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| **HOUSEHOLD QUESTIONNAIRE HOUSEHOLD** | | |
| **INFORMATION PANEL** | | **HH** |
| **HH1**. VILLAGE: *\_\_\_ \_\_\_*  NAME | **HH2**. *Household number: \_\_\_ \_\_\_* | |
| **HH3**. *Name and number of interviewer:*  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ | **HH4**. *Name and number of team leader:*  NAME \_\_\_ \_\_\_ | |
| **HH5**. *Day / Month / Year of the survey:*  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 19 | **HH6**. *Region:*  ATSIMO ATSINANANA 25 | |
| **HH7**. *District:*  farafangana 251 | **HH8**. *COMMON:*  \_\_\_ | |
| **HH9**. *FOKONTANY:*  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ |  | |



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| *Check that the respondent is a member who knows the household well and is at least 18 years old before continuing. You can only survey a child aged 15-17 if there is no adult member in the household or if all adults are disabled. You cannot survey a child under 15.* | | **HH11**. *Record the time.* | |
| HOURS | : MINUTES |
| \_\_ \_\_ | : \_\_ \_\_ |
| **HH12**. Hello, my name is **(your name)**. Thank you for welcoming us to your home. We are from the National Institute of Statistics. We are conducting a survey on the situation of children, families and households on behalf of **Health in Harmony**.  We invite you to participate in this survey by answering a series of questions. Participation in this survey is voluntary and, if you agree, the interview will last between 20 to 30 minutes. As a result of this, I may need to conduct further inquiries with you or with other members of your household.  First, we want to assure you that all of your responses will be kept confidential and anonymous. This means that no one will be able to identify you or the members of your household from the information you provide.  You may not want to answer some questions and you may not be able to answer them. If you don't want to answer a question or want to stop the survey, please let me know. You can stop this interview at any time without negative consequences.  Participating in this survey does not benefit you directly, but the results provide ~~will~~ **~~Health in Harmony~~** for information on how they can best help your community. Do you want to ask me something about the investigation.  Confirm that you have understood what we have just discussed, that you have had the opportunity to ask questions and that you have agreed to be interviewed.  Can I start the interview now? | | | |
| YES 1  NO, NOT ASKED / RESPONDENT DOES NOT ACCEPT AN INTERVIEW 2 | 1*⇨LIST OF HOUSEHOLD MEMBERS* | | |

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| **HH46**. *Household Questionnaire Survey Result:*  *Discuss any incomplete results with your team leader.* | COMPLETE 01  NO HOUSEHOLD MEMBER OR NO COMPETENT HOUSEHOLD RESPONDENT AT HOME AT THE TIME OF THE VISIT 02  ENTIRE HOUSEHOLD ABSENT FOR A LONG PERIOD OF TIME 03  REFUSAL 04  EMPTY HOUSING OR ADDRESS IS NOT ONE HOUSING 05  HOUSING DESTROYED 06  HOUSING NOT FOUND 07  OTHER (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |

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| **HH47**. *Name and line number of the respondent to the Household Questionnaire*  NAME \_\_\_ \_\_\_ |  | *To be completed once the Household Questionnaire has been completed* | |  | *To be completed once all the questionnaires have been completed* | |
|  | TOTAL | |  | NUMBER COMPLETE NUMBER | |
| OF HOUSEHOLD MEMBERS |  | **HH48** | **\_\_ \_\_** |  |  | |
| WOMEN15-49 |  | **AGEDHH49** | **\_\_ \_\_** |  | **HH53** | **\_\_ \_\_** |
| CHILDREN UNDER 5 |  | **HH51** | **\_\_ \_\_** |  | **HH55** | **\_\_ \_\_** |

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| **LIST OF HOUSEHOLD MEMBERS** **HL** | | | | | | | | | | | | | | | | | | | | | |
| *First complete HL2-HL4 vertically for all members of the household, starting with the head of household. Once HL2-HL4 are complete for all members, ask if there are other members like those not currently at home, babies or toddlers, or even others who are not would not be relatives (servants, friends) but who usually live in the household, that is to say people who share a living space and regularly eat meals together. Ask questions HL5-HL16B for each member, one at a time. If another questionnaire is used, indicate it by checking this box: …………………………………….◻CHILD* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **FEM**  **15-49 YEARS** | **<5 YEARS** | | **FOR OVER 5 YEARS** | | | | | | | | | | | |
