is available at: http://www.fews.net/docs/Publications/Zimbabwe_OL_2013_01_final.pdf.
[3] The FY 2013 Country-Specific Information for Haiti document can be found at http://pdf.usaid.gov/pdf_docs/PDACU468.pdf.
[4] The FY 2013 Country-Specific Information for Zimbabwe document can be found at http://pdf.usaid.gov/pdf_docs/PDACU301.pdf.

C. Purpose and Objectives of the Baseline Study

The purpose of the baseline study is twofold:

1. Provide a baseline for impact and outcome indicators to serve as a point of comparison for a final evaluation and

2. Inform program targeting and, where possible, program design.

The baseline study is designed as the first step in a two-part evaluation process, with the final evaluation at program end as the second step. Both steps should be conducted at approximately the same time of the year. Ideally, data collection associated with the baseline study will be conducted during the lean season. Given that the lean season coincides with the rainy season, the Contractor should be aware that certain areas where data collection will occur may be difficult to access. FFP expects to conduct the final evaluation as close as possible to the end of the program four or five years later, depending on prevailing conditions at that time.

The specific objectives of the baseline study are the following:

1. Determine the baseline values of key impact and outcome level indicators—disaggregated by awardee, age, and sex as appropriate— in addition to baseline values of demographics in target areas and appropriate independent variables;

2. Conduct bivariate and multivariate analyses of impact and outcome indicators with independent variables identified for inclusion in survey as appropriate, with results provided by awardee and the overall Title II country program area;

3. Use qualitative data to ground-truth survey data and provide contextual information on the overall food insecurity and malnutrition situation; and

4. Help awardees establish end-of-program targets for impact and outcome indicators and, where possible, refine program design.

While the baseline study will be externally designed, led, and reported on by the Contractor, staff from FFP, USAID Missions in Haiti and Zimbabwe, and FANTA[5] will provide input and be involved during all stages. The Contractor will consult with Title II awardees to understand the program description and theory of change, obtain inputs for the quantitative survey instrument and qualitative study, and receive contextual information to properly develop a sampling and logistics plan. In discussion and coordination with FFP, the Contractor will provide draft and final versions of specific deliverables to the awardees for review and information.

[5] The Food and Nutrition Technical Assistance III Project (FANTA) provides technical support to FFP on monitoring and evaluation.

II. Indicators for Collection and Baseline Evaluation Questions

A. Indicators for Collection

The Contractor will be responsible for collecting data on all applicable indicators listed below, plus a limited number of additional indicators for each Title II development food aid program awardee, including women's status and empowerment indicators. The final list of indicators to be collected will be discussed and agreed upon in consultation with FFP, the USAID Missions in Haiti and Zimbabwe, and each of the FY 2013 Title II awardees.

The FFP Indicators for the baseline and final evaluation surveys are:

1. Prevalence of underweight children under five years of age

2. Prevalence of Poverty: Percent of people living on less than $1.25/day

3. Mean depth of poverty

4. Per capita expenditures (as a proxy for income) of USG targeted beneficiaries

5. Prevalence of stunted children under five years of age

6. Prevalence of underweight women (of reproductive age)

7. Percentage of farmers who used at least [a project-defined minimum number of] sustainable agriculture (crop/livestock and/or NRM) practices and/or technologies in the past 12 months

8. Percentage of farmers who used at least [a project-defined minimum number of] improved storage techniques in the past 12 months

9. Percentage of farmers who used financial services (savings, agricultural credit, and/or agricultural insurance) in the past 12 months

10. Percentage of farmers who practiced the value chain activities promoted by the project in the past 12 months

11. Household Hunger Scale (HHS): Prevalence of households with moderate or severe hunger

12. Average Household Dietary Diversity Score (HDDS)

13. Percentage of children 6-23 months of age receiving a minimum acceptable diet

14. Women's Dietary Diversity Score (WDDS): Mean number of food groups consumed by women of reproductive age

15. Prevalence of exclusive breastfeeding of children under six months of age

16. Percentage of children under age five who had diarrhea in the prior two weeks

17. Percent of children under five years old with diarrhea treated with Oral Rehydration Therapy (ORT)

18. Percentage of households using an improved drinking water source

19. Percentage of households with access to an improved sanitation facility

20. Percent of households with soap and water at a handwashing station commonly used by family members

21. Women's status and empowerment indicator(s) and/or awardee gender objectives as identified in the results frameworks[6]

The Contractor will closely follow the guidance on the FFP Standard Indicators Handbook for Baseline and Final Evaluation for indicator definition, collection, and analysis for the indicators listed above.[7] In several instances, the Contractor will have to refer to the source documents used to develop the FFP Standard Indicators Handbook for Baseline and Final Evaluation for instructions on adapting questionnaires to the local context, as well as other important details on data collection and tabulation. The Contractor will also work closely with FFP, USAID Missions in Haiti and Zimbabwe, and Title II awardees to develop questionnaires and tabulation instructions for the agriculture indicators (#7-10), gender indicator(s), and any additional program-specific indicators not specified in the Handbook.

For the poverty prevalence indicator, the Contractor will closely follow FTF guidance for indicator definition, collection, and analysis.[8] To derive the mean depth of poverty indicator, the Contractor will use the same per capita expenditure data used for the poverty prevalence indicator. The Contractor will work closely with FFP to develop tabulation and analysis instructions for this indicator.

The Contractor will ensure that rigorous practices are used to collect, tabulate, and analyze the indicator data. Refer to Section III of this SOW for further information on the required quantitative methodology.

B. Evaluation Questions

FFP has identified preliminary evaluation questions that will guide the design and development of baseline study. Although the evaluation questions will be answered during the final evaluation at the end of the Title II programs, the Contractor will be responsible for ensuring that all necessary quantitative and qualitative data will be collected and reported in the baseline study to serve as a basis for comparison during the programs' final evaluation. In concert with the Title II program awardees, the

[6] Indicators on women's status and empowerment from the Women's Empowerment in Agriculture Index (http://feedthefuture.gov/article/release-womens-empowerment-agriculture-index) and the Demographic and Health Survey (DHS) (http://www.measuredhs.com/topics/Womens-Status-and-Empowerment.cfm) can be used as reference.

[7] The FFP Standard Indicators Handbook for Baseline and Final Evaluation can be found at http://www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/guidance/food-peace-information-bulletins.

[8] For information and guidance on FTF indicators, visit http://feedthefuture.gov/progress.

Contractor is expected to assess the technical viability of the evaluation questions and incorporate specific elements in the design and methodology of the baseline study (both the quantitative and qualitative components) to ensure that the study will provide valid and reliable data to serve as comparison to respond to the evaluation questions during final evaluation. This might involve incorporating additional variables or strata in the design of the household survey and the qualitative component.

The following table lists the primary evaluation questions:

Criteria	Main evaluation questions	Sub-questions
Impact	1. To what extent did the programs achieve the intended goal, objectives and results as defined by their Results Framework? 2. How did program activities improve the ability of beneficiary households and communities able to mitigate, adapt to, and recover from food security shocks and stresses?	1.1. Were there any important unintended outcomes, either positive or negative? 1.2. What were the main reasons that determined whether intended outcomes were or were not achieved, and whether there were positive or negative unintended outcomes? Which reasons were under control of the programs and which were not?
Beneficiary satisfaction	3. How satisfied were beneficiaries with the programs?	3.1. What issues were most important to beneficiaries forming their perceptions of the programs? What were the key successes and challenges of the programs?
Relevance	4. How relevant were program activities and beneficiary targeting, considering the needs of the target population?	4.1. Were beneficiary targeting criteria and processes appropriate, transparent, and properly implemented? 4.2. Were the scale, type, and timing of the program activities appropriate to the needs of the target population?

Criteria	Main evaluation questions	Sub-questions
Effectiveness	5. How well were program activities planned and implemented?	5.1. What were the main factors that contributed to whether activities resulted in intended outputs and outcomes? 5.2. What quality standards were defined? How did the programs develop those standards?
Coordination	6. To what extent did the programs coordinate with other food security and humanitarian programming, the host country government, and the donor? 7. In Haiti, how well did the Title II program meet the Government of Haiti's expectations?	
Sustainability and Replicability	8. How sustainable are programs' outcomes? 9. In Haiti, how replicable are the program's outcomes?	8.1. What exit strategies were incorporated into program design? Were such strategies implemented, how were they perceived by the beneficiary population, and what were the strengths and weaknesses of the exit strategies adopted?
Cross-cutting issues	10. How well were gender and environmental considerations integrated into program design and implementation?	10.1. Were they successful in meeting their stated objectives? How?
Lessons learned	11. What lessons can be learned to inform future FFP and USAID Title II programming in Haiti and Zimbabwe?	

III. Baseline Study Design and Methodology

The Baseline study will consist of the following data collection activities:

1. Representative population-based household survey
2. Qualitative data collection activities

A. Representative Population-based Household Survey

The Contractor is expected to take responsibility for the design and execution of all aspects of a representative, population-based household survey, including sampling plan; questionnaire instrument development; field procedure manuals for enumerators and supervisors; training of enumerators, supervisors, and anthropometrists; piloting of the questionnaire instrument; organization of field work; pre-testing of the survey rollout; data collection, cleaning, manipulation, and analysis.

1. Sampling Design: Before embarking on designing the sample survey, the Contractor should become familiar with the FANTA Sampling Guide (1997)[9] and Addendum (2012)[10]. The former provides an overview of the recommended design features for Title II baseline and final evaluation surveys. The 2012 Addendum provides important corrections to the guide, which should be followed closely. The survey population should be limited to those living in geographic areas where program implementation is intended to take place and the sampling frame should reflect this constraint.

The Contractor should plan to conduct one survey, with each awardee area representing one stratum in the survey design. A multi-stage cluster sampling design should be used. FFP requires that the final evaluation for the program—which will be implemented four-to-five years after the baseline study— be a performance evaluation (rather than an impact evaluation). This implies that a simple pre-post design without control groups will be used at both baseline and final evaluation.

The Contractor should provide initial indication of the sampling design for the baseline survey in a Sampling Plan document in advance of field implementation. This document should include all of the following elements:

- The base sample size at both the awardee and overall combined levels.. The equation used to drive the calculation of the sample size should also be indicated, where the basis of the calculation should be a test of differences of proportions over two time points. The parameters used in the equation, including the design effect, confidence level, and statistical power assumed should be given. The Contractor should provide a table showing a comparison of sample sizes across "candidate indicators" under consideration for taking on the role of "principal indicator to drive the overall sample size". The Contractor should carry out sample size calculations separately for each awardee and then sum them to obtain the total sample size for the country survey.
- The final choice of principal indicator that will drive the sample size calculation for the entire survey (and associated target group) along with a rationale for the choice of indicator. In terms of associated target group, if stunting is the principal indicator, the target group will be children 0-59 months, for example.
- The number of households to be sampled in order to achieve the desired sample size for the target group (assuming that households may contain more than one or no eligible members from the target group). The Contractor should give an indication of how the base sample size will be

[9] Although the FANTA Sampling Guide presents random walk as an acceptable sampling method, it is no longer considered acceptable and will not be accepted as a proposed second stage method.

[10] The FANTA Sampling Guide and Addendum can be found at http://www.fantaproject.org/publications/sampling.shtml.

adjusted to account for the number of households that need to be visited. See the FANTA 2012 Addendum for more details.

- The number of households to be sampled to account for anticipated household non-response. The Contractor should indicate by how much the number of households to be sampled will be pre-inflated to account for household non-response.
- Geographic or other stratification along with the associated sample allocation scheme (optional). Note that at a minimum, the sample will be stratified by awardee if two awards are made. Additional strata are not required but may be considered. Note that estimates must be produced at both the awardee and combined Title II country program level. Also note, while additional stratification can be considered in the design, estimates do not have to be produced at the level of the lower strata and are likely not feasible given limited survey resources.
- The number of stages of sampling to be used.
- Explanation of how the number of clusters and of households per cluster in the sample will be determined.
- Explanation on the source of the information for the sampling frame, e.g. census lists or other national or internationally-sponsored surveys, such as the Demographic Health Surveys (DHS). The Contractor should indicate how reliable and recent the frame information is.
- A Probability Proportionate to Size (PPS) sampling mechanism should be used to randomly select the clusters. The Contractor should use the number of households per cluster as the size measure and include a table of size measures and another table showing the final list of selected clusters along with their probabilities of selection.
- Indication that the Contractor will use systematic sampling (or some other probability-based sampling technique such as Simple Random Sampling) to select dwellings within clusters. This implies that for the sampled clusters, a list of all households, with household identification and location indicated, must be obtained through either a mapping and listing operation in the cluster prior to interviewing (preferred), or through other existing reliable sources.
- The Contractor should collect geographic information system (GIS) information using GPS equipment to locate dwellings during the listing process. GPS units should be used to capture the precise longitude and latitude of each household to be surveyed. These values may then be randomly displaced by a given distance or aggregated up to a higher administrative unit as needed.
- Explanation of how households are defined by the Census office in the country in question. In cases where there are multiple households per dwelling, the Contractor should adopt a "take-all-households" approach. The Contractor should specify how polygamous households will be treated as polygamy is prevalent in Zimbabwe.
- Indication that the Contractor will adopt a "take-all-individuals" approach to select individuals within households from whom to collect data for each target group, particularly for target groups that are more rare in the population, such as children aged 0-5 months in the case of the exclusive breastfeeding indicator, for example.

2. Questionnaire Instrument: FFP expects the Contractor to develop a questionnaire instrument in English and the local languages, Ndebele and Shona in Zimbabwe and Haitian Creole (Kreyol) in Haiti,

in which the survey will be conducted, incorporating modules specified in the FFP Standard Indicators Handbook for Baseline and Final Evaluation (referenced above) to respond to the data collection needs of the Title II development food aid programs and USAID. Some of the modules associated with various FFP Indicators, such as HDDS, will require country-specific adaptation which should be done in consultation with FFP and the Title II awardees.[11] Given the limited time and resources for development, it is recommended that the Contractor limit the instrument to a paper and pencil version. The questionnaire should include an informed consent statement for each respondent and commence with a set of questions to establish a household roster. The questions within the questionnaire should be organized by respondent type[12] and questions should follow international standard format, e.g. DHS, wherever possible. In general, the Contractor should ensure that questions are written following established questionnaire design principles and that rigorous practices are used to collect, tabulate, and analyze indicator data. These practices should include adding identifiers, such as cluster number, household number, and respondent identification number (line number from household roster) to each page of the questionnaire(s). This helps to ensure that pages can be correctly associated with a given household and respondent if separated, and enable the derivation of household-level sampling weights and a household non-response adjustment to be incorporated into the sampling weights for use in all data analyses. The Contractor should ensure that the questionnaire is piloted and validated in communities not included in the sample frame prior to commencement of data collection.

3. Field Procedure Manuals for Enumerators and Supervisors: FFP expects that the Contractor will develop two field manuals to be used as part of the training materials and serve as reference material for staff in the field conducting the survey: one for enumerators and one for supervisors of enumerators. The field manual for enumerators should give recommended best practices for conducting interviews and dealing with specific challenging situations, e.g. households that refuse to participate, and provide a household and individual respondent non-response follow-up strategy. It should also contain a detailed explanation of how to properly administer each question in the questionnaire. The field manual for supervisors can contain some of the same material as the field manual for enumerators, The supervisor field procedure manual should also describe the roles and responsibilities of the field staff and outline the chronology of field work, including training, piloting the questionnaire, pre-testing the survey, data collection, etc. It should also include instructions on mapping and listing clusters, use of GPS equipment, enumerator quality assurance monitoring, questionnaire editing procedures, re-interviewing procedures, and procedures for sampling dwellings within clusters, households within dwellings, and individuals within households

[11] Note that questionnaire instruments, field procedure manuals, and training materials from baseline studies and final evaluations recently conducted in Guatemala, Haiti, Niger, and Uganda will be available as reference for the Contractor.

[12] Note that a respondent is an individual or set of individual(s) identified as most appropriate to respond to a set of questions on behalf of a specific target group. Such respondents can be the actual sampled members of the target group themselves (e.g., adults providing direct responses on behalf of themselves) or can be individuals not part of the target group providing proxy responses on behalf of sampled individuals in the target group (e.g., caregivers on behalf of young children).

4. Anthropometry Training Materials: The Contractor will provide a short guide and/or other materials to support the training of anthropometrists in the measurements required for the stunting and underweight indicators. This will include instructions on how to take measurements on height and weight for both women and children under five years of age, citing a reference for the methodology that will be used. It will also include a section on methods (event calendars, e.g.) that will be used to ascertain the age of the individuals whose measurements are being taken. Finally, the training materials should include a section on standardization testing of the anthropometrists, which should cover anthropometrical measurement taking and testing of precision and validity of measurements taken by each anthropometrist.

5. Data Treatment and Analysis Plan: The Contractor will prepare a data treatment and analysis plan to address the following elements:

- Indication of how and when data will be entered into the database, as well as the software to be used for data entry. Double-data entry is required;
- Data quality checks and edits (data cleaning) planned to ensure logical consistency and coherence across records, as well as an indication of the software to be used;
- Sampling weights to be included on the data file. The formulae used to calculate the sampling weights should be included as part of a data dictionary document. Different sampling weights will need to be calculated for separate analysis of each awardee area and of the aggregate Title II program data for the country. Note that a household non-response adjustment should be made to the sampling weights as part of the final weighting system;
- Indicator tabulation plan. Estimates should be produced for each awardee stratum and for the overall level;
- Sub-groups (e.g., age, sex or other geographic breakdowns), if any, for which the Contractor will produce estimators (provided the associated precision levels are sufficient);
- Any other planned data analyses. The Contractor should specify all intended bivariate and multivariate analyses here;
- Confidence intervals associated with the indicators that will be produced alongside the indicator estimates, and assurance that that these will take into account the design effect associated with the complex sampling design; and
- Software to be used for data analysis and for conversion of anthropometric data into Z-scores (WHO's Anthro is recommended but not mandatory).
- Upon completion of the survey, location information and associated data collected as part of this award will be delivered to FFP. The Contractor should specify how location data will be adjusted to protect personally identifiable information in accordance with the research protocol submitted to the Institutional Review Board (IRB). Note that the Contractor will be responsible for adhering to and obtaining all necessary US and host country IRB approvals.

The Contractor will ensure that the labeling and architecture of all datasets is consistent to help facilitate meta-analyses of datasets across Title II development programs and countries at a later date.

FFP will discuss with the Contractor specific details with respect to the requested architecture of the datasets. The meta-analysis of data is not part of this SOW.

B. Qualitative Data Collection

The Contractor will undertake qualitative data collection as part of the baseline study. The main objective of the qualitative study is to provide a deeper understanding of the overall food security situation in the program implementation area as perceived by communities and potential beneficiaries. Qualitative information adds depth, richness, and context and will serve to triangulate and interpret information from the household survey. Quantitative and qualitative results should be combined to provide a more complete picture of the overall food security situation. The qualitative study described in this SOW is not expected to replace any in-depth qualitative assessments or formative research that implementing partners may conduct at the beginning of a program to inform specific aspects of their program design.

The Contractor is expected to take responsibility for the design and execution of all aspects of the qualitative study. The Contractor should submit a proposed methodology for the qualitative study that clearly shows how it will complement the quantitative survey and includes the following elements:

1. Purpose and objectives of the qualitative study;
2. Research questions the qualitative study will answer;
3. Conceptual framework presenting the themes that are thought to be relevant to answer the research questions;
4. Detailed methodology presenting data collection methods to be used, e.g., rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, or seasonal calendars;
5. Description of the instruments that will be developed and the type of questions to be asked, e.g., key informant interview guides, focus group guides, or organizational capacity assessment questionnaires;
6. Sampling design and approach for selecting sites, key informants, focus group discussion participants, and/or direct observation sites for the qualitative component;
7. Timeline and overall approach to data collection, i.e. will it take place prior, in parallel, or subsequent to the household survey, and any potential timeline constraints. (Note that it is highly recommended to conduct the qualitative data collection after the quantitative data collection has been completed and at least partially analyzed to better inform the questions that the qualitative component will set out to answer); and
8. Plan for data management, coding, and analysis specifying how collected data will be translated, transcribed, coded, and analyzed, the time required for each, and the specific software to be used.

IV. Baseline Study Deliverables and Report Outline

A. Deliverables

The Contractor is responsible for the following deliverables:

	Details	Deliverables	Deadline
1) Pertinent permissions, insurance, and other required permits	a. Obtain all necessary permissions for implementing the baseline data collection. b. Adhere to Governments of the U.S., Haiti, and Zimbabwe national and local formalities. Obtain all required permits related to data collection from human subjects and logistics of survey implementation, including necessary IRB approvals, health and accident insurance, salary and taxes for all enumerators, supervisors and anthropometrists.	Evidence of permits, approvals, and insurance for implementing survey and other data collection activities	Evidence submitted and approved prior to FFP granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors and anthropometrists.
2) Inception report and project management tool	a. Inception report: specify details for critical tasks, anticipated outputs, date-bound timelines, resource needs, and responsible person(s). Composition of a standard field survey team, including expected tasks and responsibilities of each team member, should also be described. b. Project management tool: an online project management tool should be set up and accessible by FFP, FANTA, and the Contractor. The tool should include a breakdown of key tasks and activities with agreed-upon deadlines, as well as a Gantt/flow chart of activities over the lifetime of the study.	Inception report and project management tool approved by FFP	Draft of inception report submitted four weeks after contract issuance. Draft reviewed, revised, finalized, and approved within eight weeks of signing contract. Launch of project management tool four weeks after contract issuance.

	Details	Deliverables	Deadline
3) In-country baseline workshop	a. Organize, develop materials for, and conduct a three- to four-day in-country workshop in English that brings together the Contractor, Title II awardees, FFP, USAID Missions in Haiti and Zimbabwe, and FANTA. b. Purpose is to glean information on program implementation and country-specific ground realities in relation to survey sampling and fieldwork logistics planning; define questions for qualitative component, and vet quantitative instrument and qualitative methodology plan. c. Contractor staff who must attend include those responsible for developing the sampling plan, quantitative instrument, and qualitative methodology, and responsible for overseeing fieldwork. Staff from sub-contractor firms must also attend the workshop. d. Participants from FFP, USAID, FANTA, and Title II awardees will fund their attendance at the workshop. However, the Contractor will bear the costs of travel and attendance, in addition to the costs of venue rental, catering, simultaneous translation for the Haiti workshop, etc.	Workshop conducted in line with requirements	Two months after the conclusion of the M&E in-country workshop, which is organized by FANTA on behalf of FFP. The M&E workshop in Zimbabwe is scheduled for late September 2013; therefore, the baseline workshop should take place in the November – December timeframe. The M&E workshop in Haiti has yet to be scheduled. Additional information on the workshop will be provided after contract issuance.

	Details	Deliverables	Deadline
4) Quantitative survey questionnaire instrument	a. Draft a questionnaire instrument in English adapted to the Haiti and Zimbabwe contexts that responds to the elements specified in Section III A above. b. Translate the approved questionnaire instrument from English into the local languages, Ndebele and Shona in Zimbabwe and Haitian Creole (Kreyol) in Haiti, in which the survey will be administered. If oral (non-written) languages are needed, a phonetic translation will be required and additional training of enumerators will be necessary. c. Back-translate the questionnaire from the local language(s) to English with a second translator to ensure accurate translation. d. Pilot the survey instrument in all the languages in which the survey will take place. (More details under deliverable #9).	Final English, corresponding local language, and back-translated questionnaires approved by FFP	Draft English version of instrument submitted two weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3). Local language versions of questionnaire instrument to be submitted after English version approved. Date TBD. Draft versions reviewed, revised, finalized, and approved by FFP prior to granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors and anthropometrists.
5) Qualitative data collection methodology	a. Draft a detailed qualitative data collection methodology that responds to the elements specified in Section III B.	Qualitative data collection materials approved by FFP	Draft materials to be submitted to FFP three weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3). Draft version of materials reviewed, revised, and approved by FFP prior to granting permission to the Contractor to commence qualitative data collection.

	Details	Deliverables	Deadline
6) Sampling plan	a. Draft sampling plan for the household survey that responds to the elements specified in Section III A.	Sampling plan approved by FFP	Draft to be submitted two weeks after in-country workshop. List of sampled and replacement villages may follow as a separate appendix but to be submitted and approved prior to FFP granting permission to Contractor to commence pre-data collection activities, including training of enumerators, supervisors, and anthropometrists.
7) Field procedure manuals for a) enumerators and b) supervisors	a. Draft two field procedure manuals for the quantitative population-based household survey that respond to the elements specified in Section III A.	Two field procedure manuals—one for enumerators and another for supervisors—approved by FFP	Drafts of both manuals submitted three weeks after conclusion of in-country workshop.
8) Data treatment and analysis plan	a. Detailed data treatment and analysis plan that responds to the elements specified in Section III A.	Data treatment and analysis plan approved by FFP	Draft submitted two weeks after conclusion of in-country workshop conducted by Contractor (see Deliverable 3). Draft reviewed, revised, finalized and approved prior to FFP granting permission to the Contractor to commence pre-data collection, including training of enumerators, supervisors and anthropometrists.

	Details	Deliverables	Deadline
9) Training curriculum and pre-data collection activities	a. Develop training materials to address the household survey and the qualitative components, including anthropometry training and standardization testing materials, as outlined in Section III A. b. Pilot test the survey instrument in each of the local languages following enumerator and supervisor training with a small number of non-sampled households. This will serve as an opportunity to verify that skip patterns, flow, wording, and translation of the questionnaire instrument are working well. Each enumerator team should interview at least two households during the pilot test. c. Pre-test the survey procedures using the finalized survey instrument in all languages in which the questionnaire will be administered in a small number of households in non-sampled communities, prior to starting data collection. This will serve as an opportunity to verify that enumerators and supervisors have understood their roles and responsibilities as well as all of the survey procedures, prior to "going live". Each enumerator team should interview at least two households during the pre-test. d. Develop field movement plan indicating clear intended chronology of interviewing through list of sampled villages, as well as associated assignments of enumerator teams to sampled villages.	Training materials approved by FFP	Draft training materials submitted at least four weeks prior to commencement of pre-data collection activities, including training of enumerators, supervisors and anthropometrists. Draft training materials reviewed, revised, finalized, and approved prior to FFP granting permission to the Contractor to commence pre-data collection activities, including training of enumerators, supervisors and anthropometrists.

	Details	Deliverables	Deadline
10) Sampling frame, data sets and data files	a. Sampling frame b. Raw data set c. Edit rules for cleaning data d. Data dictionary/codebook e. Syntax and output for all analyses and variable transformations f. Final data set including cleaned data, sampling weights at each stage, final sampling weights, and all derived indicators Programming specifications for data cleaning to be submitted and approved prior to commencement of programming. Final submission of the data sets must be in the format required by FFP Information Bulletin 11-02 (August 11, 2011).	a. Sampling frame b. Raw data set c. Edit rules d. Data dictionary / codebook e. Syntax f. Final data set	All files submitted six weeks after completing survey data collection.

	Details	Deliverables	Deadline
11) Briefings	a. Weekly phone briefings with FFP and other stakeholders identified by FFP, such as FANTA, to include a progress report and discussion on any difficulties related to the baseline study. During data collection period, electronic material accompanying briefings should include short field progress reports with number of clusters completed, non-response rates, re-interview rates, enumerator drop-out rates, etc. Template for field progress reports to be determined jointly by FFP and Contractor. b. Monthly phone briefings with the USAID Missions in Haiti and Zimbabwe and FFP. These briefings should follow the same format as the weekly briefings. c. Formal, final in-country briefing to USAID Missions in Haiti and Zimbabwe, FFP, and Title II awardees to include a PowerPoint presentation and cover the contents of the baseline study report, including findings, conclusions, lessons learned, and recommendations.	Weekly phone briefings with FFP and other stakeholders. Monthly phone briefing and final in-country briefings with USAID Missions in Haiti and Zimbabwe, FFP, and Title II awardees.	Schedule of briefings to be determined jointly by Contractor and FFP.
12) Draft baseline study report	a. Draft final report, not to exceed 50 pages, excluding appendices and attachments. The report must be presented in English and must include the results of both the quantitative and qualitative components of the study. b. Must follow the report outline in this Scope of Work.	Draft report reviewed by FFP	Submitted 14 weeks after completing data collection in the field (and eight weeks after submission of data set as per Deliverable 10). Contractor should allocate sufficient time to allow for several rounds of review by FFP, USAID Missions in Haiti and Zimbabwe, and awardees prior to issuing a final report.

	Details	Deliverables	Deadline
13) Final baseline study report	a. A revised version of the draft report that incorporates the comments of FFP and USAID Missions in Haiti and Zimbabwe. b. The final report must be presented in English and follow the reporting format given in Section IV B of this SOW. c. FFP expects that the final report will adhere to the USAID Evaluation Policy's criteria to ensure the quality of the evaluation report (refer to USAID Evaluation Policy, page 11, Appendix 1). d. The approved final report must be submitted to USAID's Development Experience Clearinghouse (DEC) and a cover sheet attached indicating the type of evaluative work conducted and design. e. The completed baseline study report must include a three- to five- page summary of the purpose, background of the project, methods, findings, and, if applicable recommendations.	Final report reviewed and approved by FFP and submitted to the DEC	Submitted two weeks after receiving comments from FFP and USAID Missions in Haiti and Zimbabwe on draft final report (see Deliverable 12).
14) Lessons Learned and Best Practices Document	a. Draft a lessons learned and best practices document, not to exceed five pages, related to the Contractor's overall experience in conducting the baseline study as an independent third-party to FFP and the Title II awardees. The document should include recommendations for FFP on areas of improvement for future baseline studies and final evaluations.	A five-page lessons learned and best practices document	Submitted one week after FFP approval of the final evaluation report.

B. Outline of Baseline Study Report

The recommended outline for each country's baseline study report is the following:

1. **Cover page, Table of Contents, List of Acronyms**;

2. **Executive Summary** should be a clear and concise stand-alone document that states the most salient findings, conclusions, and recommendations of the study and gives readers the essential contents of the baseline report in three to five pages. The Executive Summary helps readers to build a mental framework for organizing and understanding the detailed information within the report;

3. **Introduction** should include purpose, audience, and synopsis of task;

4. **Methodology and Study Design** should describe the methodology and design of the household survey and qualitative component, constraints and limitations to the study process and rigor, and issues in carrying out the study;

5. **Overview of the Current Food Security Situation** should provide a brief overview of the current food security situation in Haiti and Zimbabwe related to food availability, access, and utilization; current and anticipated programming; and stakeholders. A desk review of information already available will suffice;

6. **Tabular summary of quantitative survey results** should present findings of the household survey in table form for all the indicators by awardee and for the aggregate Title II program area in Haiti and Zimbabwe;

7. **Findings** should present results from the household quantitative survey and qualitative study. Results from the quantitative survey should be analyzed and discussed, using findings from the qualitative study to complement and help triangulate them. The qualitative study findings should also provide a deeper understanding of the overall food security situation in the program implementation area. Any bivariate and multivariate analysis undertaken should also be included;

8. **Conclusions and Recommendations** should provide high-level conclusions from the baseline study and recommendations for the design and implementation of future mid-term and final evaluation surveys and studies in Haiti and Zimbabwe. Recommendations must be relevant to program and context and include concrete and realistic steps for implementing or applying the recommendation;

9. **Issues** should provide a list of key technical and/or administrative issues, if any, that the Title II programs for which the baseline study was conducted should consider; and

10. **Annexes** should document the following and be succinct, pertinent, and readable:

    a. References, including bibliographical documentation;
    b. List of meetings, including key informant interviews and focus group discussions, with number, type, and date of interactions;
    c. Quantitative survey instruments in English and applicable local languages, Ndebele and Shona in Zimbabwe and Haitian Creole (Kreyol) in Haiti;
    d. Sampling Plan for the quantitative survey;
    e. Qualitative study methodology and instruments developed and used;
    f. Quantitative data sets and qualitative data transcripts in electronic format;
    g. Data dictionary and program files used to process the data in electronic format;
    h. Baseline study SOW; and
    i. Other special documentation identified as necessary or useful.

V. Contractor Qualifications

The selected firm/consortium shall possess the following qualifications:

a. Legal status recognized to work in the country, enabling the organization to perform the above-mentioned tasks;
b. Demonstrated experience and strong internal capacity in designing, organizing, and managing the implementation of large-scale population-based household surveys in developing countries within the past five years;
c. Demonstrated experience and strong internal capacity in designing, organizing, and conducting qualitative research, data collection, and analysis in developing countries within the past five years;
d. Demonstrated experience and strong internal capacity in the statistical analysis of complex survey data and in analyzing data from mixed-method studies;
e. Good network of experienced enumerators, supervisors, anthropometrists, and data entry clerks in Haiti and Zimbabwe, or demonstrated ability to effectively recruit skilled enumerators, supervisors, and data entry clerks in developing countries
f. Experience engaging and managing statistical or evaluation firms and/or institutions in Haiti, Zimbabwe or other developing countries; and
g. Ability to deliver high-quality written and oral products.

VI. Team Composition and Qualifications

For planning purposes, the team for this study will consist of key personnel with defined technical expertise, a mix of consultants that will provide varying technical and subject matter expertise, and support staff. The team should include local consultants with expertise, knowledge, and experience in Haiti and Zimbabwe. Offerors may propose an alternative personnel configuration to implement the study based on the approach provided in their proposals.

The required areas of technical and subject matter expertise represented on the team should reflect the multi-sectoral nature of Title II food assistance and the expertise required to conduct qualitative research and quantitative population-based household surveys:

- Expertise in food security programming;
- Expertise in agriculture;
- Expertise in maternal and child health and nutrition;
- Expertise in gender integration;
- Expertise in qualitative data collection methods and analysis; and
- Expertise in the design and execution of population-based household surveys, and in the analysis of complex survey data.

Key Personnel:

1. **Baseline Study Team Leader** – This individual will serve as team leader in a full-time position for the duration of the study. S/he will be the primary point of contact between USAID and the baseline study team and have responsibility for the overall compilation of the final baseline study report. The incumbent must meet the following criteria:
   - At least 10 years of food security programming in senior management positions;
   - Master's or PhD degree in development studies, management, program evaluation, or other relevant field of study;

- Directly managed the design and implementation of at least two food security-related, large-scale, population-based household surveys with complex designs;
- Broad range of subject matter expertise and demonstrated experience in the areas of food security, agriculture development, nutrition, and health;
- Excellent organization and writing skills and a demonstrated ability to deliver a quality written product (Evaluation Report and PowerPoint)
- Excellent oral communication, presentation, and inter-personal skills;
- Technical and management skills to manage budget resources (dollars and staff) for the evaluation, as well as assist and support the team with field logistics (e.g., coordinating with USAID and/or a government ministry to set up initial appointments for interviews); and
- Experience on past Title II baseline surveys or final evaluations would be a plus.

2. **Senior Survey Specialist** – This individual will be responsible for designing, managing, and coordinating the population-based household survey and analysis of the survey data. The incumbent must meet the following criteria:
   - At least eight years of experience designing, managing, leading, and coordinating representative population-based household surveys in developing countries;
   - Master's degree or PhD in statistics, survey methodology, epidemiology or other relevant field of study;
   - Extensive knowledge of and experience in sample design for complex surveys and complex survey data analysis;
   - Extensive experience with the design and development of quantitative survey questionnaire instruments;
   - Extensive experience with data management and database organization, including developing data entry programs and supervising data entry, cleaning, and quality control;
   - Strong working knowledge of SPSS, STATA, SAS or other statistical package;
   - Excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product ; and
   - Experience on past Title II baseline surveys or final evaluations would be a plus.

3. **Qualitative Research Specialist** – This individual will be responsible for designing, managing, and supervising qualitative data collection and analysis. The incumbent must meet the following criteria:
   - At least eight years of experience designing and implementing qualitative research studies in developing countries;
   - Experience with a diverse range of qualitative methodologies, such as rapid appraisal/participatory rural appraisal, focus groups, key informant interviews, structured/semi-structured interviews, anecdotal evidence, organizational capacity assessments, observations, and seasonal calendars;
   - Excellent writing and organization skills and a demonstrated ability to deliver a high-quality written product;
   - Familiarity with a broad range of subject matter in the areas of food security, agriculture development, nutrition, and health; and
   - Experience on past Title II baseline surveys or final evaluations would be a plus

4. **Field Operation Manager** – This individual will be responsible for planning, managing, and supervising the household survey data collection in-country. The incumbent must meet the following criteria:
    - Undergraduate degree inone of the social science disciplines;
    - Eight years of experience supervising large-scale survey field work in developing countries, preferably involving anthropometric data collection;
    - Experience hiring, training, and overseeing field supervisors and enumerators; coordinating field logistics, schedules, and equipment; and managing data quality control in the field; and
    - Fluency in relevant national language required.

As per the criteria presented above and given the multi-sectoral approach of Title II programs, the Contractor will be expected to involve sectoral experts in the areas of agriculture, livelihoods, health, and nutrition, as needed. These experts can either be external consultants engaged on a full- or part-time basis or members of the selected firm with the necessary skills. The required skills of the agriculture and health and nutrition experts are outlined below; however, additional sectoral experts may be needed based on the country context and Title II program activities:

Agriculture Expert – This expert will provide technical guidance related to agriculture and agribusiness during the study. The incumbent must meet the following criteria:

- At least five years of food security implementation experience in developing countries;
- Master's or PhD degree in agriculture-related field of study;
- Strong knowledge of agriculture indicators, agriculture extension, conservation agriculture, input management, post-harvest handling, livestock management, and agricultural marketing;
- Excellent writing and organization skills;
- Excellent oral communication, presentation, and inter-personal skills;
- Excellent analytical and technical skills; and
- Strong knowledge of Title II programming, experience on past Title II baseline surveys or final evaluations would be a plus.

Health and Nutrition Expert – This expert will provide technical guidance related to maternal and child health and nutrition during the study. The incumbent must meet the following criteria:

- At least five years of maternal and child health and nutrition expertise in developing countries;
- Master's or PhD degree in international public health, international nutrition or other relevant field of study;
- At least three years of emergency or development food security implementation experience;
- Strong knowledge of health and nutrition indicators, supplementary and vulnerable group feeding practices, positive deviance, care group, and community healthcare methodologies;
- Excellent writing and organization skills;
- Excellent oral communication, presentation, and inter-personal skills;
- Excellent analytical and technical skills; and
- Strong knowledge of Title II programming, experience on past Title II baseline surveys or final evaluations would be a plus.

Other team members:
The Offeror will need to consider and budget accordingly to what extent the team will require junior or mid-level support (e.g., to assist in collecting, analyzing, and cleaning data, and preparing tabular or graphic materials).

As per the USAID Evaluation Policy, all baseline study team members will provide a signed statement attesting to a lack of conflict of interest or describing an existing conflict of interest relative to the program for which the baseline study is being conducted.

VII. Baseline Study Management

A. Logistics

FFP will provide overall direction to the Contractor, identify key documents, and assist in facilitating a work plan. FFP staff in Washington and USAID Missions in Haiti and Zimbabwe will assist in arranging meetings with key stakeholders as identified by USAID prior to the initiation of field work. The Contractor is responsible for arranging other meetings as identified during the course of this study and advising FFP prior to each of those meetings. The Contractor is also responsible for arranging vehicle rental and drivers as needed for site visits and field work. The Contractor will be responsible for making hotel arrangements, procuring its own work/office space, computers, internet access, printing, and photocopying. The Contractor will be required to make its own payments. Staff from FFP and USAID Missions in Haiti and Zimbabwe will be made available to the team for consultations regarding sampling, geographical targeting, sources, and technical issues before and during the evaluation process.

B. Schedule/ Timeline

Offerors must submit a timeline of activities as part of their proposals, which should follow the timeline set forth in Section IV A of this Scope of Work.

C. Budget

A firm bidding on this activity must, in addition to a technical proposal, submit a Budget in Excel showing the projected Level of Effort (LOE) for each proposed full-time and/or short-time member of the Team, including subject matter expertise and administrative (logistical) support. Other costs that should be included are international travel and per diem, in-country costs for data collection and interviewing, communications, report preparation and reproduction, and other costs as appropriate. A six-day work week is authorized when working in-country.

D. Evaluation Criteria for Proposals

Offeror proposals will be evaluated on the merit of the proposed approach including the following criteria:

30% Technical Approach as illustrated in the description of proposed methodology.
25% Timeline reflecting proposed activities, which emphasizes the ability to meet the proposed deadlines.

25% Key personnel and composition of the technical team, including CVs and commitment of availability. FFP will also consider the offeror's ability to engage and use local firms.

20% Past performance, including a sample document (preferably of a baseline or final evaluation with quantitative and qualitative methodologies) provided as a writing sample to evaluate this criteria. The offeror should also include in the submission a list of references, preferably in USAID, related to the completion of a baseline study or final evaluation for a Title II or food security project.

VIII. Intellectual Property

USAID shall, solely and exclusively, own all rights in and to any work created in connection with this agreement, including all data, documents, information, copyrights, patents, trademarks, trade secrets or other proprietary rights in and to the work. The Contractor is not allowed to withhold any information related to this agreement, as this will become public information.

ANNEX 2
Sampling Plan
Baseline Study of the Title II Development Food Assistance Program in Haiti

Background

In accordance with the U.S. Agency for International Development (USAID) Evaluation Policy, the Office of Food for Peace (FFP) contracted with ICF International to conduct baseline studies for 2013 Title II program awards in Haiti (one award) and Zimbabwe (two awards). The baseline household surveys will be standardized across the participating countries to permit comparative analysis and will collect data for FFP indicators as described in the USAID FFP *Standard Indicator Handbook*. These indicators are related to food access; children's nutritional status and feeding practices; women's nutritional status and dietary diversity; water, sanitation, and hygiene; agricultural practices and measurements of poverty. In addition to the required FFP indicators, the baseline household surveys will also include program-specific indicators identified by the Title II awardees as key measures for their individual programs. This report describes the sampling plan in detail for the baseline household survey in Haiti.

Survey Research Design

This baseline survey is the first phase of a pre-post evaluation. The second phase will include a final evaluation survey to be conducted when the Title II program is completed. Thus, the primary objective of the baseline household surveys will be to assess the status of the FFP and program-specific indicators prior to program implementation. The baseline measurements will then be used to calculate change in these indicators (and to undertake a statistical test of differences in the indicators) at completion of the Title II program when the same survey will be conducted again in the program areas. This pre-post design will allow for the determination of statistically significant change in indicators between the baseline and final evaluation; but will not allow statements about attribution or causation relating to program impact to be made.

