

## **Distribution Agreement**

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

---

Rihana Nesrudin

---

April 17, 2016

Factors associated with stunting among children ages 6 to 24 months in the Amhara Region of  
Ethiopia

By

Rihana Nesrudin  
Master of Public Health

Hubert Department of Global Health

\_\_\_\_\_ [Chair's signature]  
Dr. Helena Pachón, PhD, MPH  
Committee Chair  
Department of Global Health, Rollins School of Public Health  
Emory University

\_\_\_\_\_ [Member's signature]  
Syed Noor Tirmizi, PhD, MS  
Committee Member  
Senior Technical Advisor, CARE USA

Factors associated with stunting among children ages 6 to 24 months in the Amhara Region of Ethiopia

By

Rihana Nersudin

BA  
Mount Holyoke College  
2009

Thesis Committee Chair: Dr. Helena Pachón, PhD, MPH

An abstract of  
A thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
in partial fulfillment of the requirements for the degree of  
Master of Public Health  
in Hubert Department of Global Health  
2016

## Abstract

Factors associated with stunting among children ages 6 to 24 months in the Amhara Region of Ethiopia

By Rihana Nesrudin

*Introduction/Background:* Stunting (linear growth failure) is one of the major public health challenges being faced globally, with a high prevalence among children under 2 years of age. In Ethiopia, stunting affects 44% of children. Even though stunting causes a significant burden on the nation, there is limited research that has attempted to investigate stunting and the various factors affecting it.

*Objective:* The objective of this study is to investigate eight factors – environmental enteropathy, mother's age of marriage, child dietary diversity, mother's literacy, mother's gender attitude, household food security, home garden availability and number of pregnancies – and their association with stunting in children under 2 years of age in the Amhara region of Ethiopia.

*Method:* Data analyzed in this study came from the baseline survey administered by CARE's Nutrition at the Center (N@C) program in 2014. A cross-sectional study design was utilized to collect data from 2127 mothers or caregivers with children ages 0 – 36 month in the Amhara region of Ethiopia. A sample size of 927 was used for the data analysis of this study. SPSS and OpenEpi were used for the statistical analyses. WHO Anthro was used to calculate the outcome variable: stunting.

*Results:* The study found that when adjusting for other explanatory variables, mothers who marry at 17 years of age or younger are more likely to have stunted children (OR 1.348, P – value 0.078), children who are provided with the minimum dietary diversity are less likely to be stunted than those who are not (OR 0.560, P – value 0.096), and households with a higher risk of environmental enteropathy are more likely to have stunted children than households with a lower risk (OR 1.107, P – value 0.087).

*Conclusion:* The study found the age at which mothers marry, children's dietary diversity and households' environmental enteropathy risk influence the stunting status of children in the Amhara region of Ethiopia. Programs implementing nutritional interventions should take heed of these results to increase their effectiveness and decrease the prevalence of stunting in Ethiopia.

Factors associated with stunting among children ages 6 to 24 months in the Amhara Region of  
Ethiopia

By

Rihana Nesrudin

BA  
Mount Holyoke College  
2009

Thesis Committee Chair: Dr. Helena Pachón, PhD, MPH

A thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
in partial fulfillment of the requirements for the degree of  
Master of Public Health or Master  
in Hubert Department of Global Health  
2016

---

## **Acknowledgements**

I would like to express my gratitude to Dr. Helena Pachón, thesis committee chair, for her support, time and assistance throughout the thesis writing process. Without her detailed feedback to various drafts submitted, this thesis would not have materialized successfully.

I would like to express my gratitude to Dr. Syed Noor Tirmizi, thesis committee member, for his support, time, assistance and encouragement throughout the data analysis and writing process.

I would finally like to thank CARE USA for providing me with the opportunity to work with Nutrition at the Center (N@C) project and giving me permission to use data from CARE Ethiopia.