| **HL1**.  *Num.*  *line* | **HL2**.  First of all, please tell me the name of each person who usually lives here, starting with the head of the household.  *Insist on additional household members.* | **HL3**.  How is (**name**) related to (**name of household head**)? | **HL4**.  Is (**name**) male or female?  1 MASC  2 FEM .. | **HL5**.  What is the date of birth of ***(name)*** | | **HL6**. How old is (**name**)?  *Record in completed years.*  *If 95 or older, record '95' ...* | **HL7**.  *Circle the line number of all women*  *aged 15 - 49* | **HL8**.  *Circle the line num children under 5 years* | HL9.  *Enter the line number of the mother or wife responsible for* ***(name)*** | **HL10**.  **(Name) ever**  Has  attended  school or an early  program  education  childhood?  1 YES  2 NO*⬂*  *HL12* | | **HL11**.  What is the highest grade and grade / year of school **(name)** attended? | | **HL12**  What Activity / type of work does **(name)** primarily perform?    ***(Main Activity Code)***  IF HL12 = 10  OR  IF HL12 = 12  ⬂  *HL15* | **HL13**  Which issignificant secondary activity that (name) primarily performs?  ***(Secondary Activity Code)*** | **HL14**  DoesPrimary / Secondary Activity **(name) 's** currently contribute to her household income?  **1 = YES**  **2 = NO** | | **HL15**  Has the person entered the forest in the last 4 weeks?  **1 = Yes**  **2 = NO** *⬂*  *Next line* | | **HL16**  raha eny, What is the main reason?  ***(See possible code)***  If HL16 <> 05 ET  HL16 <> 09  *⬂*  *Next line* | **HL16A**  IF HL16 = 05  What is the main reason for the cut  ***(See possible code)*** |
| **LEVEL:**  0 PRE-SCHOOL*⬂*  *HL12*  1 PRIMARY  2 SECONDARY 1  3 SECONDARY 2  4 SUPERIOR  8 DK | **class / year:**  **98 DK** |
| **HL16B**  IF HL16 = 09  Which method is used  ***(See possible code)*** |
| 98 DK | 9998 DK |
| LINE | NAME | LINK \* | MF | MONTH | YEAR | AGE |  |  |  | Y | N | LEVEL | CLASS / YEAR | CODE ACTIVITY | CODE ACTIVITY | Y | N | Y | N | CODE | CODE |
| 01 |  | 0 1 | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 01 | 01 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 02 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 02 | 02 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 03 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 03 | 03 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 04 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 04 | 04 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 05 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 05 | 05 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 06 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 06 | 06 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 07 |  | \_\_ \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 07 | 07 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 08 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 08 | 08 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 09 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 09 | 09 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |
| 10 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_ \_ \_\_ | \_\_ \_\_ | 10 | 10 | \_\_ \_\_ | 1 | 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ |

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| \* *Codes from* ***HL3*** *: Relationship to the head of household:* | *Codes from* ***HL12*** *: Profession or Type of work:* | *Codes of* ***HL13*** *: Profession or Type of work:* | \* *Codes of* ***HL16*** |
| 01 HEAD OF HOUSEHOLD  02 SPOUSE / PARTNER  03 SON / DAUGHTER  04 STEP-SON / STEP-DAUGHTER  05 GRAND-CHILD  06 PARENT  07 STEP-PARENTS  08 BROTHER / SISTER  09 BEAU-FRERE / STE-SISTER  10 UNCLE / AUNTNEVU  11/ NIECE  12 OTHER PARENT  13 ADOPTED CHILD / CONFIRMED / SPOUSE'S CHILD  14 DOMESTIC (LIVES IN HOUSEHOLD)  96 OTHER (NO RELATIONSHIP)  98 DK | 1. FARMER / FARMER 2. FISHERMAN 3. OWNER OF A COMPANY (PRECIZEZ) 4. TEACHER 5. CHILDCAREOR HOUSEHOLD 6. MANUFACTURING HOME 7. MAKER CHARCOAL 8. TRADER 9. STUDENT 10. UNEMPLOYED 11. RETIREMENT 12. EVER ACTIVEIN TERMS PROFESSIONAL / NOT WORK   96- OTHER (SPECIFY?) | 1. FARMER / FARMER 2. FISHERMAN 3. OWNER OF A COMPANY (PRECIZEZ)CARE 4. TEACHER 5. CHILDOR HOUSEHOLD 6. MANUFACTURING AT HOME 7. MANUFACTURER OF COAL N OF WOOD 8. TRADING 9. NO SECONDARY ACTIVITY   96- OTHER (SPECIFY?) | 01 - RICE GROWING IN SWAMP AREAS  02 - GATHER MAHAMPY FOR WEAVING  03 - CROSS (GO FROM A TO B)  04 - HUNTING / TRAPPINGCUTTING  05 -TREES  06 - COLLECTION OFDEAD TREES  FIREWOOD FROM07 - PICKING OF FRUIT  08 - CATCHING BIRDS  09 - HARVESTING HONEY  10 - DIGGING WILD POTATOES (TAVOLO)  96 - OTHER (TO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \* *Codes from* ***BE SPECIFIEDHL16A*** |  | \* *Codes of* ***HL16B*** |
