

Identification Sheet

District / town part	Response
1. Darvoz	
2. Ishkoshim	
3. Murghob	
4. Roshtqala	
5. Rushon	
6. Shugnon	
7. Vanj	
8. Khorog Sh. Shotemur part	
9. Khorog I. Somoni part	

Cluster No. || HH No. ||

Language of Interview:

Coding	Response
1. Shugni	____
2. Tajik	
3. Russian	
98. Other:	

Visit 1	<div style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ <i>Day Month Year</i> </div>	Refusal 1. Yes 2. No _ _
		Replacement HH No. <div style="text-align: right;"> _ _ _ _ </div>
Visit 2	<div style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ <i>Day Month Year</i> </div>	Scheduled time

Supervisor Code

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A1: Household Composition and Basic Data.

Include all members of the household who live in the dwelling and usually eat meals together. Include those who are temporarily absent (less than 6 months in the last year).

Do not include guests. Use another separate sheet, if required

A	B	C	D	E	F	G	H	I	X	J	K	L
Sr #	First Name	Sex	Age (completed years) 99. Don't know	Marital status	Relation to head of household	Currently in an educational institution	Highest level of education completed	Adult Literacy level For those >=15 years	Knowledge of English	Main Occupation	Second Occupation	Disability

Codes for Column C	Codes for Column E	Codes for Column F	Codes for Column G	Codes for Column H	Codes for Column I	Codes for Column X	Codes for Columns J and K	Codes for Column L
1. Male 2. Female	1. Married 2. Divorced 3. Separated 4. Widowed 5. Single	1. Head of household 2. Spouse of head of household 3. Mother/father 4. Sister/brother 5. Daughter/son 6. Grandchild 7. Daughter/son-in-law 8. Nephew/nieces 9. Aunts/uncles 10. Cousins 11. Sister/brother-in-law 12. Mother/father-in-law 13. Grandmother/father 98. Other: _____	0. Not in school 1. Gov't school 2. Private school 3. Kindergarten 4. Early Child Development (ECD) Centre 5. University 6. UCA 7. Technical/Vocational 98. Other: _____	0. No education For grade 1-11 record the actual grade completed 12. Technical/Vocational graduate 13. University graduate 14. University post-graduate 98. Other: _____ 99. Don't know	1. Cannot read and write 2. Can read only 3. Can read and write 9. Not applicable (for those aged <15 yrs.)	1. Yes 2. No 3. Don't know	0. (J) Not working and not job seeking/(K) None 1. Private sector employee 2. NGO employee 3. Government employee 4. Daily wage earner (casual worker) 5. Self-employed (Trade/Business) 6. Farming 7. Unemployed – job seeking 8. Homemaker 9. Student 10. Ill/disabled 11. Retired 12. Not applicable 98. Other: _____	0. No disability 1. Difficulty seeing 2. Difficulty hearing 3. Difficulty communicating 4. Difficulty remembering or concentrating 5. Difficulty walking or climbing steps 6. Difficulty washing all over or dressing

A2. Are there members of the household who have migrated and who have been away for more than 6 months in the last year?

Note people who have left to study in column C.

Yes 1 ☐

No 2 (**Skip - W1**)

A3. Migrants

List all migrant members of the household.

A	B	C	D	E	F	G	H	I	J
Sr #	First Name	Student	Sex	Age in completed years	Relation to head of household	Highest level of education completed	Year they left	Place where they migrated	Type of remittances in the last 12 months
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes for Column C	Codes for Column D	Codes for Column F	Codes for Column G	Codes for Column I	Codes for Column J
1. Yes 2. No	1. Male 2. Female	1. Head of household 2. Spouse of head of household 3. Mother/father 4. Sister/brother 5. Daughter/son 6. Grandchild 7. Daughter/son-in-law 8. Nephew/nieces 9. Aunts/uncles 10. Cousins 11. Sister/brother-in-law 12. Mother/father-in-law 13. Grandmother/father 98. Other _____	0. No education For grade 1-11 record the actual grade completed 12. Technical/Vocational Graduate 13. University Graduate 14. University Post-graduate 98. Other: _____ 99. Don't know	1. Khorog town 2. Other part of Tajikistan 3. Russia 4. International	0. None 1. Household received money from migrant 2. Household received goods from migrant 3. Household received money and goods from migrant 4. Household sent money or goods to migrant

B: Services

We would like to ask you some questions about household access to basic infrastructure and services

No	Question	Coding	Skip	Response
WATER (W)				
W1	What is the main source of drinking water for members of your household?	Piped water		_ _ _
		11. Piped into dwelling	>>W5	
		12. Piped into compound, yard or plot	>>W5	
		13. Piped to neighbour	>>W4	
		14. Public tap / standpipe	>>W4	
		21. Borehole or tubewell	>>W3	
		Dug well		
		31. Protected well	>>W3	
		32. Unprotected well	>>W3	
		Water from spring		
		41. Protected spring	>>W3	
		42. Unprotected spring	>>W3	
		51. Rainwater collection	>>W3	
		Delivered water		
		61. Tanker-truck	>>W4	
		62. Cart with small tank / drum	>>W4	
		72. Water kiosk	>>W4	
		Packaged water		
		81. Bottled water	>>W2	
		82. Sachet water	>>W2	
		91. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	>>W4	
		96. Other (specify)	>>W3	
W2	What is the main source of water used by members of your household for other purposes, such as cooking and hand washing?	Piped water		_ _ _
		11. Piped into dwelling	>>W5	
		12. Piped into compound, yard or plot	>>W5	
		13. Piped to neighbour	>>W4	
		14. Public tap / standpipe	>>W4	
		21. Borehole or tubewell	>>W3	
		Dug well		
		31. Protected well	>>W3	
		32. Unprotected well	>>W3	
		Water from spring		
		41. Protected spring	>>W3	
		42. Unprotected spring	>>W3	
		51. Rainwater collection	>>W3	
		Delivered water		
		61. Tanker-truck	>>W4	
		62. Cart with small tank / drum	>>W4	
		72. Water kiosk	>>W4	
		Packaged water		
		81. Bottled water	>>W2	
		82. Sachet water	>>W2	
		91. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	>>W4	
		96. Other (specify)	>>W3	

