



Liberia Food Security Assessment 2015

Questionnaire number:

IDENTIFICATION

Household Assessment Questionnaire

HH NUMBER:

<p>Date of interview: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2015 <i>day month</i></p> <p>Enumerator's name: _____</p> <p>Enumerator's code <input type="text"/> <input type="text"/></p> <p>County: _____ District: _____</p> <p>Community name: _____</p> <p>1 = Rural 2 = Urban <input type="text"/> <input type="text"/></p>	<p>GPS COORDINATES</p> <table border="1"> <tr> <td>a) Latitude(N/S)</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>b) Longitude(E/W)</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>a) Latitude(N/S)</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>b) Longitude(E/W)</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>	a) Latitude(N/S)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) Longitude(E/W)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a) Latitude(N/S)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) Longitude(E/W)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I confirm that the questionnaire is fully completed.

Signature of team leader: _____

Date: / / 2015

day month

Please read the following consent form:

"My name is _____. We are assessing the agriculture, food security, livelihoods and market situation throughout Liberia. Your household was selected to be part of this survey. I would like to speak to you (and your spouse/partner). The questionnaire will take approximately one hour to complete. Any information that you provide will be kept strictly confidential and will not be shown to other people. This is voluntary and you can choose not to answer any or all of the questions. However, we hope that the research will benefit Liberia by assisting us to understand better the needs of the people to improve the situation in the future. You will not receive any direct benefit if you join this study, your participation is voluntary. Do you have any questions for me? You may ask questions about this study at any time. May we begin now?"

I- HOUSEHOLD COMPOSITION

1.1	Is the respondent male or female?	1= Male 2 = Female	<input type="text"/>	Age in years	<input type="text"/> <input type="text"/>								
1.2	If the respondent is NOT the head of the household, what is their relationship to the household head? (SELECT ONLY ONE) 999 = Head of Household	<input type="text"/>	<table border="1"> <tr><td>1</td><td>Spouse</td></tr> <tr><td>2</td><td>Son/daughter (adult above 18 years)</td></tr> <tr><td>3</td><td>Parent/grand parent</td></tr> <tr><td>4</td><td>Uncle/aunt/niece/nephew</td></tr> <tr><td>5</td><td>No relations</td></tr> </table>	1	Spouse	2	Son/daughter (adult above 18 years)	3	Parent/grand parent	4	Uncle/aunt/niece/nephew	5	No relations
1	Spouse												
2	Son/daughter (adult above 18 years)												
3	Parent/grand parent												
4	Uncle/aunt/niece/nephew												
5	No relations												
1.3	Is the head of household male or female?	1= Male 2 = Female	<input type="text"/>	1.3a Age in years	<input type="text"/> <input type="text"/>								
1.4	What is the marital status of the head of the household?	<input type="text"/>	1 = Single 2 = Married/Living as partner 3 = Separated/ Divorced 4 = Widow or widower										
1.5	How many persons in total are currently living in the household?	<input type="text"/> persons											
1.6	How many children and adults are currently living in the household? <i>(Provide the sex and age breakdown of all household members)</i>												
		0 - 4	5 - 14	15 - 59	60-69	70-79	80+	TOTAL					
	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

II - EDUCATION

2.1	What is the educational status of your household head? (SELECT ONLY ONE)	<input type="text"/>	1. No education 2. Pre-primary 3. Primary 4. Secondary	5. Vocational training 6. University 7. Graduate 8. Doctorate
2.2	How many members of your household are currently attending school (2015)? <i>(Provide the sex and age breakdown of all household members)</i>			



Liberia Food Security Assessment 2015

Questionnaire number:

		6-12	12-18	+18		
Male		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.21	If some members of your household are not currently attending school, what are the THREE MAIN reasons? CIRCLE ALL THAT APPLY or 999 if no reason 999 = NO REASON	1	School closed	11	chronic illness	
		2	School opened but no teachers	12	Fear EVD	
		3	Unable to pay fees/uniform	13	Insecurity	
		4	School is too far away	14	Death	
		5	Migration to elsewhere	15	Stay home to work for family	
		6	EVD survivor/orphan	16	Caregiving	
		7	No transportation	17	Pregnancy/ Breastfeeding	
		8	Family does not see need	18	Other: _____	
		9	No school in the community	19	Not applicable	
		10	disability			