|  | 11 - CHARCOAL  12 - CONSTRUCTION WOOD  13 - PIROGUE CONSTRUCTIONFIREWOOD  14 -  96 - OTHER |  | 21 - SMOKING THE BEESFROM THE  22 - SIMPLY COLLECTINGTREE  96 - OTHER |

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| **CHARACTERISTICS OF THE HOUSEHOLD** | **HC** | |
| **HC1**. *Main material of the floor of the dwelling.*  *Record the observation.*  *If the observation is not possible, ask the respondent to tell you what is the main material of the floor of the dwelling* | **NATURAL SOIL**  EARTH / SAND 11  BOUSERUDIMENTARY 12  **FLOORINGBOARDS**  WOODEN 21  PALM / BAMBOO 22  MATT 23  **FINISHED**  FLOORING WOODEN PARQUET OR POLISHED WOOD 31  STRIPS OF VINYL OR ASPHALT 32  CERAMIC 33  TILECEMENT 34  CARPET / RUG 35  OTHER (*specify*) 96 |  |
| **HC2**. *Main material of the roof.*  *Record the observation.* | **MATERIAL NATURAL**  CHAUME / SHEET PALM 12  MOTTES HERBAL 13  **ROOF RUDIMENTARY**  MAT 21  PALM / BAMBOO / ZOZORO 22  WOODEN BOARDS 23  CARDBOARD 24  **ROOFFINISH**  PLATE/ METAL / ALUMINUM 31  WOOD 32  CALAMINE / FIBER CEMENT 33  CERAMIC TILES 34  CEMENT 35  SHINGLES ROOF 36  OTHER (*specify*) 96 |  |
| **HC3**. *Main material for exterior walls.*  *Record the observation.* | **WALLS NATURAL**  CANE / PALM / TRUNK / ZOZORO 12  SLURRY 13  **WALLS RUDIMENTARY**  bamboo with MUD 21  STONE MUD 22  ADOBE UNLINED / BANCO 23  PLYWOOD 24  CARTON 25  RECYCLED WOOD 26  **WALL FINISHED**  CEMENT 31  STONE WITH LIME / CEMENT 32  BRICK 33  BLOCKS CEMENT 34  ADOBE / BANCO COVERED 35  WOODEN BOARDS / SHINGLES 36  OTHER (*specify*) 96 |  |
| **HC4a.** In your household, what type of stove do you mainly use for cooking? | ELECTRIC COOKER 01  COOKER SOLAR 02  GAS RANGE LIQUID (LPG) 03  GAS RANGE NATURAL 04  Cooker A BIOGAS 05  RANGE FUEL LIQUID 06  COOKER SOLID FUEL 07  COOKER TRADITIONAL SOLID FUEL 08  FIRE THREE STONE / OPEN FIRE 09  OTHER*(specify*) 96  NO MEAL PREPARED IN HOUSEHOLD…. 97 | 01*⇨HC5*  02*⇨HC5*  03*⇨HC5*  04*⇨HC5*  05*⇨HC5*  97*⇨HC6* |
| **HC4b**. What type of fuel or energy is used in this cooker?  *If more than one, record the primary source of energy for this range.* | ALCOHOL / ETHANOL 01  PETROL / DIESEL 02  OIL/ WAX 03  COAL / LIGNITE 04  CHARCOAL 05  WOOD 06  AGRICULTURAL WASTE / HERBS /  STRAW / SHRUBS 07  BOUSE PETS / WASTE 08  BIOMASS manufactured(Granules) ORWOOD CHIPS 09  WASTE/ PLASTIC 10  SAWDUST 11  OTHER (*specify)* 96 |  |
| **HC5**. Is the cooking usually done inside the house, in a separate building or outside?  *If in the main house, insist on*  *determining if the cooking is done in aroom*  *separate.*  *If outside, insist on determining if the cooking is done on a veranda, covered porch, or in the open.* | IN THE MAIN HOUSE  IN AN UNSEPARATED ROOMSEPARATESEPARATE 1  IN AROOM 2  IN ABUILDING 3  OUTSIDE  IN THE OPEN AIR 4  ON A VERANDA OR COVERED PORCH 5  OTHER (*specify*) 6 |  |
| **HC6.** Does anyone in your household have**:**  [A] A cell phone?  [B] Show?  [C] A Bicycle?  [D] A Motorcycle / Scooter?  [E] A boat / canoe?  [F] Net?  [G] Cart with an animal?  [H] Car / Truck / Van?  [I] Motor boat?  [J] Plow ?  [K] Sewing machine?  [L] Tractor / Tiller? | YES NO  MOBILE PHONE 1 2  WATCH 1 2  BICYCLE 1 2  MOTORCYCLE / SCOOTER 1 2  BOAT / PIROGUE 1 2  NET 1 2  CART WITH AN ANIMAL 1 2  CAR / TRUCK /  VAN 1 2  MOTOR BOAT 1 2  PLOW 1 2  SEWING MACHINE 1 2  TRACTOR / 1 2 |  |
| **TILLERHC7.** Do you have electricity in your household? | YES, CONNECTED TO THE PUBLIC NETWORK 1  YES, OUTSIDE THE NETWORK (GENERATOR / SOLAR PANEL / ISOLATED SYSTEM) 2  NO 3 |  |
| **HC8**. Does any member of this household own land? | YES 1  NO 2 | 2*⇨HC18* |
| **HC9.** Are these lands all / partially / none titled? | ALL TITLE 1  PARTLY TITLE 2  NONE TITLE 3 |  |
| **HC10**. How many hectares of land in total do members of your household own?  *If less than 1 hectare, record '00'* | HECTARES \_\_\_ \_\_\_  95 OR MORE 95  DK 98 |  |
| **HC11**. Of the land that members of your household own, how much as a ***percentage*** was used for agriculture in the last year? | PERCENTAGE \_\_\_ \_\_\_ \_\_\_%  DK 998 |  |
| **HC12**. Of this land used for agriculture, what types of crops did you cultivate last year?  Do you grow:  [A] Irrigated rice?  [B] Rainfed rice?  [C] Cassava?  [D] Sweet potato?  [E] Cash crop (coffee, cloves, vanilla, etc.)?  [X] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?  (please specify) | YES NO  RICE IRRIGATED January 2  RICE RAINFED January 2  CASSAVA January 2  SWEET POTATO February 1  CROPPENSION January 2  OTHER January 2 |  |