The baseline survey will be designed as population-based survey with a sample that will be statistically representative of all households within the Title II *Kore Lavi* program area.

Sampling Frame

The sampling frame for Haiti will be constructed from the geographic areas of implementation defined by the Title II *Kore Lavi* program and will be complemented with census-level household and population information. The last available census level information for the geographic regions at the lowest enumeration level will be used.

In Haiti, a census is currently underway but census information is not yet available; therefore information from the 2002-2003 census with projections through 2012 will be used. The administrative levels for the Haiti census are as follows:

- Departement
- Commune
- Sections de Commune
- Sections d'Énumération (SDE) [referred to in the remainder of this report as enumeration areas or EAs]

The Title II *Kore Lavi* program will be implemented in 23 communes in the five departments of Artibonite, Centre, Nord Ouest, Ouest, and Sud Est. The maternal/child health component of the program will be implemented in 21 of these 23 communes and the food voucher safety net component

will be implemented in 15 of these communes. The sampling frame will consist of the EAs in the 21 communes where the maternal/child health component will be implemented. The sampling frame will exclude the two communes, Boucan Carre and Port de Paix and the urban areas in the commune of Gonaives where the maternal/child health component will not be implemented. The communes included in the sampling frame are shown in Appendix A.

Sample Design

Multi-stage cluster sampling will be used to select the sample for the baseline survey in Haiti. Stunting will be used as the primary indicator for deriving the sample size calculation since it is one of several key measures for food insecurity

Assumptions used for calculating the sample size are as follows:

- design effect of 2,
- confidence level of 95 percent,
- power level of 80 percent,
- expected change in stunting over the life of the program of 6.5 percentage points,
- use of the Stukel/Deitchler Inflation and Deflation Factors to determine the appropriate number of households (with children aged 0-59 months) to select, as described in the FANTA Sampling Guide Addendum, and
- inflation of the sample size of households by 10 percent to account for anticipated household nonresponse.

The formula used for deriving sample size is based on a statistical test of the difference of proportions (or prevalences) for an indicator (e.g., from baseline to final evaluation), controlling for inferential error as described in Appendix I of the Addendum to FANTA Sampling Guide (March 2012)[1]. Table 1 provides the target sample size in Haiti based on currently available estimates from the DHS for the prevalence of stunting in rural households, proportion of children aged 0–59 months in rural households, and average rural household size in Haiti.

Table 1. Target sample size for Haiti

Target Population for Stunting	Estimated Proportion of Population (A)*	Average HH size (B)*	Individuals per HH (A*B/100)	Estimated Prevalence of Stunting*	Detectable Change |P2-P1|	Individual Sample Size Needed	HH Sample Size Needed**	HHs Needed including 10% Non-response	Number of Clusters of 30 Needed
Children 0-59 months	13.6	4.6	0.63	0.25	0.065	980	1,958	2,176	74

*Source: Haiti 2011 DHS, HH=household

** Includes Stukel/Dietchler inflation and deflation adjustment

Based on the target sample size calculated above, ICF will sample 74 clusters with 30 households per cluster for the Title II program in Haiti; resulting in an overall sample size of 2,220 households.

Sample Selection

[1] FANTA III Sampling Guide (1999) and Addendum (2012). Retrieved from http://www.fantaproject.org/monitoring-and-evaluation/sampling

The sample will be selected using multi-stage cluster sampling with three stages of sampling: 1) selection of enumeration areas, 2) selection of households, and 3) selection of individuals within households.

First stage sampling of enumeration areas

One consideration for the first stage of sampling is to ensure that some sampled EAs fall within each department where the program will be implemented. In order to ensure representation in each of the geographic departments, the "universe" of EAs will be stratified by department. A fraction of the total EAs will be proportionately allocated to each stratum for sampling based on the overall distribution of EAs in the sampling frame. Then the "universe" of EAs within each stratum will be sampled as described in the following paragraph. Two replacement EAs will be selected for each stratum. Table 2 provides summary counts for the EAs and households within each stratum.

Table 2. Number of EAs and households in the Haiti sampling frame and sample

Department	Number of EAs in Program Area	Number of EAs Sampled	Number of Households in Program Area	Number of Households Sampled
Artibonite	324	17	40,409	510
Centre	362	19	55,373	570
Nord-Ouest	350	18	51,074	540
Ouest	140	7	17,624	210
Sud-Est	263	13	45,115	390
Total	**1,439**	**74**	**209,595**	**2,220**

Although surveys often use probability proportional to size (PPS) sampling at the first stage of sampling so that larger communities or villages (which are often used as first stage sampling units) have an increased probability of selection, this approach is often not necessary when using census enumeration areas since variation in the size of EAs is usually minimal due to the conscious effort of census planners to maintain a consistent number of households in each EA. A review of EAs will be selected using Simple Random Sampling (SRS), rather than using PPS. Appendix B provides a list of the sampled EAs for the Title II program in Haiti.

Second stage sampling of households

The second stage sampling will entail selection of 30 households within each EA. Before the selection of households can take place, a listing exercise is needed in order to determine the current number of households in each selected EA. The listing exercise will be conducted in order to identify and count each household in the EA. GPS coordinates will be taken and the name of the head of household will be recorded for each identified household.

For the purposes of the household survey a household will be defined as follows:

A person or group of people who live together and share meals ("eating from the same pot").

This is not the same as a family. A family includes only people who are related, but a household includes

any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered one household.

For men with more than one wife (polygamous situations), households will be treated in accordance with the above definition as follows:

If the wives live in the same homestead and also share the same eating arrangements, they should be treated as the same household. But if the wives live independently and do not share the same eating arrangements they should be treated as separate households.

Once the listing exercise is completed and a full list of all households is available for each EA, 30 households will be selected per EA using systematic sampling.

Third stage of sampling: selection of individuals within households

The quantitative survey is broken into several modules with different individuals eligible to be interviewed, depending on the target groups relevant to the various FFP indicators. This means that, depending on the composition of a sampled household, it may or may not contain children under 6 months (relevant to exclusive breastfeeding indicator), children aged 0-23 months (relevant to minimum acceptable diet indicator), children aged 0-59 months (relevant to the diarrhea, oral rehydration therapy, stunting and underweight indicators), women of reproductive age (relevant to the WDDS or woman's dietary diversity score), non-pregnant/ non-post-partum women of reproductive age (relevant to the BMI indicator), or heads of households/responsible adults (relevant to the household dietary diversity scale and expenditures indicators).

The household roster will be completed at the beginning of the interview, thus identifying all members of the selected household. Individuals are considered household members if they have lived in the household for six of the past twelve months. The protocol for selection of individuals for sampling is as follows:

- For the children's module, *all* children 0-59 months will be selected.
- For the woman's module (WDDS indicator), one woman between the ages of 15-49 years will be selected. If there are multiple women eligible to be interviewed within a sampled household, a Kish Grid (see Appendix C) will be used to select only one.
- For woman's anthropometry (BMI indicator), one woman between the ages of 15-49 who is not pregnant or post-partum (birth in the preceding two months) will be selected. If there are multiple women eligible to be interviewed within a sampled household, a Kish Grid will be used to select only one.
- For the gender module, the primary adult male and female decision-makers will be selected.

Based on discussions during the baseline planning workshops held in H, the protocol for selection of respondents to be interviewed on behalf of sampled individuals within households is defined as follows:

- For the modules requiring data about the household, the head of household or any responsible adult will be interviewed.

- For the children's module, the mother or caregiver of each child under age five years will be interviewed. Note that there may be more than one mother or caregiver. There should be no substitute respondents for mothers or caregivers.
- For the woman's module, the selected woman will be interviewed. If the selected woman is not available after three visits she will NOT be replaced.
- For woman's anthropometry, the selected woman will be measured for height and weight. If the selected woman is not available after three visits she will NOT be replaced.
- For the gender module, if the primary male and female adult decision-makers are not available, no other individuals should be interviewed to take their place.

Sampling Weights

Sample weights will be computed and used in the data analyses. This will involve computing an overall sampling weight for each indicator corresponding to a unique sampling scheme. The sampling weight will consist of the inverse of the product of the probabilities of selection from each of the stages of sampling (EA selection, household selection and, when relevant, individual selection). Because of the last stage of sampling (individual selection), a series of different weights are required for data analysis. Separate weights will be calculated for:

1) Households (used for indicators derived from Modules C, F, H and J)
2) Children 0-59 months (Module D)
3) Women 15-49 years (Module E)
4) Women 15-49 years who are not pregnant or post-partum (Anthropometry)

Weights will be adjusted to compensate for household and individual level non-response where appropriate. Given that all eligible individuals will be selected for Modules D, the sampling weights for this module will differ from those for households (used in Modules C, F, H and J) by an individual non-response adjustment only. Single questionnaire items that are missing responses will not be imputed for and will not be included in the calculations for relevant indicators.

APPENDIX A
COMMUNES INCLUDED IN THE SAMPLING FRAME FOR HAITI

***Kore Lavi* Program**
Communes for Maternal/Child Health Component

Artibonite Department:
- Gonaives (rural only)
- Anse Rouge
- Terre Neuve

Centre (Central) Department:
- Thomassique
- Cerca Carvajal
- Cerca La Source
- Thomonde
- Hinche

Nord-Ouest (Northwest) Department:
- Baie de Henne
- Bombardopolis
- Mole Saint Nicholas
- Jean Rabel
- Bassin Bleu

Ouest (West) Department:
- Pointe-à-Raquette
- Anse-à-Galets

Sud-Est (Southeast) Department:
- Anse-à-Pitres
- Belle Anse
- Grand Gosier
- La Vallée de Jacmel
- Côtes de Fer
- Thiotte

APPENDIX B
SAMPLED ENUMERATION AREAS FOR HOUSEHOLD SURVEY IN HAITI

Program	SDE_Number	Departement	Commune	Sec_Com
KORE LAVI	01	Artibonite	Anse Rouge	1ère l'Arbre
KORE LAVI	02	Artibonite	Anse Rouge	1ère l'Arbre
KORE LAVI	03	Artibonite	Anse Rouge	1ère l'Arbre
KORE LAVI	04	Artibonite	Anse Rouge	1ère l'Arbre
KORE LAVI	05	Artibonite	Anse Rouge	2ème Sources Chaudes
KORE LAVI	06	Artibonite	Gonaïves	1ère Pont Tamarin
KORE LAVI	07	Artibonite	Gonaïves	1ère Pont Tamarin
KORE LAVI	08	Artibonite	Gonaïves	1ère Pont Tamarin
KORE LAVI	09	Artibonite	Gonaïves	3ème Petite Rivière de Bayonnais
KORE LAVI	10	Artibonite	Gonaïves	3ème Petite Rivière de Bayonnais
KORE LAVI	11	Artibonite	Gonaïves	3ème Petite Rivière de Bayonnais
KORE LAVI	12	Artibonite	Gonaïves	3ème Petite Rivière de Bayonnais
KORE LAVI	13	Artibonite	Gonaïves	4ème Poteaux
KORE LAVI	14	Artibonite	Gonaïves	4ème Poteaux
KORE LAVI	15	Artibonite	Gonaïves	5ème Labranle
KORE LAVI	16	Artibonite	Terre Neuve	1ère Doland
KORE LAVI	17	Artibonite	Terre Neuve	1ère Doland
KORE LAVI	18	Centre	Cerca Carvajal	5ème Rang
KORE LAVI	19	Centre	Cerca la Source	1ère Acajou Brulé No.1
KORE LAVI	20	Centre	Cerca la Source	1ère Acajou Brulé No.1
KORE LAVI	21	Centre	Cerca la Source	2ème Acajou Brulé No.2
KORE LAVI	22	Centre	Hinche	1ère Juanaria
KORE LAVI	23	Centre	Hinche	2ème Marmont
KORE LAVI	24	Centre	Hinche	3ème Aguahedionde
KORE LAVI	25	Centre	Hinche	4ème Aguahedionde
KORE LAVI	26	Centre	Thomassique	1ère Matelgate
KORE LAVI	27	Centre	Thomassique	1ère Matelgate
KORE LAVI	28	Centre	Thomassique	1ère Matelgate
KORE LAVI	29	Centre	Thomassique	1ère Matelgate
KORE LAVI	30	Centre	Thomassique	2ème Lociane
KORE LAVI	31	Centre	Thomassique	2ème Lociane
KORE LAVI	32	Centre	Thomonde	1ère Cabral
KORE LAVI	33	Centre	Thomonde	1ère Cabral
KORE LAVI	34	Centre	Thomonde	1ère Cabral
KORE LAVI	35	Centre	Thomonde	2ème Tierra Muscady
KORE LAVI	36	Centre	Thomonde	2ème Tierra Muscady
KORE LAVI	37	Nord-Ouest	Bassin Bleu	1ère La Plate
KORE LAVI	38	Nord-Ouest	Bassin Bleu	2ème Carreau Datty
KORE LAVI	39	Nord-Ouest	Bassin Bleu	3ème Haut des Moustiques
KORE LAVI	40	Nord-Ouest	Bombardopolis	2ème des Forges
KORE LAVI	41	Nord-Ouest	Bombardopolis	3ème Plaine d'Orange

APPENDIX B
SAMPLED ENUMERATION AREAS FOR HOUSEHOLD SURVEY IN HAITI

Program	SDE_Number	Departement	Commune	Sec_Com
KORE LAVI	42	Nord-Ouest	Jean Rabel	1ère Lacoma
KORE LAVI	43	Nord-Ouest	Jean Rabel	2ème Guinaudée
KORE LAVI	44	Nord-Ouest	Jean Rabel	2ème Guinaudée
KORE LAVI	45	Nord-Ouest	Jean Rabel	2ème Guinaudée
KORE LAVI	46	Nord-Ouest	Jean Rabel	3ème Vieille Hatte
KORE LAVI	47	Nord-Ouest	Jean Rabel	3ème Vieille Hatte
KORE LAVI	48	Nord-Ouest	Jean Rabel	4ème La Montagne
KORE LAVI	49	Nord-Ouest	Jean Rabel	5ème Dessources
KORE LAVI	50	Nord-Ouest	Jean Rabel	5ème Dessources
KORE LAVI	51	Nord-Ouest	Jean Rabel	6ème Grande Source
KORE LAVI	52	Nord-Ouest	Jean Rabel	7ème Diondion
KORE LAVI	53	Nord-Ouest	Môle Saint Nicolas	1ère de Côtes de Fer
KORE LAVI	54	Nord-Ouest	Môle Saint Nicolas	1ère de Côtes de Fer
KORE LAVI	55	Ouest	Anse à Galets	1ère Palma
KORE LAVI	56	Ouest	Anse à Galets	1ère Palma
KORE LAVI	57	Ouest	Anse à Galets	6ème Sect. Petit Anse
KORE LAVI	58	Ouest	Anse à Galets	6ème Sect. Petit Anse
KORE LAVI	59	Ouest	Anse à Galets	Ville de l'Anse à Galets
KORE LAVI	60	Ouest	Anse à Galets	Ville de l'Anse à Galets
KORE LAVI	61	Ouest	Pointe à Raquette	3ème Sect. Trou Louis
KORE LAVI	62	Sud-Est	Anse à Pitre	1ère Boucan Guillaume
KORE LAVI	63	Sud-Est	Anse à Pitre	1ère Boucan Guillaume
KORE LAVI	64	Sud-Est	Anse à Pitre	2ème Bois d'Orme
KORE LAVI	65	Sud-Est	Belle Anse	2ème Mabriole
KORE LAVI	66	Sud-Est	Belle Anse	5ème Bel Air
KORE LAVI	67	Sud-Est	Belle Anse	7ème Mapou
KORE LAVI	68	Sud-Est	Côtes de Fer	2ème Labiche
KORE LAVI	69	Sud-Est	Côtes de Fer	5ème Boucan Bélier
KORE LAVI	70	Sud-Est	Grand Gosier	1ère Colline des Chaines
KORE LAVI	71	Sud-Est	La Vallée	11ème La Vallée
KORE LAVI	72	Sud-Est	Thiotte	2ème Pot de Chambre
KORE LAVI	73	Sud-Est	Thiotte	3ème Thiotte
KORE LAVI	74	Sud-Est	Thiotte	3ème Thiotte

APPENDIX C
KISH GRID FOR SELECTION OF WOMEN

KISH GRID for random selection of women ages 15-49 for Module E

INSTRUCTIONS

1. Check Column 9 in the household roster. If there is more than one woman 15-49 then select one using the procedure below.
2. List the name and line number of all women ages 15-49 in the household, in descending order by age (oldest first).
3. Look up the last digit of the household number from Module A and circle the corresponding column number below.
4. Look up where the last digit of the household number (columns) crosses the number of women 15-49 (rows).
5. The digit in the cell where the column and row meet is the number of the woman to interview for Module E.

EXAMPLE: If number of women 15-49 = 3 & last digit of household = 5, select the 2nd woman listed.

Number of Woman 15-49	Line Number from HH Roster	Name	Age	Last digit of the household number (See Module A, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

KISH GRID for random selection of women for Anthropometry

INSTRUCTIONS

1. Check the answer to Question E38 in Module E. If the answer is Yes, then check the names of the women listed in Question E39 and cross them off the Kish Grid above. If there is more than one woman left then select one using the procedure below.
2. List all women that have not been crossed off the Kish Grid above in descending order by age (oldest first).
3. Look up the last digit of the household number from Module A and circle the corresponding column number below.
4. Look up where the last digit of the household number (columns) crosses the number of women 15-49 (rows).
5. The digit in the cell where the column and row meet is the number of the woman to interview for Module E.

EXAMPLE: If number of women 15-49 = 3 & last digit of household = 5, select the 2nd woman listed.

Number of Woman 15-49	Line Number from HH Roster	Name	Age	Last digit of the household number (See Module A, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

ANNEX 3
Household Survey Questionnaire in Haitian Créole
Baseline Study of the Title II Development Food Assistance Program in Haiti

INSTITUT HAITIEN DE L'ENFANCE (IHE)

Enquête de base des Programmes USAID Titre II

Modil A. Idantifikasyon ak konsantman eklere

IDANTIFIKASYON (1)

A01 **NIMEWO MENAJ LA (NM)** .....

A02 **KÒD SEKSYON ENIMERASYON (SDE)** .....

A03 **KÒD KOMIN NAN (GADE LIS LA)** .....

A04 **DEPATMAN (SÈKLE YOUN)**

ARTIBONITE	1	CENTRE	2	NORD-OUEST	3
OUEST	4	SUD-EST	5		

VIZIT ANKETÈ YO

	PREMYE VIZIT	DEZYÈM VIZIT	TWAZYÈM VIZIT	**DÈNYE VIZIT**
A05 DAT (J/MWA/ANE)				A09 JOU
A06 ANKETÈ				A10 MWA
A07 JOU VIZIT LA				A11 ANE
A08 REZILTA (SÈVI AK KÒD YO)				A12 NIMEWO ANKETÈ A
PWOCHEN VIZIT: DAT				A13 KANTITE VIZIT ANTOU
LÈ				

A14 REZILTA FINAL PALE A .....

1 KONPLETE
2 PAT GEN MOUN NAN KAY LA OSINON PAT GEN MOUN NAN KAY LA KI TE KAPAB REPONN LÈ VIZIT LA
3 PALE A VOYE POU YON LÒT LÈ
4 TOUT KESYONE A PA FIN RAMPLI
5 PAT GEN OKENN MOUN NAN KAY LA POU YON BON TI TAN
6 INKAPASITE
7 REFIZE
9 LÒT _____ (DI KI SA)

A15 **NON AK NO. LIY GASON KI PRAN DESIZYON AN PREMYE NAN KAY LA***

A16 **NON AK NO. LIY FANM KI PRAN DESIZYON AN PREMYÈ NAN KAY LA***

A17 KANTITE FANM 15-49 ANE ELIJIB

A18 KANTITE TIMOUN KI GEN MWENS 5 ANE

A19 NO. LIY REPONDAN AN NAN LIS MENAJ LA

A20 **SIPÈVIZÈ**	A21 **KONTROLEZ**	A22 **EDITÈ BIWO A**	A23 **SEZI DONE YO**
NON _____	NON _____	NON _____	OPERATÈ _____
KÒD	KÒD	KÒD	JOU MWA ANE

*PREMYE GASON AK FANM KI PRAN DESIZYON SE MOUN KI IDANTIFYE TÈT YO KÒM PREMYE GAZON AK FANM NAN KAY LA (OSWA FANM SÈLMAN) KI DESIDE NAN ZAFÈ SOSYAL AK EKONOMIK NAN KAY LA. NAN MENAJ KOTE GEN GASON AK FANM KI GRANMOUN, PI SOUVAN YO SE MARI AK MANDANM; MEN YO KAPAB LÒT MOUN NAN MENAJ LA DEPI YO GEN 15 LANE OSINON PLIS.

KONSANTMAN EKLERE

PALE A KÒMANSE

		:	

Lè Minit

KONSANTMAN EKLERE: LI NESESÈ POU NOU BAY MENAJ LA EKSPLIKASYON POU KISA NAP FÈ ANKÈT LA EPI POU NOU JWENN KONSANTMAN TOUT MOUN KI KAPAB PATISIPE. LÈ NOU KÒMANSE TI KOZE A, SI GEN YON MOUN KI POU TE REPONN KI PA LA (PA EGZANP YON FANM KAP PRAN DESIZYON), ASIRE NOU TOUNEN NAN PAJ SA A EPI POU NOU JWENN KONSANTMAN MOUN NAN. MANDE POU PALE AK YON GRANMOUN KI RESPONSAB NAN MENAJ LA.

BONJOU. MWEN RELE _____. MAP TRAVAY AK ICF/IHE. NAP FÈ YON ANKÈT POU NOU KONNEN PLIS BAGAY SOU SEKIRITE ALIMANTÈ, MANJE NOU MANJE, NITRISYON AK KALITE LAVI MOUN KAP VIV NAN MENAJ YO AN AYITI. MENAJ PA W LA TE CHWAZI POU ANKÈT LA. MWEN TA RENMEN POZE W KÈK KESYON SOU MENAJ PA W LA EPI NAP MEZIRE AK PRAN PWA TIMOUN KI POKO GEN 5 LANE AK FANM KI GEN SOTI 15 POU RIVE 49 LANE. PALE A KAPAB DIRE DEZÈDTAN KONSA. NOU KAPAB TOUNEN DEMEN SI W PA GEN TAN REPONN TOUT KESYON YO JODI A. TOUT REPONS W AP BAY YO AP RETE SEKRÈ. NOU PAP PALE YO AK LÒT MOUN. SÈLMAN AK MOUN KAP TRAVAY NAN ANKÈT LA. OU PA OBLIJE PATISIPE NAN ANKÈT LA SI W PA VLE, MEN NOU ESPERE WAP AKSEPTE REPONN KESYON YO, PASKE LIDE W ENPÒTAN POU NOU. SI GEN KÈK KESYON OU PA TA RENMEN REPONN, FÈ M KONN SA, EPI MAP PASE NAN YON LÒT KESYON OSINON NOU KAPAB KANPE PALE A NENPÒT KI LÈ. SI W TA RENMEN GEN PLIS ENFÒMAYSON SOU ANKÈT LA, NOU DISPOZE REPONN AK TOUT KESYON OU GENYEN KOUNYE A E MENM APRE.

Èske w gen kèk kesyon sou ankèt la osinon sou patisipasyon ou?

POZE TOUT MOUN KI GEN POU REPONN YO KESYON SA YO.
SI SA NESESÈ, TCHEKE EPI SIYEN KONSANTMAN AN KOTE KI EKRI PI BA A.

1. Pami granmoun gason ki nan kay la (15 ane osinon plis) ki moun ki pran desizyon an premye nan kay la? [NON], èske w dakò patisipe nan ankèt la?
   NON: _____ MOUN NAN DAKÒ ____ MOUN NAN PA DAKÒ ____
2. Pami granmoun fi ki nan kay la (15 ane osinon plis), ki moun ki pran desizyon an premye nan kay la? [NON], èske w dakò patisipe nan ankèt la?
   NON: _____ MOUN NAN DAKÒ ____ MOUN NAN PA DAKÒ ____
3. Èske gen manman osinon lòt moun ki responsab timoun ki gen mwen pase 5 ane mwen poko pale avèk yo? [Non], èske w dakò patisipe nan ankèt la epi èske w dakò pou yo pran mezi (pran wotè) epi peze timoun yo?
   NON: _____ MOUN NAN DAKÒ ____ MOUN NAN PA DAKÒ ____
   NON: _____ MOUN NAN DAKÒ ____ MOUN NAN PA DAKÒ ____
   NON: _____ MOUN NAN DAKÒ ____ MOUN NAN PA DAKÒ ____
   PA GEN TIMOUN KI GEN MWENS PASE 5 LANE NAN KAY LA _____

LÒT MOUN NAN KAY KI ELIJIB		MOUN NAN DAKÒ	MOUN NAN PA DAKÒ
4. NON_____	Èske w dakò patisipe nan ankèt la?	____	____
5. NON_____	Èske w dakò patisipe nan ankèt la?	____	____
6. NON_____	Èske w dakò patisipe nan ankèt la?	____	____

Siyati m fè konnen mwen li pawòl sou konsantman eklere a pou moun nan (yo) epi mwen reponn tout kesyon yo mande sou ankèt la. Moun nan aksepte pale a.

NON AK KÒD ANKETÈ A _____ ____

SIYATI Ak DAT _____ JOU ____ • MWA ____ • ANE ____

NON AK KÒD ANKETÈ A _____ ____

SIYATI Ak DAT _____ JOU ____ • MWA ____ • ANE ____

NON AK KÒD ANKETÈ A _____ ____

SIYATI Ak DAT _____ JOU ____ • MWA ____ • ANE ____

KÒD KOMIN YO

Depatman Latibonit :

511 Gonaives
522 Terre Neuve
523 Anse Rouge

Depatman Sant:

611 Hinche
613 Thomonde
614 Cerca Carvajal
623 Boucan Carre
641 Cerca La Source
642 Thomassique

Depatman Nòdwès :

911 Port de Paix
913 Bassin Bleu
931 Mole Saint Nicolas
932 Baie de Henne
933 Bombardopolis
934 Jean Rabel

Depatman Lwès:

151 Anse-à-Galets
152 Pointe-à-Raquette

Depatman Sidès :

214 La Vallée de Jacmel
222 Côtes de Fer
231 Belle Anse
232 Grand Gosier
233 Thiotte
234 Anse-à-Pitres

MODIL B. LIS MENAJ

PALE A KÒMANSE LÈ ☐☐ MINIT ☐☐

							SI LI GEN MWENS PASE 5 ANE			SI LI GEN 15 ANE OSINON PLIS	SI LI GEN 0-17 ANE				SI LI GEN 5 ANE OSINON PLIS		SI LI GEN 5-24 LANE	
NO. LIY	MOUN KAP VIV NAN KAY LA	RELASYON AK CHÈF MENAJ LA	SÈKS	LAJ	ELIJIB					KONDISYON MATRIMYONAL	EKZISTANS AK KOTE MANMAN AK PAPA TIMOUN YO RETE				TE ALE LEKÒL		ALE LEKÒL KOUNYE A/ PA GEN LONTAN	
					MODIL C, H1	MODIL D	PREMYE RESPONSAB	MODIL E	MODIL F, H2-H5									
1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20
	Silvouplè, di m non ak sèks chak moun kap viv nan kay la, kòmanse pa chèf menaj la. Pou rezon pa nou jodi a, moun kap viv nan menaj la se granmoun ak timoun kap viv ansanm epi kap manje nan "menm chodyè". Nou dwe mete nenpòt moun ki te viv nan kay la pandan 6 mwa nan 12 mwa ki sòtl pase yo, men nou pap mete moun kap viv nan kay la, men ki manje apa. LÈ NOU FIN FÈ LIS NON MOUN YO, KI SA CHAK MOUN YE POU CHÈF MENAJ LA, EPI SÈKS CHAK MOUN, POZE KESYON 2A-2C POU NOU ASIRE NOU LIS LA KONPLÈ. APRE SA,POZE KESYON NOU DWE POZE CHAK MOUN NAN KOLÒN 5-20.	Kisa (NON) ye pou chèf menaj la? GADE KÒD YO KI PI BA A.	Èske (NON) se yon fi osinon yon gason?	Ki laj (NON)? SI 95 OSINON PLIS ANREJISTRE '95'. '98'=PA KONNEN. SÈVI AK KÒD SA A SÈLMAN POU MOUN KI GEN ≥ 50. SÈVI AK KÒD '00' SI TIMOUN NAN GEN MWENS PASE YON ANE	ÈSKE [NON] te responsab fè manje pandan 7 jou ki sòtl pase yo?	ÈSKE MOUN SA A GEN MWENS PASE 5 ANE?	Ki moun ki okipe [NON] an premye? *GADE DEFINISYON KI ANBA YO ANREJISTRE NIMEWO LIY MOUN KI OKIPE TIMOUN NAN AN PREMYE A	ÈSKE SE YON FANM KI GEN 15-49 LANE?	ÈSKE MOUN SA A SE CHÈF MENAJ LA; OSINON LI SE YON GRANMOUN KI RESPONSAB SI CHÈF MENAJ LA PA LA?	Ki kondisyon matrimonyal (NON)? Sa vle di, èske (NON) marye, ap viv ansanm, divòse, separe, vèf/vèv , pa janm marye/ pa janm viv ansanm? 1 = MARYE OSION AP VIV ANSANM 2 = DIVÒSE/ SEPARE 3 = VÈF 4 = PA JANM MARYE EPI PA JANM VIV ANSANM	Èske manman ki fè (NON) vivan toujou?	Èske manman ki fè (NON) toujou viv nan kay sa a ? SI SE WI: Kijan li rele? ANREJISTRE NIMEWO LIY MANMAN AN SI SE NON, ANREJISTRE '00'.	Èske papa ki fè (NON) toujou vivan toujou ?	Èske papa ki fè (NON) toujou viv nan kay sa a ? SI SE WI: Kijan li rele? ANREJISTRE NIMEWO LIY PAPA A SI SE NON, ANREJISTRE '00'.	Èske (NON) te ale lekòl?	Ki pi gwo nivo (NON) rive lekòl? GADE KÒD KI ANBA YO. Ki pi gwo klas (NON) fini nèt nan nivo sa a? GADE KÒD KI ANBA YO.	Èske (NOM) te ale lekòl nenpòt ki moman pandan ane lekòl 2013?	Nan ane lekòl 2013 pou rive nan ane 2014, ki nivo epi ki klas (NOM) ap fè? GADE KÒD KI ANBA YO.
01		0 1	G F 1 2	LANE	O N 1 2	O N 1 2		O N 1 2	O N 1 2		O N PK 1 2 8 ↓ ALE NAN 15		O N PK 1 2 8 ↓ ALE NAN 17		O N 1 2 ↓ LIY APRE A	NIVO KLAS	O N 1 2 ↓ LIY APRE A	NIVO KLAS
02			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
03			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
04			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
05			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
06			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
07			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
08			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	
09			1 2		1 2	1 2		1 2	1 2		1 2 8 ↓ ALE NAN 15		1 2 8 ↓ ALE NAN 17		1 2 ↓ LIY APRE A		1 2 ↓ LIY APRE A	

KÒD POU KESYON 3: RELASYON AK CHÈF MENAJ LA

01 = CHÈF MENAJ LA
02 = MADANM OSINON MARI
03 = PITIT GASON OSINON FI
04 = BOFIS OSISON BÈLFI
05 = PITIT PITIT
06 = PAPA, MANMAN
07 = PAPA, MANMAN MARI/ MADANM NAN
08 = FRÈ OSINON SÈ
09 = LÒT FANMI
10 = PITIT ADOPTIF/PWOTEJE/ PITIT MARI A OSINON MADANM NAN
11 = PA FANMI
98 = PA KONNEN

DEFINISYON

*Moun kap okipe timoun nan an premye se moun ki plis konnen kijan ak kisa timoun nan manje. Pi souvan, men pa tout tan, se manman timoun nan.

KÒD POU KESYON 18 AK 20: EDIKASYON

NIVEAU	0 = PRÉ-SCOLAIRE	1=PRIMAIRE	2=SECONDAIRE	3=SUPÉRIEUR
CLASSE	1' POUR TOUTES LES ANNEES SI RÉPONSE = PRIMAIRE, ENFANTINE 1, 2 OU 13è, ENREGISTRER NIVEAU=0, CLASSE=1	0 =MOINS D'1 AN COMPLÉTÉ 1= 12è/CP1/1ère année 5= 8è/CM1/5è année 2= 11è/CP2/2è année 6= 7è/CM2/6è année 3= 10è/CE1/3è année 4= 9è/CE2/4è année 8=NSP	0 =MOINS D'1 AN COMPLÉTÉ 1 = 6è 5 = 2è 2 = 5è 6 = Rétho 3 = 4è 7 = Philo 4 = 3è 8 = NSP	0 =MOINS D'1 AN COMPLÉTÉ 1 = 1ère année 8 = NSP 2 = 2è année 3 = 3è année 4 = 4è année ou plus

							SI LI GEN MWENS PASE 5 ANE			SI LI GEN 15 ANE OSINON PLIS	SI LI GEN 0-17 ANE				SI LI GEN 5 ANE OSINON PLIS		SI LI GEN 5-24 LANE	
NO. LIY	MOUN KAP VIV NAN KAY LA	RELASYON AK CHÈF MENAJ LA	SÈKS	LAJ	ELIJIB					KONDISYON MATRIMYONAL	EKZISTANS AK KOTE MANMAN AK PAPA TIMOUN YO RETE				TE ALE LEKÒL		ALE LEKÒL KOUNYE A/ PA GEN LONTAN	
					MODIL C, H1	MODIL D	PREMYE RESPONSAB	MODIL E	MODIL F, H2-H5									
1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20
	Silvouplè, di m non ak sèks chak moun kap viv nan kay la, kòmanse pa chèf menaj la. Pou rezon pa nou jodi a, moun kap viv nan menaj la se granmoun ak timoun kap viv ansanm epi kap manje nan "menm chodyè". Nou dwe mete nenpòt moun ki te viv nan kay la pandan 6 mwa nan 12 mwa ki sòtl pase yo, men nou pap mete moun kap viv nan kay la, men ki manje apa. LÈ NOU FIN FÈ LIS NON MOUN YO, KI SA CHAK MOUN YE POU CHÈF MENAJ LA, EPI SÈKS CHAK MOUN, POZE KESYON 2A-2C POU NOU ASIRE NOU LIS LA KONPLÈ. APRE SA,POZE KESYON NOU DWE POZE CHAK MOUN NAN KOLÒN 5-20.	Kisa (NON) ye pou chèf menaj la? GADE KÒD YO KI PI BA A.	Èske (NON) se yon fi osinon yon gason?	Ki laj (NON)? SI 95 OSINON PLIS ANREJISTRE '95'. '98'=PA KONNEN. SÈVI AK KÒD SA A SÈLMAN POU MOUN KI GEN ≥ 50. SÈVI AK KÒD '00' SI TIMOUN NAN GEN MWENS PASE YON ANE	ÈSKE [NON] te responsab fè manje pandan 7 jou ki sòtl pase yo?	ÈSKE MOUN SA A GEN MWENS PASE 5 ANE?	Ki moun ki okipe [NON] an premye? *GADE DEFINISYON KI ANBA YO ANREJISTRE NIMEWO LIY MOUN KI OKIPE TIMOUN NAN AN PREMYE A	ÈSKE SE YON FANM KI GEN 15-49 LANE?	ÈSKE MOUN SA A SE CHÈF MENAJ LA; OSINON LI SE YON GRANMOUN KI RESPONSAB SI CHÈF MENAJ LA PA LA?	Ki kondisyon matrimonyal (NON)? Sa vle di, èske (NON) marye, ap viv ansanm, divòse, separe, vèf/vèv, pa janm marye/ pa janm viv ansanm? 1 = MARYE OSION AP VIV ANSANM 2 = DIVÒSE/ SEPARE 3 = VÈF 4 = PA JANM MARYE EPI PA JANM VIV ANSANM	Èske manman ki fè (NON) vivan toujou?	Èske manman ki fè (NON) toujou viv nan kay sa a ? SI SE WI: Kijan li rele? ANREJISTRE NIMEWO LIY MANMAN AN SI SE NON, ANREJISTRE '00'.	Èske papa ki fè (NON) vivan toujou ?	Èske papa ki fè (NON) toujou viv nan kay sa a ? SI SE WI: Kijan li rele? ANREJISTRE NIMEWO LIY PAPA A SI SE NON, ANREJISTRE '00'.	Èske (NON) te ale lekòl?	Ki pi gwo nivo (NON) rive lekòl? GADE KÒD KI ANBA YO. Ki pi gwo klas (NON) fini nèt nan nivo sa a? GADE KÒD KI ANBA YO.	Èske (NOM) te ale lekòl nenpòt ki moman pandan ane lekòl 2013?	Nan ane lekòl 2013 pou rive nan ane 2014, ki nivo epi ki klas (NOM) ap fè? GADE KÒD KI ANBA YO.
10			G F 1 2	LANE	W N 1 2	O N 1 2		W N 1 2	W N 1 2		W N PK 1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		W N 1 2 LIY APRE A	NIVO KLAS	W N 1 2 LIY APRE A	NIVO KLAS
11			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
12			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
13			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
14			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
15			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
16			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	
17			1 2		1 2	1 2		1 2	1 2		1 2 8 ALE NAN 15		1 2 8 ALE NAN 17		1 2 LIY APRE A		1 2 LIY APRE A	

KÒD POU KESYON 3: RELASYON AK CHÈF MENAJ LA

01 = CHÈF MENAJ LA
02 = MADANM OSINON MARI
03 = PITIT GASON OSINON FI
04 = BOFIS OSISON BELFI
05 = PITIT PITIT
06 = PAPA, MANMAN
07 = PAPA, MANMAN MARI/ MADANM NAN
08 = FRÈ OSINON SÈ
09 = LÒT FANMI
10 = PITIT ADOPTIF/PWOTEJE/ PITIT MARI A OSINON MADANM NAN
11 = PA FANMI
98 = PA KONNEN

DEFINISYON

*Moun kap okipe timoun nan an premye se moun ki plis konnen kijan ak kisa timoun nan manje. Pi souvan, men pa tout tan, se manman timoun nan.

