

TOMAK Component 1 Midline Survey Tool

Name of enumerator:

Municipality:

- Baucau
- Bobonaro
- Viqueque

Administrative Post: _____ Suku: _____ Aldeia: _____

Group type:

- Nutrition group
- Savings & loans group
- Farmer group
- Control group

1. Respondent's first name

Hello, my name is, and I am here on behalf of the TOMAK program. Your household has been chosen at random for this interview. I would like to ask you some questions about food and agriculture. All the information you give us will be confidential. We will not share your name or details outside the research team. The survey is voluntary, and you can choose not to participate. If you do participate, you can decide to stop the interview at any time. The survey will take between 45 minutes and one hour.

Are you willing to be interviewed?

- No Yes

I consent to participate in this survey. The enumerator has explained the purpose of the survey.

I understand that my response will be used for the TOMAK program.

I understand that my personal details will not be shared with others.

I understand that I am not obliged to participate, and I can end the survey at any time without consequence.

2. Household introduction

We would like to begin by asking you some questions about the people in your household.

How many members live PERMANENTLY in the household, including yourself?

(Enumerator: This does not include family members who usually live away from the household)

3. Household members

Females 0 - 14 years old ___

Females 15 - 65 old ___

Females over 65 ___

Males 0 - 14 years old ___

Males 15 - 65 old ___

Males over 65 ___

4. Respondent

What is your TOMAK beneficiary number? (e.g., T1234567; don't know = 999)

Respondent sex: Male Female

How old are you? __

What is your marital status?

Single Married (traditional or church) Widowed Divorced

Are you the head of the household? No Yes

What is the highest education level you completed in school?

No education completed Pre-secondary class 3 or higher

Preschool to primary class 1 Secondary

Primary class 2 to 5 Tertiary / university

Primary class 6 to pre-secondary class 2 Don't know

5. School

Responses (for the following questions): No Yes Not relevant

Are all household BOYS aged 5 to 17 currently attending school?

Are all household GIRLS aged 5 to 17 currently attending school?

6. WG-SS | Disability

Responses (for the following questions):

No, no difficulty Yes, some difficulty Yes, a lot of difficulty Yes, cannot do it at all

The next questions ask about difficulties you may have doing certain activities because of a health problem.

(ENUMERATOR: please read the response choices)

Do you have difficulty seeing, even if wearing glasses?

Do you have difficulty hearing, even if using a hearing aid?

Do you have difficulty walking or climbing steps?

Do you have difficulty remembering or concentrating?

Do you have difficulty (with self-care such as) washing all over or dressing?

Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?

7. Land

I would now like to ask a few questions about land.

Do you know how many hectares of land your household cultivates with crops and tree crops?

No Yes

Who owns the land that your household cultivates? (select multiple)

Owned (reference number or certificate) Owned (no documentation)

Rented land Borrowed (use someone else's land for free)

Communal land No land cultivated / Not relevant

8. Income sources

In the past 12 months, did ANYONE in your household receive any income from...
(ENUMERATOR: read out each income source, select multiple)

- | | |
|---|--|
| <input type="checkbox"/> Sale of crops | <input type="checkbox"/> Sale of livestock or livestock products |
| <input type="checkbox"/> Sale of fish | <input type="checkbox"/> Sale of bush products (bush meat, charcoal, wood etc) |
| <input type="checkbox"/> Small business or trading | <input type="checkbox"/> Labouring for other people (farm labour, construction, domestic etc.) |
| <input type="checkbox"/> Salary employment (government or company) | <input type="checkbox"/> Sale or lease of land |
| <input type="checkbox"/> Remittances - money given by family members living away from the household | |
| <input type="checkbox"/> Pension - Veterans, old age | <input type="checkbox"/> Other |
| | <input type="checkbox"/> No income at all |

In the past 12 months, what was your household's BIGGEST source of income?

9. Crop production

I would now like to ask about the crops your household produces.