## Contents

Chapter I: Introduction.....	1
A.    Context of Project: .....	1
B.    Problem Statement: .....	2
C.    Objective: .....	2
Chapter II: Literature Review .....	3
A.    Global Stunting Prevalence:.....	3
B.    Consequences of Stunting: .....	4
C.    Prevalence of Stunting in Ethiopia:.....	7
D.    Factors Associated with Stunting in Ethiopia: .....	8
Chapter III: Manuscript.....	14
I.    Introduction: .....	17
II.   Methods:.....	18
A.  Study Design and Survey Tool: .....	18
B.  Study Location: .....	19
C.  Sampling Frame: .....	21
D.  Selection of Participants:.....	21
E.  Data Collection:.....	21
F.  Data Analysis: .....	22
G.  Statistical Model:.....	22
H.  Variables and Measure: .....	24
Table 1: .....	25
III.  Results:.....	32
Table 2: .....	33
Table 3: .....	34
Table 4: .....	36
Table 5: .....	38
IV.  Discussion: .....	39
A.  Limitations and Strengths: .....	42
B.  Conclusion:.....	43
Chapter IV: Expanded Conclusions and Recommendations .....	44
References:.....	46
Appendices:.....	49

Appendix 1: .....	49
Appendix 2: .....	51
Appendix 3: .....	112



## Chapter I: Introduction

### A. Context of Project:

Under-nutrition is a major public health problem currently being faced globally <sup>1</sup>. It accounts for nearly half of all deaths in children under 5 years of age <sup>1</sup>. Stunting, wasting and micronutrient deficiencies, three ways in which under-nutrition manifests itself, are estimated to cause nearly 31 million child deaths annually <sup>2</sup>. In 2014, 23.8% of children under 5 years of age worldwide had stunted growth <sup>1</sup>. The highest prevalence of stunted children is in developing countries; just over half of all stunted children lived in Asia and over one third live in Africa <sup>1</sup>.

In Ethiopia, compromised physical and mental health development in children due to under-nutrition is a major public health concern <sup>3</sup>. Under-nutrition accounts for 28% of deaths annually in children under 5 years. Stunting, wasting and micronutrient deficiencies are estimated to affect 44%, 29% and 10% of children under 5 years of age in Ethiopia, respectively <sup>4</sup>.

Due to the high burden of under-nutrition in the country, CARE Ethiopia began implementation of a five year (2013-2017) project, Nutrition at the Center (N@C), with the goal of improving overall nutritional status in the Amhara region of Ethiopia, the region with the highest prevalence of under-nutrition in the nation <sup>5</sup>. Nutrition at the Center (N@C) is an “innovative program designed to develop, document, and disseminate effective and efficient integrated approaches to substantially and sustainably improve nutrition outcomes for mothers and children” <sup>5</sup>. The aim of the program is to reduce anemia in women (age 15-49 years) and stunting and anemia in children (age 0-24 months) by integrating maternal, infant and young child nutrition (MIYCN), water, sanitation, and hygiene (WASH), food security, and women’s empowerment. In Ethiopia, N@C operates in two woredas of Ebinat and Simada in South

Gondar Zone. N@C works with over 1,400 women's groups reaching more than 80% of pregnant and lactating women in these areas <sup>5</sup>.

#### B. Problem Statement:

The causes of stunting can vary in different contexts as well as over time. An increasing body of literature indicates that stunting is associated with a multifaceted range of factors ranging from the individual to the environmental. Within the Ethiopian context, dietary diversity, infant and young child feeding practices (IYCF) water, sanitation and hygiene and parental education have been identified as determinants of the stunting status of children <sup>6-11</sup>.

Although the links between stunting in children and various factors have been identified, there are factors that have been associated with stunting in other contexts that have not been investigated in Ethiopia. To date, there have been no studies in Ethiopia that have looked at the relationship between women's gender attitude, mother's age of marriage and the number of pregnancies with stunting. This gap in knowledge precludes having a comprehensive assessment of all risk factors that are linked to stunting in children. This lack of complete knowledge can prevent nutritional intervention programs from effectively addressing the burden of stunting in Ethiopia.