KÒD POU KESYON 18 AK 20: EDIKASYON

NIVEAU	0 = PRÉ-SCOLAIRE	1=PRIMAIRE	ECONDAIRE	
CLASSE	1' POUR TOUTES LES SI RÉPONSE = PRIMAIRE, ENFANTINE 1, 2 OU 13è, ENREGISTRER NIVEAU=0, CLASSE=1 :ES	0 =MOINS D'1 AN COMPLÈTE 1= 12è/CP1/1ère année 5= 8è/CM1/5è année 2= 11è/CP2/2è année 6= 7è/CM2/6è année 3= 10è/CE1/3è année 4= 9è/CE2/4è année 8=NSP	0 =MOINS D'1 AN COMPLÈTE 1 = 6è 5 = 2è 2 = 5è 6 = Rétho 3 = 4è 7 = Philo 4 = 3è 8 = NSP	0 =MOINS D'1 AN COMPLÈTE 8 = NSP 1 = 1ère année 2 = 2è année 3 = 3è année 4 = 4è année ou plus

FÈ YON MAK ISIT LA SI W SÈVI AVÈK YON LÒT FÈY POU W KONTINYE ☐

2A) Sèlman pou m asire m gen yon lis ki konplè: èske gen lòt moun tankou timoun piti osinon timoun ki pa nan lis la? WI 1 → METE L NAN TABLO / NON 2

2B) Èske gen lòt moun ki kapab pa fè pati fanmi an, tankou moun kap travay nan kay la, lokatè, osinon zanmi kap viv nan kay la? WI 1 → METE L NAN TABLO / NON 2

2C) Èske gen lòt moun kap viv nan kay la, menm si yo pa nan kay la kounye a? Ladann mete timoun ki lekòl osinon moun ki nan kay la kap travay osinon ki kite peyi WI 1 → METE L NAN TABLO / NON 2

PALE A FINI: LÈ ☐☐ MIN ☐☐

Modil F. Dlo, Lapwòpte ak Lijyèn

NO.	KESYON AK FILT	KATEGORI KÒD	ALE NAN
F00	EKRI KI LÈ MODIL LA KÒMANSE	LÈ ☐☐ MINIT ☐☐	
F01	NIMEWO MENAJ LA AK KÒD SDE A	NM ☐☐ SDE ☐☐	
F02	NIMEWO LIY CHÈF MENAJ LA OSINON GRANMOUN KI RESPONSAB LA NAN LIS MENAJ LA (KOLÒN 10 = WI)	NIMEWO LIY LA ☐☐	
DLO POU BWÈ			
F04	Pi souvan, ki kote moun nan kay la abitye jwenn dlo pou yo bwè?	DLO TIYO TIYO NAN KAY LA . . . . . 11 TIYO NAN LAKOU/SOU TEREN AN . . . . . 12 → F07 FONTÈN PIBLIK . . . . . 13 ROBINÈ PIBLIK . . . . . 14 PI KI PWOTEJE PI KI PWOTEJE NAN LAKOU A . . . . . 21 → F07 LÒT KALITE PI KI PWOTEJE. . . . . 22 PI KI PA PWOTEJE PI KI PA PWOTEJE NAN LAKOU A . . . . . 31 PI PIBLIK OSINON LÒT PI KI LOU. . . . . 32 DLO SOUS SOUS KI PWOTEJE . . . . . 41 SOUS KI PA PWOTEJE . . . . . 42 DLO KAP KOULE ATÈ (RIVYÈ/BARAJ/ LAK/MA DLO/KANAL/KANAL IRIGASYON. . . . . 51 DLO LAPLI . . . . . 61 → F07 KAMYON DLO . . . . . 71 MACHANN DLO . . . . . 72 DLO NAN BOUTÈY . . . . . 81 BIZNIS KI FÈ KOMÈS DLO . . . . . 91 96 LÒT _____ (DI KI SA)	
F05	Ki kote moun nan kay la jwenn dlo sa a?	NAN KAY LA . . . . . 1 NAN LAKOU A/TEREN AN . . . . . 2 → F07 LÒT KOTE 3	
F06	Konbyen tan yon moun kapab pran pou li ale chèche dlo a, pran dlo a epi pou li retounen nan kay la?	MINIT . . . . . ☐☐☐ PA KONNEN 998	
F07	Èske moun kapab jwenn dlo a tout ane a?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	
F08	Nan 2 semèn ki sòti pase yo, èske nou pat jwenn dlo kote sa a pandan yon jou osinon plis?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	
F09	Èske nou konn fè yon bagay pou dlo a kapab pi pwòp anvan pou moun nan kay la bwè li?	WI . . . . . 1 NON . . . . . 2 PA KONNEN . . . . . 8 → F11	
F10	Kisa nou fè pi souvan pou dlo a kapab pi pwòp anvan nou bwè li? Èske nou fè lòt bagay? ANREJISTRE TOUT SA YO DI.	BOUYI . . . . . 01 METE JAVÈL/KLOWÒKS . . . . . 02 METE AQUATAB . . . . . 03 KOULE NAN YON TWAL . . . . . 04 FILTRE (SERAMIK/SAB/KONPOZIT/EKS.. . . . . 05 DEZENFEKTE NAN SOLÈY . . . . . 06 KITE POZE . . . . . 07 LÒT BAGAY _____ (DI KISA) 96 PA KONNEN 98	

Modil F. Dlo, Lapwòpte ak Lijyèn

NO.	KESYON AK FILT	KATEGORI KÒD	ALE NAN
F11	Pi souvan, nan ki twalèt/ latrinn moun nan kay la abitye fè bezwen yo?	**TWALÈT IJYENIK OU KAPAB FÈ DLO A ALE** TWALÈ KI CHASE NAN YON SISTÈM EGOU . . . . . 11 TWALÈ KI CHASE NAN YOU FÒS SEPTIK . . . . . 12 TWALÈT KI CHASE NAN YON LATRIN . . . . . 13 TWALÈT KI CHASE LÒT KOTE . . . . . 14 PA KONNEN KI KOTE TWALÈT LA CHASE . . . . . 15 **LATRIN** LATRIN AMELYORE KI VANTILE . . . . . 21 LATRIN AK DAL . . . . . 22 LATRIN SAN DAL/LATRIN LOUVRI . . . . . 23 TWALÈT POU FÈ KONPÒS . . . . . 31 BOKIT . . . . . 41 LATRIN KI PANDYE . . . . . 51 PA GEN TWALÈT/NAN RAJE/NAN JADEN . . . . . 61 LATRIN KI ANLÈ (SOU PILOTI) . . . . . 71 LATRIN CHIMIK MOBIL . . . . . 81 LÒT _____ 96 (DI KISA)	→ F14
F12	Èske gen lòt moun nan vwazinaj ki fè bezwen yo menm kote avèk nou?	WI . . . . . 1 NON 2	→ F14
F13	Antou Konbyen kay ki sèvi nan twalèt/ latrin sa a?	KONBYEN MENAJ SI LI MWENS PASE 10 . . . . . [0] 10 OSINON PLIS . . . . . 95 PA KONNEN 98	
F14	Silvouplè, montre m ki kote moun nan kay la lave men yo pi souvan.	OBSÈVE . . . . . 1 PA OBSÈVE PA NAN KAY/LAKOU/TEREN . . . . . 2 PA OBSÈVE PA GEN PÈMISYON POU WÈ . . . . . 3 PA OBSÈVE, POU LÒT REZON . . . . . 4 (ALE NAN F17)	
F15	OBSÈVASYON SÈLMAN: OBSÈVE SI GEN DLO KOTE POU YO LAVE MEN YO	GEN DLO . . . . . 1 PA GEN DLO 2	
F16	OBSÈVASYON SÈLMAN: OBSÈVE SI GEN SAVON, SAVON LESIV, OSINON LÒT BAGAY POU LAVE MEN	SAVON OSINON SAVON LESIV (BA, LIKID, POUD, PAT) . . . . . 1 SANN DIFE, LABOU, SAB . . . . . 2 ANYEN 3	
F17	OBSÈVASYON SÈLMAN: OBSÈVE SI KOTE MOUN NAN KAY LA DI YO ABITYE FÈ BEZWEN YO EGZISTE	GEN TWALÈT . . . . . 1 PA GEN TWALÈT 2	
F18	ANREJISTRE KI LÈ MODIL LA FINI	LÈ [ ] MINIT [ ]	→ **ALE NAN MODIL C**

Modil C. Jwenn Manje

NO.	KESYON AK FILT	KATEGORI KÒD YO
C00	EKRI KI LÈ PALE A KÒMANSE	LÈ ☐☐ MINIT ☐☐
C01	NIMEWO MENAJ LA AK KÒD SDE A	NM ☐☐ SDE ☐☐
C02	NIMEWO LIY MOUN KI RESPONSAB FÈ MANJE NAN KAY LA PANDAN 7 DÈNYE JOU KI SÒTI PASE YO (KOLÒN 6) NAN LIS MENAJ LA, OSINON NIMEWO LIY YON GRANMOUN RESPONSAB KI TE LA EPI KI MANJE NAN KAY LA PANDAN 7 DÈNYE JOU KI SÒTI PASE YO	NIMEWO LIY LA ☐☐

KESYON FCS AK HDDS

	Kounye a, mwen ta renmen poze w kèk kesyon sou kalite manje ou menm osinon pi fò moun nan kay la manje pandan 7 dènye jou ki sòti pase yo. Mwen pral li chak manje yo epi apre sa map poze w kèk kesyon sou chak manje yo. POU CHAK KESYON, METE NON MANJE KI NAN LIS KESYON C03 JOUK C25 EPI ANREJISTRE REPONS YO NAN BWAT KI FÈT POU SA.	**1. Nan 7 dènyejou ki sòti pase yo, pandan konbyen jou ou menm osinon moun nan kay la te manje …..deyò?** 1= 1 jour 2= 2 jours 3= 3 jours 4= 4 jours 5= 5 jours 6= 6 jours 7= 7 jours 9= Non consommé	**2. Ki premye kote …. sòti?** 1= Achat 2= Production propre 3= Echangé contre biens/troc 4= Emprunté 5= Aide alimentaire 6= Reçu en cadeau 7= Transfert en nature (Haiti, étranger) 8= Autre source 9= Non consommé	**3. Èske ou menm osinon moun nan kay la manje ….. nan kay la ayè?** 1= WI 2= NON
C03	Ble/farin ble	C03.1 ☐	C03.2 ☐	C03.3 ☐
C04	Grenn mayi, mayi moulen	C04.1 ☐	C04.2 ☐	C04.3 ☐
C05	Diri	C05.1 ☐	C05.2 ☐	C05.3 ☐
C06	Pitimi	C06.1 ☐	C06.2 ☐	C06.3 ☐
C07	Manyòk/kasav	C07.1 ☐	C07.2 ☐	C07.3 ☐
C08	Pòmdetè, patat, yanm	C08.1 ☐	C08.2 ☐	C08.3 ☐
C09	Bannann	C09.1 ☐	C09.2 ☐	C09.3 ☐
C10	Labapen/lam	C10.1 ☐	C10.2 ☐	C10.3 ☐
C11	Espageti/ Makaroni	C11.1 ☐	C11.2 ☐	C11.3 ☐
C12	Pen, benyen kanaval, biskwit	C12.1 ☐	C12.2 ☐	C12.3 ☐
C13	Pwa, pwa vèt	C13.1 ☐	C13.2 ☐	C13.3 ☐
C14	Fwi, fig mi	C14.1 ☐	C14.2 ☐	C14.3 ☐

Modil C. Jwenn Manje

NO.	KESYON AK FILT	KATEGORI KÒD YO		
	KESYON FCS AK HDDS			
	Kounye a, mwen ta renmen poze w kèk kesyon sou kalite manje ou menm osinon pi fò moun nan kay la manje pandan 7 dènye jou ki sòti pase yo. Mwen pral li chak manje yo epi apre sa map poze w kèk kesyon sou chak manje yo. POU CHAK KESYON, METE NON MANJE KI NAN LIS KESYON C03 JOUK C25 EPI ANREJISTRE REPONS YO NAN BWAT KI FÈT POU SA.	**1. Nan 7 dènyejou ki sòti pase yo, pandan konbyen jou ou menm osinon moun nan kay la te manje …..deyò?** 1= 1 jour 2= 2 jours 3= 3 jours 4= 4 jours 5= 5 jours 6= 6 jours 7= 7 jours 9= Non consommé	**2. Ki premye kote …. sòti?** 1= Achat 2= Production propre 3= Echangé contre biens/troc 4= Emprunté 5= Aide alimentaire 6= Reçu en cadeau 7= Transfert en nature (Haiti, étranger) 8= Autre source 9= Non consommé	**3. Èske ou menm osinon moun nan kay la manje ….. nan kay la ayè?** 1= WI 2= NON
C15	Vyann wouj, fwa di, fwa mou, wonyon/grenn vant, kè	C15.1 ☐	C15.2 ☐	C15.3 ☐
C16	Poul, kodenn, pentad	C16.1 ☐	C16.2 ☐	C16.3 ☐
C17	Ze	C17.1 ☐	C17.2 ☐	C17.3 ☐
C18	Pwason (haransò, lanmori, bèt lanmè)	C18.1 ☐	C18.2 ☐	C18.3 ☐
C19	Lèt, fwomaj, yogout/lèt kaye	C19.1 ☐	C19.2 ☐	C19.3 ☐
C20	Sik, myèl, konfiti	C20.1 ☐	C20.2 ☐	C20.3 ☐
C21	Lwil, grès, kokoye	C21.1 ☐	C21.2 ☐	C21.3 ☐
C22	Pistach, nwa, manba	C22.1 ☐	C22.2 ☐	C22.3 ☐
C23	Chokola, kakawo	C23.1 ☐	C23.2 ☐	C23.3 ☐
C24	Melanj Farin mayi ak soja / Farin pòmdetè	C24.1 ☐	C24.2 ☐	C24.3 ☐
C25	Legim, Fèy, Joumou	C25.1 ☐	C25.2 ☐	C25.3 ☐
C26	èske yè se te yon jou ki pat tankou lòt jou yo osinon se te yon jou espesyal (Festival, Antèman, eks.) osinon se te yon jou pi fò moun nan kay la pat la?	WI . . . . . 1 NON 2		

Modil C. Jwenn Manje

NO.	KESYON AK FILT	KATEGORI KÒD YO	
	KESYON HHS		
C27	Nan **[4SEMÈN/30 JOU] ki sòti pase yo,** èske nou pat gen okenn manje nan kay la, paske pat gen lajan pou achte manje?	WI . . . . . 1 NON 2	→ C29
C28	Konbyen fwa sa rive nan dènye **[4 SEMÈN/30 JOU]** yo? LI CHAK REPONS EPI SÈKLE REPONS MOUN NAN BAY.	PA SOUVAN (1-2 FWA) . . . 1 PAFWA (3-10 FWA) . . . 2 SOUVAN (PLIS PASE 10) . . . 3	
C29	Nan **[4 DÈNYE SEMÈN/30 JOU]** ki sòti pase yo, èske sa te rive kote yon moun oubyen plizyè moun te dòmi grangou paske pat genyen ase manje nan kay la?	WI . . . . . 1 NON 2	→ C31
C30	Konbyen fwa sa rive nan **[4 SEMÈN/30 JOU] ki sòti pase** yo?	PA SOUVAN (1-2 FWA) . . . 1 PAFWA (3-10 FWA) . . . 2 SOUVAN (PLIS PASE 10) . . . 3	
C31	Nan **[4 SEMÈN/30 JOU]** ki sòti pase yo, èske sa te rive pou yon moun osinon plizyè moun nan kay la te pase yon jounen ak yon nwit san manje paske pat gen manje nan kay la?	WI . . . . . 1 NON 2	→ C33
C32	Konbyen fwa sa rive nan **[4 SEMÈN/30 JOU] ki sòti pase** yo?	PA SOUVAN (1-2 FWA) . . . 1 PAFWA (3-10 FWA) . . . 2 SOUVAN (PLIS PASE 10) . . . 3	
C33	Nan dènye 6 mwa ki sòti pase yo, èske oumen oswa moun kap viv nan kay la te resevwa youn nan kalite èd sa yo? LI CHAK REPONS EPI SÈKLE TOUT REPONS MOUN NAN BAY.	Kash pou travay (cash for work) 1 Kash pou manje (cash for food) 2 Fich kach (cash voucher) . . . . . 3 Fich pou manje (food voucher) 4 Èd pou manje (food aid) . . . . . 5 Kantin lekòl (school feeding) 6 Lòt èd, di kisa _____ 8 Pa resevwa okenn èd 9	
C34	**EKRI KI LÈ MODIL LA FINI**	LÈ ☐☐ MINIT ☐☐	→ ALE NAN MODIL D

Modil D1. Eta Nitrisyonèl Timoun yo ak Jan yo Bayo Manje

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	DEZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	TWAZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____
D00	EKRI KI LÈ MODIL LA KÒMANSE	LÈ ☐☐	MINIT ☐☐	
D01	NIMEWO MENAJ LA AK KÒD SDE A	NM ☐☐	SDE ☐☐	
D02	NIMEWO LIY MOUN KAP OKIPE TIMOUN NAN NAN LIS MENAJ LA (KOLÒN 8)	NO. LIY MOUN NAN ☐☐	NO. LIY MOUN NAN ☐☐	NO. LIY MOUN NAN ☐☐
D03	NIMEWO LIY TIMOUN NAN NAN LIS MENAJ LA	NO. LIY TIMOUN NAN ☐☐	NO. LIY TIMOUN NAN ☐☐	NO. LIY TIMOUN NAN ☐☐
D04	Ki sèks [NON TIMOUN NAN], sa vle di, èske l se yon gason osinon yon fi?	GASON . . . . . 1 FI 2	GASON . . . . . 1 FI 2	GASON . . . . . 1 FI 2
D05	Mwen ta renmen poze w kèk kesyon sou [NON TIMOUN NAN]. èske [NON TIMOUN NAN] gen yon kat sante/ vaksinasyon osinon lòt papye kote dat li fèt la anrejistre? SI YO MONTRE YON PAPYE KI GEN DAT FÈT TIMOUN NAN EPI SI MOUN KAP REPONN NAN KONFIME ENFÒMASYON AN KÒRèK, ANREJISTRE DAT LA JAN W WÈ L LA EPI SÈVI AK TABLO POU KONVÈTI DAT NESANS LA POU RAMPLI LAJ LA AN MWA NAN D07. APRE SA, ALE NAN KESYON D14. SI PA GEN YON DOKIMAN KI MONTRE DAT TIMOUN NAN FÈT, MANDE: Nan ki mwa ak nan ki ane [non timoun nan] fèt? Ki dat li fete fèt li? ANREJISTRE JOU, MWA AK ANE LI FÈT	JOU . . . . . ☐☐ MWA . . . ☐☐ ANE ☐☐☐☐	JOU . . . . . ☐☐ MWA . . . ☐☐ ANE ☐☐☐☐	JOU . . . . . ☐☐ MWA . . . ☐☐ ANE ☐☐☐☐
D06	Ki laj [non timoun nan] te genyen dènye fwa li fete fèt li? ANREJISTRE LAJ LA AN ANE KONPLÈ	ANE ☐☐	ANE ☐☐	ANE ☐☐
D07	Konbyen mwa [non timoun nan] genyen? ANREJISTRE LAJ LA AN MWA KONPLÈ	MWA ☐☐	MWA ☐☐	MWA ☐☐
D08	TCHEKE D05, D06, AK D07 POU VERIFYE SI ENFÒMASYON YO MENM A) ÈSKE ANE KI ANREJISTRE NAN D05 MENM AK LAJ AN ANE KI ANREJISTRE NAN D06? B) ÈSKE ANE AK MWA TIMOUN NAN FÈT LA KI ANREJISTRE NAN D05 SE MENM AK LAJ AN MWA KI ANREJISTRE NAN D07? SÈVI AK TABLO POU KONVÈTI DAT NESANS LA POU TCHEKE. SI REPONS POU A OSINON B SE "NON", REZOUD TOUT DIFERANS KI GENYEN.			

Modil D1. Eta Nitrisyonèl Timoun yo ak Jan yo Bayo Manje

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS MENAJ LA	DEZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA	TWAZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA
		NON_____	NON_____	NON_____

Dat Nesans - 2014	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	1	2	3
Fev.	0	1	2
Mas	--	0	1
Avril	--	--	0
Me	--	--	--
Jen	--	--	--
Jiyè	--	--	--
Out	--	--	--
Sept.	--	--	--
Oktòb	--	--	--
Nov.	--	--	--
Des.	--	--	--

Dat Nesans - 2013	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	13	14	15
Fev.	12	13	14
Mas	11	12	13
Avril	10	11	12
Me	9	10	11
Jen	8	9	10
Jiyè	7	8	9
Out	6	7	8
Sept.	5	6	7
Oktòb	4	5	6
Nov.	3	4	5
Des.	2	3	4

Dat Nesans - 2012	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	25	26	27
Fev.	24	25	26
Mas	23	24	25
Avril	22	23	24
Me	21	22	23
Jen	20	21	22
Jiyè	19	20	21
Out	18	19	20
Sept.	17	18	19
Oktòb	16	17	18
Nov.	15	16	17
Des.	14	15	16

Dat Nesans - 2011	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	37	38	39
Fev.	36	37	38
Mas	35	36	37
Avril	34	35	36
Me	33	34	35
Jen	32	33	34
Jiyè	31	32	33
Out	30	31	32
Sept.	29	30	31
Oktòb	28	29	30
Nov.	27	28	29
Des.	26	27	28

Dat Nesans - 2010	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	49	50	51
Fev.	48	49	50
Mas	47	48	49
Avril	46	47	48
Me	45	46	47
Jen	44	45	46
Jiyè	43	44	45
Out	42	43	44
Sept.	41	42	43
Oktòb	40	41	42
Nov.	39	40	41
Des.	38	39	40

Dat Nesans - 2009	Dat ankèt la 2014		
	Fev.	Mas	Avril
Jan	--	--	--
Fev.	--	--	--
Mas	59	--	--
Avril	58	59	
Me	57	58	59
Jen	56	57	58
Jiyè	55	56	57
Out	54	55	56
Sept.	53	54	55
Oktòb	52	53	54
Nov.	51	52	53
Des.	50	51	52

KISA NOU DWE FÈ:

1. Tcheke ane timoun nan fèt la nan Kesyon D05 epi ale nan bon tablo a jan li make sou kote chak tablo "Dat Nesans". Egzanp: Si timoun nan fèt nan ane 2012, sèvi ak tablo ki make Dat Nesans - 2012 sou kote la.
2. Sèvi ak mwa nou ladann nan, chwazi bon kolòn ki make "Dat Ankèt la". Egzanp: Si se Mas 2014, sèvi ak kolòn ki nan mitan ki make Mas la.
3. Tcheke mwa timoun nan fèt la nan Kesyon D05 epi chèche kote kolòn mwa ki make "Dat Ankèt" la kontre ak ranje ki gen mwa timoun nan fèt la. Egzanp: Jodi a se 11 Mas 2014 epi timoun nan fèt 27 Sektanm 2012. Chèche kote kolòn "Mas" la kontre ak ranje "Sektanm" nan nan tablo "Dat Nesans - 2012" la.
4. Chif kote kolòn mwa etid la ak mwa nesans la timoun nan kontre a se laj timoun nan an mwa. Pou tout egzanp ki anwo yo, timoun nan gen 18 mwa.

NOTE: Si jou timoun nan fet la apre dat anket la, mwens 1 mwa nan laj ou jwen nan. Timoun nan gen 17 mwa (18 - 1)

Modil D1. Eta Nitrisyonèl Timoun yo ak Jan yo Bayo Manje

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	DEZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	TWAZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____
D14	TCHEKE **D07:** ÈSKE TIMOUN NAN GEN MWENS PASE 60 MWA (5 ANE)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN LÒT TIMOUN) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN LÒT TIMOUN) PA KONNEN . 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D01 NAN YON NOVO PAJ POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN LÒT TIMOUN) PA KONNEN 8
D15	TCHEKE **D07:** ÈSKE TIMOUN NAN GEN MWENS PASE 24 MWA (2 ZAN)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D54) PA KONNEN . 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D54) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D54) PA KONNEN 8
D16	èske w te bay [NON TIMOUN NAN] tete?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D18) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D18) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D18) PA KONNEN 8
D17	Ayè lajounen an osinon lanwit ki sòti pase a, èske w te bay [NON TIMOUN NAN] tete?	WI . . . . . 1 (ALE NAN D19) NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 (ALE NAN D19) NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 (ALE NAN D19) NON . . . . . 2 PA KONNEN 8
D18	Gen delè se yon lòt fanm ki bay tibebe yo tete osinon yo bayo lèt yon lòt fanm ak yon tikiyè, nan yon tas, osinon nan bibwon osinon yon lòt jan. Sa kapab rive lè manman an pa kapab bay tibebe li a tete. Ayè lajounen an oubyen lanwit ki sòti pase a, èske [NON TIMOUN NAN] te bwè lèt manman youn nan jan sa yo ?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D19	Kounye a, mwen ta renmen poze w kèk kesyon sou kèk remèd/medikaman ak vitamin yo konn bay timoun. Ayè lajounen an oubyen lanwit ki sòti pase a, èske yo te bay [NON TIMOUN NAN] gout vitamin osinon lòt gout medikaman ?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D20	Ayè lajounen an oubyen lanwit ki sòti pase a, èske yo te bay [NON TIMOUN NAN] sewòm oral?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
	Apre sa, mwen ta renmen poze w kèk kesyon sou kèk likid [NON TIMOUN NAN] te kapab bwè ayè lajounen an osinon lannwit ki sòti pase a. Ayè lajounen an osinon lannwit ki sòti pase a, èske yo te bay [NON TIMOUN NAN]: [POZE KESYON D21 JOUK D31]			
D21	Dlo?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D22	Lèt pou tibebe tankou Nani, SMA, Nestle, ENFAMIL?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D24) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D24) PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D24) PA KONNEN 8
D23	Ayè lajounen an oubyen lanwit ki sòti pase a, konbyen fwa [NON TIMOUN NAN] bwè kalite lèt sa a?	KONBYEN FWA	KONBYEN FWA	KONBYEN FWA . . . .

Modil D1. Eta Nitrisyonèl Timoun yo ak Jan yo Bayo Manje

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	DEZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	TWAZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____
D24	èske [NON TIMOUN NAN] te bwè lèt tankou lèt nan bwat, lèt an poud, osinon lèt ki sòti nan bèt?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D26) ← PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D26) ← PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D26) ← PA KONNEN 8
D25	Ayè lajounen an oubyen lanwit ki sòti pase a, konbyen fwa [NON TIMOUN NAN] bwè lèt?	KONBYEN FWA	KONBYEN FWA	KONBYEN FWA . . . .
D26	èske [NON TIMOUN NAN] te bwè ji osinon lòt likid ki tankou ji?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D27	Bouyon likid?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D28	Yogout/Lèt kaye?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D30) ← PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D30) ← PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 (ALE NAN D30) ← PA KONNEN 8
D29	Ayè lajounen an oubyen lanwit ki sòti pase a, konbyen fwa [NON TIMOUN NAN] te bwè yogout/lèt kaye?	KONBYEN FWA	KONBYEN FWA	KONBYEN FWA . . . .
D30	èske [TIMOUN NAN] te manje osinon te bwè labouyi likid tankou "GERBER" osison "CERELAC"?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D31	Lòt likid?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D32	Apre sa, mwen ta renmen poze w kèk kesyon sou manje [NON TIMOUN NAN] manje ayè lajounen an osinon lanwit ki sòti pase a. Ayè lajounen an oubyen lanwit ki sòti pase a, èske (NON TIMOUN NAN) te manje (POZE KESYON D33-D49)?			
D33	Pen, biswit, patisri, bonbon siwo, pat, vèmisèl, ti biskwit, lam veritab osinon lòt manje ki fèt ak grenn tankou mayi, ble, pitimi, diri?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D34	Joumou, kawòt, patat dous osinon lòt viv ak legim andedan yo jòn osinon oranj?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D35	Patat dous blan, yanm blan, manyòk, kasav, bannan osinon lòt manje ki sòti anba tè?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D36	Fèy vèt tankou zepina, leti, chou, lalo, lyann panye, lanman osinon kalalou?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D37	Mango mi, papay mi, abriko, kantaloup, melon frans, osinon lòt fwi andedan yo jòn?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D38	Lòt fwi osinon legim, tankou fig, grenad, tomat, pwa vèt, zaboka eks.?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D39	Fwa di, fwa mou, wonyon/grenn vant, kè	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D40	Vyann tankou bèf, kochon, mouton, kabrit, poul, kanna, osinon vyann lòt bèt?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8

Modil D1. Eta Nitrisyonèl Timoun yo ak Jan yo Bayo Manje

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	DEZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____	TWAZYÈM TIMOUN ELIJIB NAN LIS MENAJ LA NON_____
D41	Ze?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D42	Pwason fre osinon pwason seche, bèt lanmè tankou zwit, lanbi, krab, kribich osinon lòt bèt lanmè	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D43	Lòt kalite manje ki fèt ak pwa vèt, pwa, pistach, nwa, manba osinon lòt grenn?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D44	Fwomaj, yogout/lèt kaye, osinon lòt bagay ki fèt ak lèt?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D45	Lòt lwil, grès, osinon bè, osinon manje ki fèt ak pwodwi sa yo?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D46	Manje ki dous tankou chokola, sirèt, patisri, gato osinon biskwit	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D47	Bagay ki bay manje gou tankou piman, epis, pèsil?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D49	Manje ki fèt ak lwil palmis wouj, nwa palmis wouj, osinon ak sòs ki fèt ak chè nwa palmis wouj?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
	TCHEKE KESYON **D33-D49**: ANSEKLE YON NAN CHWA YO	"NON" POU TOUT → **D50** YON"WI" POU PI PITI YON "WI" OSINON "PK" POU TOUT → **D51**	"NON" POU TOUT → **D50** YON"WI" POU PI PITI YON "WI" OSINON "PK" POU TOUT → **D51**	"NON" POU TOUT → **D50** YON"WI" POU PI PITI YON "WI" OSINON "PK" POU TOUT → **D51**
D50	Ayè lajounen an oubyen lanwit ki sòti pase a, èske (NON TIMOUN NAN) te manje gwo manje, manje ki pa twò di oubyen manje ki mou? SI SE **"WI",** MANDE: Ki kalite manje di, manje ki pa fin di nèt, osinon manje ki mou [NON TIMOUN NAN] manje?	WI . . . . . 1 TOUNEN NAN D33-D49 EPI ANREJISTRE MANJE LI MANJE. APRE SA, KONTINYE AK **D51**. NON . . . . . 2 ALE NAN D54 PREMYE KOLÒN PA KONNEN 8	WI . . . . . 1 TOUNEN NAN D33-D49 EPI ANREJISTRE MANJE LI MANJE. APRE SA, KONTINYE AK **D51**. NON . . . . . 2 ALE NAN D54 DEZYÈM KOLÒN PA KONNEN 8	WI . . . . . 1 TOUNEN NAN D33-D49 EPI ANREJISTRE MANJE LI MANJE. APRE SA, KONTINYE AK **D51**. NON . . . . . 2 ALE NAN D54 TWAZYÈM KOLÒN PA KONNEN 8
D51	Konbyen fwa (NON TIMOUN NAN) te manje gwo manje, manje ki pa twò di oubyen manje ki mou, ayè lajounen an oubyen lanwit ki sòti pase a?	KONBYEN FWA . . . . [ ][ ] PA KONNEN 98	KONBYEN FWA . . . . [ ][ ] PA KONNEN 98	KONBYEN FWA . . . . [ ][ ] PA KONNEN 98

Modil D2. Timoun ki gen Dyare ak Sewòm Oral

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS LA NON _____	DEZYÈM TIMOUN ELIJIB NAN LIS LA NON _____	TWAZYÈM TIMOUN ELIJIB NAN LIS LA NON _____
D54	Èske (NOM) te gen dyare nan 2 dènye semèn ki sòti pase yo? **(1)** DYARE SE 3 OSINON PLIS TWALÈT/ TATA DLO	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN)** PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN)** PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 NAN YON NOUVO PAJ POU LÒT TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN)** PA KONNEN 8
D55	Èske twalèt la /tata a te gen san ladann?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
D56	Kounye a, mwen ta renmen konnen ki kantite likid yo te bay (NOM) bwè lè li te gen dyare a (lèt manman ladann tou). Èske yo te ba li bwè menm kantite likid li konn abitye bwè anvan li te gen dyare a, pi plis likid osinon yo te ba li pi piti likid? SI SE MWENS, ENSISTE: Èske yo te diminye anpil sou valè likid ou konn abitye bali a, oubyen yo te diminye yon ti kal?	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE 3 PLIS . . . . . 4 ANYEN POU BWÈ..... 5 PA KONNEN 8	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE 3 PLIS . . . . . 4 ANYEN POU BWÈ..... 5 PA KONNEN 8	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE A 3 PLIS . . . . . 4 ANYEN POU BWÈ..... 5 PA KONNEN 8
D57	Lè (NON) te gen dyare a, èske yo te ba li manje mwens pase sa yo konn abitye ba li a, menm kantite a, plis pase sa yo konn abitye ba li, osinon yo pat ba li manje ditou? SI SE MWENS, ENSISTE: Èske yo te diminye anpil sou valè manje yo konn abitye bali a, osinon yo te diminye yon ti kal?	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE 3 PLIS . . . . . 4 SISPANN BA LI MANJE... 5 PA JANM BA LI MANJE... 6 PA KONNEN 8	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE 3 PLIS . . . . . 4 SISPANN BA LI MANJE... 5 PA JANM BA LI MANJE.... 6 PA KONNEN 8	PI PITI ANPIL . . . . . 1 YON TIKAL PI PITI..... 2 PRESKE MENM KANTITE A 3 PLIS . . . . . 4 SISPANN BA LI MANJE..... 5 PA JANM BA LI MANJE.... 6 PA KONNEN 8
D58	Èske w te chèche konsèy osinon tretman yon kote pou dyare a?	WI . . . . . 1 NON . . . . . 2 (ALE NAN D62)	WI . . . . . 1 NON . . . . . 2 (ALE NAN D62)	WI . . . . . 1 NON . . . . . 2 (ALE NAN D62)

Modil D2. Timoun ki gen Dyare ak Sewòm Oral

NO.	KESYON AK FILT	**PREMYE TIMOUN ELIJIB NAN LIS LA** NON ________________	**DEZYÈM TIMOUN ELIJIB NAN LIS LA** NON ________________	**TWAZYÈM TIMOUN ELIJIB NAN LIS LA** NON ________________
D59	Ki kote w te ale chèche konsèy osinon tretman? Ki lòt kote ankò? MANDE POU W KONNEN CHAK SEKTÈ SI YO PA KAPAB DI SI SE SEKTÈ PIBLIK OUBYEN PRIVE, EKRI NON KOTE A. ________________ (NON KOTE A) ________________	**MÉDICAL PUBLIC** HÔPITAL D'ÉTAT 01 CENTRE SANTÉ (CAL/CSL)/ DISP. 02 **MÉDICAL PRIVÉ** HÔPITAL/CLINIQ. 03 CENTRE SANTÉ (CAL/CSL)/ DISP. 04 MÉDECIN PRIVÉ 05 INFIRMIER(E)/ AUXILIAIRE 06 PHARMACIE 07 **MÉDICAL MIXTE** HÔP./CLIN . . . . 08 CENTRE SANTÉ (CAL/CSL)/ DISP. 09 **MÉDICAL NON INSTIT.** CLINIQUE MOBILE 10 AGENT DE SANTÉ/ PROMOTEUR 11 MATRO. AV. BOÎT. 12 **TRADITIONNEL PRIVÉ** MATRONE SANS BOÎT 13 GUÉRISSEUR/MÉD.. OUGAN/MAMBO 14 **AUTRE NON MËDICALE** BOUTIQUE/MARCHÉ 15 MARCHAND AMBUL 16 PARENT(E)S/ AMI(E)S 17 AUTRE ____________ 18 (DI KI KOTE)	**MÉDICAL PUBLIC** HÔPITAL D'ÉTAT 01 CENTRE SANTÉ (CAL/CSL)/ DISP. 02 **MÉDICAL PRIVÉ** HÔPITAL/CLINIQ. 03 CENTRE SANTÉ (CAL/CSL)/ DISP. 04 MÉDECIN PRIVÉ 05 INFIRMIER(E)/ AUXILIAIRE 06 PHARMACIE 07 **MÉDICAL MIXTE** HÔP./CLIN . . . . 08 CENTRE SANTÉ (CAL/CSL)/ DISP. 09 **MÉDICAL NON INSTIT.** CLINIQUE MOBILE 10 AGENT DE SANTÉ/ PROMOTEUR 11 MATRO. AV. BOÎT. 12 **TRADITIONNEL PRIVÉ** MATRONE SANS BOÎT 13 GUÉRISSEUR/MÉD.. OUGAN/MAMBO 14 **AUTRE NON MËDICALE** BOUTIQUE/MARCHÉ 15 MARCHAND AMBUL 16 PARENT(E)S/ AMI(E)S 17 AUTRE ____________ 18 (DI KI KOTE)	**MÉDICAL PUBLIC** HÔPITAL D'ÉTAT 01 CENTRE SANTÉ (CAL/CSL)/ DISP. 02 **MÉDICAL PRIVÉ** HÔPITAL/CLINIQ. 03 CENTRE SANTÉ (CAL/CSL)/ DISP. 04 MÉDECIN PRIVÉ 05 INFIRMIER(E)/ AUXILIAIRE 06 PHARMACIE 07 **MÉDICAL MIXTE** HÔP./CLIN . . . . 08 CENTRE SANTÉ (CAL/CSL)/ DISP. 09 **MÉDICAL NON INSTIT.** CLINIQUE MOBILE 10 AGENT DE SANTÉ/ PROMOTEUR 11 MATRO. AV. BOÎT. 12 **TRADITIONNEL PRIVÉ** MATRONE SANS BOÎT 13 GUÉRISSEUR/MÉD.. OUGAN/MAMBO 14 **AUTRE NON MËDICALE** BOUTIQUE/MARCHÉ 15 MARCHAND AMBUL 16 PARENT(E)S/ AMI(E)S 17 AUTRE ____________ 18 (DI KI KOTE)
D60	TCHEKE **D59**: KANTITE KÒD KI ANSÈKLE.	☐ 2 OSINON PLIS KÒD SÈKLE ☐ SÈLMAN YON KÒD SÈKLE (ALE NAN D62)	☐ 2 OSINON PLIS KÒD SÈKLE ☐ SÈLMAN YON KÒD SÈKLE (ALE NAN D62)	☐ 2 OSINON PLIS KÒD SÈKLE ☐ SÈLMAN YON KÒD SÈKLE (ALE NAN D62)
D61	Ki premye kote w te chèche konsèy osinon tretman? SÈVI AK KÒD AN CHIF KI NAN **D59**.	PREMYE KOTE . . . . ☐☐	PREMYE KOTE . . . . ☐☐	PREMYE KOTE . . . . ☐☐
D62	Èske yo te ba li bwè youn nan bagay sa yo lè li te fèk gen dyare a, nenpòt ki lè:	WI NON PK	WI NON PK	WI NON PK
	a) Sewòm oral likid yo vann nan boutik oubyen nan famasi?	SEWÒM ORAL LIKID 1 2 8	SEWÒM ORAL LIKID 1 2 8	SEWÒM ORAL LIKID 1 2 8
	b) Yon likid ki prepare avèk yon sachè osinon sewòm oral?	SACHE SEWÒM ORAL 1 2 8	SACHE SEWÒM ORAL 1 2 8	SACHE SEWÒM ORAL 1 2 8
	c) Yon likid ki prepare an kay la ak dlo, sèl ak sik?	SEWÒM LAKAY . . 1 2 8	SEWÒM LAKAY . . 1 2 8	SEWÒM LAKAY . . 1 2 8

Modil D2. Timoun ki gen Dyare ak Sewòm Oral

NO.	KESYON AK FILT	PREMYE TIMOUN ELIJIB NAN LIS LA NON _____	DEZYÈM TIMOUN ELIJIB NAN LIS LA NON _____	TWAZYÈM TIMOUN ELIJIB NAN LIS LA NON _____
D63	Èske yo te bay (lòt) bagay pou trete dyare a?	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN)** PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN)** PA KONNEN 8	WI . . . . . 1 NON . . . . . 2 **(ALE NAN D01 NAN YON NOUVO PAJ POU PWOCHEN TIMOUN NAN OSINON NAN D66 SI PA GEN PLIS TIMOUN** PA KONNEN 8
D64	Ki lòt bagay yo te bay pou trete dyare a? Ki lòt bagay ankò? ANREJISTRE TOUT TRETMAN YO BAY	**GRENN OSINON SIWO** ANTIBYOTIK . . . . . 01 ANTIMOUVMAN . . . . 02 ZENK . . . . . 03 LÒT (KI PA ANTIBYO-TIK, ANTIMOUVMAN, OSINON ZENK) 04 PA KONNEN GRENN NAN OSINON SIWO A . . 05 **PIKI** ANTIBYOTIK . . . . . 06 PA ANTIBYOTIK . . . . 07 PA KONNEN KI PIKI . . . . . 08 SEWÒM NAN VENN . . . 09 REMÈD LAKAY/ REMÈD FÈY 10 LÒT REMÈD _____ 96 (DI KISA)	**GRENN OSINON SIWO** ANTIBYOTIK . . . . . 01 ANTIMOUVMAN . . . . 02 ZENK . . . . . 03 LÒT (KI PA ANTIBYO-TIK, ANTIMOUVMAN, OSINON ZENK) 04 PA KONNEN GRENN NAN OSINON SIWO A . . 05 **PIKI** ANTIBYOTIK . . . . . 06 PA ANTIBYOTIK . . . . 07 PA KONNEN KI PIKI . . . . . 08 SEWÒM NAN VENN . . . 09 REMÈD LAKAY/ REMÈD FÈY 10 LÒT REMÈD _____ 96 (DI KISA)	**GRENN OSINON SIWO** ANTIBYOTIK . . . . . 01 ANTIMOUVMAN . . . . . 02 ZENK . . . . . 03 LÒT (KI PA ANTIBYO-TIK, ANTIMOUVMAN, OSINON ZENK) 04 PA KONNEN GRENN NAN OSINON SIWO A . . 05 **PIKI** ANTIBYOTIK . . . . . 06 PA ANTIBYOTIK . . . . . 07 PA KONNEN KI PIKI . . . . . 08 SEWÒM NAN VENN . . . 09 REMÈD LAKAY/ REMÈD FÈY 10 LÒT REMÈD _____ 96 (DI KISA)
D65		ALE NAN **D01** POU PWOCHEN TIMOUN NAN OSINON SI PA GEN PLIS TIMOUN, ALE NAN D66	ALE NAN **D01** POU PWOCHEN TIMOUN NAN OSINON SI PA GEN PLIS TIMOUN, ALE NAN D66	ALE NAN **D01 SOU YON** NOUVO PAJ POU PWOCHEN TIMOUN NAN OSINON SI PA GEN PLIS TIMOUN, ALE NAN D66
D66	EKRI KI LÈ MODIL LA FINI	LÈ ☐☐ MINIT ☐☐ →		ALE NAN TABLO KISH # 1 POU FANM YO

(1) Sa yo rele dyare a dwe sèvi pou tout jan yo rele dyare, ladann gen dyare ak san (ki se menm bagay ak disantri), tata/poupou dlo, eks.

TABLO KISH pou chwazi pa aza fanm ki gen 15-49 ane pou Modil E a

KISA POU NOU FÈ

1. Tcheke kolòn 9 nan lis menaj la. Si gen plis pase yon fanm ki gen 15-49 ane nan menaj la, swiv metòd ki pi ba a.
2. Fè lis non ak nimewo liy tout fanm ki gen 15-49 ane nan kay la. Kòmanse avèk fanm ki pi granmoun nan.
3. Gade dènye chif ki genyen nan nimewo menaj ki nan paj kouvèti a, epi sèkle chif kolòn ki koresponn nan pi ba a.
4. Gade ki kote dènye chif nimewo menaj la (kolòn) kwaze nimewo fanm ki gen 15-49 ane yo (ranje).
5. Chif ki nan bwat kote kolòn ak ranje a kwaze ak ranje a, se nimewo fanm nou dwe pale avèk li a pou Modil E a.

Note: Si nan kay la gen yon sel fanm 15-49 an, jis mete l nan tablo kish # 1

EGZANP: Si nimewo fanm ki gen 15-49 ane = 3 & dènye chif menaj la = 5, chwazi 2èm fanm ki nan lis la.

Nimewo Fanm 15-49 ane	Nimewo liy nan Lis Menaj la	Non	Laj	Dènye chif nimewo menaj la (Gade Modil A a, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	1	1	2	1	2	1	2	1	2
3				1	1	3	1	2	3	1	2	3	3
4				1	1	3	4	1	2	3	4	1	4
5				1	1	3	4	5	1	2	3	4	5
6				1	1	3	4	5	6	4	2	6	1
7				1	1	3	4	5	6	7	1	4	7
8				1	1	3	4	5	6	7	8	4	3
9				1	1	3	4	5	6	7	8	9	2
10				1	1	3	4	5	6	7	8	9	10

NB- TABLO No 2 KISH LA DWE RANPLI APRE MODIL (E) KI SOTI NAN E38 RIVE NAN E40 EPI AVAN OU FE MEZI ANTROPOMETRIK YO.