W3	Where is that water collected from?	1. In own dwelling	>>W5	_ _
		2. In own yard / plot	>>W5	
		3. Elsewhere	>>W4	
W4	How long does it take to go there, get water, and come back?	Number of minutes		_ _ _ _
		000. Members do not collect		
		998. Don't know		
Check 1	Answer to W1=11, 12 or 13	1. Yes		_ _
		2. No	>>W6	
W5	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	1. Yes, at least once		_ _
		2. No, always sufficient		
		8. Don't know		
W6	What type of piped supply does your household use?	1. Large piped network managed by a utility		_ _
		2. Small piped network managed by the community		
		3. Small piped network managed by the households		
Check 2	Answer to W1=81, 82 or W2=81, 82	1. Yes		_ _
		2. No	>>W9	
W7	Is water always available from your main water source [W1]?	1. Yes, water is always available		_ _
		2. No, water is available most of the time		
		3. No, water is available some of the time		
		4. No, water is rarely available		
		8. Don't know		
Check 3	Answer to W5=1	1. Yes		_ _
		2. No	>>W9	
W8	What was the (main) reason you were unable to access sufficient quantities of water when needed? <i>Select one</i>	1. Water is not available from source		_ _
		2. Water is too expensive		
		3. Source is not accessible		
		6. Other (specify)		
W9	Are there any extended periods when you experience water shortages?	1. Yes, during the cold season (winter)		_ _
		2. Yes, during the warm season (summer)		
		3. No		
Check 4	Answer to W1=11, 12 or 13	1. Yes		_ _
		2. No	>>Check 5	
W10	How many hours per day is water supplied on average [W1]?	1. 24 hours per day		_ _
		2. 18-24 hours per day		
		3. 12-17 hours per day		
		4. 6-11 hours per day		
		5. <6 hours per day		
		8. Don't know		
Check 5	Answer to W1=81, 82	1. Yes		_ _
		2. No	>>S1	
W11	In the past month, for how many days was water from this source [W1] unavailable when needed?	Number of days		_ _ _ _
		98. Don't know		

SANITATION (S)				
S1	What kind of toilet facility do members of your household usually use? <i>If 'Flush' or 'Pour flush', probe: Where does it flush to?</i> <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / pour flush		_ _
		11. Flush to piped sewer system	>>S2	
		12. Flush to septic tank	>>S2	
		13. Flush to pit latrine	>>S2	
		14. Flush to open drain	>>S2	
		18. Flush to don't know where	>>S2	
		Dry pit latrines		
		22. Pit latrine with slab	>>S2	
		23. Pit latrine without slab / Open pit	>>S2	
		Composting toilets		
		31. Twin pit with slab	>>S2	
		32. Twin pit without slab	>>S2	
		33. Other composting toilet	>>S2	
		S2	Do you share this facility with others who are not members of your household?	
2. No				
S3	Where is this toilet facility located?	1. In own dwelling		_
		2. In own yard / plot		
		3. Elsewhere		
Check 6	Answer to S1=12, 13, 22, 23, 31 or 32	1. Yes		_
		2. No	>>H1	
S4	Has your (pit latrine or septic tank) ever been emptied?	1. Yes emptied		_
		2. Never emptied	>>H1	
		8. Don't know	>>H1	
S5	The last time it was emptied, where were the contents emptied to? Was it removed by a service provider?	Removed by service provider:		_
		1. to a treatment plant		
		2. buried in a covered pit		
		3. to don't know where		
		Emptied by household		
		4. buried in a covered pit		
		5. to uncovered pit, open ground, water body or elsewhere		
		6. Other (specify)		
		8. Don't know		
HYGIENE (H)				
H1	Can you please show me where members of your household most often wash their hands?	Fixed facility observed (sink/tap)		_
		1. In dwelling	>>H2	
		2. In yard/plot	>>H2	
		Mobile object observed		
		3. (bucket/jug/kettle)	>>H2	
		4. No handwashing place in dwelling/yard/plot	>>B7	
		5. No permission to see	>>B7	
		6. Other reason (specify)	>>B7	
H2	Observe availability of water at the place for handwashing. (Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.)	1. Water is available		_
		2. Water is not available		
H3	Observe availability of soap or detergent at the place for handwashing	1. Soap or detergent available		_
		2. Soap or detergent not available		

We would like to ask you some questions about household's access to services.

No	Question	Coding	Skip	Response
OTHER SERVICES (B)				
B14	Do you have electricity in the house?	1. Yes 2. No	If 2, skip to B18	__
B15	What is the main source of electricity?	1. Power network 2. Private generator 3. Power network and generator 4. Solar 98. Other: _____		__
B19	What is the main source of cooking fuel for your household?	1. Electricity 2. Liquid Propane Gas (LPG) 3. Natural gas 4. Kerosene 5. Coal 6. Wood 7. Straw/shrubs/grass 8. Animal dung 9. Agricultural crop residue 98. Other: _____ 99. Don't know	If 1, 2 or 3, skip to B22	__
B23	What are the main sources of heating in your household? <i>Do not read the list. Record everything that is mentioned.</i>	0. None 1. Animal dung 2. Twigs/branches/bushes 3. Firewood 4. Coal 5. Electricity (including solar) 6. Gas 7. Torf 98. Other		__
B24	Does your household have access to a functioning telephone service?	1. Yes 2. No	If 2, skip to B28	__
B25	What type(s) of telephone service(s) does the household have access to?			
B25.1	Mobile	1. Yes 2. No		__
B25.2	Landline	1. Yes 2. No		__
Screen 3	Answer to B25	If 'mobile' or 'mobile and landline', skip to B27 If only 'landline', go to B26		
B26	Where is the main telephone service that your household uses located?	1. Own home 2. Neighbour's home 3. Public telephone service 98. Other: _____	Skip to B28	__
B27	Who owns a mobile phone in the household?	1. Someone in the household 2. Adult members 3. All members including children 98. Other: _____		__