#### C. Objective:

The objective of this study is to investigate eight factors – environmental enteropathy, mother's age of marriage, child dietary diversity, mother's literacy, mother's gender attitude, household food security, home garden availability and number of pregnancies – and their association with stunting in children under 2 years of age in Ethiopia. This research attempts to fill the gap in knowledge, identified through the literature review, which can limit the effectiveness of interventions designed to address stunting in children in Ethiopia.

## Chapter II: Literature Review

The literature review will contextualize the aims and objectives of this research. The review will first discuss what child stunting is, highlighting its prevalence and distribution around the world. Second, the review will highlight the consequences of stunting, looking at both the short term and long term costs that individuals pay in their lifetimes due to its burden. Third, the review will look at the prevalence of stunting in Ethiopia. Fourth, the review will explore the factors that are associated with stunting in children within the Ethiopian context.

### A. Global Stunting Prevalence:

Child under-nutrition is one of the most critical global health challenges currently being faced globally <sup>1</sup>. Under-nutrition in children includes stunting (low height-for-age z-scores), wasting (low weight-for-height z-scores), underweight (low weight-for-age z-scores), and micronutrient deficiencies <sup>12</sup>. Stunting, the focal point of this study, is a linear growth failure <sup>12</sup>. It is defined as having a height-for-age z-score (HAZ) that is more than two standard deviations below the age-sex median for a well-nourished population <sup>13</sup>. Stunting has been identified by the World Health Organization as a major public health priority, with ambitious targets to reduce its prevalence by 40% by 2025 <sup>14</sup>.

Globally, it was estimated that in 2014, 159 million children under-five years are stunted, the majority of whom live in developing countries <sup>1</sup>. About half of all stunted children live in Asia and over one third live in Africa <sup>1</sup>. Stunting is more predominant than underweight (90 million) or wasting (50 million) in developing countries <sup>1</sup>. Based on the most recent data, the global trend in stunting prevalence and numbers affected has declined significantly, decreasing from 39.7% in 1990 to 23.8 in 2014 <sup>1</sup>. Such a declining trend is expected to continue globally,

reaching a stunting prevalence of 21.8% in 2020<sup>13</sup>. Nevertheless, this is not the case for Africa. Between 1990 and 2010, the prevalence of childhood stunting stagnated at roughly 40%, and not much change is anticipated by 2020<sup>13</sup>. Because of the population growth that has been witnessed in these two decades, the number of stunted children has in fact increased (45 million in 1990 to 60 million in 2010)<sup>13</sup>.

#### B. Consequences of Stunting:

The negative consequences of stunting can begin early in life, and remain as a burden throughout an individual's lifetime. Research has shown that stunting is associated with increased morbidity and mortality, decreased developmental and educational capacity and decreased economic capacity<sup>15</sup>. The health consequences of stunting begin in utero and continue through life, most times passing from one generation to the next<sup>16</sup>. It is essential to first realize the cyclical nature of stunting before delving into the various consequences it poses to an individual. Mothers who were stunted during early childhood are more likely to have children who are also stunted, creating an intergenerational cycle of health, educational and economic challenges that are difficult to halt<sup>15</sup>.

#### *Stunting and Health:*

A woman who is stunted presents risks to the survival and health of her children. One of the ways by which a mother's stunting status affects her child is through low birth weight of her offspring<sup>17</sup>. Low birth weight increases the risk of abnormal brain development and delayed motor skills<sup>17</sup>. Furthermore, a mother who is stunted is more likely to experience restricted uterine blood flow and growth of the uterus, placenta, and fetus i.e. intrauterine growth restriction (IGR). If a child with such growth restriction is born alive he/she is at a higher risk for serious medical complications, suffering from delayed neurological and intellectual development

<sup>18</sup>. Maternal stunting can also result in perinatal mortality (stillbirths and death during the first 7 days after birth) mainly through obstructed labor due to the narrow pelvis in short women <sup>17</sup>. Birth asphyxia, a condition where the child is deprived of oxygen during delivery, is the main cause of perinatal mortality from obstructed labor <sup>17</sup>. It has been shown that mothers who are shorter than 145 centimeters are more likely to have children with birth asphyxia <sup>19</sup>.