2.TABLO KISH pou chwazi fanm yo pa aza pou Antwopometri (mezire wotè ak pran pwa)

KI SA NOU DWE FÈ

1. Tcheke si gen non fanm ki ekri nan lis Kesyon E39 (A-C) a. Si genyen wete yo nan Tablo Kish # 1 ki pi wo a. Si rete yon sèl fanm, ekri non ak nimewo liy li epi chwazi fanm sa pou antwopometri (mezire wotè epi pran pwa). Si rete plis pase yon sèl fanm, chwazi youn ladan yo jan li ekri pi ba a.
2. Fè lis tout fanm ki pa elimine yo nan Tablo Kish # 1 ki pi wo a, nap kòmanse pa fanm ki pi granmoun nan.
3. Gade dènye chif ki nan nimewo lis menaj la nan Modil A a, epi sèkle bon nimewo kolòn ki pi ba a.
4. Gade ki kote dènye chif nimewo lis menaj la (kolòn) kwaze nimewo fanm ki gen 15-49 ane yo (ranje).
5. Chif ki nan bwat kote kolòn nan ak ranje a kwaze a, se nimewo fanm nap pale avèk li a pou Antwopometri.

Note: Si nan kay la gen yon sel fanm 15-49 an ki pa ansent oswa 2 mwa post partum, jis mete l nan tablo kish # 2

EGZANP: Si nimewo fanm ki gen 15-49 ane = 3 & dènye chif menaj la = 5, chwazi 2èm fanm ki nan lis la.

Nimewo Fanm 15-49 ane	Nimewo liy nan Lis Menaj la	Non	Laj	Dènye chif nimewo menaj la (Gade Modil A a, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Modil E. Etat nitrisyonèl Fanm yo ak Plizyè Kalite Manje yo Manje

NO.	KESYON AK FILT	NON FANM NAN _____
E00	EKRI KI LÈ MODIL LA KÒMANSE	LÈ . . . . . MINIT . . . . .
E01	NIMEWO MENAJ LA AK KÒD SDE A	NM SDE
E02	NIMEWO FANM LAN NAN LIS MENAJ LA	NIMEWO . . . . . LIY LA
E03	Nan ki mwa ak nan ki ane w te fèt? SI LI PA KONNEN ANREJESTRE "98" SI LI PA KONNEN NAN KI ANE ANREJISTRE "9998"	MWA . . . . . ANE
E04	Silvouplè, di m ki laj ou genyen. Ki laj ou te genyen dènye fwa w te fete fèt ou? ANREJISTRE LAJ LI AN ANE KONPLÈ EPI ALE NAN E06. SI FANM NAN PA KAPAB SONJE LAJ LI, SÈKLE 98 EPI POZE KESYON E05.	LAJ AN LANE (ALE NAN E06) PA KONNEN 98
E05	èske w gen ant 15 ak 49 ane?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E06	TCHEKE E03, E04 AND E05 (SI SA NESESÈ): ÈSKE FANM NAN GEN ANT 15 AK 49 ANE? SI ENFÒMASYON KI NAN E03, E04 AK E05 PA MENM, DESIDE KILÈS KI PI EGZA. SI REPONS LA SE 'NON' EPI SE YON LÒT FANM KI CHWAZI, NOU DWE REPETE KESYON E02-04 POU NOUVO FANM NAN.	WI . . . . . 1 NON . . . . . 2 TOUNEN NAN TABLO KISH LA EPI SELEKSYONE YON LÒT FANM
	DIVÈS KALITE MANJE FANM NAN MANJE	
	Ayè lajounen an oubyen lanwit ki sòti pase a, èske w te manje/bwè [POZE KESYON E11 JOUK E27]?	
E11	Pen, biswit, patisri, bonbon siwo, pat, vèmisèl, ti biskwit, lam veritab osinon lòt manje ki fèt ak grenn tankou mayi, ble, pitimi, diri?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E12	Joumou, kawòt, patat dous osinon lòt viv ak legim andedan yo jòn osinon oranj?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E13	Patat dous blan, yanm blan, manyòk, kasav, bannan osinon lòt manje ki sòti anba tè?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E14	Fèy vèt tankou zepina, leti, chou, lalo, lyann panye, lanman osinon kalalou?	WI . . . . . 1 NON 2 PA KONNEN 8
E15	Mango mi, papay mi, abriko, kantaloup, melon frans, osinon lòt fwi andedan yo jòn?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E16	Lòt fwi osinon legim, tankou fig, grenad, tomat, pwa vèt, zaboka eks.?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8

Modil E. Etat nitrisyonèl Fanm yo ak Plizyè Kalite Manje yo Manje

NO.	KESYON AK FILT	NON FANM NAN _____
E17	Fwa di, fwa mou, wonyon/grenn vant, kè	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E18	Vyann tankou bèf, kochon, mouton, kabrit, poul, osinon kanna, osinon vyann lòt bèt?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E19	Ze?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E20	Pwason fre osinon pwason seche, bèt lanmè tankou zwit, lanbi, krab, kribich osinon lòt bèt lanmè?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E21	Lòt kalite manje ki fèt ak pwa vèt, pwa, pistach, nwa, manba osinon lòt grenn?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E22	Fwomaj, yogout/lèt kaye, osinon lòt bagay ki fèt ak lèt?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E23	Lòt lwil, grès, osinon bè, osinon manje ki fèt ak pwodwi sa yo?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E24	Manje ki dous tankou chokola, sirèt, patisri, gato osinon biskwit?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E25	Bagay ki bay manje gou tankou piman, epis, pèsil?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
E27	Manje ki fèt ak lwil palmis wouj, nwa palmis wouj, osinon, ak sòs ki fèt ak chè nwa palmis wouj?	WI . . . . . 1 NON . . . . . 2 PA KONNEN 8
	PREMYE FWA YO BAY TIBEBE TETE AK MANJE YO BAY TIBEBE AVAN YO METE YO NAN TETE	
E28	Kounye a, mwen ta renmen poze kèk kesyon sou timoun ou te kapab pote nan vant ou ak timoun ou te kapab genyen. èske w ansent kounye a?	WI . . . . . 1 (ALE NAN E30)↵ NON 2 PA KONNEN 8
E29	Èske w ansent deja? SI SE "NON" POZE LÒT KESYON SA YO Èske w ansent deja, menm si timoun nan pat fèt tou vivan?	WI . . . . . 1 NON . . . . . 2 (ALE NAN E38)↵
E30	èske w akouche deja? SI SE "NON" POZE KESYON SA YO Mwen vle di, èske w te akouche yon timoun, menm si li viv sèlman kèk minit osinon kèk èdtan, osinon li te fèt tou mouri?	WI . . . . . 1 2 NON (ALE NAN E38)↵
E31	Ki dènye fwa w akouche (menm si timoun nan pap viv ankò)? SI FANM NAN PA KONNEN DAT TIMOUN NAN FÈT LAN MANDE: Èske w yon kat sante/kat vaksen pou timoun nan ki make dat li fèt lan? SI LI MONTRE KAT SANTE/KAT VAKSEN AN, ANREJISTRE DAT TIMOUN NAN FÈT LA JAN LI EKRI NAN KAT LA	Dat dènye akouchman an JOU..... |___|___| Si li pa konnen ki jou, anrejistre '98' anwo a MWA..... |___|___| ANE..... |____|____|____|____|

Modil E. Etat nitrisyonèl Fanm yo ak Plizyè Kalite Manje yo Manje

NO.	KESYON AK FILT	NON FANM NAN _____
	TCHEKE REPONS POU KESYON E31 AN. ÈSKE MOUN KAP REPONN NAN TE AKOUCHE PANDAN 2 DÈNYE ANE KI SOTI PASE YO. SA VLE DI, SA GEN MWENS KE 24 MWA. SOTI DAT JODI A POU RIVE MEN JOU AK MEN A MWA EN 2012.	WI . . . . . 1 NON . . . . . 2 (ALE NAN E38) ↵
E32	Kijan yo rele pitit ki fèt (DAT KI MAKE NAN E31 AN)?	NON _____
E33	Èske (NOM TIMOUN NAN) se yon gason osinon yon fi?	GASON . . . . . 1 FI 2
E34	Èske w te bay [NON TIMOUN NAN] tete?	WI . . . . . 1 NON . . . . . 2 (ALE NAN E38) ↵
E35	Konbyen tan apre w fini akouche ou te bay (NON TIMOUN NAN} tete pou premye fwa? SI MANMAN AN DI LI TE BAY TIBEBE A TETE TOUSWIT APRE LI AKOUCNHE, SÈKLE '000' SI SE MWENS PASE INÈDTAN, SÈKLE '1' POU ÈDTAN EPI ANREJISTRE '00' SI SE MWENS PASE 24 ÈDTAN, SÈKLE '1' ÈDTAN EPI ANREJISTRE KONBYEN ÈDTAN DEPI 01 JOUK 23. SI SE PA SA, SÈKLE '2' EPI ANREJISTRE KONBYEN JOU LI BAY TETE	TOUSWIT..... 0 0 0 ***OSINON*** ÈDTAN..... 1 |___|___| ***OSINON*** JOU..... 2 |___|___|
E36	Pandan twa premye jou apre akouchman an, èske w te bay (NON TIMOUN NAN] bwè yon bagay ki pa lèt manman?	WI . . . . . 1 NON . . . . . 2 (ALE NAN E38) ↵
E37	Ki sa w te bay (NON TIMOUN NAN) bwè apa tete?	LÈT (KI PA LÈT MANMAN) . . . . . 01 DLO . . . . . 02 DLO SIKRE OSINON DLO AK GLIKOZ . . . . . 03 DLO GRIP . . . . . 04 SOLISYON SIK-SÈL-DLO 05 JI FWI . . . . . 06 LÈT TIBEBE 07 TE/TIZANN . . 08 KAFE . . . . . 09 MYÈL . . . . . 10 LÒT BAGAY_____ 11 (DI KI SA)
E38	Èske gen lòt fanm ki gen 15-49 ane nan kay la ki ansent kounye a osinon ki te akouche pandan 2 mwa ki sòti pase yo?	WI . . . . . 1 NON . . . . . 2 (ALE NAN E39C) ↵
E39A	Kijan yo rele fanm ki ansent kounye a osinon ki te akouche nan 2 mwa ki sòti pase yo?	NON _____ NIMEWO LIY NAN LIS MENAJ LA |___|___|
E39B	POU TOUT FANM YO DI W KI ANSENT OSINON KI AKOUCHE NAN 2 DÈNYE MWA KI SÒTI PASE YO, EKRI NON YO AK NIMEWO LIY YO KI NAN LIS MENAJ LA.	NON _____ NIMEWO LIY NAN LIS MENAJ LA |___|___|
E39C	VERIFYE Q E28, E31 SI FANMM WAP PALE A ANSENT OUBYEN MWENS KE 2 MWA POSPATUM, EKRI NON AK NIMEWO LIY LI KI NAN LIS MENAJ LA. SI NON ALE NAN E40	NON _____ NIMEWO LIY NAN LIS MENAJ LA |___|___|
E40	**EKRI KI LÈ MODIL LA FINI** LÈ ||| MINIT |||	→ ALE NAN TABLO KISH #2 A POU ANTWOPOMETRI

ANTWOPOMETRI (MEZIRE WOTÈ EPI PRAN PWA)

NIMEWO MENAJ LA ☐☐ **KÒD SDE** ☐☐ **KÒMANSE A** **LÈ:** ☐☐ **MINIT:** ☐☐

TIMOUN KI GEN MWENS PASE 5 LANE (0-59 Mwa)

D67	D68	D69	D70	D71			D72
NO LIY NAN LIST MENAJ LA	NON	SÈKS GASON: 1 FI: 2	LAJ (MWA)	DAT TIMOUN NAN FÈT JOU/MWA/LANE			KOTE NOU JWENN DAT NESANS LA
				JOU	MWA	ANE	
☐☐		☐	☐☐	☐☐	☐☐	☐☐	☐
☐☐		☐	☐☐	☐☐	☐☐	☐☐	☐
☐☐		☐	☐☐	☐☐	☐☐	☐☐	☐
☐☐		☐	☐☐	☐☐	☐☐	☐☐	☐
☐☐		☐	☐☐	☐☐	☐☐	☐☐	☐

PÈZ AK WOTÈ TIMOUN KI GEN MWENS PASE 5 LANE (0-59 MWA)

D73	D74	D75	D76	D77
PÈZ (KILOGRAM)	WOTÈ (SANTIMÈT)	WOTÈ A PRAN KOUCHE: 1 OSINON KANPE: 2	RESZILTA MEZIRE: 1 PAT LA: 2 REFIZE: 3 LÒT BAGAY: 6 (eksplike nan bwat kòmantè 1 a)	TIMOUN NAN ANFLE WI: 1 NON: 2
☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐

KÒMANTÈ 1:

KOTE NOU JWENN DAT NESANS LA
1. BATISTÈ
2. SÈTIFIKA BAPTÈM/REJIS LEGLIZ LA
3. KANÈ SANTE
4. PAPYE KI NAN KAY LA
5. SA PARAN YO DI
6. LÒT KOTE _____

ENFÒMASYON SOU FANM (15-49 LANE) KI CHWAZI A

E50	E51	E52
NO LIY NAN LIST MENAJ LA	NON LI	LAJ (ANE)
☐☐		☐☐

PÈZ AK WOTÈ FANM (15-49 LANE) KI CHWAZI A

E53	E54	E55
PÈZ (KILOGRAM)	WOTÈ (SANTIMÈT)	REZILTA MEZIRE: 1 PAT LA: 2 REFIZE: 3 LÒT BAGAY: 6 (eksplike nan bwat kòmantè 2 a)
☐☐☐.☐☐ KG	☐☐☐.☐ CM	☐

KÒMANTÈ 2:

LÈ NOU FINI

LÈ: ☐☐

MINIT: ☐☐

ALE NAN MODIL J

NON MOUN KI PRAN MEZI ANTWOPOMETRIK YO: _____ SIYATI: _____ ☐☐☐ ID # ☐☐ JOU ☐☐ MWA ☐☐ ANE

NON SIPÈVIZÈ A: _____ SIYATI: _____ ☐☐☐ ID # ☐☐ JOU ☐☐ MWA ☐☐ ANE

Modil J. Sèks

NO.	KESYON AK FILT	PREMYE GASON KI PRAN DESIZYON	PREMYE FANM KI PRAN DESIZYON
J00	**EKRI KI LÈ MODIL LA KÒMANSE**	LÈ ☐☐ MINIT ☐☐	LÈ ☐☐ MINIT ☐☐
J01	NIMEWO MENAN JA AK KÒD SDE A	NM ☐☐ SDE ☐☐	
J02	NIMEWO LIY PREMYE GASON AK PREMYE FANM KI PRAN DESIZYON NAN KAY LA. KESYON A15 AK A16. GADE DEFINISYON KI NAN MODIL A A.	NIMEWO LIY POU GASON ☐☐	NIMEWO LIY POU FANM ☐☐
	Kounye a, mwen pral li kèk pawòl pou w, epi map mande si w dakò avèk yo. Koute pandan map li chak pawòl yo, epi apre sa di m si w pa dakò ditou, si w pa fin dakò, si w pa ni dakò ni pa dakò, si w dakò nèt avèk yo pawòl mwen fin li yo.		
J03	An jeneral, gason yo fè pi bon lidè pase fanm yo epi yo dwe vote pou gason yo pase yo vote pou fanm yo.	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . . . . . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98
J04	Lè pa gen ase travay, gason yo gen plis dwa pou yo travay pase fanm yo.	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . . . . . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . . . . . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98
J05	Fanm yo gen dwa pou yo jwenn manje menm jan ak gason yo	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98
J06	Fanm yo gen menm dwa ak gason yo pou yo deside kisa fanmi an ap manje ak kalite manje fanmi an manje.	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98
J07	Fanm yo gen menm dwa ak gason yo epi yo dwe trete fanm yo menm jan yo trete gason yo.	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . . . . . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98	PA DAKÒ DITOU . . . . . 1 PA FIN DAKÒ . . . . . 2 PA NI DAKÒ NI PA DAKÒ . . . . . 3 DAKÒ . . . . . 4 DAKÒ NÈT . . . . . 5 PA KONNEN 98
J08	**EKRI KI LÈ MODIL LA FINI**	LÈ ☐☐ MINIT ☐☐	LÈ ☐☐ MINIT ☐☐
		→ **ALE NAN MODIL H**	

MODIL H. MEZI POVRETE

NIMEWO MENAJ KI NAN MODIL A a ....

KÒD SDE KI NAN MODIL A a ....

NIMEWO MOUN KAP REPONN NAN NAN LIS MENAJ LA (KOLÒN 6) .....

EKRI KI LÈ NOU KÒMANSE MODIL LA

LÈ

MINIT

MODIL H1. MANJE, BWASON EPI FIMEN TABAK NAN 7 DÈNYE JOU KI SÒTI PASE YO

KÒD BAGAY LA	PWODWI	WI = 1 NON= 2	MANJE KI MANJE 7 DÈNYE JOU KI SÒTI PASE YO		MANJE KI ACHTE		KANTITE LAJAN KI DEPANSE	BAGAY MOUN NAN PWO- (nan kay, jaden, lot kote)		MANJE YO BAY OSINON MANJE KI SÒTI LÒT KOTE	
	Nan 7 dènye jou ki sòti pase yo, èske ou menm osinon lòt moun nan kay la, manje manje mwen pral site la yo [MANJE]? NAN MANJE SA YO GEN SA TOUT MOUN NAN KAY LA MANJE AK SA CHAK MOU MANJE POU KONT LI. MANJE AK BWESON KI MANJE NAN RESTORAN PA LADANN.	SI SE "NON" ALE NAN MANJE APRE A	Nan 7 dènye jou sòti pase yo, ki kantite [PWODUI] moun nan kay la te manje antou?		Nan[PWODUI]w manje nan 7 dènye jou ki sòti pase yo, konbyen ladan yo w achte?		Nan [PWODUI] w manje nan 7 dènye jou ki sòti pase yo, konbyen lajan ou depanse? SI FANMI A MANJE SÈLMAN YON PATI NAN SA YO ACHTE YO, MEN YO PA MANJE TOUT, ESTIME SA YO DEPANSE POU SA YO MANJE YO.	Ki kantite [PWODUI] ki sòti nan (kay, jaden, lot kote)?		Ki kantite nan manje sa a yo fè moun nan kay la kado osinon ki sòti nenpòt ki lòt kote?	
H1.01		**H1.02**	**H1.03A KANTITE**	**H1.03B INITE**	**H1.04A KANTITE**	**H1.04B INITE**	**H1.05 GOURDES**	**H1.06A KANTITE**	**H1.06B INITE**	**H1.07A KANTITE**	**H1.07B INITE**
101	Diri	1 2									
102	Mayi	1 2									
103	Pitimi	1 2									
104	Farin	1 2									
105	Pen	1 2						PA APLIKAB			
106	Patisri, biskwit	1 2						PA APLIKAB			
107	Espageti/ Makaroni	1 2						PA APLIKAB			
108	Lòt sereyal	1 2									
109	Mouton/kabrit	1 2									
110	Poul/kanna/zwa	1 2									
111	Kochon	1 2									
112	Bèf	1 2									
113	Salami	1 2									
114	Janbon	1 2									
115	Lòt vyann	1 2									
116	Pwason	1 2									
117	Lanbi/krab/kribich	1 2									
118	Zè	1 2									
119	Lèt	1 2									

KÒD INITE A

Ti mamit	1	Moso . . .	7	Bokal . . .	12	Gram	17	Kès	20
Gwo mamit . . .	2	Bwat	8	Boutèy . .	13	Kilo	18	Lòt (DI KI SA)	98
Sak	3	Yon lo . .	9	Glòs	14	Liv	19	Refize	99
Sache	4	Tèt	10	Galon	15				
Yon Grenn	5	Rejim . . .	11	Lit	16				
Pake	6								

MODIL H1. MANJE, BWASON EPI FIMEN TABAK NAN 7 DÈNYE JOU KI SÒTI PASE YO

KÒD BAGAY LA	PWODWI	WI = 1 NON= 2	MANJE KI MANJE 7 DÈNYE JOU KI SÒTI PASE YO		MANJE KI ACHTE		KANTITE LAJAN KI DEPANSE	BAGAY MOUN NAN PWO- (nan kay, jaden, lot kote)		MANJE YO BAY OSINON MANJE KI SÒTI LÒT KOTE	
	Nan 7 dènye jou ki sòti pase yo, èske ou menm osinon lòt moun nan kay la, manje manje mwen pral site la yo [MANJE]? NAN MANJE SA YO GEN SA TOUT MOUN NAN KAY LA MANJE AK SA CHAK MOU MANJE POU KONT LI. MANJE AK BWESON KI MANJE NAN RESTORAN PA LADANN.	SI SE "NON" ALE NAN MANJE APRE A	Nan 7 dènye jou sòti pase yo, ki kantite [PWODUI] moun nan kay la te manje antou?		Nan[PWODUI]w manje nan 7 dènye jou ki sòti pase yo, konbyen ladan yo w achte?		Nan [PWODUI] w manje nan 7 dènye jou ki sòti pase yo, konbyen lajan ou depanse? SI FANMI A MANJE SÈLMAN YON PATI NAN SA YO ACHTE YO, MEN YO PA MANJE TOUT, ESTIME SA YO DEPANSE POU SA YO MANJE YO.	Ki kantite [PWODUI] ki sòti nan (kay, jaden, lot kote)?		Ki kantite nan manje sa a yo fè moun nan kay la kado osinon ki sòti nenpòt ki lòt kote?	
H1.01		**H1.02**	**H1.03A KANTITE**	**H1.03B INITE**	**H1.04A KANTITE**	**H1.04B INITE**	**H1.05 GOURDES**	**H1.06A KANTITE**	**H1.06B INITE**	**H1.07A KANTITE**	**H1.07B INITE**
120	Fwomaj	1 2									
121	Yogout	1 2									
122	Lwil, bè, ak andwi	1 2									
123	Mango	1 2									
124	Rezen	1 2									
125	Anana	1 2									
126	Fig mi	1 2									
127	Zoranj	1 2									
128	Sitwon	1 2									
129	Lòt fwi	1 2									
130	Tomat	1 2									
131	Kawòt	1 2									
132	Berejèn	1 2									
133	Chou	1 2									
134	Militon	1 2									
135	Lay	1 2									
136	Zonyon	1 2									
137	Echalòt	1 2									
138	Lòt legim	1 2									
139	Bannan	1 2									
140	Pòmdetè	1 2									
141	Yanm	1 2									
142	Manyòk	1 2									
143	Patat dous	1 2									
144	Lòt manje ki sòti anba tè	1 2									

KÒD INITE A

Ti mamit 1	Moso . . . 7	Bokal . . . 12	Gram 17	Kès 20
Gwo mamit 2	Bwat 8	Boutèy . . 13	Kilo 18	Lòt (DI KI SA) 98
Sak 3	Yon lo . . 9	Glòs 14	Liv 19	Refize 99
Sache 4	Tèt 10	Galon 15		
Yon Grenn 5	Rejim . . . 11	Lit 16		
Pake 6				

MODIL H1. MANJE, BWASON EPI FIMEN TABAK NAN 7 DÈNYE JOU KI SÒTI PASE YO

KÒD BAGAY LA	PWODWI	WI = 1 NON= 2	MANJE KI MANJE 7 DÈNYE JOU KI SÒTI PASE YO		MANJE KI ACHTE		KANTITE LAJAN KI DEPANSE	BAGAY MOUN NAN PWO- (nan kay, jaden, lot kote)		MANJE YO BAY OSINON MANJE KI SÒTI LÒT KOTE	
	Nan 7 dènye jou ki sòti pase yo, èske ou menm osinon lòt moun nan kay la, manje manje mwen pral site la yo [MANJE]? NAN MANJE SA YO GEN SA TOUT MOUN NAN KAY LA MANJE AK SA CHAK MOU MANJE POU KONT LI. MANJE AK BWESON KI MANJE NAN RESTORAN PA LADANN.	SI SE "NON" ALE NAN MANJE APRE A	Nan 7 dènye jou sòti pase yo, ki kantite [PWODUI] moun nan kay la te manje antou?		Nan[PWODUI]w manje nan 7 dènye jou ki sòti pase yo, konbyen ladan yo w achte?		Nan [PWODUI] w manje nan 7 dènye jou ki sòti pase yo, konbyen lajan ou depanse? SI FANMI A MANJE SÈLMAN YON PATI NAN SA YO ACHTE YO, MEN YO PA MANJE TOUT, ESTIME SA YO DEPANSE POU SA YO MANJE YO.	Ki kantite [PWODUI] ki sòti nan (kay, jaden, lot kote)?		Ki kantite nan manje sa a yo fè moun nan kay la kado osinon ki sòti nenpòt ki lòt kote?	
H1.01		**H1.02**	**H1.03A KANTITE**	**H1.03B INITE**	**H1.04A KANTITE**	**H1.04B INITE**	**H1.05 GOURDES**	**H1.06A KANTITE**	**H1.06B INITE**	**H1.07A KANTITE**	**H1.07B INITE**
145	Pwa	1 2									
146	Pistach	1 2									
147	Sik/myèl	1 2									
148	Sèl	1 2									
149	Piman dous	1 2									
150	Pwav	1 2									
151	Magi	1 2									
152	Jiwòf	1 2									
153	Bwason ki gen gaz (PA NAN RESTORAN)	1 2									
154	Bwason ki gen alkòl (PA NAN RESTORAN)	1 2									
155	Lòt bwason (Kafe, te, ji, eks.)	1 2									
156	Sigarèt	1 2									
157	Lòt Tabak	1 2									
158	Manje	1 2									
159	Bweson	1 2									
160	DI KI SA _____	1 2									
161	DI KI SA _____	1 2									
162	DI KI SA _____	1 2									

KÒD INITE A

Ti mamit 1	Moso . . . 7	Bokal . . . 12	Gram 17	Kès 20
Gwo mamit 2	Bwat 8	Boutèy . . 13	Kilo 18	Lòt (DI KI SA) 98
Sak 3	Yon lo . . 9	Glòs 14	Liv 19	Refize 99
Sache 4	Tèt 10	Galon 15		
Yon Grenn 5	Rejim . . . 11	Lit 16		
Pake 6				

MODIL H2. BAGAY KI PA DIRE AK SÈVIS YO ACHTE SOUVAN NAN 30 DÈNYE JOU KI SÒTI PASE YO

NO BAGAY LA	KESYON AK FILT (YON MWA REFERANS)	KATEGORI KÒD YO	KONBYEN KÒB AN GOUD
	Nan 30 dènye JOU ki sòti pase yo, èske nou sèvi osinon achte [PWODUI] nan kay la:		Konbyen kòb nou peye (konbyen kòb li koute) antou?
	PWODWI/SÈVIS		
201	Savon ak bagay pou netwaye?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
202	Bagay pou lijyèn (pat dantifris, deyodoran, savon pou benyen, eks.)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
203	Bagay pou makiye (poud makiyaj, krèm pou figi, eks.)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
204	Chabon?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
205	Bwa?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
206	Balenn/bouji?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
207	Gaz pwopann?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
208	Tabak?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
209	Gazolin	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
210	Lòt depans pou machin (reparasyon, lwil, eks.)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
211	Transpò (lokal)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
212	Transpò (pou ale lwen)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
213	Moun kap travay nan kay la (Bòn, gadyen, chofè)?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
214	Plezi, espò, lekti?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
215	Lòt bagay osinon sèvis ki pa dire, tankou kwafi... ? Kisa?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
216	Lòt bagay osinon sèvis ki pa dire? Kisa?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
217	Lòt bagay osinon sèvis ki pa dire? Kisa?	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____

MODIL H2. BAGAY KI PA DIRE AK SÈVIS YO ACHTE SOUVAN NAN 30 DÈNYE JOU KI SÒTI PASE YO			
NO BAGAY LA	KESYON AK FILT (YON MWA REFERANS)	KATEGORI KÒD YO	KONBYEN KÒB AN GOUD
	Nan 30 dènye JOU ki sòti pase yo, èske nou sèvi osinon achte [PWODUI] nan kay la:		Konbyen kòb nou peye (konbyen kòb li koute) antou?
218	Dlo Tiyo ki rantre nan kay la/ lakou kay la	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
219	Dlo fontèn piblik/ dlo rezèvwa/ dlo pi/ machann dlo/ dlo achte	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
220	Dlo trete/ dlo nan sache	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
221	Telefòn fiks	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
222	Telefòn selilè	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
223	Elektrisite/ kouran	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
224	Koneksyon entènèt (modèm, sibèkafe)	WI . . . . . 1 NON 2	KONBYEN KÒB ANTOU _____

MODIL H3. DEPANS POU BAGAY KI PA MANJE NAN 12 DÈNYE MWA KI SÒTI PASE YO

N0. BAGAY LA	KESYON AK FILT (REFERANS YON LANE)	KATEGORI KÒD YO	KONBYEN GOUD LI KOUTE
	Nan 12 dènye mwa ki sòti pase yo, èkse moun nan kay la sèvi osinon achte youn nan bagay mwen pral site pou w la yo?		Konbyen kòb ou peye (konbyen kòb li koute) antou?
	RAD AK BAGAY POU KAY LA		
301	Rad pou fi	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
302	Rad pou gason	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
303	Rad pou timoun	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
304	Soulye/ sandal pou fi	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
305	Soulye/ sandal pou gason	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
306	Soulye/ sandal pou timoun	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
307	Twal	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
308	Koutiryè/Tayè	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
309	Ti bagay pou kay la	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
	SANTE AK SWEN LASANTE		
310	Konsiltasyon	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
311	Medikaman ak remèd doktè fèy	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
312	Kabann lopital	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
313	Egzamen ak swen lasante	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
314	Linèt/ pwotèz ak aparèy	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
315	Materyèl pou tretman	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____

MODIL H3. DEPANS POU BAGAY KI PA MANJE NAN 12 DÈNYE MWA KI SÒTI PASE YO

N0. BAGAY LA	KESYON AK FILT (REFERANS YON LANE)	KATEGORI KÒD YO	KONBYEN GOUD LI KOUTE
	Nan 12 dènye mwa ki sòti pase yo, èkse moun nan kay la sèvi osinon achte youn nan bagay mwen pral site pou w la yo?		Konbyen kòb ou peye (konbyen kòb li koute) antou?
316	Frè lekòl (frè enskripsyon)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
317	Liv ak lòt materyèl lekòl	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
318	Frè transpò lekòl	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
319	Inifòm lekòl, soulye ak lòt rad pou lekòl	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
320	Lòt depans pou edikasyon (tankou leson, kou anglè...)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
321	Depans pou konstriksyon/ reparasyon kay	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
322	Seremoni tankou batèm, maryaj, lantèman, eks.	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
323	Fèt	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
324	Taks, amann, taks pou kontravansyon	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
325	Bijou nou achte ak bijou nou fè chanjman ladan yo, kolye, chenn, braslè eks.	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
326	Mèb pou kay la ak ekipman kap dire lontan (salon, bifèt, etajè pou liv, frijidè, mèb kizin, videyo, televizyon)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
327	Vwati nou achte (machin, moto, bisiklèt eks.)	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
328	Lòt depans, kisa? LIS DEPANS YO _____	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____
329	Lòt depans, kisa? LIS DEPANS YO _____	WI . . . . . 1 NON . . . . . 2 (PWOCHEN BAGAY LA)	KONBYEN KÒB ANTOU _____
330	Lòt depans, kisa? LIS DEPANS YO _____	WI . . . . . 1 NON . . . . . 2 (ALE NAN LIY APRE AN)	KONBYEN KÒB ANTOU _____

MODIL H4. DEPANS POU KAY

NO.	KESYON AK FILT	KATEGORI KÒD	ALE NAN
401	Èske w se mèt kay sa a osinon èske wap achte kay sa a, èske se travay la ki ba w kay sa a, èske w gen kay la gratis, osinon èske w lwe kay sa a?	MÈT KAY LA 01 MAP ACHTE KAY LA . . . . 02 KAY TRAVAY LA . . . . 03 GRATIS, OTORIZE . . . . 04 GRATIS, PA OTORIZE . . . . 05 LWE . . . . 06 LÒT ______________________ 96 (DI KISA) PA KONNEN/PA REPONN PA APLIKAB 98	 → 404 → 404 → 404 → 405 → 404 → H5
402	Si w tap vann kay sa a jodi a, konbyen kòb wap resevwa pou li?	**GOURDES**______________________ PA KONNEN/PA REPONN/ PA APLIKAB 98	
403	Sa fè konbyen ane depi kay sa a te bati? Konbyen ane li genyen?	ANE. . . . . [ ][ ] PA KONNEN 98	
404	Si w tap lwe kay sa a jodi a, konbyen kòb ou tap resevwa pou lwaye a?	**GOURDES**______________________ JOU . . . . 1 SEMÈN . . . . 2 MWA . . . . 3 ANE . . . . 4 PAPA KONNEN/PA REPONN PA APLIKAB 8	 → H5 → H5 → H5 → H5 → H5
405	Konbyen kòb ou lwe kay sa a?	**GOURDES**______________________ JOU . . . . 1 SEMÈN . . . . 2 MWA . . . . 3 ANE . . . . 4 PA KONNEN/PA REPONN PA APLIKAB 8	

MODIL H5. VALÈ BYEN YO

KÒD BAGAY LA	PWODUI YO	WI = 1 NON= 2	KANTITE INITE POU CHAK BAGAY	LAJ GABAY YO	PRI SI LI VANN LI	PRI YOUN TOU NÈF
	Èske gen [BAGAY] nan kay la? SÈKLE 1 (WI) OSINON 2 (NON) NAN KOLÒN SA YO. SI REPONS LA SE "NON" POZE KESYON POU BAGAY KI APRE A.		Konbyen [BAGAY] ou genyen?	Konbyen tan [BAGAY] sa genyen? SI GEN PLIS PASE YON BAGAY, PRAN MWAYÈN LAJ LA	Konbyen kòb [BAGAY] sa yo te koute w lè w te achte yo? SI GEN PLIS PASE YON BAGAY, PRAN VALÈ MWAYÈN NAN	Si w ta vle vann [BAGAY] sa yo, konbyen kòb ou tap resevwa pou yo? SI GEN PLIS PASE YON BAGAY, PRAN VALÈ MWAYÈN NAN

H5.1	H5.2 BAGAY YO	Wi	Non	H5.3 KONBYEN BAGAY	H5.4 KONBYEN LANE	H5.5 GOURDES	H5.6 GOURDES
01	Fou (elektrik/gaz)?	1	2				
02	Recho (Chabon/bwa)	1	2				
03	Chofaj	1	2				
04	Televizyon	1	2				
05	Radyo	1	2				
06	Sistèm estereyo	1	2				
07	Telefòn selilè?	1	2				
08	Telefòn fiks?	1	2				
09	Frijidè/Frizè	1	2				
10	Dèlko	1	2				
11	Invètè/Batri	1	2				
12	Òdinatè?	1	2				
13	Koneksyon entènet?	1	2				
14	Vantilatè	1	2				
15	Bisiklèt	1	2				
16	Motosiklèt	1	2				
17	Machin, kamyon	1	2				
18	Machin akoud	1	2				
19	Ekipman agrikòl	1	2				
20	Mèb/ kabann/ sofa/ tab	1	2				
21	Lòt bagay, kisa? _____	1	2				
22	Lòt bagay, kisa? _____	1	2				
23	Lòt bagay, kisa? _____	1	2				

H5.7 **MAKE KI LÈ MODIL LA FINI** LÈ _____ MINIT _____

OBSÈVASYON ANKETÈ A

POU NOU RANMPLI APRE NOU FINI PALE A

KÒMANTÈ SOU MOUN KI REPONN NAN:

KÒMANTÈ SOU KESYON ESPESYAL YO:

NENPÒT LÒT KÒMANTÈ:

OBSÈVASYON SIPÈVIZÈ A

NON SIPÈVIZÈ A: _____ DAT: _____

OBSÈVASYON EDITÈ A

NON EDITÈ A: _____ DAT: _____

ANNEX 4
Household Survey Questionnaire Back-translated into English
Baseline Study of the Title II Development Food Assistance Program in Haiti

INSTITUT HAITIEN DE L'ENFANCE (IHE)

USAID Title II Program Baseline Study

Module A. Identification and Informed Consent

IDENTIFICATION (1)

A01 **HOUSEHOLD NUMBER (HH)** .....

A02 **Sectione D'Enumeration (SDE) CODE** .....

A03 **COMMUNE CODE (SEE LIST)** .....

A04 **DEPARTMENT (CIRCLE ONE)**

ARTIBONITE	1	CENTRE	2	NORD-OUEST	3
OUEST	4	SUD-EST	5		

INTERVIEWER VISITS

	FIRST VISIT	SECOND VISIT	THIRD VISIT	**FINAL VISIT**
A05 DATE (DD/MM/YY)				A09 DAY
A06 INTERVIEWER				A10 MONTH
A07 DAY OF VISIT				A11 YEAR
A08 RESULT (USE CODES)				A12 INT. NUMBER
NEXT VISIT: DATE				A13 TOTAL NUMBER OF VISITS
TIME				

A14 **FINAL OUTCOME OF INTERVIEW (CIRCLE ONE)**

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 POSTPONED
4 NOT COMPLETED
5 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
6 REFUSED
7 REFUSED
9 OTHER _____ (SPECIFY)

A17 TOTAL ELIGIBLE WOMEN 15-49 YRS

A18 TOTAL CHILDREN UNDER FIVE

A19 LINE NO. OF RESPONDENT TO HOUSEHOLD ROSTER

A15 **PRIMARY MALE DECISION-MAKER* NAME AND LINE NO.** _____

A16 **PRIMARY FEMALE DECISION-MAKER* NAME AND LINE NO.** _____

A20 **SUPERVISOR**	A21 **FIELD COORDINATOR**	A22 **OFFICE EDITOR**	A23 **DATA ENTRY**
NAME _____	NAME _____	NAME _____	OPERATOR _____
CODE	CODE	CODE	DAY MONTH YEAR

***THE PRIMARY MALE AND FEMALIE DECISION MAKERS** ARE THOSE WHO SELF-IDENTIFY AS THE PRIMARY MALE AND FEMALE (OR FEMALE ONLY) MEMBERS RESPONSIBLE FOR DECISION MAKING, BOTH SOCIAL AND ECONOMIC, WITHIN THE HOUSEHOLD. IN MALE AND FEMALE ADULT HOUSEHOLDS, THEY ARE USUALLY THE HUSBAND AND WIFE; HOWEVER THEY CAN ALSO BE OTHER HOUSEHOLD MEMBERS AS LONG AS THEY ARE AGED 15 AND OVER.

INFORMED CONSENT

START TIME

Hour : Minute

INFORMED CONSENT: IT IS NECESSARY TO INTRODUCE THE HOUSEHOLD TO THE SURVEY AND OBTAIN THE CONSENT OF ALL PROSPECTIVE RESPONDENTS TO PARTICIPATE. IF A PROSPECTIVE RESPONDENT (E.G. A WOMAN DECISION MAKER) IS NOT PRESENT AT THE BEGINNING OF THE INTERVIEW, BE SURE TO RETURN TO THIS PAGE AND OBTAIN CONSENT BEFORE INTERVIEWING HIM OR HER. ASK TO SPEAK WITH A RESPONSIBLE ADULT IN THE HOUSEHOLD.

HELLO. MY NAME IS _____. I AM WORKING WITH ICF/IHE. WE ARE CONDUCTING A SURVEY TO LEARN ABOUT FOOD SECURITY, FOOD CONSUMPTION, NUTRITION AND WELLBEING OF HOUSEHOLDS IN HAITI. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD. WE ALSO WISH TO TAKE WEIGHT AND HEIGHT OF CHILDREN LESS THAN 5 YEARS OF AGE AND WOMAN OF 15-49 YEARS OLD. THE QUESTIONS USUALLY TAKE ABOUT 2 HOURS. WE CAN RETURN TOMORROW IF YOU DON'T HAVE TIME TO FINISH ALL THE QUESTIONS TODAY. ALL OF THE ANSWERS YOU GIVE WILL BE CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM. YOU DON'T HAVE TO BE IN THE SURVEY, BUT WE HOPE YOU WILL AGREE TO ANSWER THE QUESTIONS SINCE YOUR VIEWS ARE IMPORTANT. IF I ASK YOU ANY QUESTION YOU DON'T WANT TO ANSWER, JUST LET ME KNOW AND I WILL GO ON TO THE NEXT QUESTION OR YOU CAN STOP THE INTERVIEW AT ANY TIME. IN CASE YOU NEED MORE INFORMATION ABOUT THE SURVEY, WE ARE WILLING TO ANSWER ANY QUESTIONS NOW, OR AT THE END THE INTERVIEW

Do you have any questions about the study or about your participation?

ASK THE FOLLOWING CONSENT QUESTIONS OF ALL PROSPECTIVE RESPONDENTS.
AS APPLICABLE, CHECK AND SIGN THE CONSENT BOX BELOW.

1. Who is the main male adult (15 years or older) decision-maker in the household?
   [NAME], do you agree to participate in the survey?
   NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
2. Who is the main female adult (15 years or older) decision-maker in the household?
   [NAME], do you agree to participate in the survey?
   NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
3. Are there other mothers or caregivers for children under five years of age with whom I haven't talked yet?
   [NAME], do you agree to participate in the survey and allow your child to be weighed and measured?
   NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
   NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
   NAME: _____ RESPONDENT AGREED ____ RESPONDENT DID NOT AGREE ____
   NO CHILDREN UNDER FIVE IN THE HOUSEHOLD _____

ADDITIONAL ELIGIBLE HOUSEHOLD MEMBERS		RESPONDENT AGREED	RESPONDENT DID NOT AGREE
4. NAME_____	Do you agree to participate in the survey?	___	___
5. NAME_____	Do you agree to participate in the survey?	___	___
6. NAME_____	Do you agree to participate in the survey?	___	___

My signature affirms that I have read the verbal informed consent statement to the respondent(s), and I have answered any questions asked about the study. The respondent consented to the interview.