In the past 12 months, what are ALL the crops your household produced? (select multiple)

(Enumerator: Check that the respondent has mentioned all grains, pulses, nuts, vegetables and fruits)

In the past 12 months, what crops did your household sell? (select from produced list)

What is your household's MOST important crop? (Main crop)

What is your household's SECOND MOST important crop? (Second main crop)

10. Crops stored

During the past 12 months, did you store any crops that you harvested from your plot? (enumerator: this does not include seeds, food only)

- No Yes

What crops did you store? (select from the list)

What was the main way your household stored...?

- | | |
|--|---|
| <input type="checkbox"/> Aqua Bottle (1.5 ltr) | <input type="checkbox"/> Hanging |
| <input type="checkbox"/> Jerry Can (5 ltr) | <input type="checkbox"/> Loose on a raised bamboo table |
| <input type="checkbox"/> Drum (200 ltr) | <input type="checkbox"/> Loose storage on a floor |
| <input type="checkbox"/> Silo | <input type="checkbox"/> On the ground |
| <input type="checkbox"/> Sack | <input type="checkbox"/> Other |

11. Number of months stored food feeds the family

How many months of the year does [crop stored] feed your family? (0-12 months)

(Enumerator: please round weeks to the nearest month. E.g., 2 weeks = 0 months; 3 weeks = 1 month)

- | | |
|---|--|
| <input type="checkbox"/> Carbohydrates: Cassava | <input type="checkbox"/> Carbohydrates: Maize / Corn |
| <input type="checkbox"/> Carbohydrates: Sorghum | <input type="checkbox"/> Carbohydrates: Sweet potato- orange |

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- | | |
|---|---|
| <input type="checkbox"/> Carbohydrates: Cassava | <input type="checkbox"/> Vegetables: Water spinach |
| <input type="checkbox"/> Carbohydrates: Maize / Corn | <input type="checkbox"/> Vegetables: Pumpkin / squash |
| <input type="checkbox"/> Carbohydrates: Sorghum | <input type="checkbox"/> Vegetables: Bok choy |
| <input type="checkbox"/> Carbohydrates: Sweet potato- orange | <input type="checkbox"/> Vegetables: Mustard |
| <input type="checkbox"/> Carbohydrates: Sweet potato – white | <input type="checkbox"/> Vegetables: Cucumber |
| <input type="checkbox"/> Carbohydrates: Sweet potato – purple | <input type="checkbox"/> Vegetables: Cabbages |
| <input type="checkbox"/> Carbohydrates: Potato - white potato | <input type="checkbox"/> Fruits: Avocado |
| <input type="checkbox"/> Carbohydrates: Canna | <input type="checkbox"/> Fruits: Papaya |
| <input type="checkbox"/> Carbohydrates: Yam | <input type="checkbox"/> Fruits: Pineapple |
| <input type="checkbox"/> Carbohydrates: Taro | <input type="checkbox"/> Fruits: Lemons / lime |
| <input type="checkbox"/> Pulses: Beans - Soy beans | <input type="checkbox"/> Fruits: Mango |
| <input type="checkbox"/> Pulses: Cowpea, black-eyed pea | <input type="checkbox"/> Fruits: Bananas |
| <input type="checkbox"/> Pulses: Beans - Yard bean / snake bean | <input type="checkbox"/> Fruits: Pomelo |
| <input type="checkbox"/> Pulses: Beans - Black beans | <input type="checkbox"/> Fruits: Passionfruit |
| <input type="checkbox"/> Pulses: Beans - Mung beans | <input type="checkbox"/> Fruits: Watermelon |
| <input type="checkbox"/> Pulses: Groundnuts / peanuts | <input type="checkbox"/> Fruits: Plantain |
| <input type="checkbox"/> Pulses: Rice - Red rice | <input type="checkbox"/> Fruits: Oranges / tangerines |
| <input type="checkbox"/> Pulses: Rice - Black rice | <input type="checkbox"/> Spices: Ginger |
| <input type="checkbox"/> Pulses: Rice - White rice | <input type="checkbox"/> Spices: Pepper |
| <input type="checkbox"/> Pulses: Beans - Kidney beans / red beans | <input type="checkbox"/> Spices: Coffee |
| <input type="checkbox"/> Vegetables: Peppers | <input type="checkbox"/> Spices: Cocoa |
| <input type="checkbox"/> Vegetables: Watercress | <input type="checkbox"/> Spices: Onion |
| <input type="checkbox"/> Vegetables: Lettuce | <input type="checkbox"/> Spices: Shallot |
| <input type="checkbox"/> Vegetables: Amaranth | <input type="checkbox"/> Spices: Garlic |
| <input type="checkbox"/> Vegetables: Eggplant / Aubergine | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vegetables: Chayote | <input type="checkbox"/> None / not applicable |
| <input type="checkbox"/> Vegetables: Cauliflower | |
| <input type="checkbox"/> Vegetables: Peas / Snow peas | |

