



DISTRICT NAME	WARD NUMBER	DP NAME	VILLAGE/SUBURB NAME	NAME OF CP	DATE	HOUSEHOLD NUMBER	DURATION ON THE PROGRAMME (in months) Circle the most appropriate								REPORT BY
							0	1	2	3	4	5	6	Other__	
1. Household Demographics															
1.1 Is your household registered for WFP food/cash assistance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.1 If yes, how many in your household are registered for WFP assistance..... 1.1.2 If yes specify activity: <div> ART only (1) <input type="checkbox"/> ART-HVHH (2) <input type="checkbox"/> TB only (3) <input type="checkbox"/> TB-HVHH (4) <input type="checkbox"/> MCH/M (5) <input type="checkbox"/> MCH/M-HVHH (6) <input type="checkbox"/> </div> <div> Health-Based Safety net MCH/C only (7) <input type="checkbox"/> MCH/C-HVHH (8) <input type="checkbox"/> HBC only (9) <input type="checkbox"/> HBC/HHVHH (10) <input type="checkbox"/> </div> <div> Social Based Safety net OVC (11) <input type="checkbox"/> </div>										
1.2 Indicate the mode of transfer			<input type="checkbox"/> Food only (1) <input type="checkbox"/> Cash only (2) <input type="checkbox"/> Food and cash (3) <input type="checkbox"/> Vouchers (4)												
1.3 Did your household receive food/cash/voucher in the past 30 days?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, indicate the reason why <input type="checkbox"/> Absent during distributions (1) <input type="checkbox"/> Distribution point too far (2) <input type="checkbox"/> Commodities not sufficient due to over-scooping (3) <input type="checkbox"/> Commodities not sufficient due to theft (4) <input type="checkbox"/> Commodities not sufficient due to short deliveries (5) <input type="checkbox"/> Failed to meet transport costs (6) <input type="checkbox"/> Other (7)										
1.4 What is the sex and age of the household head?					<input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2) Age _____ years										
1.5 What is the marital status of household head?					<input type="checkbox"/> Single (1) <input type="checkbox"/> Married with 1 wife/husband (2) <input type="checkbox"/> Polygamous/Polyandrous (3) <input type="checkbox"/> Widowed (4) <input type="checkbox"/> Divorced/Deserted/Separated (5)										
1.6 What is the health/physical status of the household head?					<input type="checkbox"/> Chronically ill (1) <input type="checkbox"/> Disabled (2) <input type="checkbox"/> Chronically ill and disabled (3) <input type="checkbox"/> None (not chronically ill/ disabled) (4)										



1.7 What is the total number of people (including household head) who have been living in your household for the past three months (including non-family)? Chronically ill is defined as being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to a loss of functional capacity;	<table border="1"> <tr> <th></th> <th>< 5 yrs</th> <th>5 - 12 yrs</th> <th>13 - 19 yrs</th> <th>20 - 39 yrs</th> <th>40 yrs+</th> </tr> <tr> <td>All household members</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sex (M/F)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							< 5 yrs	5 - 12 yrs	13 - 19 yrs	20 - 39 yrs	40 yrs+	All household members						Sex (M/F)					
		< 5 yrs	5 - 12 yrs	13 - 19 yrs	20 - 39 yrs	40 yrs+																		
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Sex (M/F)																								
1.7.1 Of the above household members how many are chronically ill (past 3 months) and disabled (mentally and/or physically?) Exclude the household head. <table border="1"> <tr> <th></th> <th>< 5 yrs</th> <th>5 - 12 yrs</th> <th>13 - 19 yrs</th> <th>20 - 39 yrs</th> <th>40 yrs+</th> </tr> <tr> <td>Chronically ill members</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Disabled members</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							< 5 yrs	5 - 12 yrs	13 - 19 yrs	20 - 39 yrs	40 yrs+	Chronically ill members						Disabled members						
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Chronically ill members																								
Disabled members																								
1.8 Indicate the number of orphans (single and double) in the household.	Single (1) <input type="text"/> Double (2) <input type="text"/>																							
1.9 What is the main source of drinking water for your household?	<table border="0"> <tr> <td><input type="checkbox"/> Piped into dwelling (1)</td> <td><input type="checkbox"/> Unprotected well (6)</td> </tr> <tr> <td><input type="checkbox"/> Public tap (2)</td> <td><input type="checkbox"/> Pond dam, river or stream (7)</td> </tr> <tr> <td><input type="checkbox"/> Borehole with pump (3)</td> <td><input type="checkbox"/> Tanker/purchased (8)</td> </tr> <tr> <td><input type="checkbox"/> Protected dug well (4)</td> <td><input type="checkbox"/> Other _____ (Specify) (9)</td> </tr> <tr> <td><input type="checkbox"/> Rain water (5)</td> <td></td> </tr> </table>						<input type="checkbox"/> Piped into dwelling (1)	<input type="checkbox"/> Unprotected well (6)	<input type="checkbox"/> Public tap (2)	<input type="checkbox"/> Pond dam, river or stream (7)	<input type="checkbox"/> Borehole with pump (3)	<input type="checkbox"/> Tanker/purchased (8)	<input type="checkbox"/> Protected dug well (4)	<input type="checkbox"/> Other _____ (Specify) (9)	<input type="checkbox"/> Rain water (5)									