INTERVIEWER'S NAME AND CODE _____ ____

SIGNATURE AND DATE _____ DAY ____ . MONTH ____ . YEAR ____

INTERVIEWER'S NAME AND CODE _____ ____

SIGNATURE AND DATE _____ DAY ____ . MONTH ____ . YEAR ____

INTERVIEWER'S NAME AND CODE _____ ____

SIGNATURE AND DATE _____ DAY ____ . MONTH ____ . YEAR ____

COMMUNE CODES

Artibonite Department:

511 Gonaives
522 Terre Neuve
523 Anse Rouge

Centre Department:

611 Hinche
613 Thomonde
614 Cerca Carvajal
623 Boucan Carre
641 Cerca La Source
642 Thomassique

Nord-Ouest Department:

911 Port de Paix
913 Bassin Bleu
931 Mole Saint Nicholas
932 Baie de Henne
933 Bombardopolis
934 Jean Rabel

Ouest Department:

151 Anse-à-Galets
152 Pointe-à-Raquette

Sud-Est Department:

214 La Vallée de Jacmel
222 Côtes de Fer
231 Belle Anse
232 Grand Gosier
233 Thiotte
234 Anse-à-Pitres

MODULE B. HOUSEHOLD ROSTER

START TIME: HOUR ☐☐ MINUTE ☐☐

							IF UNDER 5 YEARS			IF AGE 15 OR OLDER	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	ELIGIBILITY					MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
					MODULE C, H1	MODULE D	PRIMARY CAREGIVER	MODULE E	MODULE F, H2-H5									
1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20
	Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for 6 of the last 12 months, but it does not include anyone who lives here but eats separately. AFTER LISTING NAMES, RELATIONSHIP, AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? IF 95 OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE ≥ 50. USE '00' IF CHILD IS LESS THAN 1 YEAR	How old is (NAME)?	Was [NAME] in charge of the food preparation during the past 7 days?	IS THIS PERSON UNDER 5 YEARS OF AGE?	Who is the primary caregiver of [NAME]? *SEE DEFINITION BELOW ENTER LINE NUMBER OF PRIMARY CAREGIVER	IS THIS A WOMAN 15-49 YEARS OF AGE?	IS THIS PERSON THE HEAD OF THE HH; OR A RESPON-SIBLE ADULT IF HEAD OF HH IS ABSENT?	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES: What is his name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.
			M F	IN YEARS	Y N	Y N		Y N	Y N		Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE
01		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
02		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
03		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
04		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
05		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
06		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
07		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
08		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐
09		☐☐	1 2	☐☐	1 2	1 2	☐☐	1 2	1 2	☐	1 2 8 GO TO 15	☐☐	1 2 8 GO TO 17	☐☐	1 2 NEXT LINE	☐☐☐	1 2 NEXT LINE	☐☐☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

DEFINITIONS

*The primary caregiver is the person who knows the most about how and what the child is fed. Usually, but not always, this will be the child's mother.

CODES FOR Qs. 18 AND 20: EDUCATION

NIVEAU	0 = PRÉ-SCOLAIRE	1=PRIMAIRE	2=SECONDAIRE	3=SUPÉRIEUR
CLASSE	1' POUR TOUTES LES ANNEES SI RÉPONSE = PRIMAIRE, ENFANTINE 1, 2 OU 13è, ENREGISTRER NIVEAU=0, CLASSE=1	0 =MOINS D'1 AN COMPLÉTÉ 1= 12è/CP1/1ère année 5= 8è/CM1/5è année 2= 11è/CP2/2è année 6= 7è/CM2/6è année 3= 10è/CE1/3è année 4= 9è/CE2/4è année 8=NSP	0 =MOINS D'1 AN COMPLÉTÉ 1 = 6è 5 = 2è 2 = 5è 6 = Rétho 3 = 4è 7 = Philo 4 = 3è 8 = NSP	0 =MOINS D'1 AN COMPLÉTÉ 1 = 1ère année 8 = NSP 2 = 2è année 3 = 3è année 4 = 4è année ou plus

							IF UNDER 5 YEARS			IF AGE 15 OR OLDER	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	ELIGIBILITY					MARITAL STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
					MODULE C, H1	MODULE D	PRIMARY CAREGIVER	MODULE E	MODULE F, H2-H5									
1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20
	Please tell me the name and sex of each person who lives here, starting with the head of the household. For our purposes today, members of a household are adults or children that live together and eat from the "same pot". It should include anyone who has lived in your house for 6 of the last 12 months, but it does not include anyone who lives here but eats separately. AFTER LISTING NAMES, RELATIONSHIP, AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? IF 95 OR MORE, RECORD '95'. '98'=DON'T KNOW. USE ONLY FOR PERSONS WHO ARE ≥ 50. USE '00' IF CHILD IS LESS THAN 1 YEAR	How old is (NAME)?	Was [NAME] in charge of the food preparation during the past 7 days?	IS THIS PERSON UNDER 5 YEARS OF AGE?	Who is the primary caregiver of [NAME]? *SEE DEFINITION BELOW ENTER LINE NUMBER OF PRIMARY CAREGIVER	IS THIS A WOMAN 15-49 YEARS OF AGE?	IS THIS PERSON THE HEAD OF THE HH; OR A RESPON-SIBLE ADULT IF HEAD OF HH IS ABSENT?	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive? IF NO, RECORD '00'.	Does (NAME)'s natural mother usually live in this household? IF YES: What is his name? RECORD MOTHER'S LINE NUMBER.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.
10			M F 1 2	IN YEARS	Y N 1 2	Y N 1 2		Y N 1 2	Y N 1 2		Y N DK 1 2 8 GO TO 15		Y N DK 1 2 8 GO TO 17		Y N 1 2 NEXT LINE	LEVEL GRADE	Y N 1 2 NEXT LINE	LEVEL GRADE
11			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
12			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
13			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
14			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
15			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
16			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	
17			1 2		1 2	1 2		1 2	1 2		1 2 8 GO TO 15		1 2 8 GO TO 17		1 2 NEXT LINE		1 2 NEXT LINE	

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TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed? YES NO → ADD TO TABLE

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES NO → ADD TO TABLE

2C) Does anyone else live here even if they are not at home now? Include children in school or household members at work or migrated. YES NO → ADD TO TABLE

END TIME: **HOUR** ☐☐ **MINUTE** ☐☐

Module F. Water, Sanitation and Hygiene

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐	
F01	HOUSEHOLD NUMBER AND SDE CODE	HH ☐☐ SDE ☐☐	
F02	LINE NUMBER FROM THE HOUSEHOLD ROSTER OF THE HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT (COLUMN 10 = YES)	LINE NUMBER ☐☐	
DRINKING WATER			
F04	What is currently the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO HOME . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → F07 PIPED TO STANDPIPE . . . . . 13 PUBLIC PIPE . . . . . 14 PROTECTED WELL PROTECTED WELL IN THE COURTYARD . . . . . 21 → F07 OTHER PROTECTED WELL . . . . . 22 UNPROTECTED WELL UNPROTECTED WELL IN THE COURTYARD . . . . . 31 → F07 PUBLIC WELL OR OTHER OPEN . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) . 51 RAINWATER . . . . . 61 → F07 TANKER TRUCK . . . . . 71 WATER SELLER . . . . . 72 BOTTLED WATER . . . . . 81 WATER SELLING SOCIETY . . . . . 91 OTHER _____ 96 (SPECIFY)	
F05	Where is that water source located?	IN OWN HOME . . . . . 1 IN OWN YARD/PLOT . . . . . 2 → F07 ELSEWHERE 3	
F06	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
F07	Is water available from this source all year round?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
F08	In the last two weeks, was water unavailable from this source for a day or longer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
F09	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → F11	
F10	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . 01 ADD BLEACH/CHLORINE . . . . . 02 AQUATABS . . . . . 03 STRAIN THROUGH A CLOTH . . . . . 04 USE WATER FILTER (CERAMIC/SAND/COMPOSITE/ETC. 05 SOLAR DISINFECTION . . . . . 06 LET IT STAND AND SETTLE . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

Module F. Water, Sanitation and Hygiene

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SANITATION			
F11	What kind of toilet facility do members of your household usually use ?	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE 15 **PIT LATRINE** VENTILATED IMPROVED PIT LITRINE. . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET . . . . . 41 SUSPENDED LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61 HANGING LATRINE (PILE) . . . . . 71 PORTABLE CHEMICAL TOILET . . . . . 81 OTHER _____ 96 (SPECIFY)	→ F14
F12	Does your household share the toilet facility with other households?	YES . . . . . 1 NO 2	→ F14
F13	How many households share that toilet facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 [ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
HANDWASHING			
F14	Please show me where members of your household most often wash their hands.	OBSERVED . . . . . 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . . 2 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 3 NOT OBSERVED, OTHER REASON . . . . . 4 (SKIP TO F17)	
F15	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2	
F16	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . 1 ASH, MUD, SAND . . . . . 2 NONE 3	
F17	OBSERVATION ONLY: OBSERVE PRESENCE OF TOILET FACILITY THAT HOUSEHOLD SAID THEY USED.	TOILET FACILITY IS AVAILABLE . . . . . 1 TOILET FACILITY IS NOT AVAILABLE 2	
F18	INSERT TIME MODULE FINISHED	HOUR [ ] MINUTE [ ]	→ **GO TO MODULE C**

Module C. Food Access

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
C00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐		
C01	HOUSEHOLD NUMBER AND SDE CODE	HH ☐☐ SDE ☐☐		
C02	LINE NUMBER FROM THE HOUSEHOLD ROSTER OF THE PERSON IN CHARGE OF FOOD PREPARATION IN THE PAST 7 DAYS (COLUMN 6) OR LINE NUMBER OF A RESPONSIBLE ADULT WHO WAS PRESENT AND ATE IN THE HOUSEHOLD DURING THE PAST 7 DAYS	LINE NUMBER ☐☐		
	FCS and HDDS QUESTIONS			
	Now I would like to ask you about the types of foods that you or the majority of household members ate during the past 7 days. I will read each of the food items and then ask you a few questions about each item. READ EACH QUESTION INSERTING THE NAME OF THE FOOD ITEM LISTED IN QUESTIONS C03 TO C25 AND RECORD THE RESPONSE IN THE BOXES PROVIDED.	**1. How many days did you eat ….. during the past 7 days outside your home?** 1= 1 day 2= 2 days 3= 3 days 4= 4 days 5= 5 days 6= 6 days 7= 7 days 9= None	**2. What was the primary source from which ….. was obtained?** 1= Purchased 2= Own Production 3= Exchange/Barter 4= Borrowed 5= Food Aid 6= Gift 7= In-Kind Transfer (Haiti, Foreign) 8= Other Source 9= Not Consumed	**3. Did you or a member of your household eat ….. inside your home yesterday?** 1= YES 2= NO
C03	Wheat, wheat flour	C03.1 ☐	C03.2 ☐	C03.3 ☐
C04	Corn, corn flour	C04.1 ☐	C04.2 ☐	C04.3 ☐
C05	Rice	C05.1 ☐	C05.2 ☐	C05.3 ☐
C06	Millet	C06.1 ☐	C06.2 ☐	C06.3 ☐
C07	Cassava	C07.1 ☐	C07.2 ☐	C07.3 ☐
C08	Potatoes, yam	C08.1 ☐	C08.2 ☐	C08.3 ☐
C09	Banana	C09.1 ☐	C09.2 ☐	C09.3 ☐
C10	Bread fruit / Iam	C10.1 ☐	C10.2 ☐	C10.3 ☐
C11	Pasta	C11.1 ☐	C11.2 ☐	C11.3 ☐
C12	Bread, donuts, cookies	C12.1 ☐	C12.2 ☐	C12.3 ☐
C13	Peas, beans	C13.1 ☐	C13.2 ☐	C13.3 ☐
C14	Fruits, figue mure	C14.1 ☐	C14.2 ☐	C14.3 ☐
C15	Red meat	C15.1 ☐	C15.2 ☐	C15.3 ☐

Module C. Food Access

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
C16	Chicken, poultry	C16.1 ☐	C16.2 ☐	C16.3 ☐
C17	Eggs	C17.1 ☐	C17.2 ☐	C17.3 ☐
C18	Fish, seafood	C18.1 ☐	C18.2 ☐	C18.3 ☐
C19	Milk, cheese, yogurt	C19.1 ☐	C19.2 ☐	C19.3 ☐
C20	Sugar, honey, jam	C20.1 ☐	C20.2 ☐	C20.3 ☐
C21	Oil, fat, coconut	C21.1 ☐	C21.2 ☐	C21.3 ☐
C22	Pistachio, nuts, mamba	C22.1 ☐	C22.2 ☐	C22.3 ☐
C23	Chocolate, coco	C23.1 ☐	C23.2 ☐	C23.3 ☐
C24	CSB / Potato flour	C24.1 ☐	C24.2 ☐	C24.3 ☐
C25	Vegetables, leaves, Giraumont	C25.1 ☐	C25.2 ☐	C25.3 ☐
C26	Was yesterday an unusual or special day (Festival, Funeral, etc.) or were most household members absent?	YES . . . . . 1 NO 2		

Module C. Food Access

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	HHS QUESTIONS		
C27	In the past **[4 WEEKS/30DAYS]** was there ever no food to eat of any kind in your house because of lack of resources to get food?	YES . . . . . 1 NO 2	→ C29
C28	How often did this happen in the past **[4 WEEKS/30 DAYS]**?	RARELY (1-2 TIMES) . . . 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C29	In the past **[4 WEEKS/30 DAYS]** did you or any household member go to sleep at night hungry because there was not enough food?	YES . . . . . 1 NO 2	→ C31
C30	How often did this happen in the past **[4 WEEKS/30 DAYS]**?	RARELY (1-2 TIMES) . . . 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C31	In the past [4 WEEKS/30 DAYS] did you or any household member go a whole day and night without eating anything at all because there was not enough food?	YES . . . . . 1 NO 2	→ C33
C32	How often did this happen in the past [4 WEEKS/DAYS]?	RARELY (1-2 TIMES) . . . 1 SOMETIMES (3-10 TIMES) . . . 2 OFTEN (MORE THAN 10) . . . 3	
C33	Did you or any household member receive any of the following types of assistance during the past 6 months? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Cash for work . . . . . 1 Cash for food . . . . . 2 Cash voucher . . . . . 3 Food voucher . . . . . 4 Food aid . . . . . 5 School feeding . . . . . 6 Other specify _____ 8 No assistance received 9	
C34	**INSERT TIME MODULE ENDED**	HOUR ☐☐ MINUTE ☐☐	→ GO TO MODULE D

Module D1. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIBIBLE CHILD FROM ROSTER NAME _____
D00	INSERT TIME MODULE STARTED	HOUR [ ][ ]	MINUTE [ ][ ]	
D01	HOUSEHOLD NUMBER AND SDE CODE	HH [ ][ ]	SDE [ ][ ]	
D02	CAREGIVER'S LINE NUMBER FROM THE HOUSEHOLD ROSTER (COLUMN 8)	LINE NO. CAREGIVER [ ][ ]	LINE NO. CAREGIVER [ ][ ]	LINE NO. CAREGIVER [ ][ ]
D03	CHILD'S LINE NUMBER FROM THE HOUSEHOLD ROSTER	LINE NO. CHILD [ ][ ]	LINE NO. CHILD [ ][ ]	LINE NO. CHILD [ ][ ]
D04	What is [CHILD NAME]'s sex?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
D05	I would like to ask you some questions about [CHILD'S NAME]. Does [CHILD'S NAME] have a health/vaccination card or other document with the birth date recorded? IF A DOCUMENT WITH THE BIRTHDATE IS SHOWN AND THE RESPONDENT CONFIRMS THE INFORMATION IS CORRECT, RECORD THE DATE AS DOCUMENTED AND USE THE BIRTH CONVERSION TABLE TO FILL IN THE AGE IN MONTHS IN D07. THEN SKIP TO QUESTION D14. IF A DOCUMENT WITH THE BIRTHDATE IS NOT SHOWN THEN ASK: In what month and year was [child's name] born? What is [his/her] birthday? RECORD BIRTH DAY, MONTH AND YEAR	DAY . . . . . [ ][ ] MONTH . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . . [ ][ ] MONTH . . . [ ][ ] YEAR [ ][ ][ ][ ]
D06	How old was [child's name] at [his/her] last birthday? RECORD AGE IN COMPLETED YEARS	YEARS [ ][ ]	YEARS [ ][ ]	YEARS [ ][ ]
D07	How many months old is [child's name]? RECORD AGE IN COMPLETED MONTHS	MONTHS [ ][ ]	MONTHS [ ][ ]	MONTHS [ ][ ]
D08	CHECK D05, D06, AND D07 TO VERIFY CONSISTENCY. A) IS THE YEAR RECORDED IN D05 CONSISTENT WITH THE AGE IN YEARS RECORDED IN D06? B) ARE YEAR AND MONTH OF BIRTH RECORDED IN D05 CONSISTENT WITH AGE IN MONTHS RECORDED IN D07? USE BIRTHDATE CONVERSION TABLE TO CHECK. IF THE ANSWER TO A OR B IS "NO" RESOLVE ANY INCONSISTENCIES.			

Module D1. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER	SECOND ELIGIBLE CHILD FROM ROSTER	THIRD ELIBIBLE CHILD FROM ROSTER
		NAME _____	NAME _____	NAME _____

Birth Date - 2014

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	1	2	3
Feb.	0	1	2
Mar.	--	0	1
Apr.	--	--	0
May	--	--	--
June	--	--	--
July	--	--	--
Aug.	--	--	--
Sept.	--	--	--
Oct.	--	--	--
Nov.	--	--	--
Dec.	--	--	--

Birth Date - 2013

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	13	14	15
Feb.	12	13	14
Mar.	11	12	13
Apr.	10	11	12
May	9	10	11
June	8	9	10
July	7	8	9
Aug.	6	7	8
Sept.	5	6	7
Oct.	4	5	6
Nov.	3	4	5
Dec.	2	3	4

Birth Date - 2012

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	25	26	27
Feb.	24	25	26
Mar.	23	24	25
Apr.	22	23	24
May	21	22	23
June	20	21	22
July	19	20	21
Aug.	18	19	20
Sept.	17	18	19
Oct.	16	17	18
Nov.	15	16	17
Dec.	14	15	16

Birth Date - 2011

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	37	38	39
Feb.	36	37	38
Mar.	35	36	37
Apr.	34	35	36
May	33	34	35
June	32	33	34
July	31	32	33
Aug.	30	31	32
Sept.	29	30	31
Oct.	28	29	30
Nov.	27	28	29
Dec.	26	27	28

Birth Date - 2010

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	49	50	51
Feb.	48	49	50
Mar.	47	48	49
Apr.	46	47	48
May	45	46	47
June	44	45	46
July	43	44	45
Aug.	42	43	44
Sept.	41	42	43
Oct.	40	41	42
Nov.	39	40	41
Dec.	38	39	40

Birth Date - 2009

	Study Date 2014		
	Feb.	Mar.	Apr.
Jan.	--	--	--
Feb.	--	--	--
Mar.	59	--	--
Apr.	58	59	--
May	57	58	59
June	56	57	58
July	55	56	57
Aug.	54	55	56
Sept.	53	54	55
Oct.	52	53	54
Nov.	51	52	53
Dec.	50	51	52

INSTRUCTIONS:
1. Check the child's birth year in Question D05 and go to the appropriate table as labeled on the side of each table "Birth Date". Example: If the child is born in 2012, use the table with "Birth Date – 2012" on the side.
2. Using the current month, select the appropriate "Study Date" column. Example: If it is March 2014, use the middle column labeled Mar.
3. Check the child's birth month in Question D05 and cross the appropriate "Study Date" month column with the row of the child's birth month. Example: Today is March 11, 2014 and the child is born on September 27, 2012. Cross the middle column "Mar." with the row "Sept." in the table "Birth Date – 2012".
4. The digit in the cell where the column of the study month and the birth month of the child meet is the child's age in months. For the example above, the child is 18 months old.

NOTE: If the day of the date of birth of the child falls the after the day of the date of the survey, subtract 1 month of the age found in the table. this child is 17 months (18-1)

Module D1. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIBIBLE CHILD FROM ROSTER NAME _____
D14	CHECK **D07:** IS THE CHILD UNDER 60 MONTHS (5 YEARS)?	YES . . . . . 1 NO . . . . . 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN) DON'T KNOW 8
D15	CHECK **D07:** IS THE CHILD UNDER 24 MONTHS (2 YEARS)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO D54) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D54) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D54) DON'T KNOW 8
D16	Has [CHILD'S NAME] ever been breastfed?	YES . . . . . 1 NO . . . . . 2 (SKIP TO D18) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D18) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D18) DON'T KNOW 8
D17	Was [CHILD'S NAME] breastfed yesterday during the day or at night?	YES . . . . . 1 (SKIP TO D19) NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 (SKIP TO D19) NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 (SKIP TO D19) NO . . . . . 2 DON'T KNOW 8
D18	Sometimes babies are breastfed by another woman or given breast milk from another woman by spoon, cup, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby. Did [CHILD'S NAME] consume breast milk in any of these ways yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D19	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was [CHILD'S NAME] given any vitamin drops or other medicines as drops yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D20	Was [CHILD'S NAME] given oral rehydration solution yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
	Next I would like to ask you about some liquids that [CHILD'S NAME] may have had yesterday during the day or at night. Yesterday during the day or at night, did [CHILD'S NAME] have:			
D21	Plain water?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D22	Infant formula such as Nani, SMA, Nestle, ENFAMIL?	YES . . . . . 1 NO . . . . . 2 (SKIP TO D24) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D24) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D24) DON'T KNOW 8
D23	How many times yesterday during the day or at night did [CHILD'S NAME] consume this formula?	TIMES	TIMES	TIMES . . . .

Module D1. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIBIBLE CHILD FROM ROSTER NAME _____
D24	Did [CHILD'S NAME] have any milk such as tinned, powdered, or fresh animal milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO D26) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D26) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D26) DON'T KNOW 8
D25	How many times yesterday during the day or at night did [CHILD'S NAME] consume any milk?	TIMES	TIMES	TIMES . . . .
D26	Did [CHILD'S NAME] have any juice or juice drinks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D27	Clear broth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D28	Yogurt/ curd milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO D30) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D30) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO D30) DON'T KNOW 8
D29	How many times yesterday during the day or at night did [CHILD'S NAME] consume any yogurt/ curd milk?	TIMES	TIMES	TIMES . . . .
D30	Did [CHILD'S NAME] have any thin porridge such as GERBER or CERELAC?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D31	Any other liquids?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D32	Next I would like to ask you about foods that [CHILD'S NAME] may have eaten yesterday during the day or at night. Yesterday, during the day and night, did (CHILD'S NAME) eat any (ASK QUESTIONS D33-D49)?			
D33	Bread, biscuits, pastries, buns, pasta, noodles, crackers, breadfruit or other foods made from grains such as corn, wheat, millet, rice?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D34	Pumpkin, carrots, sweet potatoes or other tubers and vegetables that are yellow or orange inside?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D35	White sweet potatoes, white yams, manioc, cassava, plantains or any other foods made from roots?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D36	Any dark green leafy vegetables such as spinach, lettuce, other dark green leafty vegetables or okra?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D37	Ripe mangoes, ripe papaya, apricots, cantaloupe melons or other fruits that are yellow or orange inside?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D38	Other fruits or vegetables, like bananas, pomegranate, tomatoes, green beans, avocado, etc?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D39	Liver, kidney, heart, or other organ meats?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D40	Any meat, such as beef, pork, lamb, goat, chicken, duck, or any other meat?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

Module D1. Children's Nutritional Status and Feeding Practices

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME _____	SECOND ELIGIBLE CHILD FROM ROSTER NAME _____	THIRD ELIBIBLE CHILD FROM ROSTER NAME _____
D41	Eggs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D42	Fresh or dried fish, shellfish, or seafood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D43	Any foods made from beans, peas, pistachios, walnuts, mamba or other seeds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D44	Cheese, yogurt/curd milk, or other milk products?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D45	Other oils, fats, or butter, or foods made with any of of those products?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D46	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D47	Condiments for flavor, such as chilies, spices, parsley?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
D49	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
	CHECK QUESTIONS **D33-D49**: **CIRLE ONE OF THE ANSWERS**	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51	"NO" TO ALL → D50 AT LEAST ONE "YES" OR "DK" TO ALL → D51
D50	Did [CHILD'S NAME] eat any solid, semi-solid, or or soft foods yesterday during the day or at night? **IF "YES"** PROBE: What kind of solid, semi-solid, or soft foods did [CHILD'S NAME] eat?	YES . . . . . 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH **D51**. NO . . . . . 2 GO TO D54 FIRST COLUMN DON'T KNOW 8	YES . . . . . 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH **D51**. NO . . . . . 2 GO TO D54 SECOND COLUMN DON'T KNOW 8	YES . . . . . 1 GO BACK TO D33-D49 AND RECORD FOODS EATEN. THEN CONTINUE WITH **D51**. NO . . . . . 2 GO TO D54 THIRD COLUMN DON'T KNOW 8
D51	How many times did [child's name] eat solid, semi-solid, or soft foods yesterday during the day or or at night?	TIMES . . . . ☐☐ DON'T KNOW 98	TIMES . . . . ☐☐ DON'T KNOW 98	TIMES . . . . ☐☐ DON'T KNOW 98
		GO TO **D54** FIRST COLUMN	GO TO **D54** SECOND COLUMN	GO TO **D54** THIRD COLUMN

Module D2. Children's Diarrhea and Oral Rehydration Therapy

NO.	QUESTIONS AND FILTERS	**FIRST ELIGIBLE CHILD FROM ROSTER** NAME ________________	**SECOND ELIBIBLE CHILD FROM ROSTER** NAME ________________	**THIRD ELIGIBLE CHILD FROM ROSTER** NAME ________________
D54	Has (NAME) had diarrhea in the last 2 weeks? **(1)** DIARRHEA IS DEFINED AS 3 OR MORE WATERY STOOLS	YES . . . . 1 NO . . . . 2 **(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8	YES . . . . 1 NO . . . . 2 **(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8	YES . . . . 1 NO . . . . 2 **(GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8
D55	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
D56	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK..... 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK..... 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS...... 2 ABOUT THE SAME .... 3 MORE . . . . 4 NOTHING TO DRINK..... 5 DON'T KNOW 8
D57	When (NAME) had diarrhea, was he/she given less than usual to eat, 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?	MUCH LESS . . . . . . 1 SOMEWHAT LESS....... 2 ABOUT THE SAME...... 3 MORE . . . . 4 STOPPED FOOD......... 5 NEVER GAVE FOOD.... 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS....... 2 ABOUT THE SAME...... 3 MORE . . . . 4 STOPPED FOOD......... 5 NEVER GAVE FOOD.... 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS....... 2 ABOUT THE SAME...... 3 MORE . . . . 4 STOPPED FOOD......... 5 NEVER GAVE FOOD.... 6 DON'T KNOW 8
D58	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO D62)	YES . . . . 1 NO . . . . 2 (SKIP TO D62)	YES . . . . 1 NO . . . . 2 (SKIP TO D62)

Module D2. Children’s Diarrhea and Oral Rehydration Therapy

NO.	QUESTIONS AND FILTERS	**FIRST ELIGIBLE CHILD FROM ROSTER** NAME ________	**SECOND ELIBIBLE CHILD FROM ROSTER** NAME ________	**THIRD ELIGIBLE CHILD FROM ROSTER** NAME ________
D59	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. ________ (NAME OF THE PLACE) ________	**PUBLIC SECTOR** STATE HOSP. 01 HEALTH CENTER (CAL/CSL)/ DISP. 02 **PRIVATE SECTOR** HOSP./CLINIC 03 HEALTH CENTER (CAL/CSL)/ DISP. 04 PRIVATE DOCTOR 05 NURSE/ AUXILIARY 06 PHARMACY 07 **MIXED** HOSP./CLINIC 08 HEALTH CENTER (CAL/CSL)/ DISP. 09 **NON INSTITUTIONALIZED** MOBILE CLINIC 10 HEALTH AGENT/ PROMOTION 11 MIDWIFE WITH HUT 12 **TRADITIONNAL PRIVATE** MIDWIFE NO HUT 13 TRAD. HEALER OUGAN/MAMBO 14 **OTHER NON-MEDICAL** SHOP/MARKET 15 STREET VENDOR 16 FAMILY/FRIEND 17 OTHER ________ 18 (SPECIFY)	**PUBLIC SECTOR** STATE HOSP. 01 HEALTH CENTER (CAL/CSL)/ DISP. 02 **PRIVATE SECTOR** HOSP./CLINIC 03 HEALTH CENTER (CAL/CSL)/ DISP. 04 PRIVATE DOCTOR 05 NURSE/ AUXILIARY 06 PHARMACY 07 **MIXED** HOSP./CLINIC 08 HEALTH CENTER (CAL/CSL)/ DISP. 09 **NON INSTITUTIONALIZED** MOBILE CLINIC 10 HEALTH AGENT/ PROMOTION 11 MIDWIFE WITH HUT 12 **TRADITIONNAL PRIVATE** MIDWIFE NO HUT 13 TRAD. HEALER OUGAN/MAMBO 14 **OTHER NON-MEDICAL** SHOP/MARKET 15 STREET VENDOR 16 FAMILY/FRIEND 17 OTHER ________ 18 (SPECIFY)	**PUBLIC SECTOR** STATE HOSP. 01 HEALTH CENTER (CAL/CSL)/ DISP. 02 **PRIVATE SECTOR** HOSP./CLINIC 03 HEALTH CENTER (CAL/CSL)/ DISP. 04 PRIVATE DOCTOR 05 NURSE/ AUXILIARY 06 PHARMACY 07 **MIXED** HOSP./CLINIC 08 HEALTH CENTER (CAL/CSL)/ DISP. 09 **NON INSTITUTIONALIZED** MOBILE CLINIC 10 HEALTH AGENT/ PROMOTION 11 MIDWIFE WITH HUT 12 **TRADITIONNAL PRIVATE** MIDWIFE NO HUT 13 TRAD. HEALER OUGAN/MAMBO 14 **OTHER NON-MEDICAL** SHOP/MARKET 15 STREET VENDOR 16 FAMILY/FRIEND 17 OTHER ________ 18 (SPECIFY)
D60	CHECK **D59**: NUMBER OF CODES CIRCLED.	☐ TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED ☐ (SKIP TO **D62**)	☐ TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED ☐ (SKIP TO **D62**)	☐ TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED ☐ (SKIP TO **D62**)
D61	Where did you first seek advice or treatment? USE LETTER CODE FROM **D59**.	FIRST PLACE . . . . ☐☐	FIRST PLACE . . . . ☐☐	FIRST PLACE . . . . ☐☐
D62	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a) An oral serum liquid sold in a store or pharmacy?	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8
	b) A liquid prepared from a sachet or oral rehydration salt?	ORS SACHET 1 2 8	ORS SACHET 1 2 8	ORS SACHET 1 2 8
	c) A home-made liquid prepared with water, salt and sugar?	HOMEMADE LIIQUID . . 1 2 8	HOMEMADE LIIQUID . . 1 2 8	HOMEMADE LIIQUID . . 1 2 8

Module D2. Children’s Diarrhea and Oral Rehydration Therapy

NO.	QUESTIONS AND FILTERS	FIRST ELIGIBLE CHILD FROM ROSTER NAME __________	SECOND ELIBIBLE CHILD FROM ROSTER NAME __________	THIRD ELIGIBLE CHILD FROM ROSTER NAME __________
D63	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 **(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8	YES . . . . 1 NO . . . . 2 **(GO TO D01 FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8	YES . . . . 1 NO . . . . 2 **(GO TO D01 ON NEW PAGE FOR NEXT CHILD OR TO D66 IF NO MORE CHILDREN)** DON'T KNOW 8
D64	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . . . 01 ANTIMOTILITY . . . . . . 02 ZINC . . . . 03 OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . 04 UNKNOWN PILL OR SYRUP . . . . . . 05 **INJECTION** ANTIBIOTIC . . . . 06 NON-ANTIBIOTIC . . . . 07 UNKNOWN INJECTION . . . . . . 08 (IV) INTRAVENOUS . . . 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER __________ 96 (SPECIFY)	**PILL OR SYRUP** ANTIBIOTIC . . . . 01 ANTIMOTILITY . . . . . . 02 ZINC . . . . 03 OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . 04 UNKNOWN PILL OR SYRUP . . . . . . 05 **INJECTION** ANTIBIOTIC . . . . 06 NON-ANTIBIOTIC . . . . 07 UNKNOWN INJECTION . . . . . . 08 (IV) INTRAVENOUS . . . 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER __________ 96 (SPECIFY)	**PILL OR SYRUP** ANTIBIOTIC . . . . 01 ANTIMOTILITY . . . . 02 ZINC . . . . 03 OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . 04 UNKNOWN PILL OR SYRUP . . . . 05 **INJECTION** ANTIBIOTIC . . . . 06 NON-ANTIBIOTIC . . . . 07 UNKNOWN INJECTION . . . . 08 (IV) INTRAVENOUS . . . 09 HOME REMEDY/ HERBAL MEDICINE . 10 OTHER __________ 96 (SPECIFY)
D65		GO TO **D01** FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO **D01** FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66	GO TO **D01 ON NEW PAGE** FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO D66
D66	INSERT TIME MODULE ENDED	HOUR ☐☐	MINUTE ☐☐ →	GO TO WOMEN'S KISH GRID # 1

(1) The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.

1. KISH GRID for random selection of women ages 15-49 for Module E

INSTRUCTIONS

1. Check Column 9 in the household roster. If there is more than one woman 15-49 then select one using the procedure below.
2. List the name and line number of all women ages 15-49 in the household, in descending order by age (oldest first).
3. Look up the last digit of the household number from Module A and circle the corresponding column number below.
4. Look up where the last digit of the household number (columns) crosses the number of women 15-49 (rows).
5. The digit in the cell where the column and row meet is the number of the woman to interview for Module E.

Note: If there is one woman aged 15-49 in the household, just write her name in the Kish grid # 1

EXAMPLE: If number of women 15-49 = 3 & last digit of household = 5, select the 2nd woman listed.

Number of Woman 15-49	Line Number from HH	Name	Age	Last digit of the household number (See Module A, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

2. KISH GRID for random selection of women for Anthropometry

INSTRUCTIONS

1. Check the names of the women listed in Question E39 (A-C). If there is any, cross them off the Kish Grid #1 above. If only one woman is left, write her name and line number and select this woman for anthropometry (height and and weight measurements). If there is more than one woman left, then select one using the procedure below.
2. List all women that have not been crossed off the Kish Grid #1 above, starting with the older woman.
3. Look up the last digit of the household number from Module A and circle the corresponding column number below.
4. Look up where the last digit of the household number (columns) crosses the number of women 15-49 (rows).
5. The digit in the cell where the column and row meet is the number of the woman to interview for Anthropometry.

Note: If there is one woman aged 15-49 in the household who is not pregnant or two months post partum, just write her name in the Kish grid # 2

EXAMPLE: If number of women 15-49 = 3 & last digit of household = 5, select the 2nd woman listed.

Number of Woman 15-49	Line Number from HH	Name	Age	Last digit of the household number (See Module A, A01)									
				1	2	3	4	5	6	7	8	9	0
1				1	1	1	1	1	1	1	1	1	1
2				1	2	1	2	1	2	1	2	1	2
3				1	2	3	1	2	3	1	2	3	3
4				1	2	3	4	1	2	3	4	1	4
5				1	2	3	4	5	1	2	3	4	5
6				1	2	3	4	5	6	4	2	6	1
7				1	2	3	4	5	6	7	1	4	7
8				1	2	3	4	5	6	7	8	4	3
9				1	2	3	4	5	6	7	8	9	2
10				1	2	3	4	5	6	7	8	9	10

Module E. Women's Nutritional Status and Dietary Diversity

NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____
E00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐
E01	HOUSEHOLD NUMBER AND SDE CODE	HH ☐☐ SDE ☐☐
E02	WOMAN'S LINE NUMBER FROM THE HOUSEHOLD ROSTER	LINE NUMBER ☐☐
E03	In what month and year were you born? IF DON'T KNOW MONTH RECORD "98" IF DON'T KNOW YEAR RECORD "9998"	MONTH . . . . . ☐☐ YEAR ☐☐☐☐
E04	Please tell me how old you are. What was your age at your last birthday? RECORD AGE IN COMPLETED YEARS AND SKIP TO E06. IF RESPONDENT CANNOT REMEMBER HOW OLD SHE IS, CIRCLE 98 AND ASK QUESTION E05.	AGE IN YEARS ☐☐ (SKIP TO E06) ↵ DON'T KNOW 98
E05	Are you between the ages of 15 and 49 years old?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E06	CHECK E03, E04 AND E05 (IF APPLICABLE): IS THE RESPONDENT BETWEEN THE AGES OF 15 AND 49 YEARS? IF THE INFORMATION IN E03, E04 AND E05 CONFLICTS, DETERMINE WHICH IS MOST ACCURATE. IF ANSWER IS 'NO' AND ANOTHER WOMAN IS SELECTED, THEN QUESTIONS E02-E04 MUST BE REPEATED FOR THE NEW WOMAN.	YES . . . . . 1 NO . . . . . 2 GO BACK TO WOMEN'S KISH GRID AND SELECT ANOTHER WOMAN ↵
	WOMAN'S DIETERY DIVERSITY	
	Yesterday during the day or night did you drink/eat any [ASK QUESTIONS E11 to E27]?	
E11	Bread, biscuits, pastries, buns, pasta, noodles, crackers, breadfruit or other foods made from grains such as corn, wheat, millet, rice?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E12	Pumpkin, carrots, sweet potatoes or other tubers and vegetables that are yellow or orange inside?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E13	White sweet potatoes, white yams, manioc, cassava, plantains or any other foods made from roots?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E14	Any dark green leafy vegetables such as spinach, lettuce, other dark green leafty vegetables or okra?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E15	Ripe mangoes, ripe papaya, apricots, cantaloupe melons or other fruits that are yellow or orange inside?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E16	Other fruits or vegetables, like bananas, pomegranates, tomoatoes, green beans, avocado, etc?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

Module E. Women's Nutritional Status and Dietary Diversity

NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____
E17	Liver, kidney, heart, or other organ meats?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E18	Any meat, such as beef, pork, lamb, goat, chicken, duck or any other meat?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E19	Eggs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E20	Fresh or dried fish, shellfish, or seafood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E21	Any foods made from beans, peas, pistachios, walnuts, mamba or other seeds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E22	Cheese, yogurt/curd milk, or other milk products?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E23	Any other oils, fats, or butter, or foods made with any of of those products?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E24	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E25	Condiments for flavor, such as chilies, spices, parsley?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
E27	Foods made with red palm oil, red palm nut, or red palm nut pulp sauce?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
	INITIATION OF BREASTFEEDING AND PRELACTAL FEEDS	
E28	Now I would like to ask you about pregnancies and births you may have had. Are you currently pregnant?	YES . . . . . 1 (SKIP TO E30) ↵ NO . . . . . 2 DON'T KNOW 8
E29	Have you ever been pregnant? IF "NO" PROBE BY ASKING Were you ever pregnant, even if this pregnancy did not result in the birth of a live child?	YES . . . . . 1 NO . . . . . 2 (SKIP TO E38) ↵
E30	Have you ever given birth? IF "NO" PROBE BY ASKING I mean, to a child even if the child lived only a few minutes or hours, or was born dead?	YES . . . . . 1 NO . . . . . 2 (SKIP TO E38) ↵
E31	When was the last time you gave birth (even if your child is no longer living)? IF THE RESPONDENT DOES NOT KNOW THE BIRTHDATE ASK: Do you have a health/vaccination card for that child with the birthdate recorded? IF THE HEALTH/VACCINATION CARD IS SHOWN, RECORD THE DATE OF BIRTH AS DOCUMENTED ON THE CARD	Date of Last Birth DAY..... |___|___| If day is not known, enter '98' above MONTH..... |___|___| YEAR..... |___|___| |___|___|

Module E. Women's Nutritional Status and Dietary Diversity

NO.	QUESTIONS AND FILTERS	WOMAN'S NAME _____
	CHECK ANSWER TO QUESTION E31. DID THE RESPONDENT'S LAST BIRTH OCCUR WITHIN THE LAST TWO YEARS, THAT IS, THE SAME DAY AND THE SAME MONTH IN 2012.	YES . . . . . 1 NO . . . . . 2 (SKIP TO E38) ↵
E32	What is the name of your child who was born on (DATE INDICATED IN E31)?	NAME _____
E33	Is (CHILD'S NAME) a male or female?	MALE . . . . . 1 FEMALE 2
E34	Did you ever breastfeed (CHILD'S NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO E38) ↵
E35	How long after birth did you first put (CHILD'S NAME) to the breast? IF THE RESPONDENT REPORTS SHE PUT THE INFANT TO THE BREAST IMMEDIATELY AFTER BIRTH, CIRCLE '000' IF LESS THAN 1 HOUR, CIRCLE '1' FOR HOURS AND RECORD '00' HOURS IF LESS THAN 24 HOURS, CIRCLE '1' FOR HOURS AND RECORD NUMBER OF COMPLETED HOURS FROM 01 TO 23 OTHERWISE, CIRCLE '2' AND RECORD NUMBER OF COMPLETED DAYS	IMMEDIATELY..... 0 0 0 ***OR*** HOURS..... 1 |___|___| ***OR*** DAYS..... 2 |___|___|
E36	In the first three days after delivery, was [CHILD'S NAME] given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO E38) ↵
E37	What was [CHILD'S NAME] given to drink?	MILK (OTHER THAN BREAST MILK) . . . . . 01 PLAIN WATER . . . . . 02 SUGAR OR GLUCOSE WATER . . . . . 03 GRIPE WATER . . . . . 04 SUGAR-SALT-WATER SOLUTION . . . . . 05 FRUIT JUICE . . . . . 06 INFANT FORMULA . . . . . 07 TEA/INFUSIONS . . . . . 08 COFFEE . . . . . 09 HONEY . . . . . 10 OTHER _____ 11 (SPECIFY)
E38	Are there any other women ages 15-49 in the household who are currently pregnant or who gave birth to a child within the past two months?	YES . . . . . 1 NO . . . . . 2 (SKIP TO E39C) ↵
E39A	What are the names of the women that are currently pregnant or who gave birth to a child within the past two months?	NAME _____ LINE NUMBER FROM ROSTER |___|___|
E39B	WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD ROSTER OF ALL WOMEN THAT ARE PREGNANT OR GAVE BIRTH TO A CHILD WITHIN THE PAST TWO MONTHS.	NAME _____ LINE NUMBER FROM ROSTER |___|___|
E39C	CHECK Q E28, Q E31, IF THE WOMAN INTERVIEWED IS PREGNANT OR LESS THAN 2 MONTHS POST PARTUM, WRITE THE NAME AND LINE NUMBER FROM THE HOUSEHOLD ROSTER. IF NO GO TO E40	NAME _____ LINE NUMBER FROM ROSTER |___|___|
E40	**INSERT TIME MODULE ENDED** HOUR ☐☐ MINUTE ☐☐	→ GO TO KISH GRID #2 FOR ANTHROPOMETRY