12. Animals raised

I would now like to ask about the animals your household raises

Does your household raise any animals? No Yes

13. How many [...] does your household have?

(Enumerator: write 0 if none)

Pigs? __ Goats? __ Sheep / lambs? __ Chickens? __ Fish? __ Cows/bulls? __ Buffalo? __
Horses/ Mules? __ Dogs? __ Ducks? __

14. Why the household raises animals

Why does your household raise__ (select from the list) ?

To eat To sell For lia Other

15. Young child 6-23 months - Introduction

Do you have a child between 6 and 23 months of age?

No Yes

What is your young child's first name?

I would now like to ask you some questions about your young child, [Name].

Is (name) a boy or girl? Male Female

How old is (name) in MONTHS? __

Are you lactating? No Yes

Has (name) ever been breastfed? No Yes

16. Young child 6-23 months - Liquids

Responses (for the following questions): No Yes

I would now like to ask you about LIQUIDS that [name] consumed yesterday during the day or night. Yesterday, did [name] consume any [...]

Breast milk?

Canned milk? (sweetened, susu enak)

Plain water?

Juice or juice drinks?

Infant formula such as SGM, Lactamil, Lactogen etc.?

Thin porridge?

Other liquids such as tea, coffee, sugar drinks (Coca Cola, Fanta)?

Powdered milk?

Carton milk? (cow milk)

17. Child 6-23 months - Liquids frequency

How many times yesterday during the day or at night did (name) consume any:

Breast milk? __

Infant formula such as SGM, Lactamil, Lactogen etc? __

Powdered milk? __

Carton milk? __

18. Child 6-23 months - solid, semi-solid, or soft foods

Responses (for the following questions): No Yes

I would now like to ask you about the types of FOOD that (name) has eaten in the past 24 hours. Yesterday, did (name) eat any...

Porridge, bread, rice, noodles, or other foods made from grains?

Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange fleshed inside?

White potatoes, white yams, manioc, cassava, green banana, or any other foods made from roots?

Dark green leafy vegetables, such as bok choy, amaranth, or water spinach or cassava leaves?

Vitamin-A rich fruits - Ripe mangoes, ripe papayas, or passionfruit

Any other fruits or vegetables?

Liver, kidney, heart, or other organ meats?

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- Any meat, such as beef, pork, lamb, goat, chicken, or duck?
- Eggs?
- Fresh or dried fish, shellfish, or seafood?
- Any foods made from beans, peas, lentils, nuts, or seeds?
- Cheese, or other milk products?
- Any oil, fats, or butter, or foods made with any of these?
- Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?
- Condiments for flavour, such as MSG, chillies, spices, herbs, soy sauce, fish powder etc.?
- How many times did (name) eat solid, semi-solid, or soft foods yesterday?

19. MDD-W | Dietary Diversity for Women

Responses(for the following questions) No Yes

I would now like to ask about the types of food that YOU yourself have eaten in the past 24 hours.

Yesterday, did you eat any...