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1.10 What sanitation facility does your household use?	<table border="0"> <tr> <td><input type="checkbox"/> Flush/Pour Flush (1)</td> <td><input type="checkbox"/> Open pit (4)</td> </tr> <tr> <td><input type="checkbox"/> Pit latrine with slab (2)</td> <td><input type="checkbox"/> Bush (5)</td> </tr> <tr> <td><input type="checkbox"/> Blair toilet (3)</td> <td><input type="checkbox"/> Other _____ (Specify) (6)</td> </tr> </table>						<input type="checkbox"/> Flush/Pour Flush (1)	<input type="checkbox"/> Open pit (4)	<input type="checkbox"/> Pit latrine with slab (2)	<input type="checkbox"/> Bush (5)	<input type="checkbox"/> Blair toilet (3)	<input type="checkbox"/> Other _____ (Specify) (6)												
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2. Food utilisation																								
2.1 How many weeks did cereals from your last ration last?	<input type="checkbox"/> <1 week (1) <input type="checkbox"/> 3-<4 weeks (4) <input type="checkbox"/> 1-<2 weeks (2) <input type="checkbox"/> 4-<5weeks (5) <input type="checkbox"/> 2-<3weeks (3) <input type="checkbox"/> >5weeks (6)																							
2.2.1 Who is the primary decision maker about the use of food?	<input type="checkbox"/> Father (1) <input type="checkbox"/> Mother (2) <input type="checkbox"/> Grandmother (3) <input type="checkbox"/> Grandfather (4) <input type="checkbox"/> Others (5)																							
2.2.2 Who is the secondary decision maker about the use of food?	<input type="checkbox"/> Father (1) <input type="checkbox"/> Mother (2) <input type="checkbox"/> Grandmother (3) <input type="checkbox"/> Grandfather (4) <input type="checkbox"/> Others (5)																							
2.3 How much food or cash did your household receive from the following sources (if any)? Use codes below 1= WFP food assistance 2=Non-WFP relief/food aid 3=Social Welfare/ GoZ 4=Other (Specify)	<table border="1"> <tr> <th>Commodity</th> <th>Source</th> <th>Commodity (kg)</th> </tr> <tr> <td>Cereals</td> <td></td> <td></td> </tr> <tr> <td>Pulses</td> <td></td> <td></td> </tr> <tr> <td>Veg Oil</td> <td></td> <td></td> </tr> <tr> <td>CSB</td> <td></td> <td></td> </tr> <tr> <td>Cash</td> <td></td> <td></td> </tr> </table>						Commodity	Source	Commodity (kg)	Cereals			Pulses			Veg Oil			CSB			Cash		
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2.4 Of the food commodities received last time, approximately what quantity in KGs was used for each of these purposes? (For beneficiaries receiving food and vouchers) See table and use codes as below 1=All 2=More than Half 3=Half 4=Less than Half 5=None	KGs	Sold on market	Bartered for other items	Shared with kin	Loan Repayment	Planted	Consumed by household	Transport	Milling
	Cereals								
	Pulses								
	Veg Oil								
	CSB								

2.5 If some food commodities were sold, what are the reasons for selling? (Select all that apply) <input type="checkbox"/> Don't have any other source of money <input type="checkbox"/> Food aid commodities are not appropriate <input type="checkbox"/> To access other food commodities not included in the food basket <input type="checkbox"/> Need money for learning material <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Household food resources are adequate <input type="checkbox"/> Costs too much to take food home <input type="checkbox"/> Need to pay for school fees <input type="checkbox"/> To meet health costs
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3. For Beneficiaries receiving Cash																					
3.1 How much cash did your household receive last time?	_____																				