III - FOOD CONSUMPTION		Children below 5 years	Girls 6-12 years	Boys 6-12 years	Adults women Older than 13 years	Adult male Older than 13 years
3.1. Yesterday, how many meals were eaten by (including rice AND non-rice meals):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Compared to April 2014, how different is the number of meals eaten in a day?		1= Less 2= Same 3= More	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 - How many days during the past week, did members of your household eat the following food items, prepared and/or consumed at home, and what was their source? (Use codes below, write 0 if not consumed in last 7 days) Note for enumerator: Determine whether consumption of food item was only in small quantities, and if so, exclude from module.						
	Foods	3.3- Number of days eaten in past 7 days <i>If 0 days, do not specify the main source.</i>			3.4- How was this food acquired? Write the main source of food for the past 7 days	
	Cereals and grain: Rice, pasta, bread, sorghum, millet, maize, fonio	<input type="checkbox"/>			<input type="checkbox"/>	
	Roots and tubers: potato, yam, cassava, sweet potatoes, taro and / or other tubers	<input type="checkbox"/>			<input type="checkbox"/>	
	Legumes / nuts: beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea and / or other nuts	<input type="checkbox"/>			<input type="checkbox"/>	
	Orange vegetables (vegetables rich in Vitamin A): carrot, red pepper, pumpkin, orange sweet potatoes,	<input type="checkbox"/>			<input type="checkbox"/>	
	Green leafy vegetables: spinach, potato leaves, cassava leaves and / or other dark green leaves	<input type="checkbox"/>			<input type="checkbox"/>	
	Other vegetables: onion, tomatoes, cucumber, radishes, green beans, peas, lettuce, etc.	<input type="checkbox"/>			<input type="checkbox"/>	
	Orange fruits (Fruits rich in Vitamin A): mango, papaya, apricot, peach	<input type="checkbox"/>			<input type="checkbox"/>	
	Other fruits: banana, apple, lemon, tangerine, orange, plantain	<input type="checkbox"/>			<input type="checkbox"/>	
	Animal protein: meat, goat, beef, chicken, pork <i>Meat in large quantities and not as a condiment</i>	<input type="checkbox"/>			<input type="checkbox"/>	
10.	Liver, kidney, heart and / or other red organ meats	<input type="checkbox"/>			<input type="checkbox"/>	
11.	Fish / Shellfish: fish, including canned tuna, snails, and / or other seafood <i>Fish in large quantities and not as a condiment</i>	<input type="checkbox"/>			<input type="checkbox"/>	
12.	Eggs	<input type="checkbox"/>			<input type="checkbox"/>	
13.	Milk and other dairy products: fresh milk / sour, yogurt, cheese, other dairy products <i>Exclude margarine / butter or small amounts of milk for tea / coffee</i>	<input type="checkbox"/>			<input type="checkbox"/>	
14.	Oil / fat / butter: vegetable oil, palm oil, shea butter, margarine, other fats / oil	<input type="checkbox"/>			<input type="checkbox"/>	
15.	Sugar, or sweet: sugar, honey, jam, cakes, donuts, candy, cookies, pastries, cakes and other sweet (sugary drinks)	<input type="checkbox"/>			<input type="checkbox"/>	
16.	Condiments / Spices: tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, tomato / sauce, meat or	<input type="checkbox"/>			<input type="checkbox"/>	



Liberia Food Security Assessment 2015

Questionnaire number:

IV – HOUSEHOLD STATUS

	In the past 12 months , did any member of your household become chronically ill, disabled, died of EVD or other cause?		4.1.1 If Yes, How many household members by age group?						
			0 - 4	5 - 14	15 - 59	60 -69	70-79	80+	
4.1	1	Chronically ill 0 = No 1 = Yes	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Disabled 0 = No 1 = Yes	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Died of EVD 0 = No 1 = Yes	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Died of other causes 0 = No 1 = Yes	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Was the household head one of the chronically ill, disabled or person(s) who died of EVD or other causes?		1	Chronically ill	0 = NO 1 = YES		<input type="checkbox"/>		
			2	Disabled	0 = NO 1 = YES		<input type="checkbox"/>		
			3	Died of EVD	0 = NO 1 = YES		<input type="checkbox"/>		
			4	Died of other causes	0 = NO 1 = YES		<input type="checkbox"/>		