- Maize, rice, sorghum, bread, pasta, noodles, porridge or other grains and cereals
- Cassava, green banana, yam, white potatoes, taro, plantains, cocoyam and other white roots and tubers
- Beans, cowpeas, lentils, soy, pigeon pea, peas, or other bean/pea products such as tofu and tempeh
- Groundnuts / peanuts, tree nuts, seeds, or nut/seed “butters” or pastes
- Milk, cheese, or other milk products
- Organ meat such as liver, kidney, heart, or other organ meats
- Meat such as beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, or other bird
- Fresh or dried fish, shellfish, or seafood
- Eggs
- Dark green leafy vegetables, such as bok choy, amaranth, or water spinach or cassava leaves?
- Yellow or orange fleshed vegetables, such as pumpkin, carrots, squash, sweet potatoes, or red capsicum (vitamin-A rich vegetables)
- Yellow or orange fleshed fruits, such as ripe mango, ripe papaya (Vitamin A-rich fruits)
- Other vegetables
- Other fruits

20. Nutrition knowledge

In the last 12 months, did you receive any information on nutrition? No Yes

From whom did you receive this information on health, nutrition, and good feeding practices? (select multiple)

- | | |
|---|---|
| <input type="checkbox"/> S&L group, nutrition group, farmer group | <input type="checkbox"/> Health facility, health care workers |
| <input type="checkbox"/> Ag extension worker, veterinary technician | <input type="checkbox"/> NGO |
| <input type="checkbox"/> Community leaders (Xefe Suku and Xefe Aldeia) | <input type="checkbox"/> Friends or family |
| <input type="checkbox"/> TV, radio, poster, banner, sticker, brochure, internet | <input type="checkbox"/> Other |

ENUMERATOR: In the next section about Nutrition Knowledge please read the answer choices to the respondents. If the respondent does not know an answer, select Don't know. Do NOT ask them

to guess the answer.

I would now like to ask you some questions about nutrition.

Have you ever heard of the 3 food groups?

No Yes

Which food group do 'dark green leafy vegetables' and carrots belong to?

Haburas (growth, proteins) Fo Forsa (strength, carbohydrates)
 Fo Protesaun (protection, fruit and vegetables) Don't know

Which food group do eggs and fish belongs to?

Haburas (growth, proteins) Fo Forsa (strength, carbohydrates)
 Fo Protesaun (protection, fruit and vegetables) Don't know

Which foods are part of the Fo Forsa food group?

Meat, eggs, fish Tomatoes, carrots, papaya
 Bread, Rice, corn Don't know

What are some examples of protein rich foods?

Meat, eggs, tofu, fish, kidney beans Rice, corn, bread, cassava, potatoes
 Fruit and dark green leafy vegetables All the above

Which foods help children grow and build strong muscles?

Papaya, banana, pumpkin, carrot Eggs, fish, meat, beans
 Rice, bread, potato, corn Don't know

What are the benefits for a young child eating foods like carrots, tomatoes and dark leafy vegetables?

Prevents sickness Gives them energy to play Don't know

What are the benefits for a young child eating foods like eggs, fish, and tofu?

Prevents sickness Gives them energy to play
 Makes their body grow Don't know

How can you help your child to grow, stay healthy and do well in school?

Feed them rice and vegetables Feed them rice, vegetable and eggs or fish
 Feed them rice and bread Don't know

Why do you think the Ministry of Health says it is important to eat from all 3 food groups every day?

To support local farmers To support your family's health
 To support local vendors Don't know

At what age can young children start eating eggs?

6 months 1 year 2 years Don't know

At what age can young children start eating solid or semi-solid foods?

6 months 1 year 2 years Don't know

21. Household food consumption in the past 7 days, introduction

Responses (for the following questions): No Yes

- During the past 12 months was there a time when...Your household ran out of food?
- During the past 12 months was there a time when...You were hungry but did not eat?
- During the past 12 months was there a time when...You went without eating for a whole day?

23. Food crop farming in the past 12 months

I would now like to ask about who makes certain decisions in the household.

Did you yourself participate in FOOD CROP FARMING in the past 12 months?

- No Yes, to a small extent Yes, to a medium extent Yes, to a large extent

Who normally makes decisions on which crops should be GROWN FOR FOOD?

- Male Female Both male and female

How much input did you have deciding which crops should be grown for food?

- No input, or input in few decisions Input into some decisions
- Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about which crops should be grown for food?

- Very dissatisfied Dissatisfied
- Neutral Satisfied
- Very satisfied

24. Cash crop farming in the past 12 months

Did you yourself participate in CASH CROP FARMING in the past 12 months?