| **HC13.**If HC12A = 1 (YES), is the RICE cultivation you practiced last year modern (SRI / SRA) or traditional? | TRADITIONAL 1  MODERN 2 |  |
| **HC14a.** If HC12A = 1, last year, what variety of rice did you growfor irrigated rice ? | TRADITIONAL 1  MODERN 2 |  |
| **HC14b.** If HC12B = 1, last year, what variety of rice did you growfor rainfed rice ? | TRADITIONAL 1  MODERN 2 |  |
| **HC15a.** If HC12A = 1, In the past year, how many months did the production cycle (planting to harvest) for therice variety irrigated you have grown? | MONTH \_\_\_ \_\_\_ |  |
| **HC15b.** If HC12B = 1, In the past year, how many months was the production cycle (planting to harvest) of thevariety rainfedrice/ vary an-tanetythat you have grown? | MONTH \_\_\_ \_\_\_ |  |
| **HC16.** During the past 12 months, has anyone in your household practiced slash-and-burn (TAVY) cultivation? | YES OFTEN 1  YES SOMETIMES 2  NO NEVER 3 |  |
| **HC20**. How many [of the following animals] does your household have?  [A] Dairy cows or bulls?  [B] Zebus?  [C] Goats?  [D] Sheep?  [E] Chickens?  [F] Pigs?  [G] Other poultry (Ganagana / Gisa / Vorontsiloza)?  [X] Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?  *If No, record '00'. If 95 or more, record '95'.*  *If unknown, record '98'.* | DAIRY COWS OR BULLS \_\_\_ \_\_\_  ZEBUS \_\_\_ \_\_\_  GOATS \_\_\_ \_\_\_  SHEEP \_\_\_ \_\_\_  CHICKENS \_\_\_ \_\_\_  PIGS \_\_\_ \_\_\_  OTHER POULTRY \_\_\_ \_\_\_  OTHER \_\_\_ \_\_\_ |  |
| **HC21**. Does anyone in your household own a pair of shoes / sandals? | YES 1  NO 2 |  |
| **HC22**. In your household, do you have:  [A] Landline telephone?  [B] Radio?  [C] Table?  [D] Chair?  [E] Reads?  [F] An armchair / sofa?  [G] Television?  [H] A CD / DVD / DIVX player? | YES NO  FIXED TELEPHONE LINE 1 2  RADIO 1 2  TABLE 1 2  CHAIR 1 2  BED 1 2  ARMCHAIR / SOFA 1 2  TELEVISION 1 2  CD / DVD / DIVX PLAYER 1 2 |  |
| **HC23**. How many rooms does the members of this household usually use for sleeping? | NUMBER OF ROOMS \_\_ \_\_ |  |
| **HC24**. Does anyone in this household have a computer or tablet? | YES 1  NO 2 |  |
| **HC26**. Do you have internet access at home? | YES 1  NO 2 |  |
| **HC27**. Does anyone in this household have a bank account? | YES 1  NO 2 |  |
| **I WILL now ask YOU some questions about how household members can EARN MONEY (INCOME) TO SUPPORT THE DAILY NEEDS. The purpose of these questions is to better understand the current economic situation of your household and that of the community.**  **HC28.** During the past 12 months, what was the main source of your household income? | NO REVENUE 11  SALE OF AGRICULTURAL PRODUCTS 12  (CASSAVA,  CROPS 13  TUBERS, FOR EXAMPLE)(COFFEE, VANILLA, CLOUFLE, FOR EXAMPLE)  SALE OF FARMSALE OF PREPARED DISH 14  (FRIED MEALS / FISH CAKES)  SALE OF FISH 15  SALE OF CRAFTS 16  OWNER OF A SMALL 17  BUSINESS  SALE OF WOOD 18  SALE OF RAVANALAH / CHAUME 19  SALE OF BAMBOO 20  SALE OF FIREWOOD 21  SALE OF CHARCOAL 22  SALE OF HONEY 23  SALE OF OTHER 24  PRODUCTS FORESTRY  EMPLOYEE2 25  (GOVERNMENT, NGO, OTHER?)  OTHER: 98 |  |
| **HC29.** How much in total the total income obtained by all members of the household during the last 12 months? | INCOME (IN AR) \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |  |

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| **WATER AND SANITATION** | **WS** | |
| **WS1**. What is thesource main of drinking water used by members of your household?  *If not clear, insist on identifying the place from where the members of this household most often collect their drinking water (collection point).* | **TAP**  in the housing 11  in the compound / GARDEN /  PLOT 12  at the neighbor 13  VALVE PUBLIC / standpipe 14  WELL PUMP / DRILLING 21  **Drilled**  PROTEGÉ 31  not protected 32  **SOURCE**  SOURCE PROTECTED 41  SOURCE UNPROTECTED 42  RAINWATER 51  TANKER 61  CART WITH SMALL TANK 71    SURFACE WATER (RIVER, DAM, LAKE, POND, CURRENT, CANAL, IRRIGATION SYSTEM) 81  **CONDITIONED**  WATER BOTTLE 91  WATERWATER IN BAG 92  OTHER (*specify*) 96 | 11*⇨WS7*  12*⇨WS7*  13*⇨WS3*  14*⇨WS3*  21*⇨WS3*  31*⇨WS3*  32*⇨WS3*  41*⇨WS3*  42*⇨WS3*  51*⇨WS3*  61*⇨WS4*  71*⇨WS4*  81*⇨WS3*  96*⇨WS3* |
| **WS2**. What is thesource main of water used by members of this household for other needs such as cooking or washing their hands?  *If not clear, insist on identifying the location where household members most often collect water for their other needs.* | **TAP**  in the housing 11  in the compound / GARDEN / PLOT 12  at the neighbor 13  VALVE PUBLIC / standpipe 14  WELL PUMP / DRILLING 21  **Drilled**  PROTEGÉ 31  not protected 32  **SOURCE**  SOURCE PROTECTED 41  SOURCE UNPROTECTED 42  RAINWATER 51  TANKER 61  CART WITH SMALL TANK 71    SURFACE WATER (RIVER, DAM, LAKE, POND, CURRENT, CANAL, IRRIGATION SYSTEM) 81  OTHER (*specify*) 96 | 11*⇨WS5*  12*⇨WS5*  61*⇨WS4*  71*⇨WS4* |