B28	Does your household have access to the internet? (via DSL or mobile or other)	1. Yes 2. No	If 2, skip to B30	__
B29	Where is the main internet service that the household uses located?	1. At home – on a computer, tablet 2. At home – on a mobile phone 3. Other home in the community 4. Internet café/Public place 5. Place of work 98. Other: _____		__
B34	How does your household usually dispose of garbage?	1. Collected by formal service 2. Collected by informal service 3. Disposal in designated area 4. Disposal in household yard/plot 5. Disposal/dump in the street 6. Disposal/dump in the river/riverbank 7. Burn 8. Bury 98. Other: _____		__

C: Urban green spaces (for urban areas only)

We would now like to ask you some questions about parks and green spaces.

No.	Question	Coding	Skip	Response
C1	Are there parks or other green spaces that are easily accessible to you?	1. Yes 2. No	If 2, skip to D1	__
C2	Does your family visit them?	1. Yes 2. No	If 2, skip to D1	__
C3	How many times did your family visit the park or other green spaces in the last two weeks?	Provide number of times. 99. Don't know		__ __

D: Assets

No.	Question	Coding	Skip	Response
D1	Do you or any member of the household own or rent the home you live in most of the year?	1. Own 2. Rent 98. Other: _____	If 2, skip to D3	_____
D2	Who owns the house?	1. Male 2. Female		_____
D4 (PPI)	How many rooms does your house have (excluding any kitchens, balconies, or hallways)?	Number of rooms		____ ____
D5 (PPI)	Does your house have a separate bath/shower?	1. Yes 2. No		_____
D6 (PPI)	What is the main construction material of the external walls of your house?	1. Adobe 2. Mud bricks 3. Wood 4. Logs 5. Tin 6. Mud 7. Stone 8. Baked bricks 9. Concrete 98. Other: _____		_____
D8	What is the most prevalent kind of window material you have in your house?	1. Plastic sheet/tarpaulin 2. Single-pane glass 3. Double-pane glass 4. Fabricated double-glazed/insulated windows 98. Other: _____		_____
D9	Do you seal your windows in the cold months?	1. Yes 2. No 3. Sometimes 99. Don't know		_____
D10	Is your house thermally insulated?	1. Yes 2. No 99. Don't know	If 1 or 99, skip to D12	_____
D11	If no, why not?	1. Too expensive 2. Unable to obtain materials 3. Not interested 99. Don't know		_____
D12	Does the household own agricultural land?	1. Yes 2. No	If 2, skip to D15	_____
D13	How many <i>sotis</i> of land in total does the household own? (<i>Provide number</i>)	D4.1. Rain-fed 999. Don't know		____ ____ ____
		D4.2. Irrigated 999. Don't know	If 0, skip to D15	____ ____ ____
D14	What is the main type of irrigation that the household has access to?	1. River water through mud canals 2. River water through concrete canals 3. Water through pipe 4. Spring water 98. Other: _____		_____
D18	Does the household own any type of livestock?	1. Yes 2. No	If 2, skip to D21	_____
D19 (PPI)	What kind of livestock does your household own? <i>Do not read the list. Record everything that is mentioned.</i>	1. Dairy cows/oxen 2. Sheep/goats 3. Chicken/other poultry 4. Horses 5. Donkeys/mules 6. Beehives 98. Other: _____		_____

D20	Do you use this livestock for household consumption/use, sale or both?	1. Household consumption/use 2. Sale 3. Both		<input type="text"/>	
D21	Does the household own any type of productive trees?	1. Yes 2. No	If 2, skip to D23		<input type="text"/>
D22	Do you use these trees for household consumption/use, sale or both?	1. Household consumption/use 2. Sale 3. Both		<input type="text"/>	
D23	Which of the following durable goods does your household own? Include only those which are functioning . <i>Read the list</i>				
D23.1 (PPI)	Gas oven, electric oven, microwave oven	1. Yes	2. No		<input type="text"/>
D23.2 (PPI)	Electric iron	1. Yes	2. No		<input type="text"/>
D23.3	Refrigerator	1. Yes	2. No		<input type="text"/>
D23.4	Electricity-operated clothes washing machine	1. Yes	2. No		<input type="text"/>
D23.5	Bicycle	1. Yes	2. No		<input type="text"/>
D23.6	Motorcycle	1. Yes	2. No		<input type="text"/>
D23.7	Car/Minibus	1. Yes	2. No		<input type="text"/>
D23.8	Truck	1. Yes	2. No		<input type="text"/>
D23.9	Electric fan	1. Yes	2. No		<input type="text"/>
D23.10	Air conditioner	1. Yes	2. No		<input type="text"/>
(PPI)	Colour television	1. Yes	2. No		<input type="text"/>
D23.11	Tablet	1. Yes	2. No		<input type="text"/>
D23.12	Video player	1. Yes	2. No		<input type="text"/>
D23.13	Computer	1. Yes	2. No		<input type="text"/>
D23.14	Bedroom furniture	1. Yes	2. No		<input type="text"/>
D23.15	Sitting room furniture	1. Yes	2. No		<input type="text"/>
D23.16	Sewing machine	1. Yes	2. No		<input type="text"/>

E: Income

We would like to ask some questions about the sources of your household income.