V - HOUSING & FACILITIES

5.1	Where do you mainly obtain your drinking water at the moment? (SELECT ONLY ONE)	1 = Public tap/standpipe 2 = Protected well/pump/spring 3 = Unprotected well/pump/spring 4 = Cart with small tank/tanker truck 5 = Piped water into dwelling/yard 6 = River/creek/stream/lake/pond 7 = Bottled water/sachet 8 = Rain water	<input type="checkbox"/>																			
5.12	How far away is this water source when walking from your dwelling? Record time in hours and/or minutes to access source (walking distance). Circle “999” if water in compound write “0” if water is very close to the compound)	<input type="text"/> hours <input type="text"/> minutes	999 = water is in the compound																			
	What is the MAIN source of energy for cooking in your household?	1 Firewood 2 Charcoal 3 Gas 3 Electricity 4 Other _____	<input type="checkbox"/>																			
5.2	What is the MAIN type of toilet facility your household uses? (SELECT ONLY ONE)	1 = Traditional pit latrine - covered 2 = Traditional pit latrine - uncovered 3 = Improved pit latrine 4 = Flush toilet 5 = Toilet over water 6 = No facility (bush/river/beach)	<input type="checkbox"/>																			
5.21	Do you or your household own or rent this dwelling/building?	<input type="checkbox"/>	1. Rent 2. Lease 3. Own 4. Don't own but live for free																			
5.42	What is the commonest mode of transport used by this household?	<input type="checkbox"/>	1. Public vehicles 2. Motorbike 3. Private vehicle 4. Bicycles 5. Other (specify): _____																			
5.5	Does your household own any of the following assets? CIRCLE ALL THE APPLY	<table border="0"> <tr> <td>A</td> <td>Beds</td> <td>N</td> <td>Fishing tools (net, basket, knife)</td> </tr> <tr> <td>B</td> <td>Sponge mattress</td> <td>O</td> <td>Car, taxi</td> </tr> <tr> <td>C</td> <td>Table/chair</td> <td>P</td> <td>Cupboard/dresser</td> </tr> <tr> <td>D</td> <td>Radio</td> <td>Q</td> <td>Dryer (for fish)</td> </tr> <tr> <td>E</td> <td>Television</td> <td>R</td> <td>Cooler/ice box</td> </tr> </table>	A	Beds	N	Fishing tools (net, basket, knife)	B	Sponge mattress	O	Car, taxi	C	Table/chair	P	Cupboard/dresser	D	Radio	Q	Dryer (for fish)	E	Television	R	Cooler/ice box
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WHILE ASKING, ALSO OBSERVE AND RECORD	F	Generator	S	Tapping knife
	G	Country clothe	T	Pressing iron
	H	Cell phone	U	Agricultural tools (hoe/spade/cutlass)
	I	Sewing Machine	V	Seed for planting
	J	Bicycle	W	Power saw
	K	Motorcycle	X	Mosquito net
	L	Wheel barrow	Y	Cash, other savings (susu, jewellery)
	M	Canoe	Z	Bank account

VI – LABOUR MIGRATION

6.1	In the past 12 months , has any member from your immediate family left the household?	1 = YES 0 = NO → Skip to Section 7																																																													
<p>If yes to 6.1, Who are your household members that left, how many and where did they go? <i>(Provide the age breakdown of all household members)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="background-color: #e0e0e0;">15 - 29</th> <th style="background-color: #e0e0e0;">30-49</th> <th style="background-color: #e0e0e0;">50-65</th> <th style="background-color: #e0e0e0;">65+</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Within district</td> <td style="text-align: center;">Male</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td rowspan="2">Within county</td> <td style="text-align: center;">Male</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td rowspan="2">Other county, specify: _____</td> <td style="text-align: center;">Male</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td rowspan="2">Monrovia</td> <td style="text-align: center;">Male</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td rowspan="2">Other country, specify: _____</td> <td style="text-align: center;">Male</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>					15 - 29	30-49	50-65	65+	Within district	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Within county	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other county, specify: _____	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Monrovia	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other country, specify: _____	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6.12	<p>What was the main reason for household members leaving? CIRCLE ALL THE APPLY</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="background-color: #e0e0e0;">Male</th> <th style="background-color: #e0e0e0;">Female</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td>School/education opportunity</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td>Petty trade/Commerce</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Health care</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td>Fear of Ebola</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Insecurity</td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td>Market/border closure</td><td></td><td></td></tr> <tr><td style="text-align: center;">7</td><td>No access to services: health, transport, school, market</td><td></td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Taking up Job: salaried work, casual labour/ Domestic work</td><td></td><td></td></tr> <tr><td style="text-align: center;">9</td><td>Trying to find job: salaried work, casual labour/ Domestic work</td><td></td><td></td></tr> <tr><td style="text-align: center;">10</td><td>Other, specify: _____</td><td></td><td></td></tr> </tbody> </table>			Male	Female	1	School/education opportunity			2	Petty trade/Commerce			3	Health care			4	Fear of Ebola			5	Insecurity			6	Market/border closure			7	No access to services: health, transport, school, market			8	Taking up Job: salaried work, casual labour/ Domestic work			9	Trying to find job: salaried work, casual labour/ Domestic work			10	Other, specify: _____																			
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9	Trying to find job: salaried work, casual labour/ Domestic work																																																														
10	Other, specify: _____																																																														
6.13	<p>Did any of these persons send/bring back any of these items during the LAST SIX MONTH? CIRCLE ALL THAT APPLY</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="background-color: #e0e0e0;">Male</th> <th style="background-color: #e0e0e0;">female</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td>Money/Cash If yes, how much? LD or USD _____</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td>Medicine</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Clothing/shoes</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td>Household utensils</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Food</td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td>Building / construction materials</td><td></td><td></td></tr> <tr><td style="text-align: center;">7</td><td>Seeds or tools</td><td></td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Education/school materials</td><td></td><td></td></tr> <tr><td style="text-align: center;">9</td><td>Other: _____</td><td></td><td></td></tr> <tr><td style="text-align: center;">10</td><td>Nothing</td><td></td><td></td></tr> </tbody> </table>			Male	female	1	Money/Cash If yes , how much? LD or USD _____			2	Medicine			3	Clothing/shoes			4	Household utensils			5	Food			6	Building / construction materials			7	Seeds or tools			8	Education/school materials			9	Other: _____			10	Nothing																			
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Liberia Food Security Assessment 2015