Another consequence of child stunting is the increased morbidity and mortality from infections, in particular pneumonia and diarrhea <sup>17, 20</sup>. A study showed that children who were stunted had an elevated risk of respiratory infections (Hazard Ratio (HR) 1.55, 95% CI 1.02 – 2.37) and diarrhea (HR 1.67, 95% CI 1.20 – 2.30) compared with children who were not stunted <sup>20</sup>. Also, children who were severely stunted were three times more likely to die from other infections than children who were not severely stunted (HR 3.01, 95% CI 1.55 – 5.82) <sup>20</sup>. This suggests that there is a widespread immunity flaw in children who are stunted.

Mothers who are stunted can themselves be negatively affected, mostly during the time of delivery. Research has shown that short mothers are less likely to have a successful spontaneous vaginal delivery <sup>17</sup>. Because most women in regions of the world where stunting is prevalent give birth at home, the likelihood of mortality during labor increases <sup>17</sup>.

#### *Stunting and Education:*

Child stunting has been linked to an individual's cognitive development and educational achievement <sup>18, 21</sup>. Insufficient nutritional intake during the period of time where brain development is rapid, usually between the ages of 6 months and 2 years, has been shown to cause structural and functional damage to the brain <sup>18</sup>. Such functional damage to the brain contributes to delays in cognitive functional development <sup>18</sup>. It has been noted that under-

nutrition might especially negatively affect the prefrontal cortex of the brain, a part of the brain involved in learning, memory and decision making <sup>21</sup>. Different researchers have corroborated this finding. For example, Martorell et al. found that stunting was associated with a reduction in schooling of 0.9 years <sup>15</sup>. Stunting at 2 years of age was also found to be a significant predictor of grade failure; stunting in these children increased the odds of grade failure by 16% <sup>15</sup>. Another study that looked at developmental potential in the first 5 years for children in developing countries found that experiencing stunting between the ages of 12 and 36 months is associated with poor scores for cognition and a lower achievement of schooling <sup>22</sup>. It has also been demonstrated that gain in height early in life was associated with a higher gain in reading comprehension and intelligence scores at 26-42 years of age <sup>23</sup>.

*Stunting and Economic Status:*

Stunting has been shown to negatively affect the economic status of individuals mainly through their short stature as adults, which has been shown to affect their income <sup>24, 25</sup>. Growth failure, as a result of insufficient nutritional intake in the first 2 years of life, negatively affects stature in adulthood <sup>24</sup>. The degree to which such a loss of growth affects stature in adulthood can be large. For instance, a study found that an improvement of nutritional intake during preschool years is associated with an increased height as a young adult <sup>26</sup>. A negative effect on stature can have significant consequences on the economic status of an individual. A cross sectional study in Brazil, found that a 1 percent increase in height was associated with a 2.4 percent increase in wages <sup>25</sup>. The strongest indication of the association between stunting and economic status came from a randomized trial conducted in Guatemala, which looked at the long-term outcomes of a nutritional supplementation intervention <sup>23</sup>. For the study, the intervention group received a high-protein and high-energy supplement while the control group

received a non-protein low-energy supplement <sup>23</sup>. The results of the study showed that men 26-46 years who received the high-protein, high-energy supplements during their first 2 years of life, and who were taller as a result, had a 46 percent higher income than men who received the low-protein, low-energy supplements <sup>23</sup>.