3.2 How did you spend the cash you received during the previous distribution? Indicate the cost of each item spent on in USD. (Do not suggest answers to the respondent)	<table border="0"> <tr> <td><input type="checkbox"/> Cereals</td> <td>\$ _____</td> <td><input type="checkbox"/> Debt repayment</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Pulses</td> <td>\$ _____</td> <td><input type="checkbox"/> To meet transport costs</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Veg oil</td> <td>\$ _____</td> <td><input type="checkbox"/> Rentals</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td>\$ _____</td> <td><input type="checkbox"/> Other (Specify) _____</td> <td>_____ USD</td> </tr> <tr> <td><input type="checkbox"/> Health</td> <td>\$ _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Cereals	\$ _____	<input type="checkbox"/> Debt repayment	\$ _____	<input type="checkbox"/> Pulses	\$ _____	<input type="checkbox"/> To meet transport costs	\$ _____	<input type="checkbox"/> Veg oil	\$ _____	<input type="checkbox"/> Rentals	\$ _____	<input type="checkbox"/> Education	\$ _____	<input type="checkbox"/> Other (Specify) _____	_____ USD	<input type="checkbox"/> Health	\$ _____		
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<input type="checkbox"/> Health	\$ _____																				
3.3.1 Who is the primary decision maker over the use of cash?	<input type="checkbox"/> Father (1) <input type="checkbox"/> Mother (2) <input type="checkbox"/> Grandmother (3) <input type="checkbox"/> Grandfather (4) <input type="checkbox"/> Others (5)																				
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3.3 If your household purchased cereals over the past month, what was its main source? Use codes for Units in Q3.3.1 1= 1kg 2= 5kg 3=10kg 4=20kg 5=50kg	<table border="0"> <tr> <td> <input type="checkbox"/> Purchase from neighbour (1) <input type="checkbox"/> Purchase from formal local store/trader (2) <input type="checkbox"/> Purchase from GMB (3) <input type="checkbox"/> Purchase from grinding millers (4) <input type="checkbox"/> Purchase from informal trader (5) <input type="checkbox"/> Purchase from A1 farmer (6) <input type="checkbox"/> Purchase from A2 farmer (7) <input type="checkbox"/> Did not purchase cereal (8) <input type="checkbox"/> Other (Specify) _____ (9) </td> <td> 3.3.1 What was the price per bucket in USD? \$ _____ OR if the household purchased maize-meal, what was the price per unit in USD Unit _____ Price \$ _____ </td> </tr> </table>	<input type="checkbox"/> Purchase from neighbour (1) <input type="checkbox"/> Purchase from formal local store/trader (2) <input type="checkbox"/> Purchase from GMB (3) <input type="checkbox"/> Purchase from grinding millers (4) <input type="checkbox"/> Purchase from informal trader (5) <input type="checkbox"/> Purchase from A1 farmer (6) <input type="checkbox"/> Purchase from A2 farmer (7) <input type="checkbox"/> Did not purchase cereal (8) <input type="checkbox"/> Other (Specify) _____ (9)	3.3.1 What was the price per bucket in USD? \$ _____ OR if the household purchased maize-meal, what was the price per unit in USD Unit _____ Price \$ _____																		
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3.4 Were you satisfied with the cash you received last month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no why? <input type="checkbox"/> Amount of cash inadequate <input type="checkbox"/> Currency inappropriate <input type="checkbox"/> Denomination of cash too large <input type="checkbox"/> Denomination of cash too small <input type="checkbox"/> Other _____ (Specify)				
4.Satisfaction							
4.1 How satisfied were you with the registration and distribution process?		Very satisfied	Satisfied	Only somewhat satisfied	Not satisfied at all	Not applicable	Comments
	Nutritional screening (NSART only)						
	Registration						
	Voucher /Food distributions						
	Retailers (E-voucher only)						
4.2 What level of satisfaction did you have with the following aspects of your ration? Use codes as below 1=satisfied 2=Neither satisfied nor dissatisfied. 3= Dissatisfied 4=Not applicable	Commodity	Taste	Physical Condition	Cooking time	Odour	Colour	
	Cereals						
	Pulses						
	Veg oil						
	CSB						
4.3 What is your preferred transfer modality?	<input type="checkbox"/> Cash only (1) <input type="checkbox"/> Food only (2) <input type="checkbox"/> Both Food and Cash (3) <input type="checkbox"/> Vouchers (4)						
4.4 What are the reasons for your preferred choice? (circle all that apply)	<input type="checkbox"/> Enhances access to food items <input type="checkbox"/> Enhances access to non-food items <input type="checkbox"/> Flexibility on the choice of commodities to be purchased by household <input type="checkbox"/> Difficult to access food commodities <input type="checkbox"/> Prices of commodities unpredictable <input type="checkbox"/> Choice of redemption points <input type="checkbox"/> Flexibility (in the case of voucher where vouchers can be redeemed in thirty days) <input type="checkbox"/> No scooping challenges <input type="checkbox"/> Dignity accrued from purchasing from stores <input type="checkbox"/> Reduces stigma <input type="checkbox"/> Faster process as there is no gathering of people <input type="checkbox"/> Other _____ Specify						