| **WS3**. Where is the source of the water supply? | IN THEIR HOUSING 1  IN THEIR GARDEN / PLOT 2  ELSEWHERE 3 | 1*⇨WS5*  2*⇨WS5* |
| **WS4**. How long does it take for members of this household to go to the water source, take water, and return? | MEMBERS DO NOTWATER 000  NUMBER OF MINUTES \_\_ \_\_ \_\_  DK 998 |  |
| **COLLECTWS5**. Do you, or anyone else in this household, do anything to the water to make it safer to drink? | YES 1  NO 2  DK 8 | 2*⇨WS7*  8*⇨WS7* |
| **WS6**. What do you usually do with water to make it healthier to drink?  *Insist:*  Something else?  *Record all the methods mentioned.* | BOIL TO  ADD BLEACH / CHLORINE B  FILTER THROUGH A CLOTH C  USE A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D  SOLAR E  DISINFECTIONLET IT STAND AND DECAN F  OTHER (*specify*) X  NSP Z |  |
| **WS7**. What type of toilet do members of this household usually use?  *If “flush” or “manual flush”, ask:*  Where does the wastewater go??  *If not possible to determine, ask*  *permission to observe the premises.* | **FLUSH**  CONNECTED SYSTEM SEWAGE 11  CONNECTED SEPTIC 12  CONNECTED TO LATRINE 13  CONNECTED TO OPEN AIR 14  CONNECTED TO UNKNOWN LOCATION 18  **A PITlatrine**  latrineAPIT IMPROVED  FAN 21  LATRINE A PIT WITHSLAB WASHABLE 22  ALATRINE PIT WITH NON-WASHABLE SLABLATRINE 24  WITHOUT SLAB / OPEN 23  PITCOMPOSTING TOILETTOILETS 31  BUCKET 41  SUSPENDED/ SUSPENDED LATRINES 51  NO TOILETS / NATURE / FIELDS 95  OTHER (*specify*) 96 |  |

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| **IMPREGNATED MOSQUITOES TN** | | |
| **TN1**. Are there mosquito nets in your household? | YES 1  NO 2 | 2*⇨TN17* |
| **TN2**. How many mosquito nets do you have in your household? | NUMBER OF MOSQUITO NETS \_\_\_ \_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1ST MOSQUITO | NETMOSQUITO3RD | 2NDNETNET |
| **TN3**. *Ask the respondent to show you the household mosquito nets* | OBSERVE 1  NOT OBSERVE 2 | OBSERVE 1  NOT OBSERVE 2 | OBSERVE 1  NOT OBSERVE 2 |
| **TN4**. How many months has your household had this mosquito net?  *If less than a month, record '00'.* | MONTH \_\_\_ \_\_\_  MORE THAN 36 MONTHS 95  DK / NOT OVER 98 | MONTHS \_\_\_ \_\_\_  MORE THAN 36 MONTHS 95  DK / NOT OVER 98 | MONTHS \_\_\_ \_\_\_  OVER 36 MONTHS 95  DK / NOT OVER 98 |
| **TN5**. *Observe or ask for the brand of the net.*  *If the brand is unknown and viewing the net is not possible, show photos of the different types and brands of nets to the respondent.* | **LONG-TERM IMPREGNATEDNET (LLIN)**  MOSQUITOOLYSET 21  PERMANET 22  SUPER MOSQUITO NET 23  MILAY 24  TSARALAY 25  INTERCEPTOR 26  BESTNET / NETPROTECT 27  YORKOOL 28  ROYAL SENTRY 29  OTHER BRAND  (*specify)* 16  NSP BRAND 1818  OTHER TYPEOTHER TYPE  *((specifyspecify))* 36  NSP BRAND/ TYPE 98 | **LONG-TERM IMPREGNATEDNET (MILDA)**  MOSQUITOOLYSET 21  PERMANET 22  SUPER MOSQUITO NET 23  MILAY 24  TSARALAY 25  INTERCEPTOR 26  BESTNET / NETPROTECT 27  YORKOOL 28  ROYAL SENTRY 29  OTHER BRAND  (*specify)* 16  DK BRAND 18  OTHER TYPE  *(specify)* 36  DK BRAND / TYPE 98 | **LONG-TERM IMPREGNATEDNET (LLIN)**  MOSQUITOOLYSET 21  PERMANET 22  SUPER MOSQUITO NET 23  MILAY 24  TSARALAY 25  INTERCEPTOR 26  BESTNET / NETPROTECT 27  YORKOOL 28  ROYAL SENTRY 29  OTHER BRANDBRAND  ((*specifyspecify))* 1616  DKBRAND 18  TYPEOTHER  *(specify)* 36  DK BRAND / TYPE 98 |
| **TN10**. Did you get this net through an MID Campaign, during an antenatal consultation (ANC) or during a vaccination visit? | YES, MID CAMPAIGN 1  YES, CPN 2  YES, VACCINATION 3  NO 4  DK 8 | YES, MID CAMPAIGN 1  YES, CPN 2  YES, VACCINATION 3  NO 4  DK 8 | YES, MID CAMPAIGN 1  YES, CPN 2  YES, VACCINATION 3  NO 4  DK 8 |
| **TN11**. *Check TN10: Is it = 4 or 8?* | YES 1  NO 2 *⬂*  *TN13* | YES 1  NO 2 *⬂*  *TN13* | YES 1  NO 2 *⬂*  *TN13* |
| **TN12**. Where did you get this mosquito net? | PUBLIC HEALTH 01  CENTERPRIVATE HEALTH CENTER 02  PHARMACY 03  SHOP / MARKET / STREET 04  COMMUNITY HEALTH OFFICER 05  RELIGIOUS INSTITUTION 06  SCHOOL 07  OTHER 96  DK 98 | PUBLIC HEALTH 01  CENTERPRIVATE HEALTH CENTER 02  PHARMACY 03  SHOP / MARKET / STREET 04  COMMUNITY HEALTH OFFICER 05  RELIGIOUS INSTITUTION 06  SCHOOL 07  OTHER 96  DK 98 | PUBLIC HEALTH 01  CENTERPRIVATE HEALTH CENTER 02  PHARMACY 03  SHOP / MARKET / STREET 04  COMMUNITY HEALTH AGENT 05  RELIGIOUS INSTITUTION 06  SCHOOL 07  OTHER 96  NSP 98 |
| **TN13.** Did anyone sleep under this mosquito net last night? | YES 1  NO 2  DK / NO ON 8 | YES 1  NO 2  DK / NO ON 8 | YES 1  NO 2  DK / NO ON 8 |