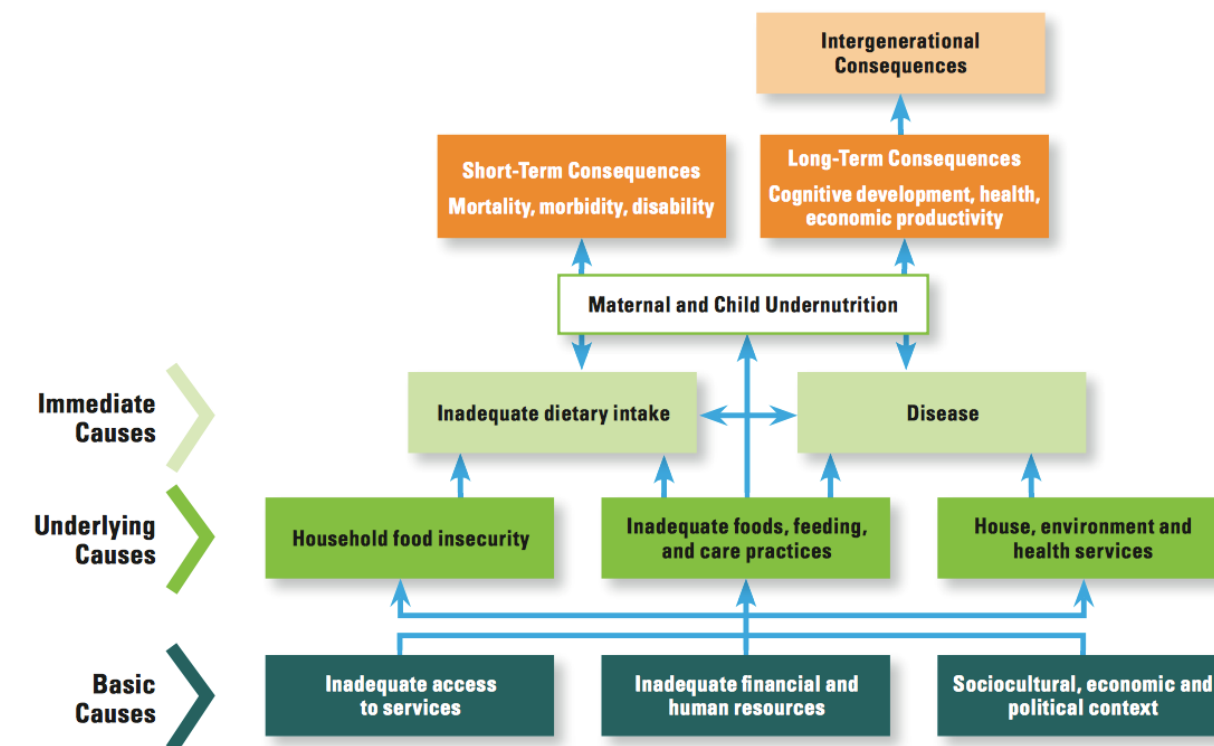
### C. Prevalence of Stunting in Ethiopia:

In Ethiopia, 28% of child deaths are associated with under-nutrition <sup>3</sup>. Stunting is the most prevalent form of under-nutrition in Ethiopia affecting 44% of children under the age of five years, followed by underweight (29%), and wasting (10%) <sup>4</sup>. In 2009, 67% of the adult population in Ethiopia suffered from stunting as children <sup>27</sup>. Ethiopia ranks 7<sup>th</sup> highest among 136 countries in stunting, making it one of the gravest conditions that affects the health and wellbeing of children in the population <sup>27</sup>. In the Amhara region, stunting levels are above the national average, standing at 52% in 2011 <sup>4</sup>.

#### D. Factors Associated with Stunting in Ethiopia:

One way to decrease the prevalence of stunting and its negative consequences is to address the factors associated with them. UNICEF provides a conceptual framework that shows the multifaceted nature of the causes of under-nutrition, a manifestation of which is stunting<sup>28</sup>. The causes of under-nutrition have been categorized as being immediate, underlying and basic (Figure 1). Inadequate dietary intake and presence of diseases are cited as the immediate causes of stunting. Underlying causes include household food insecurity; inadequate foods, feeding and care practices; and household, environment and health services. Basic causes are inadequate access to services, inadequate financial and human resources and sociocultural, economic and political context.