ANTHROPOMETRY

HOUSEHOLD NUMBER ☐☐ **SDE CODE** ☐☐ **START TIME** **HOUR:** ☐☐ **MINUTE:** ☐☐

CHILDREN LESS THAN 5 YEARS OF AGE (0-59 Months)						WEIGHT AND HEIGHT OF CHILDREN LESS THAN 5 YEARS OF AGE (0-59 MONTHS)				
D67	D68	D69	D70	D71	D72	D73	D74	D75	D76	D77
LINE NO. FROM HH ROSTER	NAME	SEX MALE: 1 FEMALE: 2	AGE IN MONTHS	CHILD'S BIRTH DATE DAY/MONTH/YEAR	SOURCE BIRTH DATE	WEIGHT (KG)	HEIGHT (CM)	HEIGHT MEASURED LAYING DOWN: 1 OR STANDING UP: 2	RESULT MEASURED: 1 NOT PRESENT: 2 REFUSED: 3 OTHER: 6 (explain in comment box)	EDEMA YES: 1 NO: 2
				DAY MONTH YEAR						
☐☐	________	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	________	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	________	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	________	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐
☐☐	________	☐	☐☐	☐☐ ☐☐ ☐☐	☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐	☐	☐

COMMENTS:

SOURCE OF BIRTH DATE

1. BIRTH CERTIFICATE	4. HOME RECORD
2. BAPTISMAL/CHURCH RECORD	5. PARENT STATEMENT
3. HEALTH REGISTRATION CARD	6. OTHER ____________

SELECTED WOMAN'S (15-49) INFORMATION			WEIGHT AND HEIGHT OF SELECTED WOMAN (15-49)		
E50	E51	E52	E53	E54	E55
LINE NO. FROM HH ROSTER	NAME	AGE IN YEARS	WEIGHT (KG)	HEIGHT (CM)	RESULT MEASURED: 1 NOT PRESENT: 2 REFUSED: 3 OTHER: 6 (explain in comment box)
☐☐		☐☐	☐☐.☐☐ KG	☐☐☐.☐ CM	☐

COMMENTS:

END TIME

HOUR: ☐☐

MINUTE: ☐☐

GO TO MODULE J

ANTHROPOMETRIST PRINT NAME: ____________ SIGNATURE: ____________ ☐☐☐ ID # ☐☐ DAY ☐☐ MONTH ☐☐ YEAR

SUPERVISOR PRINT NAME: ____________ SIGNATURE: ____________ ☐☐☐ ID # ☐☐ DAY ☐☐ MONTH ☐☐ YEAR

Module J. Gender

NO.	QUESTIONS AND FILTERS	PRIMARY MALE DECISION-MAKER	PRIMARY FEMALE DECISION-MAKER
J00	INSERT TIME MODULE STARTED	HOUR ☐☐ MINUTE ☐☐	HOUR ☐☐ MINUTE ☐☐
J01	HOUSEHOLD NUMBER AND SDE CODE	HH ☐☐ SDE ☐☐	
J02	LINE NUMBER FROM THE HOUSEHOLD ROSTER FOR THE PRIMARY MALE AND FEMALE DECISION MAKERS. QUESTIONS A15 AND A16. SEE DEFINTIONS IN MODULE A.	LINE NUMBER FOR MALE ☐☐	LINE NUMBER FOR FEMALE ☐☐
	Now, I am going to read some statements to you and ask whether you are in agreement with them. Listen as I read each statement, and then please indicate whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the statement I have read.		
J03	On the whole, men make better political leaders than women and should be elected rather than women.	STRONGLY DISAGRE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE . 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98	STRONGLY DISAGREE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98
J04	When jobs are scarce, men should have more rights to a job than women.	STRONGLY DISAGRE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE . 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98	STRONGLY DISAGREE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98
J05	Women should have equal rights with men to access food.	STRONGLY DISAGRE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE . 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98	STRONGLY DISAGREE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98
J06	Women and men should have equal decision-making on the family's food consumption and nutrition.	STRONGLY DISAGRE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE . 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98	STRONGLY DISAGREE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98
J07	Women should have equal rights with men and receive the same treatment as men do.	STRONGLY DISAGRE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE . 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98	STRONGLY DISAGREE . . . . . 1 DISAGREE . . . . . 2 NEITHER AGREE NOR DISAGREE 3 AGREE . . . . . 4 STRONGLY AGREE . . . . . 5 DON'T KNOW 98
J08	**INSERT TIME MODULE ENDED**	HOUR ☐☐ MINUTE ☐☐	HOUR ☐☐ MINUTE ☐☐
		→ GO TO MODULE H	

MODULE H. POVERTY MEASUREMENT

HOUSEHOLD NUMBER FROM MODULE A .... | | |

SDE CODE FROM MODULE A .... | | |

RESPONDENT LINE NUMBER FROM HOUSEHOLD ROSTER (COLUMN 6) ..... | | |

INSERT TIME MODULE STARTED

HOUR | | |

MINUTES | | |

MODULE H1. FOOD, BEVERAGES AND TOBACCO CONSUMPTION OVER PAST 7 DAYS

ITEM CODE	PRODUCT	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		FROM PURCHASES		TOTAL SPENT	FROM AGRICULTURAL PRODUCTION		FROM GIFTS AND OTHER SOURCES	
	Over the past 7 days, did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DO NOT INCLUDE FOOD OR DRINKS EATEN IN RESTAURANTS.	IF "NO" SKIP TO NEXT ITEM	How much [PRODUCT] in total did your household consume in the past 7 days?		How much [PRODUCT] consumed in the last 7 days came from purchases?		How much did you spend on the [PRODUCT] consumed in the past 7 days? IF THE FAMILY CONSUMED PART BUT NOT ALL OF SOMETHING THEY PURCHASED, ESTIMATE ONLY COST OF WHAT WAS CONSUMED.	How much [PRODUCT] came from your own production?		How much of this product came from gifts and other sources?	
H1.01		**H1.02**	**H1.03A QUANTITY**	**H1.03B UNIT**	**H1.04A QUANTITY**	**H1.04B UNIT**	**H1.05 GOURDES**	**H1.06A QUANTITY**	**H1.06B UNIT**	**H1.07A QUANTITY**	**H1.07B UNIT**
101	Rice	1 2									
102	Corn	1 2									
103	Millet	1 2									
104	Flour	1 2									
105	Bread	1 2						NOT APPLICABLE			
106	Pastries, biscuits	1 2						NOT APPLICABLE			
107	Pasta	1 2						NOT APPLICABLE			
108	Other cereals	1 2									
109	Mutton/goat (kabrit)	1 2									
110	Chicken/duck/goose	1 2									
111	Pork	1 2									
112	Beef	1 2									
113	Salami	1 2									
114	Ham	1 2									
115	Other meats	1 2									
116	Fish	1 2									
117	Conch/crab/shrimp	1 2									
118	Eggs	1 2									
119	Milk	1 2									

UNIT CODES

Small pot	1	Bit	7	Lot of 13	13	Gliosse	19	Case	25
Big pot	2	Box	8	Lot of 24	14	Gallon	20	Other (SPECIFY)	98
Sac	3	Lot	9	Head	15	Litre	21	Refused	99
Bag	4	Dozen	10	Regime	16	Gram	22		
One unit	5	Lot of 2	11	Bocal	17	Kilogram	23		
Pack	6	Lot of 3	12	Bottle	18	Pound	24		

MODULE H1. FOOD, BEVERAGES AND TOBACCO CONSUMPTION OVER PAST 7 DAYS

ITEM CODE	PRODUCT	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		FROM PURCHASES		TOTAL SPENT	FROM AGRICULTURAL PRODUCTION		FROM GIFTS AND OTHER SOURCES	
	Over the past 7 days, did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DO NOT INCLUDE FOOD OR DRINKS EATEN IN RESTAURANTS.	IF "NO" SKIP TO NEXT ITEM	How much [PRODUCT] in total did your household consume in the past 7 days?		How much [PRODUCT] consumed in the last 7 days came from purchases?		How much did you spend on the [PRODUCT] consumed in the past 7 days? IF THE FAMILY CONSUMED PART BUT NOT ALL OF SOMETHING THEY PURCHASED, ESTIMATE ONLY COST OF WHAT WAS CONSUMED.	How much [PRODUCT] came from your own production?		How much of this product came from gifts and other sources?	
H1.01		**H1.02**	**H1.03A QUANTITY**	**H1.03B UNIT**	**H1.04A QUANTITY**	**H1.04B UNIT**	**H1.05 GOURDES**	**H1.06A QUANTITY**	**H1.06B UNIT**	**H1.07A QUANTITY**	**H1.07B UNIT**
120	Cheese	1 2									
121	Yoghurt	1 2									
122	Oil, butter and lard	1 2									
123	Mangoes	1 2									
124	Grapes	1 2									
125	Pineapples	1 2									
126	Bananas	1 2									
127	Orange	1 2									
128	Lemon	1 2									
129	Other fruits	1 2									
130	Tomatoes	1 2									
131	Carrots	1 2									
132	Eggplant	1 2									
133	Cabbage	1 2									
134	Christophine (Méliton)	1 2									
135	Garlic	1 2									
136	Onions	1 2									
137	Shallots	1 2									
138	Other vegetables	1 2									
139	Plantain	1 2									
140	Potatoes	1 2									
141	Yam	1 2									
142	Manioc	1 2									
143	Sweet potato	1 2									
144	Other tuburcules	1 2									

UNIT CODES

Small pot 1	Bit 7	Lot of 13 13	Gliosse . . 19	Case 25
Big pot. 2	Box 8	Lot of 24 14	Gallon 20	Other (SPECIFY 98
Sac 3	Lot 9	Head . . . 15	Litre 21	Refused 99
Bag 4	Dozen . . 10	Regime . 16	Gram 22	
One unit 5	Lot of 2 . . 11	Bocal . . . 17	Kilogram 23	
Pack 6	Lot of 3 . . 12	Bottle . . . 18	Pound 24	

MODULE H1. FOOD, BEVERAGES AND TOBACCO CONSUMPTION OVER PAST 7 DAYS

ITEM CODE	PRODUCT	YES = 1 NO = 2	FOOD CONSUMPTION OVER PAST 7 DAYS		FROM PURCHASES		TOTAL SPENT	FROM AGRICULTURAL PRODUCTION		FROM GIFTS AND OTHER SOURCES	
	Over the past 7 days, did you or others in your household consume any [ITEM]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. DO NOT INCLUDE FOOD OR DRINKS EATEN IN RESTAURANTS.	IF "NO" SKIP TO NEXT ITEM	How much [PRODUCT] in total did your household consume in the past 7 days?		How much [PRODUCT] consumed in the last 7 days came from purchases?		How much did you spend on the [PRODUCT] consumed in the past 7 days? IF THE FAMILY CONSUMED PART BUT NOT ALL OF SOMETHING THEY PURCHASED, ESTIMATE ONLY COST OF WHAT WAS CONSUMED.	How much [PRODUCT] came from your own production?		How much of this product came from gifts and other sources?	
H1.01		**H1.02**	**H1.03A QUANTITY**	**H1.03B UNIT**	**H1.04A QUANTITY**	**H1.04B UNIT**	**H1.05 GOURDES**	**H1.06A QUANTITY**	**H1.06B UNIT**	**H1.07A QUANTITY**	**H1.07B UNIT**
145	Beans	1 2									
146	Peanuts	1 2									
147	Sugar/honey	1 2									
148	Salt	1 2									
149	Peppers (piment)	1 2									
150	Pepper (poivre)	1 2									
151	Maggi	1 2									
152	Clove	1 2									
153	Soda (NOT AT RESTAURANTS)	1 2									
154	Alcoholic Drinks (NOT AT RESTAURANTS)	1 2									
155	Other drinks (coffee, tea, juice, etc.)	1 2									
156	Cigarettes	1 2									
157	Other Tobacco	1 2									
158	Food	1 2									
159	Drinks	1 2									
160	SPECIFY _____	1 2									
161	SPECIFY _____	1 2									
162	SPECIFY _____	1 2									

UNIT CODES

Small pot 1	Bit 7	Lot of 13 13	Gliosse . . 19	Case 25
Big pot. 2	Box 8	Lot of 24 14	Gallon 20	Other (SPECIFY 98
Sac 3	Lot 9	Head . . . 15	Litre 21	Refused 99
Bag 4	Dozen . . 10	Regime . 16	Gram 22	
One unit 5	Lot of 2 . . 11	Bocal . . . 17	Kilogram 23	
Pack 6	Lot of 3 . 12	Bottle . . . 18	Pound 24	

MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST 30 DAYS

ITEM NO.	QUESTIONS AND FILTERS (ONE MONTH REFERENCE)	CODING CATEGORIES	TOTAL COST IN GOURDES
	Over the past 30 DAYS, did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
	PRODUCTS/SERVICES		
201	Soap and cleaning products?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
202	Hygiene (toothpaste, deodorant, soap body cream, etc.)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
203	Cosmetic products (make up, facial cream, etc.)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
204	Charcoal?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
205	Wood?	YES . . . . . 1 NO . . . . . 2 NEXT ITEM)	TOTAL COST _____
206	Candles?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
207	Propane gas?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
208	Tobacco?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
209	Fuel?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
210	Other vehicle related-expenses (repairs, lubricants,etc.)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
211	Transport (local)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
212	Transport (long distance)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
213	Domestic work (Maid, guardian, driver)?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
214	Entertainment, sports, reading?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
215	Other non-durable goods or services like hairdressing? What?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
216	Other non-durable goods or services? What?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
217	Other non-durable goods or services? What?	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____

MODULE H2. NON-DURABLE GOODS AND FREQUENTLY PURCHASED SERVICES OVER PAST 30 DAYS

ITEM NO.	QUESTIONS AND FILTERS (ONE MONTH REFERENCE)	CODING CATEGORIES	TOTAL COST IN GOURDES
	Over the past 30 DAYS, did your household use or buy any [ITEM]:		How much did you pay (how much did they cost) in total?
218	Water: water expenses in own home/yard/plot	YES . . . . . 1 NO . . . . . 2 NEXT ITEM)	TOTAL COST _____
219	Public fountain/water reservoir/water purchase	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
220	Treated water/industrial water bags	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
221	Telephone: landline	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
222	Cellular telephone	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
223	Electricity	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
224	Internet (modem, cybercafe)	YES . . . . . 1 NO 2	TOTAL COST

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

ITEM NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	TOTAL COST IN GOURDES
	Over the past 12 months, did your household use or buy any item I am going to name for you:		How much did you pay (how much did they cost) in total?
	CLOTHING AND HOUSEHOLD		
301	Women's clothing	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
302	Men's clothing	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
303	Children's clothing	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
304	Women's footwear	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
305	Men's footwear	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
306	Children's footwear	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
307	Cloth	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
308	Dressmaker	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
309	Small household items	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
	HEALTH AND MEDICAL CARE		
310	Consultations	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
311	Drugs and traditional medications	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
312	Hospitalization	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
313	Examinations and medical care	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
314	Glasses and prosthesis	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
315	Treatment materials	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____

MODULE H3. NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

ITEM NO.	QUESTIONS AND FILTERS (ONE YEAR REFERENCE)	CODING CATEGORIES	TOTAL COST IN GOURDES
	Over the past 12 months, did your household use or buy any item I am going to name for you:		How much did you pay (how much did they cost) in total?
316	School fees (inscription fees)	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
317	Books and other school supplies	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
318	School transport fees	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
319	School uniforms, shoes and other school clothing	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
320	Other educational expenses (like tutorial, english course)	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
321	Construction/Home improvement expenses	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
322	Ceremonies like baptism, marriage, funerals, etc.	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
323	Parties	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
324	Taxes, fines, tax contraventions	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
325	Ornaments, including purchases and modifications of jewellry, necklaces, chains, bracelets, etc.	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
326	Durable furniture and equipments (living room, cupboards, library, fridge, kitchen, video, television)	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
327	Vehicle purchase (car, motorcycle, bicycle, etc.)	YES . . . . . 1 NO . . . . . 2 (NEXT ITEM)	TOTAL COST _____
328	Other expenditures, what? LIST EXPENDITURE _____	YES . . . . . 1 NO 2	TOTAL COST _____
329	Other expenditures, what? LIST EXPENDITURE _____	YES . . . . . 1 NO 2	TOTAL COST _____
330	Other expenditures, what? LIST EXPENDITURE _____	YES . . . . . 1 NO 2	TOTAL COST _____

MODULE H4. HOUSING EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Do you own or are you purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	OWN . . . . . 01 BEING PURCHASED . . . . . 02 EMPLOYER PROVIDES . . . . . 03 FREE, AUTHORIZED . . . . . 04 FREE, NOT AUTHORIZED . . . . . 05 RENTED . . . . . 06 OTHER_____ 96 (SPECIFY) DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 98	 → 404 → 404 → 404 → 405 → 404 → H5
402	If you sold this house today, how much would you receive for it?	**GOURDES**_____ DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 98	
403	How many years ago was this house built? How old is it?	YEARS. . . . . [ ][ ] DON'T KNOW 98	
404	If you rented this house today, how much rent would you receive?	**GOURDES**_____ DAY . . . . . 1 WEEK . . . . . 2 MONTH . . . . . 3 YEAR . . . . . 4 DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 8	 → H5 → H5 → H5 → H5 → H5
405	How much do you pay to rent this dwelling?	**GOURDES**_____ DAY . . . . . 1 WEEK . . . . . 2 MONTH . . . . . 3 YEAR . . . . . 4 DON'T KNOW/NO RESPONSE/ NOT APPLICABLE 8	

MODULE H5. VALUE OF ASSETS

ITEM CODE	PRODUCT	YES = 1 NO = 2	NUMBER OF UNITS OF EACH ITEM	AGE OF ITEMS	PRICE IF SOLD	PRICE NEW
	Does your household own a [ITEM]? CIRCLE 1 (YES) OR 2 (NO) IN THE FOLLOWING COLUMN. IF THE ANSWER IS "NO" ASK THE QUESTIONS FOR THE FOLLOWING		How many [ITEMS] do you own?	What is the age of these [ITEM]s? IF MORE THAN ONE ITEM, AVERAGE AGE	How much were these [ITEM]s worth when you acquired them? IF MORE THAN ONE ITEM, AVERAGE VALUE	If you wanted to sell these [ITEM]s today, how much would you receive? IF MORE THAN ONE ITEM, AVERAGE VALUE
H5.1	H5.2		H5.3 NUMBER OF ITEMS	H5.4 NUMBER OF YEARS	H5.5 GOURDES	H5.6 GOURDES
	ITEM	Yes No				
01	Oven (electric/gas)?	1 2				
02	Stove (Coal/wood)	1 2				
03	Boiler	1 2				
04	Television	1 2				
05	Radio	1 2				
06	Stereo system	1 2				
07	Cellular telephone	1 2				
08	Telephone: landline	1 2				
09	Refrigerator/Freezer	1 2				
10	Generator	1 2				
11	Inverter/Accumulator	1 2				
12	Computer	1 2				
13	Internet access	1 2				
14	Fan	1 2				
15	Bicycle	1 2				
16	Motorcycle	1 2				
17	Car, truck	1 2				
18	Sewing machine	1 2				
19	Agricultural equipment	1 2				
20	Furniture/bed/sofa/table	1 2				
21	Other, what? _____	1 2				
22	Other, what? _____	1 2				
23	Other, what? _____	1 2				

H5.7 INSERT TIME MODULE ENDED **HOUR** | | **MINUTE** | |

Annex 4 - Household Survey Questionnaire Back-Translated into English

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

ANNEX 5
Household Survey Indicator Definitions
Baseline Study of the Title II Development Food Assistance Program in Haiti

Indicator	Disaggregation Level	Data Points
1. Average Household Dietary Diversity Score (HD	None	Indicator, CI, # households in target area
2. Prevalence of households with moderate or severe hunger -Household Hunger Scale (HHS)[2]	Gendered Household Type	Indicator, CI, # households in target area
3. Prevalence of poverty: Percent of people living on less than $1.25/day	Gendered Household Type	Indicator, CI, # individuals in target area
4. Mean depth of poverty	Gendered Household Type	Indicator, CI, # individuals in target area
5. Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	Gendered Household Type	Indicator, CI, # individuals in target area
6. Prevalence of underweight children under five years of age[3]	Sex	Indicator, CI, # children 0–59 months in target area
7. Prevalence of stunted children under five years of age[4]	Sex	Indicator, CI, # children 0–59 months in target area
8. Percentage of children under age five who had diarrhea in the last two weeks[4]	Sex	Indicator, CI, # children 0–59 months in target area
9. Percentage of children under age five with diarrhea treated with Oral Rehydration Therapy (ORT)[5]	Sex	Indicator, CI, # children 0–59 months in target area who had diarrhea in the last two weeks
10. Prevalence of exclusive breast-feeding of children under six months of age[5]	Sex	Indicator, CI, # children < 6 months in target area
11. Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)[6]	Sex	Indicator, CI, # children 6-23 months in target area
12. Prevalence of underweight women of reproductive age[4]	None	Indicator, CI, # women 15-49 years in target area (excluding pregnant or post-partum women)
13. Women's Dietary Diversity Score[6]	None	Indicator, CI, # women 15-49 years in target area
14. Percentage of households using an improved drinking water source[5]	None	Indicator, CI, # households in target area
15. Percentage of households using improved sanitation facilities[5]	None	Indicator, CI, # households in target area
16. Percentage of households with soap and water at a handwashing station commonly used by family members[5]	None	Indicator, CI, # households in target area

[1]Anne Swindale and Paula Bilinski. 2006. *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide,* Version 2. Available at http://www.fantaproject.org/publications/hdds_mahfp.shtml.

[2]Terri Ballard, Jennifer Coats, Anne Swindale, and Megan Deitchler. 2011. *Household Hunger Scale: Indicator Definition and Measurement Guide*. Available at http://www.fantaproject.org/publications/hhs_2011.shtml.

[3]Bruce Cogill. 2003. *Anthropometric Indicators Measurement Guide*. Revised Edition. Available at http://www.fantaproject.org/publications/anthropom.shtml.

[4]Demographic Household Survey (DHS). Phase 6 (2008-2013). Available at http://www.measuredhs.com/

[5]WHO. 2008. *Indicators for assessing infant and young child feeding practices – Part 1: Definitions*. Available at http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/index.html.

WHO. 2010. *Indicators for assessing infant and young child feeding practices – Part 2: Measurement*. Available at http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/index.html

[6]Mary Arimond et al. 2010. 'Developing Simple Measures of Women's Diet Quality in Developing Countries: Methods and Findings.' *Journal of Nutrition* 140(11): Supplement. Available at http://www.fantaproject.org/publications/JofN_Oct2010.shtml.

Program-specific indicators for Haiti	
17	Gender Indicator – Disaggregate by sex Average agreement with the concept that males and females should have equal access to social, economic, and political opportunities • Numerator: ((J03-3) * -1) + ((J04-3) * -1) + (J05-3) + (J06-3) + (J07-3) • Denominator: 5 (Total number of items) Score is computed for each individual and averaged over all individuals in the sample. Note: For all responses, 3 is subtracted from the indicator responses of 1 to 5 to center the scale around 0. The resulting scale for each question ranges from -2 to 2 as follows: 2 = strong agreement 1 = agreement 0 = neither agree or disagree -1 = disagreement -2 = strong disagreement An overall positive score signifies strong agreement with the concept of equality and an overall negative score signifies strong disagreement with the concept of equality. Agreement to items J03 and J04 indicates support for inequality rather than equality. To compute average agreement with equality, these two items are reversed by centering around 0 (subtracting 3) and multiplying the result times -1 (*-1). Example: A response of J03 = 5 indicates strong agreement with inequality. The score for the average computation is transformed as (5-3)*-1= -2, the minimum possible score in the scale.
18	Average Food Consumption Score (FCS) All values of '9' in variables C03.1 to C03.25 are recoded to '0' before computing the indicator. Then the following 8 food groups are computed as a sum of the days that individual items were consumed: • Staples = sum (C03_1, C04_1, C05_1, C06_1, C07_1, C08_1, C09_1 C10_1, C11_1, C12_1, C24_1). • Pulses = sum (C13_1, C22_1). • Vegetables = C25_1. • Fruits = C14_1. • Animal protein = sum (C15_1, C16_1, C17_1, C18_1). • Milk = C19_1. • Sugar = sum (C20_1, C23_1). • Oil = C21_1. These food groups are then capped to a maximum of 7. That is, even if a household consumed both corn (C04_1) and rice (C05_1) for all 7 days of the week, the total score for the "Staples" category would not be the sum of the two items (14), but would be capped at 7. The final FCS is computed as a weighted sum of the eight food groups: FCS = (Staples*2) + (Pulses*3) + (Vegetables*1) + (Fruits*1) + (Animal Protein*4) + (Milk*4) + (Sugar*0.5) + (Oil*0.5) The FCS can range from 0 to 112 and is reported in 3 brackets: (1) Poor FC: 0 ≤ 28, (2) Borderline FC: >28 and FC ≤ 42, and (3) Adequate FC: >42 • Numerator (1): Households with FCS =≤28 • Numerator (2): Households with FCS > 28 and FCS ≤42 • Numerator (3): Households with FCS >42 • Denominator: Total number of households

ANNEX 6
Methods for Derivation of Poverty Indicators
Baseline Study of the Title II Development Food Assistance Program in Haiti

Background

The World Bank defines poverty as whether households or individuals have enough resources or abilities today to meet their needs. Poverty is usually measured based on consumption levels rather than other measures such as income. Actual consumption is more closely related to a person's well-being in the sense of having enough to meet current basic needs. Also, in poor agrarian economies and in urban economies with large informal sectors, income may be difficult to estimate. It may be seasonal and erratic, and it may be difficult to estimate particularly for agricultural households whose income may not be monetized.

The prevalence of household poverty was measured using information on household expenditures to compute a household consumption aggregate. The consumption aggregates was constructed following guidelines from Deaton & Zaidi (2002)[1] and Grosh & Muñoz (1996)[2] by adding together the various goods and services consumed by each household during a period of 12 months. The various components of consumption were grouped together into 5 main categories, including food, occasional expenses (expenses in the last 30 days), unusual expenses (expenses in the last 12 months), durable assets, and housing.

In general, consumption was calculated by adding the value in local currency units (LCU) of the items consumed by the household, as reported by household informants. These items were collected according to different time horizons, but were then transformed into daily per capita consumption.

Whenever a household missed data on the value consumed for a given item, that value was imputed using the closest local median value for that item. That is, if a household is missing consumption information on a given item, it was assigned the median value reported by other households in the vicinity. Whenever the item is reported frequently enough, this imputation was done at the department level. However some items may be consumed by few households. In those cases the level of imputation would be at the total level, depending on how rare the item is.

The reported values for each item and each consumption component were checked for outliers to detect possible coding errors or extreme values. Values that are 5 standard deviations (SD) above the average, or 2 SD below, were flagged and checked for plausibility. Values deemed implausible were imputed using the methodology described above.

Besides this general methodology, some components require specific computations.

Food Consumption

Computation of food consumption is complex because it involves products that are purchased in the market, where price information is available, and products that are home-produced or received as a gift, where price information is not available. Even when products are purchased, it is often difficult for household informants to report the precise market value of the amounts consumed by the household over the reference period, which often results in missing data.

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[1] Deaton, A. and S. Zaidi (2002), A Guide to Aggregating Consumption Expenditures, Living Standards Measurement Study, Working Paper 135. Available at: http://siteresources.worldbank.org/INTPA/Resources/429966-1092778639630/deatonZaidi.pdf

[2] Margaret Grosh and Juan Muñoz (1996). A Manual for Planning and Implementing the Living Standards Measurement Study Surveys. LSMS Working Paper #126, The World Bank. Available at: http://documents.worldbank.org/curated/en/1996/05/438573/manual-planning-implementing-living-standards-measurement-study-survey

The value of non-purchased food (and of any food missing value information), was imputed by transforming the amounts consumed by the household to a common reference unit (grams), and multiplying the local median value of that unit times the amount consumed. If a product is reportedly consumed, but amount information is missing, the median per capita amount consumed by local households was imputed.

A special case is the imputation of items that are reported in non- standard units. Imputing a value for consumption reported in non-standard units requires finding standard weight equivalences for these units. This equivalence was obtained via a survey of local markets. Non-standard unit/item combinations were identified during training. These units were then measured by taking measurements of each item/unit combination in actual markets in Haiti. Measurements were done in grams, using an electronic scale. These measurements were then used to transform non-standard units to a common reference unit (grams).

Assets

Purchases of durable goods represent large and relatively infrequent expenses. While almost all households incur relatively large expenditures on these at some point, only a small proportion of all households are expected to make such expenditures during the reference period covered by the survey. As indicated by Deaton & Zaidi (2002) "From the point of view of household welfare, rather than using expenditure on purchase of durable goods during the recall period, the appropriate measure of consumption of durable goods is the value of services that the household receives from all the durable goods in its possession over the relevant time period" (p. 33).

Consumption of durable goods was calculated as the annual rental equivalent of owning the asset. The preferred method to calculate this rental equivalent is the price of the asset in its current shape multiplied by the sum of the real interest rate and the depreciation rate:

$$S_t P_t \, (r_t - \pi_t + \delta)$$

Where $S_t P_t$ is the current price of the asset, $r_t - \pi_t$ is the real rate of interest, and δ is the depreciation rate for the durable good. Each of these components was computed separately.

1. Current value of the asset ($S_t P_t$): This was obtained from household reports of the value of the asset in its current shape (second-hand).

2. Real rate of interest ($r_t - \pi_t$): In theory, r_t is the general nominal rate at time *t*, and π_t is the specific rate of inflation for each asset at time *t*. However in practice this is calculated as a single real rate of interest that is used for all goods, taken as an average over several years (see Deaton & Zaidi, 2002 p. 33). Data on real interest rates was obtained from the World Bank[3] and averaged for the longest period available (1999 to 2013) to obtain a single real rate of interest.

3. Rate of depreciation (δ): The rate of depreciation for each of the items is given by the formula:

$$1 - \left(\frac{P_t}{P_{t-T}}\right)^{1/T}$$

[3] http://data.worldbank.org/indicator/FR.INR.RINR/countries

Where P_t is the current value of the item at current time t, P_{t-T} is the value of the item when purchased, and T is the age of the item in years. Inflation-adjusted rates of depreciation were obtained using the local median price of an item at the time of purchase. In order to minimize the influence of outliers, the median δ was used for each of the durable assets for which data are collected (i.e. rather than using household-specific values of δ calculated from the data).

A rental equivalent estimating the daily per capita flow of services from the durable goods was then derived by dividing the annual rental equivalent over the number of members in the household and the 365 days of the year.

Housing

The case of housing is similar to other durable goods, in that it is better measured as an annual consumption of housing services, either annual rent expenditures for renters, or an annual rental equivalent for non-renters.

In Haiti, the baseline survey collected information on rent paid among renters, and an estimated rental equivalent for non-renters. Given that the housing rental market is small and a significant amount of non-renters are unable to provide an estimated rental equivalent, missing responses will be imputed using two approaches. First, the age of the house and its current replacement value was used to estimate a housing rental equivalent, using the methodology described above for durable goods. For those cases were the estimated current value or age of the house were not available, a hedonic ordinary least squares (OLS) regression model was used (where "hedonic" regression is a preference method of estimating demand or value), as suggested by Grosh & Muñoz (1996). The model was built on the sample of households reporting non-zero rent or rental equivalents, with the log of rent paid by renters as a dependent variable, and several sets of independent variables, that included:

- Housing characteristics: number of members, type of water access, type of sanitation services.
- Socio-economic status: consumption sub-aggregates, asset ownership, Household Hunger Score, Food Consumption Score, Household Dietary Diversity Score.
- Location: Department, community.

The final model was estimated based on the following regression equation,

$$\log(R_i) = \beta_0 + \beta X_i + \varepsilon_i$$

where R_i represents the reported non-zero rent paid by household *i*, β_0 is the constant term, X_i is the final vector of independent variables and ε_i is the error term accounting for unexplained variance. The initial model contained consumption variables in log form and a set of dummies for all categorical variables. In order to avoid problems with multi-collinearity, a forward stepwise regression approach was used to exclude variables that do not contribute to model fit and were thus statistically redundant. The unstandardized beta weights resulting from this regression equation were then applied to the vector of independent variables among non-renting households to estimate their annual rent equivalent.

Prevalence of Poverty

The prevalence of poverty, or poverty headcount ratio, is the proportion of the population in the survey area living in extreme poverty, with extreme poverty defined as a daily per capita consumption of less than USD $1.25 at 2005 prices. Consumption data from the baseline were collected in Haitian gourdes (local currency units, or LCU). In order to compare the Haitian consumption data in gourds to the

international poverty line of USD $1.25 at 2005 prices, the poverty line first needs to be converted into the LCU. However if we use current market exchange rates we would underestimate consumption. One Haitian gourde can buy more products and services in Haiti than the equivalent amount in USD (1 gourde = USD $0.02) can purchase in the United States. The conversion of LCUs to USD should use an exchange rate that takes into account the differences in purchasing power of different currencies. This exchange rate is referred to as the purchasing power parity (PPP) exchange rate. Poverty lines were calculated to estimate the proportion of the population living in extreme poverty, defined as having average daily consumption of less than USD $1.25 per day, converted into LCU (i.e. Haitian gourdes in Haiti) at 2005 PPP exchange rates. This is done following two steps:

1) The USD $1.25 line was converted into LCU, using the 2005 PPP exchange rate. In the case of Haiti[4], the 2005 PPP conversion factor for private consumption (LCU per international $) is 19.37, which means that USD $1.25 is equivalent to 24.2067 HTG at 2005 PPP.

2) The resulting figure of 24.2067 HTG was then adjusted for cumulative price inflation since 2005. The adjustment was done using the average monthly inflation in 2005 as the base factor (CPI_{2005} = 114.07)[5], and the monthly inflation for each of the survey months as the numerator ($CPI_{Mar.2014}$ = 213.5, $CPI_{Apr.2014}$ = 214.70). Two poverty lines were thus computed using these CPI values, one for each month of data collection:

    - March 2014 poverty line: USD $1.25 * 19.37 * (213.5/114.07) = 45.3175 HTG
    - April 2014 poverty line: USD $1.25 * 19.37 * (214.7/114.07) = 45.5722 HTG

Average daily per capita expenditures

The final consumption aggregate is expressed as average daily per capita expenditure in constant 2010 USD at 2005 PPP adjusted to 2010 US prices. The steps to convert daily per capita expenditure data collected in the country' local currency units (LCU) to constant 2010 USD (2005 PPP adjusted to 2010 US prices) was:

1) Convert LCU at the time of the survey to LCU at 2005 prices, by dividing by the CPI for the survey month (March = 1.8717, April = 1.8822).

2) Convert 2005 LCU to 2005 USD by dividing by the 2005 PPP conversion rate of 19.37.

3) Convert USD in 2005 prices to USD in 2010 prices by multiplying by 1.1165, which is the US CPI for 2010.

Note that average daily per capita expenditure is expressed in USD in 2010 prices in order to enable comparisons with other countries-so a common standard is essential.

[4] Global Purchasing Power Parities and Real Expenditures, 2005 International Comparison Program. Available at: http://data.worldbank.org/indicator/PA.NUS.PRVT.PP?page=1

[5] Consumer Price Index (CPI) data (base August 2004) obtained from: http://www.ihsi.ht/pdf/ipc/serieIPC/Mai_2014.pdf Rebased to 2005 using data from: http://www.ihsi.ht/produit_economie_indice_coins_statistique_next.htm

Mean depth of poverty

This indicator is useful to understand the average, over all people, of the gaps between poor people's living standards and the poverty line. It indicates the extent to which individuals fall below the poverty line (if they do).

Mean depth of poverty is sometimes also called the poverty gap index (PGI). The PGI is computed as the average of the differences between an individual's total daily per capita consumption and the poverty line, divided by the poverty line, with individuals over the poverty line having a contribution to the PGI of 0. The PGI is given by the formula:

$$PGI = \left(\frac{1}{N}\sum_{i=1}^{N}\left(\frac{z - y_i}{z}\right)\right) \times 100$$

Where N is the total number of individuals in the population, z is the poverty line and y_i is the daily per capita consumption of individual i. For individuals above the poverty line, set $y_i = z$so so that contribution to PGI is 0 for those individuals.