No.	Question	Coding	Skip	Response
E1	How many sources of cash income did this household have in this calendar year (2021)?	Number of sources	If '0', skip to E3	_ _ _
E2	For each type of income, indicate the number of sources			
E2.1	Agricultural wage income (e.g. farm labour for daily/weekly wage)			_ _ _
E2.2	Non-agricultural wage income (e.g. construction labour for a daily/weekly wage)			_ _ _
E2.3	Salary			_ _ _
E2.4	Sale of agricultural products			_ _ _
E2.5	Sale of livestock/poultry			_ _ _
E2.6	Sale of fish/seafood products			_ _ _
E2.7	Self-employment from non-farm enterprises (e.g. handicraft, small business from home or shop)			_ _ _
E2.8	Remittances (from migrants)			_ _ _
E2.9	Aid/charities/relatives			_ _ _
E2.10	Pension			_ _ _
E2.98	Other:			_ _ _
Screen 2	Does the number of income sources add up to the sum of number of the different types?	1. Yes 2. No	If 2, correct E1 and E2	
E3	Did the household members receive any in-kind (non-monetary) income (e.g. products) over this calendar year (2020)?	1. Yes 2. No		_

If the male adult respondent is not present, then skip to K1.

We have asked you questions about economic issues, different assets you have and services. We have some other questions on savings, loans, community & associational life, health, your local environment, and quality of life for both of you separately. We would also like to ask (name of female) some questions on food and reproductive health. First, we would like to ask some questions from (name of male). Would you (name of female) please leave us and we will call you back?

F: Community and associational life (Male respondents only)

We would like to ask you some questions about community and your associational life

No	Question	Coding	Skip	Response
F2	How safe do you feel in your neighbourhood/village?	1. Very safe 2. Safe 3. Unsafe 4. Very unsafe 99. Don't know	If 1, 2 or 99, skip to F4	<input type="text"/>
F3	Why do you feel unsafe during the day? Do not read the list. Record everything that is mentioned.			
F3.1	Human threat	1. Yes	2. No	<input type="text"/>
F3.2	Animal threat	1. Yes	2. No	<input type="text"/>
F3.3	Natural disasters	1. Yes	2. No	<input type="text"/>
F3.8	Other	1. Yes	2. No	<input type="text"/>
F6	Are you a member or volunteer of any of the following groups/associations? Read the list.			
F6.1	Work related/Trade union group	1. Yes	2. No	<input type="text"/>
F6.2	Village organization	1. Yes	2. No	<input type="text"/>
F6.3	Youth group	1. Yes	2. No	<input type="text"/>
F6.4	SUDVO	1. Yes	2. No	<input type="text"/>
F6.5	Red Crescent	1. Yes	2. No	<input type="text"/>
F6.6	CBSG	1. Yes	2. No	<input type="text"/>
F6.7	Khojagee Dehqoni (Farmer's association)	1. Yes	2. No	<input type="text"/>
F6.8	CERT	1. Yes	2. No	<input type="text"/>
F6.9	AVPT	1. Yes	2. No	<input type="text"/>
F6.10	CHP	1. Yes	2. No	<input type="text"/>
F6.98	Other: _____	1. Yes	2. No	<input type="text"/>

G: Savings (Male respondents only)

We would now like to ask some questions about savings you may have.

No.	Question	Coding	Skip	Response
G1	Do you have any cash savings?	1. Yes 2. No	If 2, skip to H1	<input type="text"/>
G1.1	Are these savings personal or do they belong to your household?	1. Personal 2. Household		<input type="text"/>
G4	Where is the money saved? Read the list.			
G4.1	FMFB	1. Yes 2. No		<input type="text"/>
G4.2	Another bank	1. Yes 2. No		<input type="text"/>
G4.3	Home	1. Yes 2. No		<input type="text"/>
G4.4	Local saving group	1. Yes 2. No		<input type="text"/>
G4.5	CBSG	1. Yes 2. No		<input type="text"/>
G4.98	Other: _____	1. Yes 2. No		<input type="text"/>
G5	What are you saving for? Do not read the list. Record everything that is mentioned			
G5.1	Home construction/renovation	1. Yes 2. No		<input type="text"/>
G5.2	Buy a house	1. Yes 2. No		<input type="text"/>
G5.3	Agricultural construction/equipment	1. Yes 2. No		<input type="text"/>
G5.4	Education of children	1. Yes 2. No		<input type="text"/>
G5.5	Migration	1. Yes 2. No		<input type="text"/>

G5.6	Buy land	1. Yes	2. No		<input type="checkbox"/>
G5.7	Buy animals	1. Yes	2. No		<input type="checkbox"/>
G5.8	Buy durable goods	1. Yes	2. No		<input type="checkbox"/>
G5.9	Buy food products	1. Yes	2. No		<input type="checkbox"/>
G5.10	Leisure	1. Yes	2. No		<input type="checkbox"/>
G5.11	Clothing	1. Yes	2. No		<input type="checkbox"/>
G5.12	Social obligations (e.g. dowry, wedding, etc.)	1. Yes	2. No		<input type="checkbox"/>
G5.13	Debt payment	1. Yes	2. No		<input type="checkbox"/>
G5.14	Start new business (e.g., shops, stores, etc.)	1. Yes	2. No		<input type="checkbox"/>
G5.15	Emergencies/cushions	1. Yes	2. No		<input type="checkbox"/>
G5.16	Fund for children	1. Yes	2. No		<input type="checkbox"/>
G5.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>

H: Loans (Male respondents only)

We would now like to ask some questions about loans you may have.