Questionnaire number:

		If yes to 6.1, Who are your members of household that came within the past 6 months, how many and where did they come from? (Provide the age breakdown of all household members)						
			0 - 4	5 - 14	15 - 29	30-49	50-65	65+
6.14	Within district	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Within county	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other county, specify: _____	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Monrovia	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other country, specify: _____	Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VI I- AGRICULTURE PRODUCTION

7.1	Do you have access to farming land where you can grow any type of food /crops (both upland and swampland)?	0= No 1= Yes	<input type="text"/> If no skip to 7.28
7.2	If Yes, what is the size of this farmland?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRES 999 = I don't know	
7.3	What type(s) of agriculture activities is your household involved in? CIRCLE ALL THAT APPLY	1. Lowland rice production 2. Upland rice production 3. Vegetable production 4. Poultry 5. Rubber farming 6. Cocoa farming 7. Coffee 8. Roots/Tubers production 9. Sugar cane production 10. Aqua culture 11. Cola production 12. Hunting and gathering 13. Other (specify): _____	
7.4	What rights do you have over this farmland? CIRCLE ALL THAT APPLY	1. Personal/family plot with deed →Skip to 7.6 2. Personal/family plot without deed →Skip to 7.6 3. Rented/leased land 4. Squatter agreement 5. Communion/group land 6. Other, specify: _____	
7.5	If you have rented or leased the land, how is the payment done? CIRCLE ALL THAT APPLY	1. Cash payment 2. Harvest payment 3. Other in-kind payment 4. Other specify _____	
7.6	What are the THREE planting materials/hand tools have you obtained for the current cropping season?	<input type="text"/> <input type="text"/> <input type="text"/>	1. Seeds 2. cuttings 3. Plantlets 4. Fertilizers 5. Pesticides 6. Herbicides 7. Bird net 8. Cutlass 9. Regular hoe/ Shovel 10. Dibbing/traditional hoe 11. Axe 12. Sickle /Knife Sharpening file 13. Digger 14. Wheelbarrow 15. Other, specify: _____
7.7	If your household obtained farm inputs for this current cropping season, what was the THREE MAIN SOURCES of the inputs?	<input type="text"/> <input type="text"/> <input type="text"/>	1. Govt./MOA/CARI 2. .NGO/UN/Donor 3. University/colleges e.g. LU, CUC, BWI, Community college 4. Purchase from market 5. Community Grain Reserve (CGR) 6. Borrow from other farmers



Liberia Food Security Assessment 2015

Questionnaire number:

								7. Exchange with goods 8. Gift from relatives/friends /neighbours 9. Own production 10. Other, specify: _____	
7.8	What are the sources of your household labour for the current cropping season? CIRCLE ALL THAT APPLY							1. Family members skip to 7.10 2. Kuu groups go to 7.9 3. Cash for work/ paid labour skip to 7.10 4. Exchange labour for food skip to 7.10 5. Other specify: _____	
7.9	If you use/participate in group labour (Kuu groups), for what purpose do you use it? CIRCLE ALL THAT APPLY							1. Land preparation 2. Planting 3. Weeding 4. Brushing 5. Fencing 6. Harvest 7. Other (specify): _____	
7.10	Are you a member of a cooperative?	<input type="checkbox"/>						0= No skip to 7.12 1= Yes	
7.11	What services does the cooperative provide (quality of production, market information, inputs, improves agriculture practices)? CIRCLE ALL THAT APPLY							1. Better prices 2. Credit 3. Quality control on produce 4. Market information 5. Inputs	
7.12	What is the main method of farming this household uses?	<input type="checkbox"/>						1. Traditional 2. Improved 3. Other specify: _____	
7.13	Did your household harvest crops during the previous cropping season, 2014/15?							0= No 1= Yes <input type="checkbox"/>	
7.14	Does your household have access to storage facilities?							0= No 1= Yes <input type="checkbox"/>	
7.15	If yes, what type of storage?	<input type="checkbox"/>						1. Cooperative storage 2. Community green reserve 3. Own storage 4. Other (specify): _____	
7.16 Which of the following crops did you harvest during the 2014/2015 cropping season?									
RICE (Refer to agricultural season 2014/15)		Estimated number of units harvested (50 Kg bag) in 2014/15 + expected harvest (if not completed)	Use (actual + planned) (use proportional piling –20 beans)					Seeds (in %)	How long will your current stock last? (Estimate the number of months your current stock is expected to last from now on, write '00' if no stock available)
			Consumed (in %)	Sold (in %)	In stock (in %)	Shared with family/friends or others (in %)			
7.16a	Upland rice	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	
7.16b	swamp rice	<input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/>	
7.16c	How was your rice harvest in 2014/15 compared to the previous-seeds harvest in 2013/14? CIRCLE 999 IF DON'T KNOW				1 = Better 2 = Worst 3 = Same 4 = Did not harvest		Harvest in 2013/14 <input type="text"/> Harvest in 2014/15 <input type="text"/>		
7.16d	If you faced difficulty selling your rice harvest, what were the THREE main challenges this year?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Access to markets – roadblocks or lock-down 2. Market closure 3. Border closure 4. Low demand/low number of clients 5. Low prices 6. Security issues 7. Bad road connection 8. Other (specify): _____		



Liberia Food Security Assessment 2015

Questionnaire number:

7.16e	If your rice harvest in 2014/15 was different from the previous harvest in 2013/14, what are the main reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Drought 4. Pest 10. Limited labour available 12. Good rains 15. Good price	2. Flood 5. Chronic illness 8. Migration 13. Received training 16. Other (specify): _____	3. Fear for Ebola 6. Inability to hire labour 9. Insecurity 11. Theft 14. Access training	7.
VEGETABLES, ROOTS & TUBERS	Estimated number of units harvested (50 Kg bag) in 2014/15 + expected outputs of crops unharvest / still in the ground 99=None	Use (actual + planned) (use proportional piling – use 20 beans)					How long will your current stock last? <i>(Estimate the number of months your current stock is expected to last, write '00' if no stock available)</i>	
		Consumed (in %)	Sold (in %)	In stock (in %)	Shared with family/friends or others (in %)	Seeds (in %)		
7.17	Cassava (fresh)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7.18	Beans/legumes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7.19	Corn/maize (seeds)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7.20	Groundnuts/peanuts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7.21	Vegetables (pepper, eggplant, cabbage)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7.22	If you faced difficulty selling your vegetables/roots & tubers, what were the 3 main challenges this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Access to markets – roadblocks or lock-down 2. Market closure. 3. Border closure 4. Low demand/low number of clients 5. Low prices 6. Security issues 7. Bad road connection 8. Other (specify): _____			
7.23	How many of your household members are currently participating in the farming work?	1. Male (above 18 year old)	<input type="text"/>					
		2. Female (above 18 years old)	<input type="text"/>					
		3. Children (under 18 year old)	<input type="text"/>					
7.24	How many of your household members participated in farming work during the last agricultural season? (2014/15)	1. Male (above 18 year old)	<input type="text"/>					
		2. Female (above 18 years old)	<input type="text"/>					
		3. Children (under 18 year old)	<input type="text"/>					
7.25	If the members who participate in the farming work decreased , what are the THREE main reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Migration for opportunities 2. Stigma due to EVD 3. Disability/illness 4. Old Age 5. Death 6. No reason 7. Other (specify): _____			
7.26	Which of the functioning services and/or installations listed exist in your area and you have used during the last agricultural season?							
	Does this (service/installation) exist in your village/town							
	1. Drying floor	0 = No 1 = Yes		<input type="text"/>				
	2. Store (cereals/grains)	0 = No 1 = Yes		<input type="text"/>				
	3. Rice mill	0 = No 1 = Yes		<input type="text"/>				
	4. Cassava grinder	0 = No 1 = Yes		<input type="text"/>				
	5. Thresher	0 = No 1 = Yes		<input type="text"/>				
6. Power tiller/ hand tractor	0 = No 1 = Yes		<input type="text"/>					
7. Steel Mill	0 = No 1 = Yes		<input type="text"/>					
7.27	What farming activity was severely affected/interrupted by the outbreak of the EVD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Weeding 2. Fencing 3. Harvesting			