ANNEX 7
Tabular Summary of Indicators
Baseline Study of the Title II Development Food Assistance Program in Haiti

Table A7.1. Title II Baseline Indicators - CARE Program Area

Indicators, 95% Confidence Intervals and Base Population [Haiti, 2014]

	Indicator Value	95% CI Lower	95% CI Upper	Number of Size	Weighted Population	Standard Error	Standard Deviation	DEFT
HOUSEHOLD LEVEL INDICATORS								
Average Household Dietary Diversity Score (HDDS)	6.1	6.0	6.3	2,078	199,798	0.08	3.4	2.0
Prevalence of households with moderate or severe hunger (HHS)	70.0	67.1	72.7	2,232	215,232	1.4	45.8	1.5
Adult Female no Adult Male	73.4	68.8	77.6	399	40,741	2.2	44.2	1.0
Adult Male no Adult Female	68.5	61.9	74.5	263	24,573	3.2	46.4	1.1
Male and Female Adults	69.4	66.1	72.5	1,565	149,475	1.6	46.1	1.4
Child No Adults	32.1	-	-	5	444	-	-	-
Percentage of households using an improved drinking water source	39.5	33.0	46.3	2,235	215,541	3.4	48.9	3.2
Percentage of households using improved sanitation facilities	15.8	12.5	19.7	2,235	215,541	1.8	36.4	2.3
Percentage of households with soap and water at a handwashing station commonly used by family members	6.4	4.5	8.9	2,180	210,511	1.1	24.4	2.0
Prevalence of poverty: Percent of people living on less than $1.25/day	43.6	38.6	48.8	2,217	1,015,027	2.6	49.6	2.4
Adult Female no Adult Male	42.9	34.2	52.1	398	150,085	4.5	49.5	1.8
Adult Male no Adult Female	22.2	15.6	30.5	247	46,899	3.8	41.5	1.4
Male and Female Adults	45.0	40.0	50.2	1,568	817,367	2.6	49.8	2.0
Child No Adults	0.0	-	-	4	676	-	-	-
Mean depth of poverty	16.4	13.8	19.0	2,217	1,015,027	1.32	62.2	2.6
Adult Female no Adult Male	16.6	12.3	20.9	398	150,085	2.17	43.3	1.8
Adult Male no Adult Female	8.0	3.6	12.4	247	46,899	2.25	35.4	1.8
Male and Female Adults	16.8	14.3	19.4	1,568	817,367	1.29	51.1	2.1
Child No Adults	0.0	-	-	4	676	-	-	-
Per capita expenditures (as a proxy for income) of USG targeted beneficiaries	2.07	1.88	2.25	2,217	1,015,027	0.09	4.2	2.5
Adult Female no Adult Male	2.07	1.79	2.35	398	150,085	0.14	2.8	1.7
Adult Male no Adult Female	3.34	2.90	3.78	247	46,899	0.22	3.5	1.2
Male and Female Adults	1.99	1.82	2.17	1,568	817,367	0.09	3.6	2.1
Child No Adults	4.11	0.0	15.7	4	676	0.91	1.8	0.5
WOMEN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight women	16.2	13.6	19.2	1,339	194,442	1.4	36.9	1.4
Women's Dietary Diversity Score	3.5	3.4	3.7	1,541	217,990	0.07	2.7	1.8
CHILDREN'S HEALTH AND NUTRITION INDICATORS								
Prevalence of underweight children under 5 years of age (Total)	8.0	6.3	10.2	1,442	140,315	1.0	27.2	1.3
Prevalence of underweight children under 5 years of age (Male)	8.4	6.3	11.1	686	67,062	1.2	27.7	1.1
Prevalence of underweight children under 5 years of age (Female)	7.7	5.7	10.3	756	73,253	1.1	26.7	1.2
Prevalence of stunted children under 5 years of age (Total)	19.2	16.3	22.4	1,442	140,315	1.5	39.4	1.5
Prevalence of stunted children under 5 years of age (Male)	20.4	17.2	24.0	686	67,062	1.7	40.3	1.1
Prevalence of stunted children under 5 years of age (Female)	18.0	14.8	21.8	756	73,253	1.8	38.5	1.3
Prevalence of wasted children under 5 years of age (Total)	2.8	2.0	3.9	1,442	140,315	0.5	16.6	1.1
Prevalence of wasted children under 5 years of age (Male)	3.4	2.3	5.0	686	67,062	0.7	18.2	0.9
Prevalence of wasted children under 5 years of age (Female)	2.3	1.4	3.7	756	73,253	0.5	14.9	1.0
Percentage of children under age 5 with diarrhea in the last two weeks (Total)	25.6	22.6	28.8	1,457	141,548	1.6	43.6	1.4
Percentage of children under age 5 with diarrhea in the last two weeks (Male)	27.3	23.0	32.0	693	67,609	2.3	44.5	1.3
Percentage of children under age 5 with diarrhea in the last two weeks (Female)	24.0	20.5	27.9	764	73,939	1.9	42.7	1.2
Percentage of children under age 5 with diarrhea treated with ORT (Total)	67.1	61.3	72.4	372	36,207	2.8	47.0	1.1
Percentage of children under age 5 with diarrhea treated with ORT (Male)	65.7	57.9	72.7	188	18,433	3.8	47.5	1.1
Percentage of children under age 5 with diarrhea treated with ORT (Female)	68.5	60.8	75.4	184	17,773	3.7	46.4	1.1
Prevalence of exclusive breast-feeding of children under six months of age	38.5	30.8	46.8	147	14,354	4.0	48.7	1.0
Prevalence of exclusive breast-feeding of children under six months of age (Male)	26.4	18.1	36.8	76	7,279	4.7	44.1	0.9
Prevalence of exclusive breast-feeding of children under six months of age (Female)	51.0	39.1	62.9	71	7,074	6.0	50.0	1.0
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD)	7.7	5.0	11.5	372	35,575	1.6	26.6	1.2
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Male)	8.5	4.4	15.7	172	16,846	2.9	27.8	1.3
Prevalence of children 6-23 months of age receiving a minimum acceptable diet (MAD) (Female)	6.9	4.1	11.4	200	18,729	1.8	25.4	1.0

NOTE: Prevalence of wasted children is included but is not a required FFP indicator

TableA7.2. Title II Program-specific Indicators - CARE Program Area

Indicators, 95% Confidence Intervals and Base Population [Haiti, 2014]

	Indicator Value	95% CI		Number of Records	Weighted Population	Standard Error	Standard Deviation	DEFT
		Lower	Upper					
Food Security (All Households)								
Food Consumption Score								
Households with FCS = ≤ 28 (Poor)	9.1	7.2	11.4	202	19,533	1.0	28.7	1.7
Households with FCS > 28 and FCS ≤ 42 (Borderline)	22.2	19.9	24.7	508	47,871	1.2	41.6	1.4
Households with FCS > 42 (Adequate)	68.7	64.8	72.4	1,525	148,137	1.9	46.4	1.9
Gender (Male Decision Makers)								
Average agreement that males and females should have equal access to social, economic, and political opportunities	0.47	0.43	0.52	1,797	173,929	0.02	0.8	1.7
J03 Men make better political leaders than women								
Strongly disagree	18.8	15.3	22.9	1,812	175,319	1.9	39.1	2.1
Disagree	24.0	21.6	26.5	1,812	175,319	1.2	42.7	1.2
Neither agree nor disagree	6.4	4.8	8.5	1,812	175,319	0.9	24.5	1.6
Agree	44.0	41.5	46.5	1,812	175,319	1.2	49.6	1.1
Strongly agree	6.6	4.8	8.8	1,812	175,319	1.0	24.7	1.7
Don't know	0.3	0.1	0.8	1,812	175,319	0.2	5.3	1.2
J04 Men should have more rights to a job than women								
Strongly disagree	14.4	11.2	18.4	1,812	175,319	1.8	35.1	2.2
Disagree	16.4	14.3	18.9	1,812	175,319	1.2	37.1	1.3
Neither agree nor disagree	2.9	2.1	4.1	1,812	175,319	0.5	16.9	1.2
Agree	56.2	53.0	59.4	1,812	175,319	1.6	49.6	1.4
Strongly agree	9.6	6.9	13.1	1,812	175,319	1.6	29.4	2.2
Don't know	0.4	0.2	0.8	1,812	175,319	0.2	6.2	1.0
J05 Women should have equal right with men to access food								
Strongly disagree	2.2	1.5	3.3	1,812	175,319	0.4	14.7	1.3
Disagree	2.9	2.2	3.8	1,812	175,319	0.4	16.7	1.0
Neither agree nor disagree	0.6	0.3	1.1	1,812	175,319	0.2	7.8	1.0
Agree	79.2	75.4	82.6	1,812	175,319	1.8	40.6	1.9
Strongly agree	15.0	11.7	19.1	1,812	175,319	1.9	35.8	2.2
Don't know	0.0	0.0	0.2	1,812	175,319	0.0	1.6	0.7
J06 Women and men should have equal decision-making on family food and nutriton								
Strongly disagree	2.0	1.3	3.2	1,812	175,319	0.5	14.1	1.4
Disagree	6.2	4.9	7.8	1,812	175,319	0.8	24.1	1.3
Neither agree nor disagree	0.8	0.5	1.3	1,812	175,319	0.2	9.0	1.0
Agree	79.9	76.6	82.8	1,812	175,319	1.6	40.1	1.7
Strongly agree	10.9	8.1	14.7	1,812	175,319	1.7	31.2	2.2
Don't know	0.2	0.0	0.5	1,812	175,319	0.1	3.9	1.1
J07 Women should have equal rights with men and receive the same treatment								
Strongly disagree	5.9	4.7	7.4	1,812	175,319	0.7	23.6	1.2
Disagree	12.4	10.2	15.0	1,812	175,319	1.2	33.0	1.5
Neither agree nor disagree	1.2	0.7	1.9	1,812	175,319	0.3	10.8	1.1
Agree	66.9	63.6	70.1	1,812	175,319	1.7	47.1	1.5
Strongly agree	13.4	10.6	17.0	1,812	175,319	1.6	34.1	2.0
Don't know	0.1	0.0	0.4	1,812	175,319	0.1	3.7	0.9
Gender (Female Decision Makers)								
Average agreement that males and females should have equal access to social, economic, and political opportunities	0.69	0.64	0.74	1,939	189,021	0.02	0.9	1.8
J03 Men make better political leaders than women								
Strongly disagree	35.1	31.4	38.9	1,963	190,931	1.9	47.7	1.7
Disagree	28.7	26.0	31.6	1,963	190,931	1.4	45.3	1.4
Neither agree nor disagree	5.8	4.5	7.3	1,963	190,931	0.7	23.3	1.3
Agree	27.4	24.7	30.4	1,963	190,931	1.4	44.6	1.4
Strongly agree	2.2	1.4	3.5	1,963	190,931	0.5	14.7	1.5
Don't know	0.8	0.5	1.4	1,963	190,931	0.2	8.9	1.1
J04 Men should have more rights to a job than women								
Strongly disagree	21.2	17.9	25.0	1,963	190,931	1.8	40.9	1.9
Disagree	21.9	19.1	25.0	1,963	190,931	1.5	41.3	1.6
Neither agree nor disagree	3.6	2.8	4.7	1,963	190,931	0.5	18.7	1.1
Agree	47.5	44.5	50.6	1,963	190,931	1.5	49.9	1.4
Strongly agree	5.5	3.5	8.6	1,963	190,931	1.3	22.8	2.4
Don't know	0.2	0.1	0.5	1,963	190,931	0.1	4.2	0.9
J05 Women should have equal right with men to access food								
Strongly disagree	4.0	2.8	5.8	1,963	190,931	0.8	19.7	1.7
Disagree	4.3	3.5	5.3	1,963	190,931	0.5	20.3	1.0
Neither agree nor disagree	0.4	0.2	0.8	1,963	190,931	0.2	6.5	1.0
Agree	75.9	71.9	79.4	1,963	190,931	1.9	42.8	1.9
Strongly agree	15.3	12.2	19.1	1,963	190,931	1.7	36.0	2.1
Don't know	0.1	0.0	0.3	1,963	190,931	0.1	2.8	0.9
J06 Women and men should have equal decision-making on family food and nutriton								
Strongly disagree	1.9	1.3	2.9	1,963	190,931	0.4	13.8	1.3
Disagree	4.2	3.1	5.6	1,963	190,931	0.6	20.0	1.4
Neither agree nor disagree	0.7	0.4	1.3	1,963	190,931	0.2	8.4	1.1
Agree	80.8	77.6	83.6	1,963	190,931	1.5	39.4	1.7
Strongly agree	12.3	9.3	16.0	1,963	190,931	1.7	32.8	2.3
Don't know	0.1	0.0	0.3	1,963	190,931	0.1	2.8	0.9
J07 Women should have equal rights with men and receive the same treatment								
Strongly disagree	6.2	5.1	7.6	1,963	190,931	0.6	24.2	1.1
Disagree	9.1	7.4	11.1	1,963	190,931	0.9	28.7	1.4
Neither agree nor disagree	0.9	0.5	1.5	1,963	190,931	0.3	9.3	1.1
Agree	66.4	63.0	69.7	1,963	190,931	1.7	47.2	1.6
Strongly agree	17.2	13.4	21.7	1,963	190,931	2.1	37.7	2.4
Don't know	0.2	0.1	0.6	1,963	190,931	0.1	4.9	1.0

ANNEX 8
Multivariate Model Results
Baseline Study of the Title II Development Food Assistance Program in Haiti

Predictors of Stunting

To understand factors that might influence stunting, ordinary lease square (OLS) regression models were run for height for age z-scores (HAZ) of children under 24 months of age for the total sample and separately for each program area, adjusted to take the sampling design effect into account.

The selection of the subgroup of children aged 0-23 months is based on a theoretical and practical rationale. From a theoretical perspective, growth retardation accumulates from pregnancy until 24 months of age. This loss is not recovered, and catch-up growth later on in childhood is minimal.[1] It is thus most critical to explore the drivers of stunting among this age group, as the drivers for older children will have to be found in children's nutritional history at an earlier time in their lives, data which is beyond the scope of this survey. As part of the baseline studies, ICF will explore contextual, demographic, food insecurity and feeding related factors that may most strongly be associated with children's growth faltering in the program area, and also to potentially help guide program design/targeting. The second reason for selecting the sub-group of children aged 0-23 months is data availability. Data on infant young child feeding (IYCF) practices, including dietary diversity, feeding frequency and breastfeeding status, is collected only for this age group in the survey. IYCF practices may be a critical driver of stunting, and their inclusion will likely improve the fit of the multivariate model.

HAZ is a continuous variable that indicates the difference, expressed in standard deviations (SD), between the child's height and the median height for children of the same sex and age in the reference population used for the World Health Organization (WHO) anthropometry standards. Children are considered "moderately and severely stunted" when they are two SDs below the WHO standard height for their age. Thus, even though "stunting" is a categorical variable and HAZ is a continuous variable, the two are related so that when HAZ scores increase, stunting rates decrease.

Specifying a model for multivariate analysis is a critical process that requires in-depth knowledge of the subject matter, the scientific literature and the context of the data. Meaningful independent variables were selected by identifying the intersection between the independent variables identified in the literature and previous studies, and those collected by the Title II survey. Independent variables in the model include the following:

- *Demographic characteristics of the child:* Sex, age, age squared[2], a sex-by-age interaction term[3], and diarrhea status in the last two weeks
- *Child nutrition:* Adequate IYCF practices,[4] breastfeeding status, consumption of vitamin A rich fruits and vegetables
- *Maternal and caretaker characteristics:* Presence of mother, education of primary caretaker
- *Household composition:* Number of prime-aged adults (15-49 years of age), number of elder dependents (50 years or older), number of young dependents (5-14 years of age), number of children (0-4 years of age)

[1] Victora, Cesar G., et al., 'Worldwide Timing of Growth Faltering: Revisiting implications for interventions', Pediatrics, vol. 125, no. 3, 1 February 2010, p. 473.

[2] The literature indicates that the relationship between age and stunting is often non-linear, with HAZ declining faster during the first months of life. A visual inspection of the age by HAZ distribution shows that indeed the decline in HAZ is not linear. Age was thus included as a quadratic term to improve the non-linearity assumption.

[3] An interaction term allows for the coefficient of a given predictor to differ across groups of individuals. The sex by age interaction term tests the hypothesis that the linear relationship between age and stunting is different for male and female children.

[4] The 'IYCF practices' variable was defined as exclusive breastfeeding for children under six months of age, and Minimum Acceptable Diet for children 6-23 months of age.

- *Socioeconomic status:* Food consumption score, food expenditures
- *Household water and sanitation:* Improved source of drinking water, water treatment before drinking, improved and not-shared sanitation facility, cleansing agent and water available at handwashing station
- *Department* (geographic location of household)

The distributional properties of all independent variables were examined to verify that they met the requirements for multivariate analysis (normality, linearity, homoscedasticity). Several variable transformations were done as a result of this examination. Food consumption, total consumption and the food consumption score are positively skewed, with the majority of households clustering at the bottom of the distribution. These variables were transformed using a logarithmic transformation with base 10 to improve the normality assumption. Additionally, the literature indicates that the relationship between age and stunting is often non-linear, with HAZ declining faster during the first months of life. A visual inspection of the age by HAZ distribution shows that indeed the decline in HAZ is not linear. Age was thus included as a quadratic term to improve the non-linearity assumption.

Homoscedasticity was tested through a visual inspection of residuals plotted against fitted values (see figure 2), which disconfirmed the possibility of heteroskedasticity. This was formally tested using the Breusch-Pagan test, which tests the null hypothesis that the error variances are all equal versus the alternative that the error variances are a multiplicative function of one or more variables. In this case, the chi-square value was small and not statistically significant, confirming that heteroskedasticity was not a problem ($\chi^2 = 0.01$, $p = .93$).

A final test was done to check for the possibility of multi-collinearity, a condition that arises when the variables in the model are highly intercorrelated, leading to unstable coefficients and inflated standard errors. Variance inflation factors indicated that total consumption and food consumption were highly collinear, so total consumption was dropped from the model. Finally household dietary diversity score and household hunger scale were also dropped to increase the total effective sample size and avoid redundancy in predictors. Since maternal age and marital status also reduces the effective sample size, due to the absence of some mothers, the initial models were estimated using maternal status only, and excluding maternal age and marital status.

Table 21 shows statistical results for the OLS models, including the β coefficients for each individual predictor. The model shows an $R^2 = .15$, indicating that the independent variables in the models explain around 15 percent of the variance in HAZ scores. Maternal variables (maternal age and marital status) were introduced as an attempt to improve model fit, with no additional gains in R^2.

This relatively low explanatory power is not surprising, considering that the model only includes a limited subset of the predictors that the literature identifies as relevant. Important child-level predictors that were not collected as part of the Title II baseline include birth weight (Adair, 1989), breastfeeding duration and initiation (Mbuya et al. 2010), immunization status (Adair, 1989), iron, zinc or vitamin A supplementation (Bhutta et al., 2008, Berger et al., 2007). Important maternal-level predictors of child HAZ were omitted as well, including maternal body mass index and height (Mbuya et al., 2010, Adair & Guilkey, 1997), maternal health (Christian, 2009) or maternal supplementation with zinc, iron folate or micronutrients during pregnancy (Bhutta et al., 2008; Misra et al., 2005).

In a multiple OLS regression model, the β coefficient for individual predictors indicate the change in HAZ scores for a unit increase in the predictor variable, with all other predictors in the model held constant. The following variables were significant predictors for HAZ (note the inverse relationship between HAZ and stunting; that is, when HAZ scores increase, stunting rates decrease)[5]:

- *Age:* As the significant and negative "age in months squared" term indicates, the decline in HAZ is greater during the later months of an infant's life. An inspection of the age-by-HAZ relationship shows that HAZ scores drop more markedly after 12 months of age.
- *Breastfeeding:* Children that are currently breastfed have a lower HAZ score (-0.55) than non-breastfed children. Note that this is opposite to what we would expect.
- *Education level of primary caretaker:* Having a primary caretaker with a secondary or higher education level is associated with an increase in HAZ of 0.41.
- *Number of prime-aged adults in the household (15-49 years of age):* The presence of each additional adult in the household is associated with a decline of -0.10 in HAZ.
- *Improved sanitation:* Children living in households with access to a non-shared, improved sanitation facility have a higher HAZ score (0.40).
- The significant result for the constant term indicates that, even after controlling for all the effects in the model, the average HAZ score is still significantly negative, meaning that some additional factors must be driving growth rates down, above and beyond those specified in our model. Important child-level predictors that were not collected as part of the Title II baseline include birth weight (Adair, 1989), breastfeeding duration and initiation (Mbuya et al. 2010), immunization status (Adair, 1989), iron, zinc or vitamin A supplementation (Bhutta et al., 2008, Berger et al., 2007). Important maternal-level predictors of child HAZ were omitted as well, including maternal body mass index and height (Mbuya et al., 2010, Adair & Guilkey, 1997), maternal health (Christian, 2009) or maternal supplementation with zinc, iron folate or micronutrients during pregnancy (Bhutta et al., 2008; Misra et al., 2005).

The results of the multivariate analyses suggest that there are some specific population subgroups in need of particular attention: Children 12 months or older, and those living in a household with many adults, are at greater risk of child stunting. Additionally, the model identifies some factors which may promote HAZ, including improved sanitation and education of the primary caretaker.

The negative relationship between breastfeeding and HAZ is best analyzed in combination with age and complementary feeding practices. As figure 3 shows, the negative relationship is apparent for all age groups. Since the number of non-breastfeeding children is very low for the younger age groups, the differences in HAZ for younger children are trivial, though (as shown by the large standard errors). A possible explanation is that older children (12 months and older) that are still breastfeeding may be doing so to compensate for the lack of age-appropriate alternatives, and so they may not be receiving adequate complementary feeding. This hypothesis can be formally tested by examining the prevalence of minimum acceptable diet for different age groups. However the null that the hypothesis is false cannot be rejected in the study population (Wald F = 0.405, p=.669), indicating that the explanation may lay on suboptimal breastfeeding and/or complementary feeding practices beyond those measured in this survey.

[5] An example may clarify this negative relationship: a child with an HAZ score of -2.3 falls below -2SD and thus is considered stunted, but if the child's HAZ score increased to -1.3 then it would be above -2SD and thus the child would no longer be considered stunted. Therefore an increase in HAZ is associated with a decrease in stunting.

Table 21. Multiple OLS Models of Height for Age Z-score of Children 0-23 months

Dependent: Height for Age Z-score	Total (R^2 = .15)	
Independent Variables	β (std. err.)	p-value
Child Characteristics		
Sex (Female)	-0.15 (0.23)	*0.51*
Age in months	0.02 (0.04)	*0.60*
Sex*age interaction	0.01 (0.01)	*0.36*
Age in months squared	-0.004 (0.00)	*0.03**
Child had diarrhea in the last 2 weeks	0.09 (0.10)	*0.36*
Currently breastfeeding	-0.55 (0.18)	*0.00***
Adequate IYCF	0.26 (0.17)	*0.13*
Consumed Vitamin A rich fruits and vegetables yesterday	-0.06 (0.13)	*0.65*
Characteristics of Primary Caretaker/Mother		
Education level of primary caretaker (Primary)	0.24 (0.14)	*0.10*
Education level of primary caretaker (Secondary or higher)	0.41 (0.18)	*0.03**
Mother absent	0.23 (0.21)	*0.27*
Mother deceased	0.10 (0.37)	*0.78*
Household Composition		
Number of prime-aged adults (15-49)	-0.10 (0.04)	*0.02**
Number of elder dependents (50 or older)	-0.02 (0.06)	*0.75*
Number of young dependents (5-14)	0.08 (0.05)	*0.12*
Number of children (0-4)	0.00 (0.08)	*0.97*
Household Socioeconomic Status		
Food Consumption Score (log)	0.40 (0.48)	*0.42*
Daily per capita food consumption (log)	-0.04 (0.48)	*0.94*
Daily per capita total consumption (log)	0.26 (0.35)	*0.46*
Household Water and Sanitation		
Improved, not shared sanitation facility	0.40 (0.19)	*0.03**
Improved source of drinking water	-0.07 (0.10)	*0.47*
Cleansing agent and water available at handwashing station	-0.19 (0.33)	*0.56*
Water treatment prior to drinking	-0.07 (0.12)	*0.56*
Department		
Artibonite	*Reference Department*	
Centre	0.08 (0.18)	*0.68*
Nord-Ouest	0.27 (0.18)	*0.14*
Ouest	0.32 (0.23)	*0.17*
Sud-Est	0.22 (0.19)	*0.27*
(Constant)	-1.21 (0.54)	*0.03**
Number of children (0-23 months) in final model	488	

* p <.05 ** p <.01

Outputs

Figure 1. Age by zhaz scatterplot

Figure 2. Residuals versus fitted values

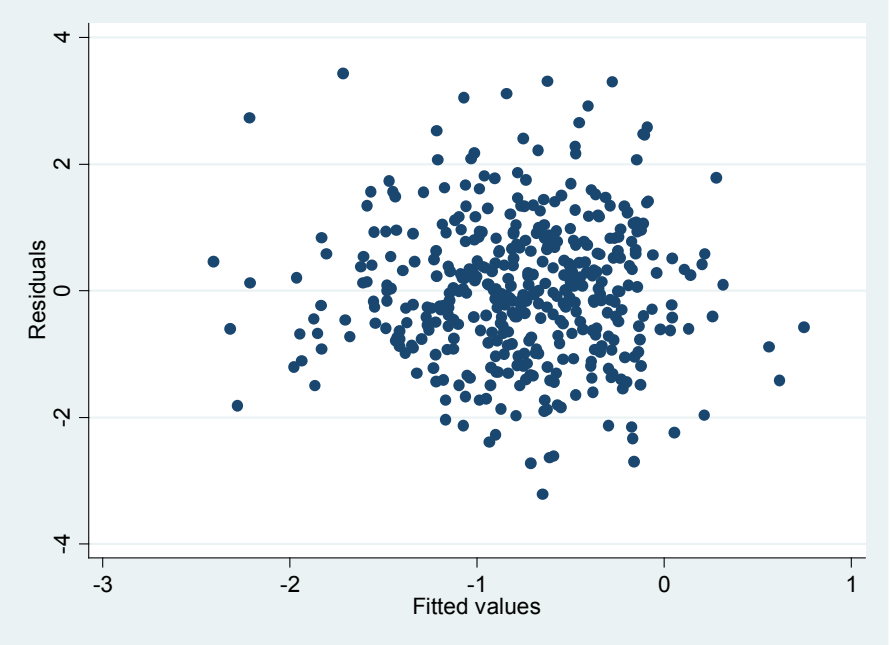
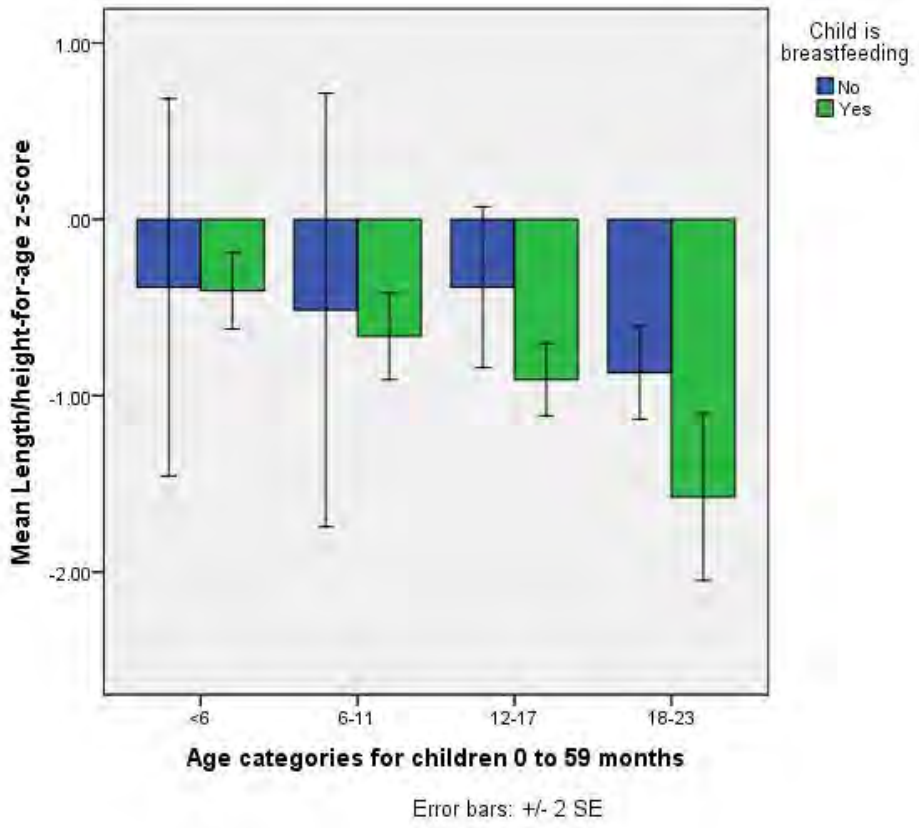


Figure 3. Height for Age Z-score by Age and Breastfeeding Status



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ANNEX 9
Qualitative Study Interview Guide in English
Baseline Study of the Title II Development Food Assistance Program in Haiti

RECORD KEEPING		
Date		
Your Name		
Commune		
EA		
Type of interview [PL / HHL / FGD (#)]		
Duration of interview		
Description of interviewee (e.g. 35 year old pregnant woman with kids 18 months and 3 years old)		*to be post coded*

OVERVIEW OF THE PROJECT AND ITS AIMS
THEME: Household Vulnerabilities & Food Insecurity *TOPICS: Livelihoods, Access to Food, Food Allocations, Family Dynamics, Resilience*
THEME: Maternal, Child Health & Nutrition *TOPICS: Pregnancy, Breastfeeding, Childcare, WASH, Access to Services*
THEME: Gender Equity & Empowerment *TOPICS: Roles, Responsibilities, Decision-Making, Equity & Justice, Societal Perception*
THEME: Governance & Service Provision (Program Level Interviews Only) *TOPICS: Inclusion, Transparency, Food Assistance, Citizen Participation, Democratic Principles*

INTERVIEWING TECHNIQUES	
1) DO KNOW WHAT IT IS YOU WANT TO FIND OUT 2) DO BECOME FAMILIAR WITH INTERVIEW GUIDE 3) DO ASK FOLLOW UP QUESTIONS 4) DO SPEND MORE TIME LISTENING THAN TALKING	1) DON'T STRAY AWAY FROM THE INTERVIEW GUIDE 2) DON'T READ QUESTIONS WORD FOR WORD 3) DON'T ASK LEADING QUESTIONS 4) DON'T TAKE OVER THE CONVERSATION

READ THE INFORMED CONSENT STATEMENT
EXPLAIN THE QUALITATIVE STUDY AND PURPOSE OF THE INTERVIEW
ENSURE THE INTERVIEWEE UNDERSTANDS ~ TAKE ANY QUESTIONS

GETTING TO KNOW THE INTERVIEWEE ~ AN INTRODUCTORY CONVERSATION

IF PROGRAM LEVEL INTERVIEW PROCEED TO PAGE 2
IF FOCUS GROUP DISCUSSION SKIP TO PAGE 4
IF HOUSEHOLD LEVEL INTERVIEW SKIP TO PAGE 5

PROGRAM LEVEL INTERVIEW

START THE INTERVIEW

***Keep in mind who you are interviewing – Government Employee or Community Health Worker*

***Recognize that the interviewee will be knowledgeable on these topics. Your goal is a discussion.*

Introductory Conversation/Questions

1) I just wanted to say thanks again for taking the time to meet with me. Are you ready to begin? To begin, could you tell me about your job? [Type of work. Specific responsibilities]

2) I imagine you are familiar with the term food insecurity. It's a term to describe situations when people struggle to have enough food. It might be because of bad weather, poor farming conditions, lack of jobs, and other factors. This is the main part of what I'd like to speak with you about. If you think then about food insecurity, what do you feel are the biggest factors that create food insecurity in Haiti?

Household Vulnerabilities & Food Insecurity

1) When you think about the average household in rural Haiti, can you describe how, generally speaking, decisions about food are made within households? Including what food adults and children eat (and don't eat). And if different people in the house eat different foods, and why?

2) Are there any specific foods, or certain habits around eating that are generally considered taboo in Haiti?

Maternal, Child Health & Nutrition

1) Again in thinking about the average household in rural Haiti, what do you feel are some of the biggest challenges that pregnant women face?

2) Once a mother (and a father) have a young child what does caring for that child involve?

Gender Equity & Empowerment

1) Do you believe women should have equal rights with men and receive the same treatment as men do? Can you tell me a bit about why you feel the way you do?

2) To what degree do you think men and women are treated equally in Haiti?
Be specific and think about how attitudes have (or have not) changed over time.

Governance & Service Provision

Now that we've touched on some broad food, health, and gender questions, I want to also ask some questions about how things work in Haiti. Largely in terms of what people have access to, what they do not, and why.

1) To start with the topic of food, when a household is struggling to have enough food, what are the options for the household?

2) When a Haitian family does not have enough food, do you think that the family feels the Government of Haiti has a responsibility to assist the family? And do you think the government of Haiti has a responsibility to help struggling households get food?

3) With regard to food assistance, do the expectations of families match the reality of what the Government of Haiti can provide? Does this vary at national, department, and commune levels?

4) How high a priority do you feel food assistance programs are with the Government of Haiti? What factors contribute to this issue being a high priority or a low priority? Does this vary at national, department, and commune levels?

5) To what extent do households rely on non-governmental support for food assistance? And are there any tensions in relation to what the Government of Haiti is or is not providing?

6) How do you feel about the strategy of providing food and/or vouchers and/or cash? That is, when you think about this strategy do you think it's effective in tackling broader nutrition and health issues?

7) What are some of the strengths and some of the shortcomings with regard to donor funded food assistance?

8) What do you see as the long-term vision or long-term plan to improve the access to food and the quality of food that families are accessing?

FOCUS GROUP DISCUSSION

START THE FOCUS GROUP DISCUSSION

Introductory Conversation/Questions

I just wanted to say thanks again for taking the time to meet with me. Is everyone ready to get started?

To begin, I'd like learn a bit more about each of you.

I was thinking we could go around the room and introduce each other. Your name, age, occupation, how many children you have, their ages, and anything you'd like to add.

I'll start. As I said earlier, my name is….. I am XX years old. And so on.

After you introduce yourself, follow along with what each person says and map out how the group is seated in the room in relation to where you are sitting.

Map out the group here

HOW TO CONDUCT AND MANAGE THE FOCUS GROUP DISCUSSION

- The focus group is no different than an interview, just there are more people
- Use the household level interview guide, just adjust the wording slightly when you speak
- In some instances go around and have everyone individually answer the question
- In some instances pose a question and let the group discuss
- Note who the focus group is with (all women, all men, mixed, pregnant women, mothers, etc.)
- Prior to the focus group mark the questions you will pose

SKIP TO PAGE 6

HOUSEHOLD LEVEL INTERVIEW

START THE INTERVIEW

Introductory Conversation

I just wanted to say thanks again for taking the time to meet with me. Are you ready to begin?
To start out, I'd like learn a bit more about you and what you do.

In a way that is comfortable to you, ask about the information in the table below. Remember that some of this information you may have already learned in conversation up to this point. Think of this as informal conversation, getting to know the interviewee, and fostering a comfortable space.	
Name	
Age	
Occupation	
Currently Living In	
Originally From	

TRANSITION TO CONTINUE THE INTERVIEW

It's really great to meet you and to learn more about you and your family.

I'd like to move forward with the interview questions.

PART I ~ HOUSEHOLD SITUATION

INTRO: To start, I'd like to ask you some questions about how things work in your household.

1) Who lives in your household? (Note familial marker, age, etc.)

2) Does anyone in the household migrate to distant locations?
   If so, how does it work? Please explain the details (i.e., where, for how long, what they do, etc.)
   How would life for you and your family be different without this?

3) Who is the primary decision-maker in your household?
   Is there agreement within the household that this person is the primary decision-maker? Why or why not?

4) What would you say is the primary resource for this household? Money? And what else?
   Who makes decisions on how to spend money and other use other resources that the household has?
   Is the decision-maker automatically the same person who earns money? Why or why not?

5) Is there ever disagreement over money (and other resources)?
   Can you give an example? And how do you resolve disagreements?

6) What are all the sources and ways that the household brings in money?

7) Do you feel like there's enough resources for the household?
   If not, what are the obstacles to having more? And what are the impacts of not having enough?

8) What types of decisions do women in the household make? Versus decisions men make?
   Is there ever disagreement surrounding women or men making decisions? Please explain. For example, how does things work with decisions about money? Or decisions about your children?

TIPS	**Make this a conversation not a string of questions answered yes or no** ➢ Take note if it's men or women who are migrating and ask why ➢ Ask about primary and secondary sources of income ➢ Inquire if they do other informal work. Do they ever trade goods for services? ➢ Your goal is to explore how the household functions. Notably in relation to money and decision-making.

PART 2 ~ FOOD ACCESS

INTRO: Now, I'd like to ask about food and what is eaten in the household

1) In looking back to the last week or so, on a typical day how many meals do you eat?
   What did these meals include? Is everyone in the household eating this same number of meals?

2) What foods do you regularly eat? And why? What foods do you rarely eat? And why?
   Are there any foods you are afraid to eat (as in they are taboo)? What makes the food taboo?

3) How are decisions made about what food is eaten? Who makes decisions? What's the process?
   Does everyone in the household eat the same food? Who eats what and why?

4) Would for example, a family member eat less to ensure a pregnant woman ate enough?
   What family member? Have there been instances where this has created tension? Please explain.

5) Have there been instances when you are hungry and there is no food?
   If so, how do you cope and what has the experience been like?
   If there is not enough food, how do you manage that situation?

6) Where does the majority of food you eat come from? (Is it produced or bought?).
   Is the balance how you want it? Or would you prefer to have more produced or bought food? Why?

7) Is there one food you must have for you to consider a meal to be a meal? Why?
   Does everyone in the household feel the same?

8) Does the type of food you eat change in different times of the year? In what ways?

TIPS	**Be sure the questions you ask aren't stating the answer within the question** ➢ Remember to use phrases like that's very interesting or can we talk about that some more ➢ Ask about their favorite foods, share what your favorite foods are and why ➢ Dig deep and probe, nearly everyone thinks certain foods are taboo. Find out why ➢ This set of questions is about food, who decides what to eat/buy, who eats what and why

PART 3 ~ HEALTH & NUTRITION (ADULT)

INTRO: Related food, I also have some questions health and nutrition.

*** Take note that you will word the questions differently depending on if you are speaking with a woman or a man****

1) In what instances do you choose to visit the doctor, nurse, clinic, etc.?
   Would you like to see the doctor more often? Or not as much? Why?

2) What advice have you been given about food—both food for your yourself and for your family? Please be specific—what were you told and who told you? Is the advice ever conflicting? In what ways? Why do think this is? Does this ever lead to arguments?

3) During pregnancy, what do you feel are the most important things a woman needs to do to take care of herself and the baby? What leads you to believe this?
   [If speaking with a woman, ask about her experiences when she was pregnant.]

4) Do you feel there are certain foods pregnant women should eat? Should not eat? What are your reasons?

5) What do you feel are some of the biggest reasons women experience difficulties during pregnancy?
   [If speaking with a woman, ask about her experiences when she was pregnant.]

6) Do you feel it is important for women to breastfeed? Why? Or why not?

7) Are you aware that it is generally recommended that mothers exclusively breastfeed children for 6 months? In instances when this does not happen, what do you think are some of the reasons?

8) In instances when exclusive breastfeeding for 6 months does not happen, what foods/liquids are given instead of breast milk?

TIPS	**Make sure you are asking the right questions to get the information you are after** ➢ Use encouraging words and introduce related and new topics as appropriate ➢ Why is going to be one of your most used words in every interview ➢ If necessary ask the same question twice, just word it differently ➢ Keep in mind the ways that questions about money, about food, about health are related

PART 4 ~ HEALTH & NUTRITION (CHILD)

INTRO: I have some additional questions about your children

** *Take note that you will word the questions differently depending on if the interviewee has children*

1) Generally speaking children begin to receive food/liquid other than breast milk at 6 months. In your family, what foods/liquids are given at this age?

2) Who all in the family feeds children? Generally speaking, when you feed the children do you use the same pots and utensils that are used for the family?

3) Do your kids ever have diarrhea? If so, why do you think this is the case? What is your strategy for treating diarrhea? Is there anything you do to try to prevent diarrhea?

4) How do you feel about your children's size? Good height and weight? Or not?
What has the doctor told you about the height and weight of your child? And do you agree or disagree?

5) What are some of the things that make it hard for children to get to a good height and weight?

6) Are there foods that you think are particularly important for kids to eat so that they grow big and strong?

7) In instances where you have concern your children are not receiving enough food, how do you try to address this?

8) Are you aware of the relationship between food and growth?
And do you recognize when growth has been impacted? What do you see?
Do you worry that your children will not grow to their full potential?

TIPS	**Gauge what the interest/comfort level of the interviewee is and offer appropriate reassurances** ➢ Don't be reading the questions in this guide word for word ➢ Keep track of time—when people have interesting things to say let them talk ➢ Keep track of time—when people are bored by the question consider moving on ➢ It's unlikely you will ask every single question on this guide, let a conversation develop

PART 5 ~ WATER, SANITATION & HYGIENE (WASH)

Water ~ Access & Quality

1) Where do you get water from?
   And does the water you drink, water you cook with, and water you bathe with come from the same place?

2) I want to ask you about any concerns you have about water. First, in terms of access to water, do you have any concerns? What are the challenges you face in accessing water?

3) Second, in terms of the quality of the water you have access to? What if any challenges do you face? What are your strategies to improve the quality of the water? For example, do you boil your water before you drink it?

Toilet ~ Access & Quality

1) Where do you use the toilet? And do you have any concerns about where you use the toilet? For example, in thinking about toilet use in your commune, are there any fears (or taboos) connected to where toilets are located?

2) What are your strategies to improve your access to a toilet?

3) What are your strategies to improve the quality of the toilet you use?

Hygiene ~ Access & Quality

1) How often you wash your hands? At what times? And why those times?

2) Do you regularly use soap (or other cleansing agents) when you wash your hands? If you do, is this because you think soap is important? What do feel makes soap important? And do you feel there are times to use soap and other times it's not as important?

3) Do you have any problems buying soap? If for example, money is tight, is soap a high or a low priority? If this is the case, why do you see soap as a lower priority?

PART 6 ~ GENDER & EMPOWERMENT

Note: It's likely these topics have come up already

1) What do you see as the roles and responsibilities of women within the household?
   How does this vary throughout a woman's life course? (Differences in Older/Younger, Pregnant/Non Pregnant, Mother, Single/Married)

2) To what extent are the women in your household involved in decision-making?
   And if joint decision-making is present, what are some examples of how it is carried out?

3) What do you see as the role of men? Of fathers?

4) Do you feel men and women are equal? Why? Or why not?
   In what aspects are they equal?
   In what aspects are they unequal?

5) What do you see as barriers in Haiti to men and women being equal?

PART 7 ~ FOOD ASSISTANCE, GOVERNANCE & SERVICE PROVISION

1) When a Haitian family does not have enough food, do you think the government of Haiti has a responsibility to help struggling households get food?

2) How high a priority do you feel food assistance programs are with the Government of Haiti? What factors contribute to this issue being a high priority or a low priority? Does this vary at national, department, and commune levels?

3) To what extent do households rely on non-governmental support for food assistance? And are there any tensions in relation to what the Government of Haiti is or is not providing?

4) How do you feel about the strategy of providing food and/or vouchers and/or cash? Do you think it's effective in helping families with improving their health and nutrition?

5) What has been your experience with food assistance? Are you currently receiving food assistance?

ANNEX 10
Qualitative Study Interview Guide in Haitian Créole
Baseline Study of the Title II Development Food Assistance Program in Haiti

ENFOMASYON POU ACHIV	
Dat	
Non	
Komin	
EA	
PL / HHL / FGD (#)	
Not:	

YON TI RALE SOU PWOJÈ A AK OBJEKTIF LI YO
Tèm: vilnerablite ak ensekirite alimantè nan fanmiy yo SIJÈ : Mwayen pou viv, aksè a manje, distribisyon manje, Dinamik Fanmi, fleksiblite
Tèm: Swen sante ak manje pou manman ak timoun Sijè: gwosès, alètman, swen timoun, WASH, aksè a sèvis
Tèm: Egalite fi ak gason ak Ranfòsman kapasite yo - *TOPICS: Wòl, Reskonsablite, pouvwa desizyon, Egalite ak jistis, kijan nou wè sosyete a*
THEME: kontwòl gouvènman ak sèvis (entèvyou ak reskonsab pwogram yo sèlman) *TOPICS: enklizyon, Transparans, pwogram bay manje, patisipasyon sitwayen, prensip demokratik*

TEKNIK POU ENTÈVYOU YO	
1) KONNEN KISA WAP CHÈCHE 2) ABITYE AK GID ANTREVI A 3) POZE KESYON POU FÈ SWIVI 4) PRAN PLIS TAN NAN KOUTE KE NAN PALE	1) RETE NAN KAD GUID ENTÈVYOU A 2) PA LI KESYON YO MO POU MO 3) PA POZE KESYON KI KA DIRIJE REPONS YO 4) PA PRAN KONVÈSASYON YO POU NOU

EKSPLIKE ETID LA AK OBJEKTIF ENTÈVYOU A
LI FÒM KONSANTMAN AN
ASIRE'N KE MOUN NAP POZE KESYON YO KONPRANN~PRAN NENPÒT KI KESYON

FÈ KONESANS AK MOUN WAP BAY ENTÈVYOU A ~ FÈ YON TI KONVÈSASYON ENTWODIKSYON

POU ENTÈVYOU AK RESKONSAB PWOGRAM YO ALE NAN PAJ 2
POU ENTÈVYOU AK FANMIY YO ALE NAN PAJ 4
SI SE YON FOKIS GWOUP ALE NAN PAJ 5

ENTÈVYOU AK RESKONSAB PWOGRAM YO

KÒMANSE ENTÈVYOU A

***Sonje ak kilès wap fè entèvyou a – moun kap travay nan gouvènman ou byen travayè la sante*

***Rekonèt ke moun wap fè entèvyou a gen konesans nan domèn nan, donk bi nou se pou mennen yon diskisyon*

Konvèsasyon pou entwodwi tèt ou

1) Mwen ta renmen remèsye'w paske ou pran tan fè ti chita pale sa ak mwen. Ou pare pou nou kòmanse? Fè yon ti pale'm de travay ou? [kijan de travay ou fè, ki wòl ou nan travay sa] ?

2) Mwen kwè ou abitye ak tèm ensekirite alimantè a. Se yon tèm ki vle di pwoblèm grangou, lè moun ap pase mizè pou jwenn yon ti moso manje. Se kapab a kòz move tan, move kondisyon kilti latè, chomaj, e yon bann lòt faktè. Se de sa mwen ta renmen pale ak ou jodia. Lè wap panse ak ensekirite alimantè ki sa ou wè ki ta pi gwo kòz pwoblèm sa?

Vilnerabilite ak Ensekirite alimantè

1) Lè wap pran kèk fanmiy nan milye riral ayisyen an, èske ou ka dekri, kòman moun an dedan fanmiy yo pran desizyon sou zafè manje? Ki jan de manje granmoun ak timoun manje e kijan de manje yo pa manje? Èske chak moun nan fanmiy yo manje diferan manje e poukisa?

2) Èske gen de manje ou byen fason ke nou manje ki konsidere kòm tabou an ayiti?

Swen sante ak manje pou timoun ak manman yo

1) Lè'w pran kèk fanmiy nan milye riral an Ayiti, ki sa ou panse ki pi gwo pwoblèm ke fanm ansent ap rankontre?

2) Lè yon manman (ak yon papa) gen yon timoun piti, ki sa pran swen ti moun sa vle di pou yo?