| TN14. *Check TN13: Has anyone slept under this mosquito net* *(TN13 = 1)?* | YES 1  NO 2 *⬂*  *TN16* | YES 1  NO 2 *⬂*  *TN16* | YES 1  NO 2 *⬂*  *TN16* |
| **TN15**. Who slept under that mosquito net last night?  *Record the line numbers of people on the HOUSEHOLD MEMBERS LIST*  *If the person who slept*  *under the net is not*  *on theLIST*  *HOUSEHOLD MEMBERS,*  *record '00'.* | NAME # 1  NUM. OF LINE\_\_\_ \_\_\_  NAME # 2  NUM. OF LINE\_\_\_ \_\_\_  NAME # 3  NUM. OF LINE\_\_\_ \_\_\_  NAME # 4  NUM. OF LINE\_\_\_ \_\_\_ | NAME # 1  NUM. OF LINE\_\_\_ \_\_\_  NAME # 2  NUM. OF LINE\_\_\_ \_\_\_  NAME # 3  NUM. OF LINE\_\_\_ \_\_\_  NAME # 4  NUM. OF LINE\_\_\_ \_\_\_ | NAME # 1  NUM. OF LINE\_\_\_ \_\_\_  NAME # 2  NUM. OF LINE\_\_\_ \_\_\_  NAME # 3  NUM. OF LINE\_\_\_ \_\_\_  NAME # 4  NUM. LINE\_\_\_ \_\_\_ |
| **TN16**. *Is there another mosquito net?* | YES 1 *⬂*  *Next mosquito*  NO 2 *⬂*  *netTN17* | YES 1 *⬂*  *Next mosquito*  NO 2 *⬂*  *netTN17* | YES 1 *⬂*  *Next mosquito*  NO 2 *⬂*  *netTN17* |
|  |  |  | *Check here if an additional questionnaire has been used:* **◻** |

|  |  |  |
| --- | --- | --- |
| **TN17**. If you have mosquito nets, do you use it to:   1. Scare away mosquitoes when you sleep? 2. To fish ? 3. Prevent poultry from going into the garden? 4. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? | YES NO   1. REMOVE MOSQUITOES? 1 2 2. FISH? 1 2 3. PREVENT POULTRY? 1 2 4. OTHER? 1 2 |  |
| **TN18A**. Are there other ways the household can avoid mosquitoes? | YES 1  NO 2 | 2*⇨ST1* |
| **TN18B**. What methods does the household use to avoid mosquitoes? | SPRAY A  REMOVE PUDDLES B  REMOVE BUSHESOF MOSQUITO C  DISTRIBUTIONREPELLENTS …… .. D  OTHER (TO SPECIFY) X |  |

|  |  |  |
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| **HEALTH AND TREATMENT OF DISEASES** | **ST** | |
| *Now we want to ask you some questions about your health and that of the limbs Household. The specific objective of these questions is to find ways to improve their health.*  **ST1.** In the past three months, has anyone in your household had diarrhea? | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  |
| **ST2.** In the past three months, has anyone in your household had a fever? | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  |
| **ST3.** In the past three months, has anyone in your household had a cough that lasted more than 3 weeks ? | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  |
| **ST4.** Where do household members usually seek treatment when they become ill? | **PUBLIC**  HOSPITAL GOVERNMENTAL A  HEALTH CENTER  GOVERNMENTAL B  POST HEALTH GOVERNMENT C  AGENT OF COMMUNITY HEALTH OF  CLINICAL MOBILE / STRATEGY  ADVANCED E  OTHER MEDICAL PUBLIC  (specify) F  **PRIVATE SECTOR**  HOSPITAL PRIVATE / CLINICAL G  DOCTOR PRIVATE H  PHARMACY PRIVATE I  AGENT OF COMMUNITY HEALTH (NON GOVERNMENTAL) J  MOBILE CLINIC K  OTHER PRIVATE MEDICAL  (*specify*) L  **OTHER SOURCE**  FAMILY / FRIENDS M  SHOP / MARKET / STREET N  TRADITIONAL PRACTITIONER O  OTHER (*specify*) X |  |
| **ST5.** In the past 12 months, has anyone in this household sought treatment for a health problem? | YES ………………………………………………. 1  NO ……… .. ……………………………………. 2 | *2⇨ST7* |
| **ST6.** If yes, during the past 12 months, was the cost of… difficult to cover for this household?   1. Transport 2. Medicines 3. Health services themselves | 1. YES, OFTEN / VERY 2. YES, SOMETIMES / A LITTLE 3. YES, RARELY 4. NO / NEVER   TRANSPORT 1 2 3 4  MEDICINES 1 2 3 4  HEALTH SERVICE 1 2 3 4 |  |
| **ST7.** In the past 12 months, has anyone in your household been unable to do / follow their treatment due to the high costs? | YES ………………………………………………. 1  NO ……… .. ……………………………………. 2 | *2⇨Next section* |
| **ST8.** If so, where are these high costs? Is it on:   1. Transport 2. Medicines 3. Health services themselves 4. Other costs (to be specified) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES NO  TRANSPORT 1 2  MEDICINES 1 2  HEALTH SERVICE 1 2  OTHER 1 2 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOOD SECURITY** | | **FS** | | |
| **FS1.** In the past 30 days (4 weeks), have you ever worried that your food supply might run out? (That is, members of the household would not have enough food to eat)? | | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  | |
| **FS2.** During the past 30 days (4 weeks), have you ever lived without food in the household? | | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  | |
| **FS3.** In the past 30 days (4 weeks), have household members ever gone to sleep hungry at night (because there was not enough food)? | | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  | |