**Figure 1: UNICEF Conceptual Framework of Malnutrition (adapted)**



Source: UNICEF, 2013<sup>28</sup>



Various studies have been conducted to understand the factors contributing to the high prevalence of stunting within the Ethiopian context. Much of the research conducted in Ethiopia show a strong link between stunting and the various immediate, underlying and basic factors described in the UNICEF conceptual framework. Dietary diversity, infant and young child feeding practices (IYCF), water, sanitation and hygiene and parental education have been identified as determinants of stunting status in Ethiopian children <sup>6-11, 29</sup>.

Stunting has been shown to be strongly associated with the diversity of Ethiopian children's diets. Dietary diversity generally refers to nutrient adequacy (coverage of basic needs in terms of macro and micro nutrients) and to diet variety <sup>30</sup>. The measurement of dietary diversity is based on 7 food groups included in the WHO recommended set of indicators to measure infant and young child feeding practices <sup>31</sup>. A child is considered to have received the minimum required dietary diversity if he/she receives 4 of the 7 food groups <sup>31</sup>. Various studies in Ethiopia have demonstrated that the country has a low level of dietary diversity, with a strong correlation with stunting. Motbainor et al., using a community based comparative cross-sectional study (N = 4110) in the Amhara region of Ethiopia, found in an area with high levels of stunting (38.3%) in children under five years of age, there was a strong association with food diversity <sup>11</sup>. The results showed that a 1-unit increase in food diversity, as defined by FAO, predicted, on average, a 0.039 (95% CI: 0.007 – 0.070) increase in child height-for-age z-score <sup>11</sup>. This finding was corroborated by Fekadu et al. who found similar results in a study conducted in a region with 22.9% stunting <sup>29</sup>. In this study, one of the independent predictors of reduced odds for stunting was a dietary diversity score greater than or equal to 4 (Adjusted Odds Ratio (AOR) 0.45, 95% CI 0.21 - 0.95).

Research has shown that the time at which complementary feeding is introduced is associated with stunting in Ethiopian children. Fekadu et al., using a cross-sectional study design, found that children whose complementary feeding initiation began at ‘the appropriate age’ (6 months) were less likely to be stunted than those whose initiation of complementary feeding began before or after the appropriate age (AOR 0.25, 95% CI 0.09 – 0.66)<sup>29</sup>. A study by Teshome et al., using a cross-sectional study design (N = 622) corroborated this result and found the age at which introduction of complementary feeding took place was one of the main contributing factors to under-five stunting<sup>9</sup>. In this study, there was a significantly higher percentage of stunting observed among children who started complementary food after 12 months of age (54.2%) as compared to children who started complementary food at 4-6 months (33%)<sup>9</sup>. Tessema et al., using a cross-sectional study (N = 575) also found similar results; children who started complementary food before *and* after the recommended 6 months’ time, were more likely to be stunted (AOR 3.2, 95% CI 1.6 - 6.6; AOR 2.3, 95% CI 1.3, 4.05, respectively)<sup>8</sup>.

Beyond age of initiating complementary feeding, methods of feeding were also important factors that contributed to stunting status. Teshome et al., who looked at children under 5 years of age, showed that there was significantly more stunting among children who were bottle fed (49.8%) than those who were spoon or handfed (31.1% and 39.0% respectively)<sup>9</sup>. The type of food given during complementary feeding was also linked to stunting. Researchers showed that 51% of children whose ‘first food given at time of weaning’ was cereal gruel were stunted, whereas only 34.1% and 34.6% of children who received milk and mashed potato as the first food given at time of weaning, respectively, were stunted<sup>9</sup>.