No.	Question	Coding		Skip	Response
H1	Do you have any outstanding loans/debts?	1. Yes	2. No	If 2, skip to I1	<input type="checkbox"/>
H1.1	Are these loans/debts personal or do they belong to your household?	1. Personal 2. Household			
H4	To whom do you owe money? <i>Do not read the list. Record everything that is mentioned.</i>				
H4.1	FMFB	1. Yes	2. No		<input type="checkbox"/>
H4.2	Other Banks	1. Yes	2. No		<input type="checkbox"/>
H4.3	Village Organisations	1. Yes	2. No		<input type="checkbox"/>
H4.4	Work organizations	1. Yes	2. No		<input type="checkbox"/>
H4.5	Agricultural/farm organizations	1. Yes	2. No		<input type="checkbox"/>
H4.6	Relatives and Friends	1. Yes	2. No		<input type="checkbox"/>
H4.7	Pamir Energy (Utility bills)	1. Yes	2. No		<input type="checkbox"/>
H4.8	CBSG	1. Yes	2. No		<input type="checkbox"/>
H4.9	Shopkeepers	1. Yes	2. No		<input type="checkbox"/>
H4.10	Other private lenders	1. Yes	2. No		<input type="checkbox"/>
H4.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>
H5	What has the money been used for? <i>Do not read the list. Record everything that is mentioned.</i>				
H5.1	Purchase or building home	1. Yes	2. No		<input type="checkbox"/>
H5.2	Improving home	1. Yes	2. No		<input type="checkbox"/>
H5.3	Business/trading	1. Yes	2. No		<input type="checkbox"/>
H5.4	Agriculture	1. Yes	2. No		<input type="checkbox"/>
H5.5	Education of children	1. Yes	2. No		<input type="checkbox"/>
H5.6	Migration	1. Yes	2. No		<input type="checkbox"/>
H5.7	Health	1. Yes	2. No		<input type="checkbox"/>
H5.8	Social obligations (e.g. dowry, wedding, etc.)	1. Yes	2. No		<input type="checkbox"/>
H5.9	Durable goods	1. Yes	2. No		<input type="checkbox"/>
H5.10	Daily expenses	1. Yes	2. No		<input type="checkbox"/>
H5.11	Loan or debt payments	1. Yes	2. No		<input type="checkbox"/>
H5.12	Clothing	1. Yes	2. No		<input type="checkbox"/>
H5.13	Electricity bills	1. Yes	2. No		<input type="checkbox"/>
H5.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>

I: Health (Male respondents only)

We would like to ask some questions about your health.

No.	Question	Coding		Skip	Response
I1	Have you been ill during the last two weeks?	1. Yes	2. No	If 2, skip to I4	<input type="checkbox"/>
I2	Did you visit a health post/centre/hospital?	1. Yes	2. No	If 1, skip to I4	<input type="checkbox"/>

I3	Why did you not visit a health post/centre/hospital? <i>Do not read the list. Record everything that is mentioned</i>			
I3.1	Not necessary	1. Yes	2. No	<input type="text"/>
I3.2	Too expensive	1. Yes	2. No	
I3.3	Too far (distance)	1. Yes	2. No	
I3.4	Inaccessible (issues with infrastructure)	1. Yes	2. No	
I3.5	Poor quality of care	1. Yes	2. No	
I3.6	Cultural reasons	1. Yes	2. No	
I3.7	Lack of time	1. Yes	2. No	
I3.8	Went to traditional healer	1. Yes	2. No	
I3.9	Went to religious healer (e.g. Khalifas or Mullahs)	1. Yes	2. No	
I3.10	Self-medicated	1. Yes	2. No	
I3.98	Other: _____	1. Yes	2. No	<input type="text"/>
I4	In general, how would you say your health was in the last 12 months?	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad		<input type="text"/>

PHQ8

HPHQ	Over the last 2 weeks, how often have you been bothered by any of the following problems?		
HPHQ1	Little interest or pleasure in doing things	0. Not at all 1. Several days 2. More than half the days 3. Nearly every day	<input type="text"/>
HPHQ2	Feeling down, depressed, or hopeless		<input type="text"/>
HPHQ3	Trouble falling or staying asleep, or sleeping too much		<input type="text"/>
HPHQ4	Feeling tired or having little energy		<input type="text"/>
HPHQ5	Poor appetite or overeating		<input type="text"/>
HPHQ6	Feeling bad about yourself or that you are a failure or have let yourself or your family down		<input type="text"/>
HPHQ7	Trouble concentrating on things, such as reading the newspaper or watching television		<input type="text"/>
HPHQ8	Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual		<input type="text"/>

J: Quality of Life (Male respondents only)

We have asked you questions about economic issues, different assets you have, infrastructure, your access to services, your local environment, community & associational life and health. We would like to ask you some questions related to your own quality of life.

No	Question	Coding	Skip	Response
J1	In recent years, how do you think the natural environment where you live has changed? Probe: over the last 5-10 years.	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse		<input type="text"/>

J2	In what way(s) has the natural environment changed the most drastically where you live? Do not read the list. Record everything that is mentioned.	1. Air quality/pollution 2. Water quality/pollution 3. Soil quality/pollution 4. Climate/weather changes 5. Increased natural disasters 6. Increased glacial melting 7. Tree/plant cover 8. Change in species/ biodiversity 98: Other: _____ 99: Don't know		<input type="text"/>
J3	Have these changes had an effect on your household?	1. Yes 2. No		<input type="text"/>
J4	In what ways was your household affected by these changes? Do not read the list. Record everything that is mentioned.	1. Agricultural production/ output 2. Livestock/animal rearing 3. Livelihoods/Income 5. Damage to house/land 6. Physical health 7. Psychological/emotional stress 8. Access to drinking water 98: Other: _____ 99. Don't know		<input type="text"/>
J5	COVID was declared a global pandemic in early 2020. Since the beginning of the pandemic, have you been affected by it in any way?	1. Yes 2. No	If 2, go to I8	<input type="text"/>
J6	How were you affected? Do not read the list. Record everything that is mentioned.	1. Employment 2. Migration 3. Education 4. Health 5. Social life 6. Access to services 7. Movement 8. Other		<input type="text"/>
J18	Over the last two-three years how do you think the economic status of your household has changed?	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse 99. Don't know		<input type="text"/>
J19	How much time do you have for leisure?	1. A lot of time 2. Enough time 3. Little time 4. No time at all		<input type="text"/>
J20	How would you rate your overall quality of life?	1. Very good 2. Good 3. Neither good nor poor 4. Poor 5. Very poor		<input type="text"/>
J21	Over the last two-three years how do you think the quality of your life has changed?	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse	If 3, skip to J24 If 4 or 5, skip to J23	<input type="text"/>
J22	What are the main reasons for this change? <i>Do not read the list. Record up to 3 items.</i>	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Codes for Question J22**Positive Change**