Liberia Food Security Assessment 2015

Questionnaire number:

		4. Other (Specify): _____	<input type="text"/>
7.28	Is there an accessible market from which to buy food or sell surplus produce?	1 = Yes 2 = No	<input type="text"/>
7.29	Does your household own any livestock (cattle, small ruminants or poultry)?	0 = No → Skip to 7.31 1 = Yes	<input type="text"/>
7.30	If yes, how many of each of the following animals do you own (put 00 if none owned)	1. Cattle <input type="text"/>	2. Chicken <input type="text"/>
		3. Ducks <input type="text"/>	4. Other poultry: <input type="text"/>
		5. Goats <input type="text"/>	6. Other (specify): _____
		7. Sheep <input type="text"/>	<input type="text"/>
		8. Pigs <input type="text"/>	<input type="text"/>
7.31	Does the household practice fishing?	0 = No → Skip to Section 8 1 = Yes	<input type="text"/>
7.32	If yes, what type of fishing does the household practice?	<input type="text"/>	1 = Ocean 2 = River 3 = Creek 4 = Natural freshwater pond/lake 5 = Artificial fishpond 6 = Swamps 7 = Lagoon (salt water)

1. Group labour			
7.27	Do you participate in a labour group or do you use group labour? (If NO, skip to section xx)	<input type="text"/>	1 = YES 0 = NO
7.28	If you use/participate group labour, for what purpose do you use it?	<input type="text"/>	8. Land preparation 9. Planting 10. Weeding 11. Brushing 12. Other (specify): _____
	Are you a member of a cooperative? (If NO, skip to section xx)	<input type="text"/>	1 = YES 0 = NO
	What services does the cooperative provide (quality of production, market information, inputs, improves agriculture practices)?	<input type="text"/>	6. Better prices 7. Credit 8. Quality control on produce 9. Market information 10. Inputs

VIII- INCOME/LIVELIHOOD SOURCES

8.1	How many household members are contributing or have contributed to the household's income in the past three months?	<input type="text"/>
8.2	What are the 3 main income sources (report maximum 3) of the household for the last 3 months in order of importance, using the activity codes below? Use proportional piling or divide the pie method to estimate relative contribution from each income source to total household income (both cash and in-kind).	
	Income source (Rank activity)	Code (Use codes on the right)
	Using proportional piling method, estimate the relative contribution to total income of each activity (%)	Who is involved in terms of gender? 1. Male(s) 2. Female(s) 3. Both male & female 4. Children
8.2a-	Main income activity	<input type="text"/>
8.2b-	Second income activity	<input type="text"/>
8.2c-	Third income activity	<input type="text"/>
	TOTAL	100%
		01 = Food crop production (including home gardening) 02 = Cash crop production 03 = Fishing (Ocean/Inland) 04 = Hunting/gathering 05 = Petty trade, street vending (including stall/booths) 06 = Unskilled/casual labour ("contract") 07 = Skilled labour/handicraft 08 = Regular salary from professional labour (e.g. teacher, nurse, clerk) 09 = Shop-owner, commerce/trade 10 = Charcoal production 11 = Rubber tapping 12 = Palm oil production 13 = Renting out rooms/apartments/houses/land 14 = Palm oil production 15 = Support/Remittance from abroad 16 = Support/Remittance from within Liberia 17 = Pension 18 = Begging 19 = transport/motorcycle business 20 = Other, specify



Liberia Food Security Assessment 2015

Questionnaire number:

8.3	Has the level of your total household monthly income changed between January and March 2015 compared to same period last year (January-March 2014)?	1= No change → Skip to Section 8 2= Decreased 3= Increased	<input type="text"/>
8.4	What have been the main reasons for this change? (<i>Should be administered to only hosts/residents</i>) Only provide reasons for either decrease or increase (based on response provided in xx)	IF DECREASED 01 = Lower wages 02 = Lower output 03 = Lower profit / reduced sale 04 = Less employment opportunities 05 = Less people working 06 = Less support/remittances	<input type="text"/>
		IF INCREASED 07 = Higher wages 08 = Higher agricultural outputs 09 = Higher profit / increased sale 10 = More employment opportunities 11 = More people working because of demographic change 12 = More support/remittances	<input type="text"/>
8.5	For unemployed household member(s) what are the MAIN reasons (max 3)?	1 Insecurity	<input type="text"/>
		2 Old age	<input type="text"/>
		3 Illness	<input type="text"/>
		4 Caregiving to a sick family member	<input type="text"/>
		5 EVD survivor	<input type="text"/>
		6 Fear of EVD	<input type="text"/>
		7 No job available	<input type="text"/>

IX – EXPENDITURES AND DEBTS

		8.01 - Did you purchase any of the following food items during the last 30 days for domestic consumption? If 'no', enter '0' and proceed to next food-item. If 'yes', ask the respondent to estimate the total cash and credit expenditure on the item for the 30 days . (register the expenses according to local currency)	8.02 - During the last 30 days did your household consume the following foods without purchasing them? If so, estimated the value of non-purchased food items consumed during the last 30 days
		(LD)	(LD)
1	Cereals (maize, rice, sorghum, wheat, bread)	_ _ _ _ _	_ _ _ _ _
2	Tubers (sweet potatoes, cassava)	_ _ _ _ _	_ _ _ _ _
3	Pulses (beans, peas, groundnuts)	_ _ _ _ _	_ _ _ _ _
4	Fruits & vegetables	_ _ _ _ _	_ _ _ _ _
5	Fish/Meat/Eggs/poultry	_ _ _ _ _	_ _ _ _ _
6	Oil, fat, butter	_ _ _ _ _	_ _ _ _ _
7	Milk, cheese, yogurt	_ _ _ _ _	_ _ _ _ _
8	Sugar/Salt/Spices	_ _ _ _ _	_ _ _ _ _
9	Tea/Coffee	_ _ _ _ _	_ _ _ _ _

8.04 - Did you purchase the following items during the last 30 days for domestic consumption? <i>If none, write 0 and go to next item</i>		8.05 - Estimated expenditure during the last 30 days (register the expenses according to the currency in which it was done)	8.06 - In the past 6 months how much money have you spent on each of the following items or service? <i>Use the following table, write 0 if no expenditure.</i>	8.07 - Estimated expenditure during the last six months	
		(LD)		(LD)	
10.	Alcohol/Palma wine & Tobacco	_ _ _ _ _	19.	Medical expenses, health care	_ _ _ _ _
11.	Soap (powder/detergents)	_ _ _ _ _	20.	Clothing, shoes	_ _ _ _ _
12.	Transport	_ _ _ _ _	21.	Education, school fees, uniform, etc.	_ _ _ _ _
13.	Fuel (firewood/charcoal etc.)	_ _ _ _ _	22.	Debt repayment (e.g.	



Liberia Food Security Assessment 2015

Questionnaire number:

14.	Water	<input type="text"/>	23.	Celebrations / social events	<input type="text"/>
15.	Electricity/Lighting	<input type="text"/>	24.	Agricultural seeds/tools	<input type="text"/>
16.	Communication (phone)	<input type="text"/>	25.	Savings (e.g. susu-club)	<input type="text"/>
17.	Rent	<input type="text"/>	26.	Constructions/house repairs	<input type="text"/>
18.	Others(Please specify)	<input type="text"/>	27.	Other long term expenditure (please specify):	<input type="text"/>

8.8	Have you taken any credit in the last 3 months?	0= No → Skip to Section 9 1= Yes	<input type="text"/>
8.9	If "yes" what was the main reason for new debts or credit?	1= To buy food 2= To cover health expenses 3= To pay school, education costs 4= To pay other loans 5= To pay fines/tax 6= To buy agricultural inputs/tools 7= To buy or rent land/dwelling 8= To pay for ceremonies/donations 9= To buy fuel 10= Other reason (specify) _____ 99= No loan/debt taken out	<input type="text"/>
8.10	Compared to same period in 2014, how has your access to credit changed?	1 =Higher in amount 2 = Higher in frequency 3 = Higher in amount & frequency 4 =Lower in amount 5 =Lower in frequency 6 =Lower in amount & frequency 7=Same as same time in 2014	<input type="text"/>
8.11	How much of the loan do you expect to be able to repay during the next 6 months?	1 No repayment possible 2 Less than ½ possible 3 More than ½ possible 4 Half (50%) possible 5 Full repayment possible 6 Already repaid	<input type="text"/>