In the same study, frequency of complementary feeding per day and duration of breast feeding were also associated with stunting in children under 5 years in Ethiopia. Among children who received complementary feeding less than 3 times, 3 times and greater than 3 times per day, the stunting prevalence was 49.5%, 44.3% and 33%, respectively. Among children who were breastfed less than 12 months, 12-24 months and greater than 24 months, the stunting prevalence was 28%, 48% and 42%, respectively<sup>9</sup>. The association between colostrum feeding and stunting was also significant for children under age five years<sup>9</sup>. More children deprived of colostrum (52.0%) were stunted than children who received colostrum (32.2%)<sup>9</sup>. Similarly, a significantly higher percentage of children who had ever received pre-lacteal feeding (43.3%) were stunted as compared to children who were had never received pre-lacteal feeding (32.1%)<sup>9</sup>. The findings were corroborated by Utema et al. who found that the frequency, quantity and type of supplementary feeding were associated with stunting<sup>10</sup>. Utema et al., using a cross sectional study design, found that children who were reported to consume relatively large quantities of food (> 600 ml/d) had higher length-for-age z-score (LAZ) than those consuming less food (< 600 ml/d) (difference in LAZ, 0.39). Furthermore, children who were fed more than 3 times per day had a higher length-for-age z-score than those who consumed less than 3 times per day (difference in LAZ, 0.17) and children who consumed cereals and legumes without cow's milk had a lower length-for-age z-score than those who consumed cereals, legumes and milk (difference in LAZ, 0.40)<sup>10</sup>.

Water, sanitation and hygiene (WASH) is highly associated with stunting outcomes in children. A study that reviewed evidence linking WASH and child growth globally, showed that children who live in households with inadequate sanitation, poor water quality and unhygienic environments have a higher risk of fecal matter absorption, which affects their bodies' ability to

absorb nutrients by damaging gut function<sup>32</sup>. One way through which WASH affects child stunting is through infections, mostly due to an elevated incidence of diarrhea in children<sup>20,32</sup>. In a cross-sectional study conducted in a rural setting in Ethiopia, Asfaw et al. (N = 798) found that incidence of diarrhea in the past two weeks was significantly associated with child stunting<sup>33</sup>. Children who had a diarrhea episode in the past two weeks were 2.5 times (95% CI: 1.2-5.3) more likely to be stunted than children without diarrheal disease. These findings were corroborated in the study by Teshome et al., which also found that one of the factors contributing to stunting for children under 5 years was diarrhea episodes<sup>9</sup>. In this study, children who had a diarrhea episode in the past two weeks were 2.29 times (P-value = 0.003) more likely to be stunted than children without diarrheal disease.

Access to clean water is another factor that contributes to the high prevalence of stunting in Ethiopia. Alemayew et al., using a community-based cross-sectional study, looked at the effects of unprotected water sources and their link to stunting<sup>6</sup>. Unprotected water was defined as a water source that was not protected from outside contamination, in particular from fecal matter. The study found that in households that used unprotected water sources, children were twice as likely to be stunted compared with those from households using protected water (AOR 2.13, 95% CI 1.09 - 4.14)<sup>6</sup>.

Poor sanitation has also been linked to stunting in Ethiopian children. Medhin et al., using a prospective study design (N = 1065) found that, with respect to stunting at twelve months of age, one of the risk factors was poor sanitation<sup>7</sup>. Stunting was 26.7% among children having a proper sanitation facility (toilet available) compared to 30.6% in children without access to a proper sanitation facility (open field) (P-value = 0.005)<sup>7</sup>.