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5.Outcomes							
5.1 What has been the impact of food/cash/vouchers on the household and communities? (allow for multiple responses)	<input type="checkbox"/> Improved food access <input type="checkbox"/> Increased dietary intake <input type="checkbox"/> Reduced stigma <input type="checkbox"/> Migration to beneficiary households/communities <input type="checkbox"/> Other _____ (Specify)		<input type="checkbox"/> Income transfers <input type="checkbox"/> Increased Stigma <input type="checkbox"/> Dependency of beneficiary households/communities <input type="checkbox"/> Exploitation of beneficiaries by aid workers/authorities				
5.2 What effects has food/cash had on the markets? Allow for multiple responses Note: A market refers to an actual or nominal place where forces of demand and supply operate and where buyers and sellers interact.	<input type="checkbox"/> Increased commodity availability <input type="checkbox"/> Increased prices of food commodities <input type="checkbox"/> Decreased prices of food commodities <input type="checkbox"/> Increased casual labour rates <input type="checkbox"/> No change		<input type="checkbox"/> Commodity shortages <input type="checkbox"/> Increased availability of casual labour opportunities <input type="checkbox"/> Decreased availability of casual labour opportunities <input type="checkbox"/> Decreased casual labour rates <input type="checkbox"/> Other _____ (Specify)				
6.NSART/HBC Programmes							
6.1 How often does the client come for review or for ART services? Select the most appropriate answer	<input type="checkbox"/> Twice a month (1) <input type="checkbox"/> Once a month (2) <input type="checkbox"/> Once in two months (3)		<input type="checkbox"/> Once in three months (4) <input type="checkbox"/> Never (5) <input type="checkbox"/> Other (Specify) _____ (6)				
6.2 How often does the client have their anthropometric measurements taken?	<input type="checkbox"/> Twice a month (1) <input type="checkbox"/> Once a month (2) <input type="checkbox"/> Once in two months (3)		<input type="checkbox"/> Once in three months (4) <input type="checkbox"/> Never (5) <input type="checkbox"/> Other (Specify) _____ (6)				
6.3 Did any of the following happen to the client during the last 30 days? (allow for multiple responses) Default is defined as a treatment interruption of two consecutive days or more while non-adherence refers to whether the client is sticking to the times they should take their doses	<input type="checkbox"/> Defaulted from drugs <input type="checkbox"/> Did not adhere to drugs <input type="checkbox"/> Did not receive enough drugs from health centre (refer to Q6.1) <input type="checkbox"/> Suffer from side effects from drugs (nausea, vomiting, rashes) <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Unable to eat <input type="checkbox"/> Suffered from diarrhoea <input type="checkbox"/> Suffered from other illnesses like malaria, flu, rashes <input type="checkbox"/> Depression/Stress <input type="checkbox"/> Other _____ (Specify)		6.3.1 If client, defaulted from drugs, state the MAIN reason why <input type="checkbox"/> Missed the review date (1) <input type="checkbox"/> Shared with friend, neighbour or family member (2) <input type="checkbox"/> Did not have adequate food (3) <input type="checkbox"/> Suffering from side effects (4) <input type="checkbox"/> Lack of money to meet transport costs to the health centre (5) <input type="checkbox"/> Sold drugs (6) <input type="checkbox"/> Other _____ (Specify) (7)				
6.4 What effect has food/cash assistance had on the well-being of the client?	<input type="checkbox"/> Weight gain (1)		<input type="checkbox"/> Increased mobility (2)		<input type="checkbox"/> Enhanced productivity (3)		
	<input type="checkbox"/> None directly attributed to food assistance (4)		<input type="checkbox"/> Other _____ (specify)(5)				
6.5 Investigate clients mobility and self-sufficiency and complete table by writing a code in the final column		Normal= 1	Good= 2	Moderate = 3	Poor= 4	Very poor= 5	Code
	Mobility	Can walk 3km	Can walk 2km	Can walk 500m	Can walk around the house	Bed-Bound	
	Domestic Chores	All chores	5-6 days per week	3-4 days per week	Occasionally	Not at all	
	Bathing	Independent	Usually independent	Needs some assistance	Needs considerable assistance	Not at all	



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	Toileting	Independent	Usually independent	Needs some assistance	Needs considerable assistance	Dependent	
6.6 How many meals did the client eat yesterday? (24hr recall)	_____						