- 101. Improved economic situation
- 102. Improved food security
- 103. Improved health (self and/or family, access and quality of services)
- 104. Improved housing
- 105. Better education opportunities (access, quality, etc.)
- 106. Improvement in basic services (electricity, water, roads etc.)
- 107. Reduction/resolution of family conflicts
- 108. Reduction/resolution of community conflicts
- 109. Improved security
- 110. Fewer natural disasters/improved preparedness
- 098. Other

J23	What are the main reasons for this change? <i>Do not read the list. Record up to 3 items.</i>	1.		
		2.		
		3.		
Codes for Question J23 Negative Change 201. Worse economic situation 202. Worse food security 203. Ill health (self and/or family, access and quality of services) 204. Problems with housing 205. Fewer education opportunities (access, quality, etc.) 206. Reduction in basic services (electricity, water, roads etc.) 207. Unresolved family conflicts 208. Unresolved community conflicts 209. Worsening security 210. Occurrence of natural disasters/lack of preparedness 098. Other				
J24	In your opinion, what are the top 3 problems in your community? <i>Do not read the list. Record up to 3 items.</i>	1.		
		2.		
		3.		
Codes for Question J24 00. None 01. Poor Infrastructure (roads, bridges, lack of shelter, transportation) 02. Electricity 03. Water for drinking 04. Water for irrigation 05. Agricultural (tools, services, livestock problems, crops) 06. Poverty, unemployment, lack of access to markets, high prices 07. Healthcare 08. Education 09. Insecurity/crime 10. Governance (corruption, weak government) 11. Sectarian conflicts 12. Food shortages 13. Natural disasters (flood/mudslide/avalanche/rockfall) 14. Fuel wood 98. Other				
J25	Is this the only respondent?	1. Yes 2. No	If 2, complete K and R	

Thank you (name of male) for your time and your willingness to answer our questions. We would now request to ask some questions about food, health and other issues from (name of female) alone.

**Sections K – R are to be answered by the adult female respondent of the household.
(Preferably the spouse of the household head)**

K: Food Security

We would like to ask you some questions about the food situation in your household.

Food Insecurity Experience Scale (FIES)

Now I would like to ask you some questions about food:

No	Question	Coding	Skip	Response
K1	During the last 12 months, was there a time when you were worried about not having enough food to eat because of lack of money or other resources?	1. Yes		_
		2. No	> K2	
		98. Don't know	> K2	
		99. Refused	> K2	
K1a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K2	During the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	1. Yes		_
		2. No	> K3	
		98. Don't know	> K3	
		99. Refused	> K3	
K2a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K3	During the last 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	1. Yes		_
		2. No	> K4	
		98. Don't know	> K4	
		99. Refused	> K4	
K3a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K4	During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	1. Yes		_
		2. No	> K5	
		98. Don't know	> K5	
		99. Refused	> K5	
K4a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K5	During the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	1. Yes		_
		2. No	> K6	
		98. Don't know	> K6	
		99. Refused	> K6	
K5a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K6	During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources?	1. Yes		_
		2. No	> K7	
		98. Don't know	> K7	
		99. Refused	> K7	

K6a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K7	During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	1. Yes		_
		2. No	> K8	
		98. Don't know	> K8	
		99. Refused	> K8	
K7a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		
K8	During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	1. Yes		_
		2. No	> L1	
		98. Don't know	> L1	
		99. Refused	> L1	
K8a	Was this specifically due to the COVID-19 crisis?	1. Yes		_
		2. No		
		98. Don't know		
		99. Refused		

L: Community and associational life (Female respondents only)

We would like to ask you some questions about community and your associational life.

No	Question	Coding		Skip	Response
L2	How safe do you feel in your neighbourhood/village?	1. Very safe 2. Fairly Safe 3. Fairly Unsafe 4. Very Unsafe 99. Don't know		If 1, 2 or 99, skip to L4	_
L6	Are you a member or volunteer of any of the following groups or associations? <i>Read the list.</i>				
L6.1	Work related/Trade union group	1. Yes	2. No		_
L6.2	Village organization	1. Yes	2. No		_
L6.3	Youth group	1. Yes	2. No		_
L6.4	SUDVO	1. Yes	2. No		_
L6.5	Red Crescent	1. Yes	2. No		_
L6.6	CBSG	1. Yes	2. No		_
L6.7	Khojagee Dehqoni (Farmer's association)	1. Yes	2. No		_
L6.8	CERT	1. Yes	2. No		_
L6.9	AVPT	1. Yes	2. No		_
L6.10	CHP	1. Yes	2. No		_
L6.11	Women's group	1. Yes	2. No		_
L6.98	Other: _____	1. Yes	2. No		_

M: Savings (Female respondents only)

We would now like to ask some questions about savings you may have.

No.	Question	Coding		Skip	Response
M3	Do you have any cash savings?	1. Yes	2. No	If 2, skip to N1	<input type="checkbox"/>
M3.1	Are these savings personal or do they belong to your household?	1. Personal	2. Household		<input type="checkbox"/>
M6	Where is the money saved? <i>Read the list.</i>				
M6.1	FMFB	1. Yes	2. No		<input type="checkbox"/>
M6.2	Another Bank	1. Yes	2. No		<input type="checkbox"/>
M6.3	Home	1. Yes	2. No		<input type="checkbox"/>
M6.4	Local saving group	1. Yes	2. No		<input type="checkbox"/>
M6.5	CBSG	1. Yes	2. No		<input type="checkbox"/>
M6.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>
M7	What are you saving for? <i>Do not read the list. Record everything that is mentioned.</i>				
M7.1	Home construction/renovation	1. Yes	2. No		<input type="checkbox"/>
M7.2	Buy a house	1. Yes	2. No		<input type="checkbox"/>
M7.3	Agricultural construction/equipment	1. Yes	2. No		<input type="checkbox"/>
M7.4	Education of children	1. Yes	2. No		<input type="checkbox"/>
M7.5	Migration	1. Yes	2. No		<input type="checkbox"/>
M7.6	Buy land	1. Yes	2. No		<input type="checkbox"/>
M7.7	Buy animals	1. Yes	2. No		<input type="checkbox"/>
M7.8	Buy durable goods	1. Yes	2. No		<input type="checkbox"/>
M7.9	Buy food products	1. Yes	2. No		<input type="checkbox"/>
M7.20	Leisure	1. Yes	2. No		<input type="checkbox"/>
M7.11	Clothing	1. Yes	2. No		<input type="checkbox"/>
M7.12	Social Obligations (e.g. dowry, wedding, etc.)	1. Yes	2. No		<input type="checkbox"/>
M7.13	Debt Payment	1. Yes	2. No		<input type="checkbox"/>
M7.14	Start new business (e.g., shops, stores, etc.)	1. Yes	2. No		<input type="checkbox"/>
M7.15	Emergencies/cushions	1. Yes	2. No		<input type="checkbox"/>
M7.16	Fund for children	1. Yes	2. No		<input type="checkbox"/>
M7.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>