- No Yes, to a small extent Yes, to a medium extent Yes, to a large extent

Who normally makes decisions on which crops should be GROWN FOR SALE?

- Male Female Both male and female

How much input did you have deciding which crops should be grown for sale?

- No input, or input in few decisions Input into some decisions
- Input into most or all decisions No decision made

How much input did you have in decisions on the use of income generated from cash crop farming?

- No input, or input in few decisions Input into some decisions
- Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about cash crop farming?

- Very dissatisfied Dissatisfied
- Neutral Satisfied
- Very satisfied

25. Livestock raising in the past 12 months

Did you yourself participate in LIVESTOCK RAISING in the past 12 months?

- No Yes, to a small extent Yes, to a medium extent Yes, to a large extent

Who normally makes decisions on which animals should be raised?

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Male Female Both male and female

How much input did you have in making decisions about which animals should be raised?

No input, or input in few decisions Input into some decisions
 Input into most or all decisions No decision made

How much input did you have in decisions on the use of any income generated from livestock and livestock products such as eggs?

No input, or input in few decisions Input into some decisions
 Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about livestock and livestock products?

Very dissatisfied Dissatisfied Neutral Very satisfied

Who normally takes decisions regarding large purchases over \$30?

Male Female Both male and female

26. Large purchases

How much input did you have in making decisions about large purchases?

No input, or input in few decisions Input into some decisions
 Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about large purchases?

Very dissatisfied Dissatisfied Neutral Very satisfied

27. Buying protein-rich foods such as eggs, fish, tofu, and beans

Who normally takes decisions about buying protein-rich foods such as eggs, fish, tofu, beans?

Male Female Both male and female

How much input did you have in making decisions about buying protein-rich foods such as eggs, fish, tofu, beans?

No input, or input in few decisions
 Input into some decisions
 Input into most or all decisions
 No decision made

How satisfied are you with your role in making decisions about buying protein-rich foods such as eggs, fish, tofu, beans?

Very dissatisfied Dissatisfied
 Neutral Satisfied
 Very satisfied

Who normally takes decisions about what the household eats?

Male Female Both male and female

How much input do you have in making decisions about what the household eats?

No input, or input in few decisions Input into some decisions
 Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about what the household eats?

- Very dissatisfied Dissatisfied
 Neutral Satisfied
 Very satisfied

28. What the household eats

Who normally takes decisions about what the household eats?

- Male Female Both male and female

How much input do you have in making decisions about what the household eats?

- No input, or input in few decisions Input into some decisions
 Input into most or all decisions No decision made

How satisfied are you with your role in making decisions about what the household eats?

- Very dissatisfied Dissatisfied
 Neutral Satisfied
 Very satisfied

How important do you think it is for young children to eat protein rich foods like eggs, beans, tofu or fish?

- Important Do not know Not so important

How often do you think young children should eat protein rich foods like eggs, beans, tofu or fish?

- Every day 2-3 times per week
 4-5 times per week Children do not need to eat these foods every week

29. Relations with your spouse

When you disagree with your SPOUSE do you feel comfortable telling him/her that you disagree?

- No Yes

30. Nutrition attitudes

How important you do think it is for fathers to purchase protein rich foods such as eggs, beans, fish, and tofu for their children?

- Important Do not know Not so important

If there is only one egg available, which family member should get to eat it?

- Male adult, e.g., father Female adult who is not pregnant e.g., mother
 Pregnant woman or young child Other family member

If you had \$2 spare, would you prefer to [...]

(Enumerator: read options)

- Buy more rice for the family to eat
 Buy a small amount of beans, eggs, or tofu for the family to eat
 Save the money to buy meat in the future for the family to eat
 Save the money for children's school fees

31. Household finance

I would now like to ask you a few questions about FINANCIAL TRAINING

In the last 12 months did you receive any financial training? (e.g., record keeping)

No Yes

From whom did you receive financial training? (select multiple)

- Savings and loans group (S&L) Microfinance agency
 Bank NGO
 Government University, adult training center, school
 Other

I would now like to ask you a few questions about money you BORROWED in the last 12 months. Remember, you may choose not to answer a question if you are not comfortable.

In the last 12 months did you borrow any money from anyone?