Egalite fi ak fason ak Ranfòsman kapasite yo

1) Eske ou kwè nan egalite fanm ak gason?
[Gade reyaksyon yo pou ka konnen ki jan pou kontiniye]

2) Kòman ou wè zafè egalite fanm ak gason an ayiti?
Eksplike nou klèman kòman ou wè atitid moun chanje ou byen pa chanje sou kesyon sa-a.

Gouvènman ak Fason yo bay sèvis

1) Kòm nou sot pale de fason moun manje, swen sante, ak kesyon egalite an jeneral, mwen ta renmen poze'w kèk kesyon sou kòman yo jere bagay sa yo an ayiti. An gwosomodo, pa rapò a sa nou sot site la yo, kisa moun gen aksè a li, ki sa yo pa gen aksè e poukisa. Si nou vle kòmanse ak zafè manje a, lè yon fanmiy ap fè fas ak pwoblèm grangou, ki opsyon yo genyen? Èske ou panse ke gouvènman an gen reskonsablite pou ede moun ki nan pwoblèm grangou pou yo ka jwenn manje?

2) Lè yon fanmiy gen pwoblèm manje, èske ou panse ke fanmiy sa kwè ke gouvènman ayisyen an gen reskonsablite pou ede li?

3) Sou zafè èd pou manje, èske ou panse ke gouvènman an mezi pou li ede jan fanmiy sa yo ta swete. Èske se yon bagay ki varye nan nivo nasyonal, depatman ou byen komin?

4) Ki nivo enpòtans ou panse ke gouvènman an bay pwogram sipò nan zafè manjè yo? Ki faktè ki detèmine enpòtans pwoblèm grangou pou gouvènman an? èske faktè sa yo varye nan nivo nasyonal, depatman ou byen komin?

5) Nan ki nivo fanimiy yo konte sou sipò òganizasyon ki pa nan gouvènman an pou ede yo konbat pwoblèm grangou a. Èske konn genyen diskisyon konsènan kèk bagay ke gouvènman bay ou byen ta dwe bay?

6) Sa ou panse de pwogram bay moun manje ou byen fich ou byen lajan pou yo achete manje? Èske ou panse ke sistèm sa yo bon pou konbat pwoblèm manje ak la sante ?

7) Ki sa ou panse ki fè fòs ak feblès pwogram sipò pou konbat grangou yo?

8) Ki sa ou wè kòm vizyon ou byen yon plan ki ta ka dire pou pèmèt ke fanmiy yo ka jwenn manje pi fasil epi amelyore kalite manje ke yap jwenn yo?

ENTÈVYOU AK FANMIY YO

KÒMANSE ENTÈVYOU A

Entwodiksyon/Kesyon

Mwen ta renmen remèsye'w paske pou pran tan fè ti chita pale sa ak mwen. Èske ou pare? Pou kòmanse, mwen ta renmen ou fè yon ti pale'm de wou epi de ki travay ou fè?

Nòt: Nan fason ki pi konfòtab la, mande enfòmasyon ki nan tablo sa-a

Non	
laj	
okipasyon	
Kote wap viv	
Kote'w sòti	
Sonje kèk nan enfòmasyon yo ou ka deja genyen yo a pati de entwodiksyon an.	

KONTINYE ENTÈVYOU A

Mwen byen kontan rankontre ou epi aprann plis sou ou ak fanmiy ou.

Mwen ta renmen kontinye poze ou kèk kesyon.

Ale nan paj 6

FOKIS GWOUP

KÒMANSE FOKIS GWOUP LA

Entwodiksyon / Kesyon

Mwen remèsye nou paske nou te pran ti tan sa-a pou rankontre mwen. Nou pare? Pou kòmanse, mwen ta renmen konnen yon ti kras plis de nou chak.

Mwen panse ke nou chak ki la-a, ka pran la pawòl youn aprè lòt pou prezante tèt nou. Bay non nou, laj nou, ki sa nap fè, konbyen timoun nou genyen, ki laj timoun sa yo e nenpòt ki lòt bagay nou ta vle ajoute pou pèmèt lòt moun fè konesans ak nou.

Map kòmanse. Non mwen se… mwen gen … (laj etc.)

Aprè ou fin prezante'w swiv sa chak moun ap di epi fè yon ti desen de kijan chak moun chita nan sal la pa rapò a kote ou chita-a.

Fè yon desen de jan gwoup la chita

KÒMAN POU MENNEN YON FOKIS GWOUP

- Yon fokis gwoup pa diferan de yon entèvyou, li Sèlman gen plis moun
- Itilize gid antrevi ak fanmiy yo, Sèlman ranje mo yo pandan nap pale.
- Pa moman, pase nan sal la epi mande pou chak moun reponn kesyon an.
- Nan kèk moman, poze yon kesyon epi kite gwoup la debat kesyon sa a
- Note ki gwoup moun ki ap patisipe nan fokis gwoup la. Èske se yon gwoup fanm sèlman, gason selman, yon gwoup fanm ak gason, fanm ansent manman pitit elatrye.
- Anvan fokis gwoup la, make kesyon ke nou pral poze yo.

PATI I ~ SITIYASYON FANMIY

kòmansman: Pou kòmanse, mwen ta renmen poze nou kèk ti kesyon sou kòman bagay yo fèt nan fanmiy nou.

1) Kilès kap viv nan kay la? (Note si gen yon gran paran, laj etc.)

2) Èske gen moun nan fanmiy la ki ale viv lòt kote lwen?
   Si wi, kòman sa pase? Tanpri, ban mwen yon ti detay sou sa-a (kòman yo ale, ki kote, pou konbyen tan, ki sa yale fè elatrye) kijan lavi nou ak fanmiy la tap ye si pat gen deplasman sa-a ?

3) Kilès ki premye moun pou pran desizyon nan fanmiy la? Èske gen yon antant nan kay la ki di ke se moun sa ki pou pran desizyon nan kay la ? pouki sa fèt konsa ou byen pou ki sa pat fèt konsa ?

4) Kisa ki premye resous pou kay sa-a? lajan? Kisa ankò? Kilès nan kay la ki pran desizyon sou kòman lajan ap depanse nan kay la? èske se otomatikman moun ki ap fè lajan an ki pran desizyon pou kay?

5) Èske konn gen ti diskisyon sou zafè lajan (ak lòt resous tou)? Èske ou ka ba nou yon ti egzanp? Kòman nou rive jere diskisyon sa yo?

6) Ki kote sous lajan kay la sòti, ki mwayen ke manm fanmiy an itilize pou pote lajan nan kay la?

7) Èske ou santi ke gen ase mwayen pou kay la viv ? si non, ki sa ki fè pa gen plis mwayen nan kay la-a? Ki pwoblèm ke mank mwayen pou viv konn mete nan kay la?

8) Ki kalite desizyon fi gen dwa pran nan kay la-a? èske konn gen diskisyon pou fi ou byen gason pran desizyon ? kòman sa konn pase?

TIPS	**Fè dyalòg sa-a sou fòm yon konvèsasyon e non sou fòm kesyon/repons wi/non** ➢ Pran nòt si se fi ou byen gason ki vwayaje/deplase e pouki sa ➢ Chèche konnen ki pi gwo sous lajan e ki lòt sous lajan ankò. ➢ Chèche konnen si yo fè lòt travay enfòmèl. Èske yo fè echanj manje pou sèvis? ➢ Objektif nou se konprann kòman fanmiy yo fonksyone. An patikilye nan fason yo fè lajan ak pran desizyon.

PATI 2 ~ AKSÈ A MANJE

Kòmansman: Kounye a mwen ta renmen fè yon ti pale ak ou sou fason nou manje nan kay la-a.

1) Si nou fè yon ti bak jiska semèn ki sot pase a pa egzanp, konbyen fwa nou manje pa jou? Ki sa nou manje lè konsa ? èske tout moun nan kay la-a jwenn manje chak fwa sa yo?

2) Ki jan de manje ke nou manje chak jou? Ki jan de manje ke nou manje sèlman kèk fwa ? èske gen kèk manje nou pè manje (kòm ki dire yo ta vle di yon bagay dwòl si nou manje yo) ? pouki sa?

3) Kòman nou deside nan fanmiy-a sou kisa ke nap manje? Kilès ki pran desizyon sa yo? Kòman yo pran desizyon sa yo? Èske tout moun nan kay la manje menm manje? Eksplike nou kisa chak moun manje e poukisa sa fèt konsa?

4) Èske pa ekzanp, yon moun nan kay la konn manje mwens pou'l ka kite manje pou fanm ansent nan kay la ka jwenn ase manje? Si sa konn fèt èske sa konn kreye ti diskisyon? Ban nou yon ti kras plis eksplikasyon.

5) Èske sa konn rive ke ou grangou e ou pa jwenn manje? Si sa konn rive, kòman ou jere sa, kòman ou konn santi'w ? lè pa gen ase manje kòman ou jere sitiyasyon sa-a ?

6) Ki kote anpil nan manje ke nap manje yo sòti? (èske nou pwodwi yo ou byen nou achte yo?) èske kantite manje nou pwodwi ak kantite manje nou achte yo balanse jan nou ta vle li ? ou byen èske nou ta pito plis manje nou pwodwi ou byen plis manje achte?

7) Èske genyen yon manje ke nou oblije jwenn pou nou santi ke nou manje? Pouki sa? Èske tout moun nan kay la panse menm jan an?

8) Èske kalite manje nap manje yo chanje nan chak sezon nan ane a? kòman?

TIPS	**Veye pou kesyon nap poze yo pa tou gen repons yo ladan yo.** ➢ Sonje pou nou itilize kèk fraz tankou "sa trè entèresan" ou byen "èske nou ka fè yon ti rale sou sa plis" ➢ Mande yo ki manje yo pi renmen, pataje avèk yo ki manje ou menm ou pi renmen e pouki sa. ➢ Fouye nan repons yo e pi analize yo. Prèske tout moun panse gen kèk manje ki tabou. Chèche konnen pouki sa. ➢ Kesyon sa yo se sou manje yo ye, sou kilès ki deside kisa ki pou kay la manje/achte, kilès ki manje ki bagay e pouki sa.

PATI 3 ~ LA SANTE AK MANJE (GRANMOUN)

KÒMANSMAN: nan sa ki gen pou wè ak manje, mwen gen kèk kesyon tou sou zafè la sante ak nitrisyon.

*** sonje ke nou pap poze kesyon yo menm jan swivan ke nap pale ak yon fi ou byen yon gason****

1) Nan ki sikonstans ke ou ale kay doktè, al wè yon mis ou byen ale nan yon klinik? Eske ou ta renmen we doktè pi souvan? Ou byen pa two souvan? Pouki sa?

2) Ki konsèy ke yo ba ou sou zafè manje? Di nou ekzakteman ki sa yo di'w epi ki moun ki di'w sa? Eske konsèy yo ba ou yo konn depaman? Kijan? Sa-k fe'w panse ke yo depaman? Èske sa konn kreye diskisyon?

3) Pandan yon gwosès, ki bagay ou panse ki pi enpòtan pou yon fanm ansent ta fè pou li pran swen tèt li ak tout ti moun nan? Ki sa ki fè ou panse konsa? [si ou ap pale ak yon fi, mande li eksplike'w eksperyans li lè li te ansent.]

4) Èske ou panse ke gen kèk manje ke yon fanm ansent ta dwe manje? Ou byen gen kèk manje yo pa ta dwe manje? Pouki rezon ou panse konsa?

5) Ki pi gwo rezon ou panse ki fè ke fanm ansent konn gen difikilte pandan gwosès yo? [si ou ap pale ak yon fi, mande li eksplike'w eksperyans li lè li te ansent.]

6) Èske ou panse ke li enpòtan pou fanm yo bay tete? Pou kisa ou byen pou ki yo pa ta dwe fè sa?

7) Èske ou konnen ke doktè ankouraje manman yo pou yo bay tete sèlman, pandan 6 mwa? Ki rezon ou panse ki fè sa pat fèt konsa?

8) Lè manman yo pa bay tete sèlman pandan 6 mwa, ki lòt manje yo bay ti bebe yo nan plas tete a?

TIPS	**Veye pou nou poze bon kesyon yo pou ka jwenn sa wap chèche a.**
	➢ Itilize mo ki ankouraje moun yo epi entwodwi kèk ti lide tou nèf ki gen pou'l wè ak sa nap pale a ➢ « Pouki sa » se mo nou pral plis itilize nan dyalòg yo. ➢ Si li nesesè, poze menm kesyon an de fwa, jis chanje kèk mo ladan'l. ➢ Sonje jan kesyon sou lajan, manje ak lasante yo gen pou wè youn ak lòt.

PATI 4 ~ LASANTE AK NITRISYON (TIMOUN)

KÒMANSMAN: Mwen ta renmen poze'w kèk lòt kesyon sou pitit ou yo

** *sonje ke ou ka poze kesyon yo yon lòt jan si tout moun nan kay la ta gen pitit.*

1) Nòmalman, timoun ta dwe kòmanse resevwa lòt manje ke lèt manman a pati de 6 mwa. Nan fanmiy pa ou ki lòt manje yo bay timoun yo nan laj sa-a?

2) Kilès nan fanmi-a ki bay ti moun yo manje? Lè nap prepare e bay timoun yo manje èske nou itilize menm vèso ki pou tout moun nan kay la?

3) Èske timoun ou yo konn gen diyare? Si wi kisa ou panse ki fè sa? Ki mwayen ou itilize pou trete dyare a ? èske gen kèk bagay ou konn fè pou anpeche yo gen dyare ?

4) Kisa ou panse de wotè ak gwosè timoun ou yo? Èske ou panse ke gwosè yo ak wotè yo bon ? ou byen yo pa bon ? kisa doktè di ou de gwosè ak wotè timoun yo ? èske ou dakò ou byen pa dakò ak sa doktè a di a ?

5) Kisa ki fè li difisil pou timoun yo rive gen yon bon gwosè ak wotè?

6) Èske ou panse ke gen kèk manje timoun yo ta dwe manje pou yo ka byen grandi ak gwosi?

7) Kèk fwa lè ou santi ke pitit ou yo pa jwenn ase manje, kisa ou fè?

8) Èske ou konnen ki rapò ki genyen ant manje ak kwasans? Èske ou ka wè lè gen yon pwoblèm kwasans? Kisa ke ou wè? Èske ou konn enkiyete ke timoun ou yo pa grandi jan pou yo ta grandi a?

TIPS	**Gade si moun nap kesyone a entèrese ou byen santi li alèz pou fè dyalòg a, sinon nou va ede yo pran konfyans.** ➢ Pa li kesyon ki nan gid sa-a mo pou mo ➢ Kontwole le a—lè moun gen bagay entèresan pou yo di, kite yo pale ➢ Kontwole le a—lè nou wè ke kesyon an nwi moun yo pase a yon lòt kesyon ➢ nou siman pap ka poze chak grenn kesyon ki nan gid sa-a, kite konvèsasyon an dewoule.

PATI 5 ~ DLO, LATRIN AK PWÒPTE (WASH)

AKSÈ AK KALITE DLO

1) Ki kote nou jwenn dlo? Èske dlo nou bwè, dlo nou fè manje ak dlo nou benyen soti menm kote?

2) Mwen ta renmen konnen èske nou gen enkyetid sou zafè dlo. Èske nou gen enkyetid pou jwenn dlo? Ki difikilte ki genyen pou jwenn dlo?

3) Èske nou gen enkyetid sou kalite dlo ke nou jwenn nan? Ki difikilte ke nou jwenn, si genyen? Ki mwayen nou genyen pou amelyore kalite dlo-a? pa ekzanp èske nou bouyi dlo anvan nou bwè li?

Aks**è **ak kalite latrin

1) Ki kote nou fè bezwen nou? Eske nou gen enkyetid sou kote nou fè bezwen nou? Pa ekzanp, lè nap reflechi ak zafè latrin, eske nou gen kèk perèz pa rapo a kote latrin yo plase?

2) Ki mwayen nou genyen pou nou amelyore aksè nou ak latrin?

3) Ki mwayen nou genyen pou nou amelyore kalite latrin ke nap itilize yo?

Aks**è**e ak la pwòpte

1) Konbyen fwa nou lave men nou? A ki lè? Pouki sa nou chwazi lè sa yo?

2) Èske nou toujou itilize savon ou byen lòt pwodwi pou nou lave men nou? Si nou konn fe sa, èske se paske nou panse ke savon an enpòtan ? kisa ki fè nou panse ke savon enpòtant ? èske gen fwa nou panse ke savon enpòtant epi kèk lòt fwa nou panse ke savon pa enpòtan?

3) Èske nou gen difikilte pou nou achte savon? Si pa ekzanp nou pa gen anpil lajan, èske achte savon ap gen gwo enpòtans nou ou byen pa twop ? kisa ki fè nou panse ke savon pa gen twòp enpòtans ?

PATI 6 ~ EGALITE FANM AK GASON AK RANFÒSMAN

Not: gen anpil chans ke nou pale de sijè sa-a deja

1) Kisa nou wè ki wòl ak resKonsablite fanm nan yon kay? Èske se yon bagay ki chanje diran la vi yon fi? (lè li jenn ou byen vye, ansent ou byen non, lè li se yon manman, lè li marye ou byen ap viv sèl).

2) Nan ki nivo fanm nan fanmiy ou patisipe nan pran desizyon nan kay la? Si fanm ak gason pran desizyon ansanm; ban nou kèk ekzanp sou kòman nou fè sa-a

3) Kisa nou wè wòl gason ye? Ki wòl papa yo?

4) Èske nou wè fanm ak fason egal ego? Nan ki pwen yo egal? Si yo pa egal, nan ki pwen yo pa egal?

5) Ki sa ou wè ki fè an ayiti fanm ak gason pa ka egaL?

PATI 7 ~ SIPÒ NAN ZAFÈ MANJE, GOUVÈNANS AK SÈVIS

1) Lè yon fanmi ayisyen pa gen ase manje, ou panse gouvènman ayisyen an gen reskonsablite pou ede fanmi sa-a jwenn manje?

2) Ki nivo enpòtans ou panse ke gouvènman an bay pwogram sipò nan zafè manje yo? Ki faktè ki detèmine enpòtans pwoblèm grangou pou gouvènman an? èske faktè sa yo varye nan nivo nasyonal, depatman ou byen komin?

3) Nan ki nivo fanmi yo konte sou sipò òganizasyon ki pa nan gouvènman yo pou ede yo konbat pwoblèm grangou a. Èske konn genyen diskisyon konsènan kèk bagay ke gouvènman ayisyen an bay ou byen ta dwe bay?

4) Sa ou panse de pwogram bay moun manje ou byen fich ou byen lajan pou yo achete manje? Èske ou panse ke sistèm sa yo bon pou konbat pwoblèm grangou ak problèm la sante yo?

5) Ki eksperyans ou genyen nan zafè sipò pou manje? Eske kounye a wap resevwa sipò pou manje?

ANNEX 11
Tally Sheet of Qualitative Focus Group Discussions and Interviews Baseline Study of the Title II Development Food Assistance Program in Haiti

	INTERVIEW CODE	TYPE	DATE	DURATION	TOTAL	MALE	FEMALE	AGE	PREG	0 to 6	6 to 23	23+	KIDS
1	ANG-FGD-1-01-01	FGD	7/22/2014	01H 33M 24S	9	1	8						
2	ANR-FGD-1-02-01	FGD	7/18/2014	01H 58M 00S	10	0	10						
3	CDF-FGD-2-01-03	FGD	7/15/2014	01H 35M 00S	10	0	10						
4	CLS-FGD-2-01-04	FGD	7/22/2014	01H 39M 00S	10	2	8						
5	GVS-FGD-1-01-01	FGD	7/19/2014	02H 02M 00S	8	0	8						
6	HNC-FGD-2-01-05	FGD	7/25/2014	01H 45M 16S	14	1	13						
7	JNR-FGD-1-01-01	FGD	7/15/2014	02H 40M 00S	8	4	4						
8	THT-FGD-2-01-03	FGD	7/17/2014	02H 25M 13S	15	2	13						
FOCUS GROUP DISCUSSION (FGD) TOTAL/AVERAGE					***84***	***10***	***74***						
1	ANG-PLI-1-01-01	PLI	7/22/2014	00H 34M 00S	1	1	0						
2	ANG-PLI-1-01-02	PLI	7/22/2014	00H 36M 00S	1	0	1						
3	ANR-PLI-1-01-02	PLI	7/17/2014	00H 47M 50S	1	1	0						
4	CDF-PLI-2-01-01	PLI	7/15/2014	00H 32M 23S	1	0	1						
5	CDF-PLI-2-01-05	PLI	7/16/2014	00H 36M 44S	1	1	0						
6	CLS-PLI-2-01-01	PLI	7/22/2014	00H 48M 34S	1	1	0						
7	CLS-PLI-2-01-05	PLI	7/23/2014	00H 31M 20S	1	1	0						
8	GVS-PLI-1-01-01	PLI	7/18/2014	00H 37M 00S	1	1	0						
9	GVS-PLI-1-02-02	PLI	7/19/2014	00H 48M 49S	1	1	0						
10	HNC-PLI-2-01-01	PLI	7/24/2014	01H 16M 09S	1	1	0						
11	HNC-PLI-2-01-04	PLI	7/25/2014	00H 42M 07S	1	1	0						
12	JNR-PLI-1-01-01	PLI	7/16/2014	00H 30M 00S	1	0	1						
13	THT-PLI-2-01-02	PLI	7/17/2014	00H 44M 55S	1	0	1						
14	THT-PLI-2-01-04	PLI	7/18/2014	00H 53M 26S	1	0	1						
PROGRAM LEVEL INTERVIEW (PLI) TOTAL/AVERAGE					***14***	***9***	***5***						
1	ANG-HLI-1-02-01	HLI	7/21/2014	00H 31M 00S	1	0	1	26			1		1
2	ANG-HLI-1-02-02	HLI	7/21/2014	00H 25M 00S	1	0	1	30			1		1
3	ANG-HLI-1-02-03	HLI	7/21/2014	00H 30M 00S	1	0	1	25			1	1	2
4	ANG-HLI-1-02-04	HLI	7/21/2014	00H 30M 00S	1	0	1	23	YES			1	1
5	ANG-HLI-1-02-05	HLI	7/22/2014	00H 35M 00S	1	1	0	24				2	2
6	ANG-HLI-1-02-06	HLI	7/22/2014	00H 38M 00S	1	0	1	23	YES			1	1
7	ANR-HLI-1-01-01	HLI	7/16/2014	00H 38M 00S	1	0	1	30			1	5	6
8	ANR-HLI-1-01-02	HLI	7/16/2014	00H 38M 57S	1	0	1	27		1			1
9	ANR-HLI-1-02-01	HLI	7/16/2014	00H 45M 25S	1	1	0	41				1	1
10	ANR-HLI-1-02-02	HLI	7/16/2014	00H 30M 00S	1	0	1	35				**3**	3
11	ANR-HLI-1-02-04	HLI	7/17/2014	00H 30M 00S	1	0	1	27	YES			1	1
12	CDF-HLI-2-01-02	HLI	7/15/2014	00H 49M 34S	1	0	1	47				5	5
13	CDF-HLI-2-01-04	HLI	7/15/2014	01H 09M 42S	1	1	0	34		1		1	2
14	CDF-HLI-2-02-01	HLI	7/15/2014	00H 53M 55S	1	1	0	48				4	4
15	CDF-HLI-2-02-02	HLI	7/15/2014	00H 56M 50S	1	0	1	58				11	11
16	CDF-HLI-2-02-03	HLI	7/15/2014	00H 48M 00S	1	1	0	71				5	5
17	CLS-HLI-2-01-02	HLI	7/22/2014	00H 43M 35S	1	0	1	43				11	11
18	CLS-HLI-2-01-03	HLI	7/22/2014	00H 40M 32S	1	0	1	27			1	5	6
19	CLS-HLI-2-02-01	HLI	7/22/2014	00H 48M 00S	1	0	1	38			1	4	5
20	CLS-HLI-2-02-02	HLI	7/22/2014	00H 56M 00S	1	1	0	50			1	**3**	**4**
21	CLS-HLI-2-02-03	HLI	7/22/2014	00H 45M 00S	1	0	1	40			1	7	8
22	GVS-HLI-1-01-01	HLI	7/18/2014	00H 35M 52S	1	0	1	30				3	3
23	GVS-HLI-1-02-01	HLI	7/18/2014	00H 28M 00S	1	0	1	36				5	5
24	GVS-HLI-1-02-02	HLI	7/18/2014	00H 35M 00S	1	0	1	28	YES				0
25	GVS-HLI-1-02-03	HLI	7/19/2014	00H 35M 00S	1	1	0	45			1	9	10
26	GVS-HLI-1-02-04	HLI	7/19/2014	00H 35M 00S	1	0	1	45				2	2
27	HNC-HLI-2-01-03	HLI	7/24/2014	00H 49M 26S	1	0	1	19	YES			2	2
28	HNC-HLI-2-02-01	HLI	7/24/2014	00H 58M 12S	1	0	1	32		2		4	6
29	HNC-HLI-2-02-02	HLI	7/24/2014	01H 03M 00S	1	0	1	37			1		1
30	HNC-HLI-2-02-03	HLI	7/24/2014	01H 11M 46S	1	0	1	40			1	4	5
31	HNC-HLI-2-01-02	HLI	7/24/2014	00H 56M 19S	1	0	1	38				2	2
32	JNR-HLI-1-01-01	HLI	7/16/2014	00H 38M 00S	1	0	1	21	YES				0
33	JNR-HLI-1-01-02	HLI	7/16/2014	00H 55M 40S	1	1	0	43				1	1
34	JNR-HLI-1-02-01	HLI	7/16/2014	00H 32M 21S	1	0	1	39			1	3	4
35	JNR-HLI-1-02-02	HLI	7/16/2014	00H 45M 00S	1	0	1	45				3	3
36	JNR-HLI-1-02-03	HLI	7/16/2014	00H 35M 21S	1	0	1	43				4	4
37	JNR-HLI-1-02-04	HLI	7/16/2014	00H 35M 00S	1	0	1	27				2	2
38	THT-HLI-2-01-01	HLI	7/17/2014	00H 51M 25S	1	0	1	74			0	12	12
39	THT-HLI-2-01-05	HLI	7/18/2014	01H 02M 40S	1	1	0	26			1		1
40	THT-HLI-2-02-01	HLI	7/18/2014	00H 50M 00S	1	0	1	34			1	3	4
41	THT-HLI-2-02-02	HLI	7/18/2014	00H 59M 00S	1	0	1	30			2	3	5
42	THT-HLI-2-02-03	HLI	7/18/2014	01H 09M 00S	1	1	0	24		1			1
HOUSEHOLD LEVEL INTERVIEW (HLI) TOTAL/AVERAGE					***42***	***10***	***32***	***36***	***6***	***4***	***16***	***34***	***4***
TOTALS/AVERAGE				**64**	**140**	**29**	**111**	**36**	**6**	**4**	**16**	**34**	**4**

ANNEX 12
ATLAS.ti Code Book for Coding
Focus Group Discussions and Interviews
Baseline Study of the Title II Development Food Assistance Program in Haiti

Each transcript was coded using ATLAS.ti software. The goal with data coding is to topically categorize and organize the content of the transcripts. Development of the codebook was an iterative process, with both the organization and specific codes informed by the goals of the *Kore Lavi* program, the content of the interview guide and knowledge of the preliminary indicator values.

DOCUMENT FAMILIES	CODE FAMILIES
IT-1 Focus Group Discussion IT-2 Program Level Interview IT-3 Household Level Interview **All Interview Types* LO-1 Jean Rabel (Northwest) LO-2 Anse Rouge (Artibonite) LO-3 Gonaives (Artibonite) LO-4 Cortes de Fer (South East) LO-5 Thiotte (South East) LO-6 Anse a Galet (West) LO-7 Cerca la Source (Center) LO-8 Hinche (Center) **All Interview Types* SX-1 Male SX-2 Female **Household Level Interview Only* AG-1 Ages 18 to 20 years AG-2 Ages 20 to 49 years AG-3 Ages 49+ years **Household Level Interview Only* FA-1 Have Received Food Assistance FA-2 Have Not Received Food Assistance **Household Level Interview Only*	ADULT HEALTH & NUTRITION (AHN) ➢ 15 Sub-Codes CHILD HEALTH & NUTRITION (CHN) ➢ 10 Sub-Codes FOOD INSECURITY & FOOD ACCESS (FIFA) ➢ 10 Sub-Codes GENDER & EMPOWERMENT (GEN) ➢ 7 Sub-Codes GOVERNANCE & SERVICE PROVISION (GSP) ➢ 10 Sub-Codes HOUSEHOLD SITUATION (HHS) ➢ 12 Sub-Codes WATER, SANITATION, HYGEINE (WASH) ➢ 10 Sub-Codes OTHER (OTH) ➢ 15 Sub-Codes **All Interview Types*

AHN—ADULT HEALTH & NUTRITION	Definition/Notes
AHN—Breastfeeding Beliefs/Practices	Particularly in relation to reasons women not able to exclusively breastfeed 0 to 6 mo
AHN—Community Health Agent (Haiti) or Village Health Worker (Zimbabwe)	
AHN—Disease and/or Illness	
AHN—Doctor, Nurse, Clinic, or Hospital	Including beliefs about, guidance, distance to
AHN—Exclusive Breastfeeding (0 to 6 mo)	Including challenges and successes
AHN—Experiences During Pregnancy	Including challenges
AHN—Health Promotion and/or Illness Prevention Practices	
AHN—Home Remedies	
AHN—Medical Care and/or Health Seeking Behavior	
AHN—Midwife or Traditional Birth Attendant	
AHN—Reproductive Health/Family Planning	Including spacing of children
AHN—Traditional Healer/Traditional Medicine	
AHN—Underweight Women	
AHN—Voodoo Priest	Unique to Haiti *(Hougan* in Creole)
AHN—Women's Diet	
CHN-CHILD HEALTH & NUTRITION	**Definition/Notes**
CHN—Awareness of Malnutrition	
CHN—Combatting Under Fed Children	
CHN—Diarrhea (Instances and/or Reasons)	
CHN—Diarrhea (Preventing)	
CHN—Diarrhea (Treating)	
CHN—Infant Young Child Feeding Practices	Including breastfeeding, complementary foods, child's diet
CHN—Key Foods for Children	
CHN—Parenting/Childcare	Non-food related
CHN—Weight or Height of Children	Including parental perceptions and guidance from doctor
CHN—Worries/Fears for Children	

FIFA—FOOD INSECURITY & FOOD ACCESS	Definition/Notes
FIFA—Food (Bought)	
FIFA—Food (Choices & Practices)	Food consumption, nutrition, and diversity
FIFA—Food (For Pregnant Women)	
FIFA—Food (Meals per Day)	
FIFA—Food (Other Source)	
FIFA—Food (Produced)	
FIFA—Food (Rarely Eaten)	
FIFA—Food (Regularly Eaten)	Likely, the reality of what's available
FIFA—Food (Taboos)	Even if respondent doesn't use the word taboo, but the question is asked as about taboo.
FIFA—Food (What Makes a Meal)	Including discussion of cultural significance of certain foods (i.e. rice, sadza, meat, etc.)
GEN—GENDER & EMPOWERMENT	**Definition/Notes**
GEN—Barriers to Equality	
GEN—Changes Over Time	
GEN—Equality/Equal Treatment	
GEN—Gender & Culture	Including gender beliefs/practices
GEN—Ownership	
GEN—Reasons for Inequities	
GEN—Women's Rights/Opportunities	
GSP—GOVERNANCE & SERVICE PROVISION	**Definition/Notes**
GSP—Cash for Food	Money to buy food
GSP—Donor Assistance (Strengths)	
GSP—Donor Assistance (Weaknesses)	
GSP—Experience With Food Assistance	
GSP—Food Assistance from Haitian Gov't	
GSP—Food Rations	Donations of actual food
GSP—Food Vouchers	Vouchers to get food at warehouse
GSP—Politics in General	Including democracy, corruption, elections, etc.
GSP—Tensions (NGOs & Haitian Gov't)	
GSP—Working with Haitian Ministries	Largely looking for how this is a challenge

HHS—HOUSEHOLD SITUATION	Definition/Notes
HHS—Decision Making (Final Say)	
HHS—Decision Making (Joint)	
HHS—Decision Making (Men)	
HHS—Decision Making (Women)	
HHS—Employment/Unemployment	
HHS—Income Source	Including money, non-money resources, assets, remittances
HHS—Migration/Impacts of Migration	Both within and outside of the country
HHS—Poverty	More about $$ less about food
HHS—Roles (Children)	
HHS—Roles (Men)	
HHS—Roles (Women)	
HHS—Subsistence Farming	Unique to Haiti located here as a code
WASH—WASH	**Definition/Notes**
WASH—Hand Washing (Frequency, Where)	
WASH—Soap (Buying, Affordability, Prioritizing)	Including other cleansing agents
WASH—Soap (Feelings & Beliefs)	Including other cleansing agents
WASH—Toilet Construction	Including affordability, donors constructing toilets
WASH—Toilet Use Procedures/Practices	
WASH—WASH-Related Challenges	
WASH—WASH-Related Taboos	
WASH—Water (Source & Access)	
WASH—Water Collection (Time, Distance, Who)	Including water availability or unavailability
WASH—Water Treatment	

OTH—OTHER	***Definition/Notes***
OTH-Challenges	Would be cross-coded
OTH-Disagreement	If response is "no disagreement" only code if respondent gives reason, approach, etc. to avoid disagreement
OTH-Drought	Unique to Haiti in this code family
OTH-Earthquake	Unique to Haiti
OTH-Good Quotes	
OTH-Information Source	Would be cross-coded
OTH-Lack of Fishing Industry	Unique to Haiti
OTH-NGO/Aid/Donor	
OTH-Poor Soil Quality	Unique to Haiti in this code family. Including environmental degradation
OTH-Problem Solving	What was done to solve a particular problem or rectify a negative situation
OTH-Rain/Hurricane/Flooding	Unique to Haiti in this code family.
OTH-Religious/Traditional Beliefs	
OTH-Roads & Infrastructure	Unique to Haiti.
OTH-School/Education	
OTH-Social Support (or lack of)	

ANNEX 13
Additional Tables for Indicator Analysis
Baseline Study of the Title II Development Food Assistance Program in Haiti

Table A13.1. Household sanitation and drinking water
Sanitation facility, source of drinking water and treatment for drinking water [Haiti, 2014]

	Total
Improved, not shared sanitation facility	
Flush to piped sewer system	0.2
Flush to septic tank	1.1
Flush to pit latrine	0.2
Ventilated improved latrine	3.2
Pit latrine with slab	10.6
Improved, shared sanitation facility	
Flush to piped sewer system	0.0
Flush to septic tank	0.3
Flush to pit latrine	0.1
Ventilated improved latrine	3.7
Pit latrine with slab	13.2
Non-improved sanitation facility	
Flush to somewhere else	0.0
Flush, don't know where	0.0
Pit latrine without a slab/open pit	24.8
Suspended latrine	0.2
Hanging latrine (pile)	0.1
Bucket toilet	0.0
No facility/bush/field	42.1
Other	0.3
Improved source of drinking water	
Piped water into dwelling	1.2
Piped water into yard	2.5
Piped to standpipe	10.9
Public tap	26.9
Protected well in courtyard	0.8
Other protected well	4.4
Unprotected well in courtyard	0.5
Other unprotected well	1.9
Rainwater	3.1
Bottled Water	0.4
Water Selling Society	4.1
Non-improved source of drinking water	
Surface water (river/dam/ lake/ponds/stream/canal/irrigation channel)	1.9
Tanker truck	0.0
Water Seller	1.2
Other	2.2
Water availability	
Water is generally available from this source (% 'Yes')	78.8
Water not available for a day or more during the last two weeks (% 'No')	22.9
Time to collect water	
Percentage of households where main source of drinking water is not located in home or yard/plot	91.3
Average time (in minutes) to reach water source , get water, and come back home	53.4
Water treatment prior to drinking	
Boil	3.3
Bleach/chlorine added	51.0
Strain through a cloth	0.1
Water filter	2.2
Solar disinfection	0.3
Let it stand and settle	0.5
AquaTabs	55.5
Other	4.0
No treatment	26.8
Number of households	2,235

Table A13.2. Physiological status of women
Women below 145 cm, mean BMI and BMI levels [Haiti, 2014]

	Total
Percent less than 145 cm	1.6
Mean Body Mass Index (BMI)	22.1
Normal	
18.5-24.9 (total normal)	64.6
Underweight	
<18.5 (total underweight)	16.2
17.0-18.4 (mildly underweight)	13.5
<17 (moderately and severely underweight)	2.8
Overweight/obese	
≥25 (total overweight or obese)	19.1
25.0-29.9 (overweight)	14.4
≥30.0 (obese)	4.7
Number of women	1,339

BMI excludes women pregnant or less than 2 months post-partum

Table A13.3. Stunting and underweight by age (months)
Prevalence of stunted and underweight children by age [Haiti, 2014]

	Total
Prevalence of stunted children	
<6	7.4
6-11	15.3
12-17	16.7
18-23	21.6
24-29	25.8
30-35	24.1
36-41	20.0
42-47	26.4
48-53	18.1
54-59	13.8
Prevalence of underweight children	
<6	4.1
6-11	12.4
12-17	7.3
18-23	5.4
24-29	8.8
30-35	8.3
36-41	5.8
42-47	10.2
48-53	8.9
54-59	9.8
Number of children	1,442

NOTE: The results for these subgroup analyses are not as precise as those for the overall indicator and may be unreliable.

Table A13.4. Prevalence of diarrhea by WASH status

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by household WASH status [Haiti, 2014]

	Total
WASH (All Households)	
Source of drinking water	
Improved	21.9
Unimproved	28.0
Toilet Facility	
Improved	19.3
Unimproved	26.5
Water and cleansing agent at handwashing station	
Available	16.5
Not available	26.0
Water treatment	
Treated	26.4
Not treated	23.2
Number of children (0-59 months)	1,466

NOTE: Tests of differences were not conducted, so it is not known if the comparisons are statistically significant

Table A13.5. Components of minimum acceptable diet

Components of MAD indicator for children 6-23 months [Haiti, 2014]

	Total
All Children 6-23 months	
Percent with minimum meal frequency	17.7
Percent with minimum dietary diversity	26.3
Grains, roots, and tubers	91.6
Legumes and nuts	63.6
Dairy products (milk, yogurt, cheese)	22.6
Flesh foods (meat, fish, poultry, and liver/organ meats)	25.5
Eggs	10.2
Vitamin A-rich fruits and vegetables	37.3
Other fruits and vegetables	25.2
Number of children	372
Breastfed children 6-8 months	
Percent with minimum meal frequency (2 or more)	36.0
Percent with minimum dietary diversity (4 or more)	7.0
Grains, roots, and tubers	81.1
Legumes and nuts	47.7
Dairy products (milk, yogurt, cheese)	22.9
Flesh foods (meat, fish, poultry, and liver/organ meats)	7.5
Eggs	5.7
Vitamin A-rich fruits and vegetables	16.7
Other fruits and vegetables	7.8
Number of children	47
Breastfed children 9-23 months	
Percent with minimum meal frequency (3 or more)	17.0
Percent with minimum dietary diversity (4 or more)	31.1
Grains, roots, and tubers	91.6
Legumes and nuts	63.1
Dairy products (milk, yogurt, cheese)	19.5
Flesh foods (meat, fish, poultry, and liver/organ meats)	24.6
Eggs	11.3
Vitamin A-rich fruits and vegetables	39.3
Other fruits and vegetables	26.6
Number of children	206
Non-breastfed children 6-23 months	
Percent with minimum meal frequency (4 or more + 2 milk)	12.3
Percent with minimum dietary diversity (4 or more)	25.2
Grains, roots, and tubers	96.0
Legumes and nuts	69.7
Dairy products (milk, yogurt, cheese)	23.9
Flesh foods (meat, fish, poultry, and liver/organ meats)	32.9
Eggs	8.0
Vitamin A-rich fruits and vegetables	41.7
Other fruits and vegetables	31.2
Number of children	119

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.

Table A13.6. Breastfeeding status

Breastfeeding status for children 0-23 months by age [Haiti, 2014]

	Total
Not breastfeeding	
<2	3.7
2-3	0.0
4-5	1.9
6-8	1.0
9-11	7.4
12-17	18.3
18-23	76.3
Exclusively breastfed	
<2	56.5
2-3	44.8
4-5	17.7
6-8	2.1
9-11	0.0
12-17	0.0
18-23	0.0
Breastfed and plain water only	
<2	14.4
2-3	18.0
4-5	4.8
6-8	7.1
9-11	1.3
12-17	0.6
18-23	0.0
Breastfed and non-milk liquids	
<2	3.4
2-3	2.2
4-5	4.6
6-8	3.2
9-11	0.0
12-17	1.7
18-23	0.0
Breastfed and other milk	
<2	8.3
2-3	3.4
4-5	7.2
6-8	4.5
9-11	0.0
12-17	0.0
18-23	0.0
Breastfed and complementary foods	
<2	1.7
2-3	31.6
4-5	63.8
6-8	82.2
9-11	91.2
12-17	79.4
18-23	23.7
Number of children	518

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.

Table A13.7. Breastfeeding initiation and prelacteal feeding

Breastfeeding initiation for last birth in the past 2 years [Haiti, 2014]

	Total
Initial Breastfeeding (All last borns)	
Percentage ever breastfed	95.9
Percentage who started breastfeeding within 1 hour of birth	61.9
Percentage who started breastfeeding within 1 day of birth[1]	82.9
Number of last born children in the last 2 years	424
Prelacteal feed (Ever breastfed last borns)	
Percentage who received a prelacteal feed [2]	12.9
Number of last born children in the last 2 years who were ever breastfed	407
Food taken (Ever breastfed last borns with prelacteal feed)	
Milk (other than breast milk)	8.8%
Plain water	6.0%
Sugar or glucose water	6.8%
Gripe water	0.0%
Sugar-salt-water solution	0.0%
Fruit juice	0.0%
Infant formula	4.1%
Tea/infusions	17.9%
Coffee	0.0%
Honey	0.0%
Other	58.0%
Number of last born children in the last 2 years who were ever breastfed and received a prelacteal feed	59

[1] Includes children who started breastfeeding within one hour of birth

[2] Children given something other than breast milk during the first three days of life

NOTE: The results for these subgroup analyses are based on small sample sizes and may be unreliable.