| **FS4.** In the past 30 days (4 weeks), did household members go a full day and night without eating (because there was not enough food)? | | YES, OFTEN 1  YES, SOMETIMES 2  YES, RARELY 3  NO, NEVER 4 |  | |
| **FS5.** During the past 30 days (4 weeks), have household members ever had to eat meals without rice? | | YES 1  NO 2 |  | |
| **FS6.** During the past 12 months, in which months (or how many months in total if they cannot indicate precisely which months), has the household not been able to eat rice with all meals? [Provide a list of 12 months to be verified by the interviewer]  If don't know, how many months in total if they can't indicate precisely which months? | | JANUARY TO  FEBRUARY B  MARCH C  APRIL D  MAY E  JUNE F  JULY G  AUGUST H  SEPTEMBER I  OCTOBER J  NOVEMBER K  DECEMBER L  DK Y  NOT CONCERNED Z  \_\_ \_\_ MONTHS IN TOTAL |  | |
| **FS7.** During the last 30 days (4 weeks), what food did the household members eat, that they don't eat normally, when they have nothing else to eat?   1. Tavolo (wild potato)? 2. Via? 3. Others? | | 1. YES, OFTEN / VERY 2. YES, SOMETIMES / A LITTLE 3. NO / NEVER   Tavolo 1 2 3  Via 1 2 3  Others 1 2 3 |  | |
| **FS8.** In the past year, have you ever needed to sell any of your household assets to buy food? | | YES 1  NO 2 | *2⇨FS10* | |
| **FS9.** If so, what did you sell? | | LIVESTOCK 1  LAND 2  PROPERTY OWNED BY THE HOUSEHOLD (TO BE SPECIFIED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 |  | |
| **FS10.** In the past 12 months, if someone in the household was sick and you don't have enough money. Do you ever have to choose between eating or obtaining medical care (including transport)? | | YES 1  NO 2 | *2⇨Next section* | |
| **FS11.** If so, do you choose to eat or seek care? | | EAT 1  TREATMENT 2 |  | |
| **USE OFFOREST** | **UF** | | | |
| We are now going to ask you a few questions about your local forest. **Again, we will keep all this information confidential and will not report anyone to the authorities.** | | | | |
| **UF1.** During the past 12 months, has any member of the household entered the forest? | YES OFTEN 1  YES SOMETIMES 2  YES RARELY 3  NO / NEVER 4 | | | *4⇨UF9* |
| **UF2**. If yes, which forest?   1. Coastal plot II of the special / strict reserve 2. Plot I of the special / strict reserve 3. Classified forest | YES NO  1 2  1 2  1 2 | | |  |
| **UF3**. What was the main reason why one or more person (s) entered the forest? Circle all the answers provided | RICE IN AREASWETLANDS TO  FORGATHER mahampy WEAVING B  THROUGH(GO FROM A TO B) C  HUNTING / TRAPPING OF  CUT TREE E  COLLECTIONCORDWOOD DEAD TREE F  FRUIT GATHERING G  CATCHING BIRD H  HARVEST HONEY I  DIGGING WILD POTATOES (TAVOLO) J  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X | | | ⇨UF6  ⇨UF6  ⇨UF6  ⇨UF6  ⇨UF6  ⇨UF6  ⇨UF6  ⇨UF5  ⇨UF6  ⇨UF6 |
| **UF4**. What is the main reason for the cut? | CHARCOAL 1  TIMBER 2  CONSTRUCTION PIROGUE 3  FUELWOOD 4  AUTRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 | | | UF6. |
| **UF5**What method do you or someone else in your household use to collect honey? | BY SMOKING THE BEES 1  BY SIMPLY HARVESTING FROM THE TREE 2 | | |  |
| **UF6.** Are there other reasons a household member entered the forest?   1. Riziculture dans les zones marécageuses 2. Rassembler mahampy pour le tissage 3. Traverser (aller de A à B) 4. Chasse / piégeage 5. Couper des arbres 6. Collecte de bois de chauffage d'arbres morts 7. Cueillette de fruits 8. Attraper des oiseaux 9. Récolte de miel 10. Creuser des pommes de terre sauvages (Tavolo)   x) Autre (à préciser) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF7**. **Si oui à UF6e**, quelle est la raison principale de la coupe ? | CHARBON DE BOIS 1  BOIS DE CONSTRUCTION 2  CONSTRUCTION DE PIROGUE 3  BOIS DE CHAUFFAGE 4  AUTRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 | | |  |
| **UF8**. **Si oui à UF6i**, quelle est la méthode que vous ou un autre membre de votre ménage utilise pour la récolte de miel ? | EN ENFUMANT LES ABEILLES 1  EN RÉCOLTANT SIMPLEMENT DANS L'ARBRE 2 | | | UF10 |
| **UF9**. Si non à UF1, pourquoi ?   1. Pas besoin 2. Entrée non autorise 3. Peur d'être dans la forêt 4. pas encore eu l'occasion 5. trop loin 6. Autre (a preciser) \_\_\_\_\_\_\_\_\_\_\_\_\_ | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF10**. Au cours des 12 derniers mois, à votre connaissance, un membre de votre ménage a-t-il utilisé quelque chose de la forêt pour payer les soins de santé? | OUI SOUVENT 1  OUI PARFOIS 2  OUI RAREMENT 3  NON / JAMAIS 4 | | |  |