No Yes

From whom did you borrow money? (select multiple)

- Friend or family member Savings and loans group (S&L)
 Village agent / informal money lender Microfinance agency
 Bank Other

Are you able to say how much money you borrowed in the past 12 months?

(Enumerator: does the respondent know, and are they willing to tell you?)

No Yes

32. Amount of money borrowed

How much money did you borrow in the past 12 months from...? (select from whom did you borrow money)

33. Use of money borrowed

How did you use the money you borrowed from...?

- Farm inputs (fertilizers, seeds, labour) Livestock
 Land - buying or leasing Small business or trade
 House - repairs or improvements Clothes
 Food purchases Medical care
 Transport (buying a bicycle, motorbike, car) Funerals, weddings, or other ceremonies
 Do not know / Not relevant

In the past 12 months, was there a time when you were unable to make a loan repayment at the required time?

No Yes, I could not make a loan repayment on time

I would now like to ask you a few questions about money you SAVED in the last 12 months. Remember, you may choose not to answer a question if you are not comfortable.

In the past 12 months did you make any savings?

No Yes

Where did you put your savings? (select multiple)

- At home / in a private place
 Microfinance agency
 Other
- Savings and loans group (S&L)
 Bank

Are you able to say how much money you saved in the past 12 months?

- No Yes

34. Savings amount

How much money did you save in the past 12 months___ (select from where did you put your savings)?

35. How savings were used

How did you use the money you saved....?

- | | |
|--|---|
| <input type="checkbox"/> School fees and school costs | <input type="checkbox"/> Did not spend the money |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Farm inputs (fertilizers, seeds, labour) |
| <input type="checkbox"/> Small business or trade | <input type="checkbox"/> Land - buying or leasing |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> House - repairs or improvements |
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Food purchases |
| <input type="checkbox"/> Funerals, weddings, or other ceremonies | <input type="checkbox"/> Transport (buying a bicycle, motorbike, car) |
| | <input type="checkbox"/> Do not know / Not relevant |

In the past 12 months, did you save more, less or the same as in 2018?

- | | |
|---|--|
| <input type="checkbox"/> A lot less | <input type="checkbox"/> A little less |
| <input type="checkbox"/> About the same | <input type="checkbox"/> A little more |
| <input type="checkbox"/> A lot more | |

In the last 12 months were you a member of a savings and loans (S&L) group?

- No Yes

36. Savings and loans (S&L) groups

How many full years (cycles) have you been a member of a savings and loans group?

Less than 1 full year/cycle

- One Two Three Four or above

Why did you become a member of a Savings and Loans group (select multiple) ?

- | | |
|---|---|
| <input type="checkbox"/> To easily save money and earn interest | <input type="checkbox"/> To easily take loans |
| <input type="checkbox"/> To receive other support, training, or information | <input type="checkbox"/> Other |

How much money do you save in the Savings and Loans group each MONTH? __

How many times did you take a loan from your Savings and Loans group in the past 12 months? (0 if none) __

How confident are you that your Savings and Loans group will safely look after your money?

- | | |
|---|---|
| <input type="checkbox"/> Not at all confident | <input type="checkbox"/> Not very confident |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Very confident | |

Overall, how satisfied are you with your Savings and Loans group?

- Very dissatisfied Dissatisfied

- Neutral
- Very satisfied
- Satisfied

37. DHS House

I would now like to ask a few questions about your house.

Does your household own the house you live in?

- No
- Yes

How many sleeping rooms does your house have? __

What is your household's main source of DRINKING WATER?

- Pipe water to the house
- Pipe water at the neighbor
- Hand operated water pump
- Well water or uncovered water
- Spring water uncovered
- Water from a river, stream, canal
- Bottled water
- Pipe water to the garden
- Tap in a public place
- Well water or covered water
- Spring water covered
- Rainwater
- Wheelbarrow/pushcart with small tank
- Water truck

What type of TOILET or LATRINE does your household have or share?