N: Loans (Female respondents only)

We would now like to ask some questions about loans you may have.

No.	Question	Coding		Skip	Response
N1	Do you have any outstanding loans/debts?	1. Yes	2. No	If 2, skip to O1	<input type="checkbox"/>
N1.1	Are these loans/debts personal or do they belong to your household?	1. Personal	2. Household		<input type="checkbox"/>
N4	To whom do you owe money? <i>Do not read the list. Record everything that is mentioned.</i>				
N4.1	FMFB	1. Yes	2. No		<input type="checkbox"/>
N4.2	Another Bank: _____	1. Yes	2. No		<input type="checkbox"/>
N4.3	Village Organisations	1. Yes	2. No		<input type="checkbox"/>
N4.4	Work organizations	1. Yes	2. No		<input type="checkbox"/>
N4.5	Agricultural/farm organizations	1. Yes	2. No		<input type="checkbox"/>
N4.6	Relatives and Friends	1. Yes	2. No		<input type="checkbox"/>
N4.7	Pamir Energy (utility bills)	1. Yes	2. No		<input type="checkbox"/>
N4.8	CBSG	1. Yes	2. No		<input type="checkbox"/>
N4.9	Shopkeepers	1. Yes	2. No		<input type="checkbox"/>
N4.10	Other private lenders	1. Yes	2. No		<input type="checkbox"/>
N4.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>

N5	What has the money been used for? <i>Do not read the list. Record everything that is mentioned.</i>				
N5.1	Purchase or building home	1. Yes	2. No		<input type="checkbox"/>
N5.2	Improving home	1. Yes	2. No		<input type="checkbox"/>
N5.3	Business/trading	1. Yes	2. No		<input type="checkbox"/>
N5.4	Agriculture	1. Yes	2. No		<input type="checkbox"/>
N5.5	Education of children	1. Yes	2. No		<input type="checkbox"/>
N5.6	Migration	1. Yes	2. No		<input type="checkbox"/>
N5.7	Health	1. Yes	2. No		<input type="checkbox"/>
N5.8	Social obligations (e.g. dowry, wedding, etc.)	1. Yes	2. No		<input type="checkbox"/>
N5.9	Durable goods	1. Yes	2. No		<input type="checkbox"/>
N5.10	Daily expenses	1. Yes	2. No		<input type="checkbox"/>
N5.11	Loan or debt payments	1. Yes	2. No		<input type="checkbox"/>
N5.12	Clothing	1. Yes	2. No		<input type="checkbox"/>
N5.13	Electricity bills	1. Yes	2. No		<input type="checkbox"/>
N5.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>

O: Health (Female respondents only)

We would like to ask some questions about your health.

No.	Question	Coding		Skip	Response
O1	Have you been ill during the last two weeks?	1. Yes	2. No	If 2, skip to O4	<input type="checkbox"/>
O2	Did you visit a health post/centre/hospital?	1. Yes	2. No	If 1, skip to O4	<input type="checkbox"/>
O3	What is the main reason that did you not visit a health post/centre? <i>Do not read the list. Record everything that is mentioned.</i>				
O3.1	Not necessary	1. Yes	2. No		<input type="checkbox"/>
O3.2	No money	1. Yes	2. No		<input type="checkbox"/>
O3.3	Too far (distance)	1. Yes	2. No		<input type="checkbox"/>
O3.4	Inaccessible (issues with infrastructure)	1. Yes	2. No		<input type="checkbox"/>
O3.5	Poor quality of care	1. Yes	2. No		<input type="checkbox"/>
O3.6	Cultural reasons	1. Yes	2. No		<input type="checkbox"/>
O3.7	Lack of time	1. Yes	2. No		<input type="checkbox"/>
O3.8	Went to traditional healer	1. Yes	2. No		<input type="checkbox"/>
O3.9	Went to religious healer (e.g. Khalifas/Mullah)	1. Yes	2. No		<input type="checkbox"/>
O3.98	Other: _____	1. Yes	2. No		<input type="checkbox"/>
O4	In general, how would you say your health was in the last 12 months?	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad			<input type="checkbox"/>

PHQ8

OPHQ	Over the last 2 weeks, how often have you been bothered by any of the following problems?		
OPHQ1	Little interest or pleasure in doing things	0. Not at all 1. Several days 2. More than half the days 3. Nearly every day	<input type="text"/>
OPHQ2	Feeling down, depressed, or hopeless		<input type="text"/>
OPHQ3	Trouble falling or staying asleep, or sleeping too much		<input type="text"/>
OPHQ4	Feeling tired or having little energy		<input type="text"/>
OPHQ5	Poor appetite or overeating		<input type="text"/>
OPHQ6	Feeling bad about yourself or that you are a failure or have let yourself or your family down		<input type="text"/>
OPHQ7	Trouble concentrating on things, such as reading the newspaper or watching television		<input type="text"/>
OPHQ8	Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual		<input type="text"/>

P: Reproductive Health (Female respondents only)

We would now like to ask you some questions about any babies who were born in the household in the last 5 years.