| **UF11**. Quel est le nom de la forêt la plus proche de chez vous ? | PARCELLE II LITTORALE DE LA RÉSERVE SPÉCIALE / STRICTE 1  PARCELLE I DE LA RÉSERVE SPÉCIALE / STRICTE 2  FORÊT CLASSÉE 3  NE SAIT PAS 8 | | |  |
| **UF12**. Êtes-vous au courant des règles régissant l'entrée dans votre forêt locale ? | OUI 1  NON 2  PAS SURE 3 | | |  |
| **UF13**. Vous qu'il y a des avantages ou des bénéfices de vivre près de la forêt? | OUI 1  NON 2 | | | *2⇨UF15* |
| **UF14**. Si oui, quels les avantages ?   1. Source d'eau propre 2. Source de protéines animales de viande et de poisson 3. Source de bois de construction 4. Source de bois de chauffage 5. Source de fruits 6. Source de semences à planter à la maison 7. Source de plantes médicinales 8. Source d'air pur 9. Source de pluie 10. Source d'ombre / garde la zone fraiche 11. Tourisme / venus d'étrangers 12. Espaces culturels ou sacrés 13. Autre (a presicer) \_\_\_\_\_\_\_\_\_\_\_\_\_ | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF15**. Pensez-vous qu'il y a des inconvénients à vivre près de la forêt ? | OUI 1  NON 2 | | | *2⇨UF17* |
| **UF16**. Si oui, quels sont les inconvénients ?   1. Source de maladies 2. Animaux sauvages et dangereux 3. Lieu des mauvais esprits 4. Source d'insectes nuisibles / ravageuses 5. Restrictions sur l'utilisation de la terre 6. Fumée d'incendie | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF17**. Pensez-vous que la forêt locale est menacée ou non ? | OUI TRES MENACE 1  OUI PEU MENACE 2  NON 3 | | | *3⇨UF20* |
| **UF18.** Quelle est selon vous la principale menace ? | COUPE DES ARBRES 01  FEUX DE BROUSSES 02  AGRICULTURE SUR BRÛLIS / TAVY 03  AGRICULTURE DE RIZ HUMIDE 04  FABRICATION DU CHARBON DE BOIS 05  CHASSE 06  AUTRES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 | | |  |
| **UF19.** Selon vous, quelles sont les autres menaces?   1. Coupe des arbres 2. Feux de brousses 3. Agriculture sur brûlis / Tavy 4. Agriculture de riz humide 5. Fabrication du charbon de bois 6. Chasse 7. Autres | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF20.** Pensez-vous que la forêt de **Manombo** doit être protégée ? | OUI 1  NON 2 | | | *2⇨UF22* |
| **UF21.** Si Oui, pourquoi ?   1. Maintenir la proprete de la source d'eau 2. Proteger la population des moustiques 3. Destination touristique 4. Fournir de la pluie 5. Pour fournir de l'ombre / garder la zone fraiche 6. Fournir des terres pour les activités agricoles | OUI NON  1 2  1 2  1 2  1 2  1 2 1 2 | | |  |
| **UF22**. Pensez-vous qu'il est acceptable pour les gens de couper même un petit nombre d'arbres dans la forêt **?** | OUI 1  NON 2 | | | *1⇨UF24* |
| **UF23.** Si non, pourquoi ?   1. Couper même quelques arbres mettra en danger la foret et les animaux 2. Les gens n'ont pas le droit de couper des arbres pour diverses raisons 3. Les gens n'ont pas le droit de couper des arbres pour les vendre 4. Couper des arbres dans la forêt est illegal 5. Droit coutumier (dina) 6. Autre (A PRECISER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF24.** Si oui, pourquoi ?   1. Couper même quelques arbres ne mettra pas en danger la foret 2. Les gens ont le droit de couper des arbres pour n'importe quelles raisons 3. Les gens ont le droit de couper des arbres pour leurs besoins quotidiens 4. Aucun autre endroit où trouver du bois pour construire une maison 5. Droit coutumier (dina) 6. Autre (a preciser) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OUI NON  1 2  1 2  1 2  1 2  1 2  1 2 | | |  |
| **UF25.** Est-ce que les gens de cette communauté mangent du lémurien? | OUI SOUVENT 1  OUI PARFOIS 2  OUI RAREMENT 3  NON /JAMAIS 4 | | |  |
| **UF26.** Pensez-vous que les communautés arrêteraient de faire des choses qui nuisent à la forêt si tous leurs membres pouvaient obtenir un rabais / réduire les coûts associés à la recherche de soins de santé / médicaux? | OUI, ILS ARRÊTERAIENT DE COUPER DES ARBRES ET DE CHASSER A  NON, ILS CONTINUERAIENT D'ABATTRE LES ARBRES ET DE CHASSER B  LES MEMBRES DE LA COMMUNAUTÉ NE COUPENT PAS LES ARBRES DE LA FORÊT POUR LE MOMENT. C  LES MEMBRES DE LA COMMUNAUTÉ NE CHASSENT PAS ACTUELLEMENT DANS LA FORÊT D  LES MEMBRES DE LA COMMUNAUTÉ ONT TOUJOURS BESOIN DE PRODUITS DE LA FORÊT POUR VIVRE (BOIS DE CHAUFFAGE, BOIS D'ŒUVRE, NOURRITURE, ETC.) E    AUTRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X | | |  |
| **UF27.** Pensez-vous que la forêt est une bonne ou une mauvaise chose ? | BONNE 1  MAUVAISE 2  NE SAIT PAS 3 | | |  |
| **UF28.** Voulez-vous que la forêt soit là pour les générations futures ? | OUI 1  NON 2  NE SAIT PAS 3 | | |  |

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| **HH56.** Fin de l'Interview | HEURES | \_\_\_\_ \_\_\_\_ |  |
| MINUTES | \_\_\_\_ \_\_\_\_ |