- Flush or pour flush toilet flush to septic tank
- Flush to somewhere else
- Pit latrine ventilated improved pit latrine
- Pit latrine without slab/open pit
- Composting toilet
- Hanging toilet/hanging latrine
- Flush to pit latrine - shared
- Flush to somewhere else - shared
- Pit latrine ventilated improved pit latrine - shared
- Pit latrine without slab/open pit - shared
- Bucket toilet - shared
- Flush to pit latrine
- Flush, do not know where
- Pit latrine with slab
- No facility / bush / field
- Bucket toilet
- Flush or pour flush toilet flush to septic tank - shared
- Flush, do not know where - shared
- Pit latrine with slab - shared
- Composting toilet - shared
- Hanging toilet/hanging latrine - shared

What is your household's main source of COOKING FUEL?

- Electricity
- Natural gas
- Kerosene
- Solar
- LPG
- Biogas
- Charcoal/Wood/Straw

What is the main material your household's FLOOR is made of?

- Natural floor / earth / sand
- Rudimentary floor wood planks
- Finished floor parquet or polished wood
- Ceramic tiles
- Carpet
- Dung
- Palm/bamboo
- Vinyl or asphalt strips
- Cement

What is the main material your household's ROOF is made of?

- | | |
|--|---|
| <input type="checkbox"/> Natural roofing / no roof | <input type="checkbox"/> Thatch/palm leaf |
| <input type="checkbox"/> Sod/ mud | <input type="checkbox"/> Rudimentary roofing rustic mat |
| <input type="checkbox"/> Palm/bamboo | <input type="checkbox"/> Wood planks |
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Finished roofing metal/zinc |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Calamine/cement fiber |
| <input type="checkbox"/> Cement | <input type="checkbox"/> Ceramic tiles/roofing shingles |

What is the main material your household's WALLS are made of?

- | | |
|--|--|
| <input type="checkbox"/> Natural walls / no walls | <input type="checkbox"/> Cane/palm/trunks/bamboo |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Rudimentary walls bamboo with mud |
| <input type="checkbox"/> Stone with mud | <input type="checkbox"/> Uncovered adobe |
| <input type="checkbox"/> Plywood | <input type="checkbox"/> Cardboard |
| <input type="checkbox"/> Reused wood | <input type="checkbox"/> Finished walls cement |
| <input type="checkbox"/> Stone with lime/cement | <input type="checkbox"/> Bricks |
| <input type="checkbox"/> Cement blocks/covered adobe | <input type="checkbox"/> Wood planks/shingles |
| <input type="checkbox"/> Other | |

38. Hygiene

Does your household have access to a hand washing station or basin?

- No Yes

When do you think it is important to wash your hands? (select multiple)

(Enumerator: Do not read out responses. Probe 'any other times?')

- | | |
|--|--|
| <input type="checkbox"/> Before cooking food | <input type="checkbox"/> After defecation |
| <input type="checkbox"/> Before eating food | <input type="checkbox"/> After disposing of child's faeces |
| <input type="checkbox"/> Before feeding/breastfeeding children | <input type="checkbox"/> Other |

What do you usually use to wash your hands?

- | | |
|---|---|
| <input type="checkbox"/> Water only | <input type="checkbox"/> Water and ash |
| <input type="checkbox"/> Water and sand | <input type="checkbox"/> Water and soap |
| <input type="checkbox"/> Other | |

39. DHS household assets

I would now like to ask a few questions about things inside your house

Responses (for the following list) No Yes

- | | |
|---|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Solar panel |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Mobile Telephone
(non-mobile, fixed line) | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Sewing machine |
| <input type="checkbox"/> Fan | <input type="checkbox"/> Tape/CD player |
| | <input type="checkbox"/> Chair |

TOMAK Component 1: Midline Survey Tool

- | | |
|--|--|
| <input type="checkbox"/> Sofa | <input type="checkbox"/> Cupboard |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Electric iron |
| <input type="checkbox"/> Watch | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Animal-drawn cart | <input type="checkbox"/> Car or truck |
| <input type="checkbox"/> Boat with a motor | <input type="checkbox"/> Bank account |

Thank you very much for your time today. Your responses will help us know what impact the TOMAK program is having on nutrition and food security in your community.

Enumerator: Try to collect the GPS coordinates of this survey