No.	Question	Coding	Skip	Response
P1	Did any woman in the household deliver a baby in the last 5 years?	1. Yes 2. No	If 2, skip to Q1	<input type="text"/>
P2	How many babies were delivered in the household in the last 5 years?	Provide number of babies delivered		<input type="text"/>

We would now like to ask you some questions about each of the babies that were delivered in the last five years.

No.	Question	Coding	Skip	Response				
				Baby 1	Baby 2	Baby 3	Baby 4	Baby 5
P3	Where was the baby delivered?	1. At home 2. At primary health care centre 3. At hospital 98. Other		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P4	Who delivered the baby?	1. Doctor 2. Untrained traditional birth attendant 3. Trained traditional birth attendant 4. Skilled birth attendant (nurse/midwife) 5. Older woman 6. Self		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P5	How was the baby delivered?	1. Normal delivery 2. Forceps/Suction 3. Caesarean Section		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P6	While pregnant, did the mother consult with a community health worker/midwife/nurse/doctor?	1. Yes 2. No	If 2, go to Baby2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P7	How many times did the mother consult with a community health worker/midwife/nurse/doctor during the last pregnancy?	Number of times		<input type="text"/>				

Q: Quality of Life (Female respondents only)

We have asked you questions about economic issues, different assets you have, infrastructure, your access to services, your local environment, community & associational life and health. We have also asked you questions on food security and reproductive health. We would like to ask you some questions related to your own quality of life.

No	Question	Coding	Skip	Response
Q1	In recent years, how do you think the natural environment where you live has changed? Probe: over the last 5-10 years.	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse		<input type="text"/>
Q2	In what way(s) has the natural environment changed the most drastically where you live? Do not read the list. Record everything that is mentioned.	1. Air quality/pollution 2. Water quality/pollution 3. Soil quality/pollution 4. Climate/weather changes 5. Increased natural disasters 6. Increased glacial melting 7. Tree/plant cover 8. Change in species/ biodiversity 98: Other: _____ 99: Don't know		<input type="text"/>
Q3	Have these changes had an effect on your household?	1. Yes 2. No		<input type="text"/>
Q4	In what ways was your household affected by these changes? Do not read the list. Record everything that is mentioned..	1. Agricultural production/ output 2. Livestock/animal rearing 3. Livelihoods/Income 5. Damage to house/land 6. Physical health 7. Psychological/emotional stress 8. Access to drinking water 98: Other: _____ 99. Don't know		<input type="text"/>
Q5	COVID was declared a global pandemic in early 2020. Since the beginning of the pandemic, have you been affected by it in any way?	1. Yes 2. No	If 2, go to P8	<input type="text"/>
Q6	How were you affected? Do not read the list. Record everything that is mentioned.	1. Employment 2. Migration 3. Education 4. Health 5. Social life 6. Access to services 7. Movement 8. Other		<input type="text"/>
Q18	Over the last two-three years how do you think the economic status of your household has changed?	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse 99. Don't know		<input type="text"/>
Q19	How much time do you have for leisure?	1. A lot of time 2. Enough time 3. Little time 4. No time at all		<input type="text"/>
Q20	How would you rate your overall quality of life?	1. Very good 2. Good 3. Neither good nor poor 4. Poor 5. Very poor		<input type="text"/>

Q21	Over the last two-three years how do you think the quality of your life has changed?	1. Improved a lot 2. Improved a little 3. Stayed the same 4. Become a little worse 5. Become a lot worse	If 3, skip to Q24 If 4 or 5, skip to Q23	<input type="text"/>
Q22	What are the main reasons for this change? <i>Do not read the list. Record up to 3 items.</i>	1. <input type="text"/> <input type="text"/> <input type="text"/>		
		2. <input type="text"/> <input type="text"/> <input type="text"/>		
		3. <input type="text"/> <input type="text"/> <input type="text"/>		
Codes for Question Q22: Positive Change 101. Improved economic situation 102. Improved food security 103. Improved health (self and/or family, access and quality of services) 104. Improved housing 105. Better education opportunities (access, quality, etc.) 106. Improvement in basic services (electricity, water, roads etc.) 107. Reduction/resolution of family conflicts 108. Reduction/resolution of community conflicts 109. Improved security 110. Fewer natural disasters/improved preparedness 098. Other				
Q23	What are the main reasons for this change? <i>Do not read the list. Record up to 3 items.</i>	1. <input type="text"/> <input type="text"/> <input type="text"/>		
		2. <input type="text"/> <input type="text"/> <input type="text"/>		
		3. <input type="text"/> <input type="text"/> <input type="text"/>		
Codes for Question Q23: Negative Change 201. Worse economic situation 202. Worse food security 203. Ill health (self and/or family, access and quality of services) 204. Problems with housing 205. Fewer education opportunities (access, quality, etc.) 206. Reduction in basic services (electricity, water, roads etc.) 207. Unresolved family conflicts 208. Unresolved community conflicts 209. Worsening security 210. Occurrence of natural disasters/lack of preparedness 098. Other				
Q24	In your opinion, what are the top 3 problems in your village? <i>Do not read the list. Record up to 3 items.</i>	1. <input type="text"/> <input type="text"/>		
		2. <input type="text"/> <input type="text"/>		
		3. <input type="text"/> <input type="text"/>		
Codes for Question Q24 00. None 01. Poor Infrastructure (roads, bridges, lack of shelter, transportation) 02. Electricity 03. Water for drinking 04. Water for irrigation 05. Agricultural (tools, services, livestock problems, crops) 06. Poverty, unemployment, lack of access to markets, high prices 07. Healthcare 08. Education 09. Insecurity/crime 10. Governance (corruption, weak government) 11. Sectarian conflicts 12. Food shortages 13. Natural disasters (flood/mudslide/avalanche/rockfall) 14. Fuel wood 98. Other				

Thank you (name of female) for your time and your willingness to answer our question