X- SHOCKS

9.1	Has your household experienced any difficulties over the last 6 months?	0=No 1=Yes	<input type="text"/>
If so, what are the 3 most significant ones by order of importance? Do not read options.		10.12 1 st difficulty	10.13 2 nd difficulty
		<input type="text"/>	<input type="text"/>
01 = Loss employment/reduced income 02 = Sickness of HH member 03 = EVD 04 = Death of HH member 05 = High food prices 06 = High fuel/transportation prices 07 = Debt 08 = Irregular/unsafe drinking water		09 = Temporary relocation 10 = Heavy rains/floods 11 = Crop failure 12 = Restricted access to markets 13 = Animal pest/birds destroying crops 14 = Other shock, specify _____ 15= No other shocks	<input type="text"/>

XI- COPING STRATEGIES AND ASSISTANCE

10.1	During the last 7 days, were there days (and, if so, how many) when your household had to employ one of the following strategies (to cope with a lack of food or money to buy it)? DO NOT READ OUT STRATEGIES	Frequency (Number of days from 0 to 7)
1.	Rely on less preferred and/or less expensive food?	<input type="text"/>
2.	Borrow food or rely on help from friends or relatives?	<input type="text"/>
3.	Reduced portion size of meals?	<input type="text"/>
4.	Reduction in the quantities consumed by adults/mothers for young children?	<input type="text"/>
5.	Reduced the number of meals eaten per day?	<input type="text"/>
6.	Went an entire day without eating?	<input type="text"/>
10.3	During the past 30 days, did anyone in your household have to engage in any of the following behaviours due to a lack of food or a lack of money to buy food?	1 = No, because I did not face a shortage of food 2 = No, because I already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it 3= Yes 4=Not applicable



Liberia Food Security Assessment 2015

Questionnaire number:

1. Sold household assets/goods (radio, furniture, refrigerator, television, jewellery etc...)	<input type="checkbox"/>
2. Reduced non-food expenses on health (including drugs) and education	<input type="checkbox"/>
3. Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.)	<input type="checkbox"/>
4. Spent savings	<input type="checkbox"/>
5. Borrowed money/food from a formal lender/bank	<input type="checkbox"/>
6. Sold house or land	<input type="checkbox"/>
7. Withdrew children from school	<input type="checkbox"/>
8. Sold last female animals	<input type="checkbox"/>
9. Begging	<input type="checkbox"/>
10. Sold more animals (non-productive) than usual	<input type="checkbox"/>

10.4	Did your household or one (or more) of its members benefit from any FOOD assistance in the past 6 months ? Circle one.	1 = Yes 2 = No → Skip to 10.6	<input type="checkbox"/>
10.5	a. What type of FOOD assistance was received? Circle all that apply.	b. Who provides the food assistance? Choose codes on below.	
	1. Food for school children (eaten at school or take-home) 2. Food for work / Food for training 3. Supplementary feeding (food for pregnant and lactating women and small children) 4. Relief (free food distributions) 5. Nutrition support 6. Other (specify): _____	Codes for assistance provider/source: 1 = Government 2 = UN agency 3 = NGO 4 = Religious body 5 = Community 6 = Relative(s)/Friend(s) 7 = Other (specify): _____	
10.6	Did your household or one (or more) of its members benefit from any NON-FOOD assistance in the past 6 months ? Circle one.	1 = Yes 2 = No	<input type="checkbox"/>
10.7	a. What type of NON-FOOD assistance was received? Circle all that apply.	b. Who provides the food assistance? Choose codes on right.	
	1. Money allowance/loans 2. Medical services 3. Water and/or sanitation (toilet) facility 4. Agricultural assistance (tools, seeds, fertilizer, etc.) 5. Other (specify): _____	Codes for assistance provider/source: 1 = Government 2 = UN agency 3 = NGO 4 = Religious body 5 = Community 6 = Relative(s)/Friend(s) 7 = Other (specify): _____	
10.8	What are the TOP THREE priority needs for your household? (RANK ONLY THREE) 1 = first rank, 2 = second rank 3 = third rank	Rank	
		<input type="checkbox"/>	1. Health/medical
		<input type="checkbox"/>	2. Food
		<input type="checkbox"/>	3. Water
		4. Shelter	7. Cash
		5. Non-food items	8. Farm inputs
		6. Education	9. Livelihood
			10. Sanitation – hygiene
			11. Other specify _____