6.7 Could you please tell me about the foods that the client ate during the past seven days? Codes for sources of food 1. Own production 2. Casual labour 3. Borrowed 4. Gifts 5. Purchases 6. Food assistance 7. Barter 8. Hunting/gathering/catching	No. of days	Source					
6.7.1 Maize, maize porridge	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.2 Other cereal (rice, sorghum, millet, bread, pasta etc)	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.3 Roots and Tubers (cassava, potatoes, sweet potatoes)	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.4 Sugar or sugar products	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.5 Beans and peas	<input type="checkbox"/>	<input type="checkbox"/>					
6. 7.6 Groundnuts and cashew nuts	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.7 Vegetables (including relish and leaves)	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.8 Fruits	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.9 Beef, goat, or other red meat and pork and game	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.10 Poultry and eggs	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.11 Fish	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.12 Oils/fats/butter	<input type="checkbox"/>	<input type="checkbox"/>					
6.7.13 Milk/yoghurt/other dairy products	<input type="checkbox"/>	<input type="checkbox"/>					



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6.7.14 CSB	<input type="checkbox"/>	<input type="checkbox"/>	
6.8 Who, in the household, consumes CSB? Select all that apply		<input type="checkbox"/> Client (1) <input type="checkbox"/> Children only (2) <input type="checkbox"/> Adults only (3)	<input type="checkbox"/> All household members (4) <input type="checkbox"/> Shared with visitors (5) <input type="checkbox"/> Other _____ (specify) (6)
7. OVC			
7.1.1 Are all children of primary school age going to school regularly? 7.1.2 Among those of primary school age who do not go to school regularly, how many are boys and how many are girls? 7.1.3 If answer is NO, please indicate the TWO main reasons for non-regular attendance	7.1.1 <input type="checkbox"/> Yes <input type="checkbox"/> No	7.1.2 ____ boys ____ girls	7.1.3 <input type="checkbox"/> Illness (1) <input type="checkbox"/> Help with household work (2) <input type="checkbox"/> Working for food (3) <input type="checkbox"/> Looking after ill parents/relatives (4) <input type="checkbox"/> Not interested in school (5) <input type="checkbox"/> Distance to school far (6) <input type="checkbox"/> Expensive/no money (7) <input type="checkbox"/> Care of young siblings (8) <input type="checkbox"/> Pregnancy/marriage (9) <input type="checkbox"/> Expelled from school (10) <input type="checkbox"/> Failure (11) <input type="checkbox"/> Other (12)
7.2.1 Are all children of secondary school age going to school regularly? 7.2.2 Among those of secondary school age who do not go to school regularly, how many are boys and how many are girls? 7.2.3 If answer is NO, please indicate the TWO main reasons for non-regular attendance	7.2.1 <input type="checkbox"/> Yes <input type="checkbox"/> No	7.2.2 ____ boys ____ girls	7.2.3 <input type="checkbox"/> Illness (1) <input type="checkbox"/> Help with household work (2) <input type="checkbox"/> Working for food (3) <input type="checkbox"/> Looking after ill parents/relatives (4) <input type="checkbox"/> Not interested in school (5) <input type="checkbox"/> Distance to school far (6) <input type="checkbox"/> Expensive/no money (7) <input type="checkbox"/> Care of young siblings (8) <input type="checkbox"/> Pregnancy/marriage (9) <input type="checkbox"/> Expelled from school (10) <input type="checkbox"/> Failure (11) <input type="checkbox"/> Other (12)
8. For beneficiaries receiving food vouchers only			
8.1 How long did you have to wait for voucher/CSB distributions?	<input type="checkbox"/> ≤15mins (1) <input type="checkbox"/> 16-≤30mins (2) <input type="checkbox"/> 31-≤45mins (3) <input type="checkbox"/> 46mins-≤1hr (4) <input type="checkbox"/> Above 1hr (5)		
8.2 How long did you have to wait for redemptions at the retailers?	<input type="checkbox"/> ≤15mins (1) <input type="checkbox"/> 16-≤30mins (2) <input type="checkbox"/> 31-≤45mins (3) <input type="checkbox"/> 46mins-≤1hr (4) <input type="checkbox"/> Above 1hr (5)		
8.3 In the last thirty days, what were the challenges that you encountered during voucher distributions and redemption? Circle all that apply	<input type="checkbox"/> Theft or loss of food voucher <input type="checkbox"/> Stigma <input type="checkbox"/> Unavailability of food commodities in shops <input type="checkbox"/> Limited choice of quality brands <input type="checkbox"/> Network problems <input type="checkbox"/> System challenges <input type="checkbox"/> Long queues at the point of service <input type="checkbox"/> None		