Parents' education level has been shown to be associated with child stunting in Ethiopia. Alemayew et al. found that children with mothers who had attended high school were less likely to be stunted compared with children whose mothers were illiterate (AOR 0.75, 95% CI 1.10 – 12.85)<sup>6</sup>. Similar results were shown by Megabiaw and Rahman, who found that a child whose mother was not educated had almost a 5 times (OR 4.89, 95% CI 2.27, 10.53) higher risk of stunting compared to a child whose mother attended secondary or higher education<sup>34</sup>. These findings were supported by Agedew and Chane who found that children with mothers with no formal education were more than twice as likely to be stunted as children with mothers with formal education (AOR 2.76, 95% CI 1.63–4.69)<sup>35</sup>. These findings were supported by an analysis of the 2011 Ethiopia Demographic and Health Survey that showed that the percentage of children with mothers who had more than a secondary education who were stunted (19%) was much less than children whose mothers did not have any education (47%)<sup>4</sup>.

The research studies on stunting conducted in Ethiopia and reviewed in this literature review show a strong association between stunting and dietary diversity, infant and young child feeding practices (IYCF), water, sanitation and hygiene and parental education.

## Chapter III: Manuscript

**Title Page**

Factors associated with stunting among children ages 6 to 24 months in the Amhara Region of Ethiopia

Rihana Nesrudin<sup>1</sup>, Helena Pachón<sup>2</sup>, Syed Noor Tirmizi<sup>3</sup>

<sup>1</sup>Hubert Department of Global Health, Rollins School of Public Health, Emory University, 1518 Clifton Rd, Atlanta, GA, 30322, USA (email: [Rihana.nesrudin@emory.edu](mailto:Rihana.nesrudin@emory.edu))

<sup>2</sup>Hubert Department of Global Health, Rollins School of Public Health, Emory University, 1599 Clifton Rd, Atlanta, GA, 30322, USA (email: [Helena.pachon@emory.edu](mailto:Helena.pachon@emory.edu))

<sup>3</sup>CARE USA, 151 Ellis Street NE, Atlanta, GA 30303, USA (email: [noor.tirmizi@care.org](mailto:noor.tirmizi@care.org))

## Abstract

*Introduction/Background:* Stunting (linear growth failure) is one of the major public health challenges being faced globally, with a high prevalence among children under 2 years of age. In Ethiopia, stunting affects 44% of children. Even though stunting causes a significant burden on the nation, there is limited research that has attempted to investigate stunting and the various factors affecting it.

*Objective:* The objective of this study is to investigate eight factors – environmental enteropathy, mother's age of marriage, child dietary diversity, mother's literacy, mother's gender attitude, household food security, home garden availability and number of pregnancies – and their association with stunting in children under 2 years of age in the Amhara region of Ethiopia.

*Method:* Data analyzed in this study came from the baseline survey administered by CARE's Nutrition at the Center (N@C) program in 2014. A cross-sectional study design was utilized to collect data from 2127 mothers or caregivers with children ages 0 – 36 month in the Amhara region of Ethiopia. A sample size of 927 was used for the data analysis of this study. SPSS and OpenEpi were used for the statistical analyses. WHO Anthro was used to calculate the outcome variable: stunting.

*Results:* The study found that when adjusting for other explanatory variables, mothers who marry at 17 years of age or younger are more likely to have stunted children (OR 1.348, P – value 0.078), children who are provided with the minimum dietary diversity are less likely to be stunted than those who are not (OR 0.560, P – value 0.096), and households with a higher risk of environmental enteropathy are more likely to have stunted children than households with a lower risk (OR 1.107, P – value 0.087).

*Conclusion:* The study found the age at which mothers marry, children's dietary diversity and households' environmental enteropathy risk influence the stunting status of children in the Amhara region of Ethiopia. Programs implementing nutritional interventions should take heed of these results to increase their effectiveness and decrease the prevalence of stunting in Ethiopia.



## I. Introduction:

Stunting is one of the major public health challenges being faced globally. Globally, it is estimated 159 million children under 5 years of age had stunted growth in 2014<sup>1</sup>. The highest prevalence of stunted children is in low- and middle-income countries; over one third of children with stunting live in Africa<sup>1</sup>. Stunting poses various consequences to an individual's health and overall well-being, beginning early in life and throughout adolescence and adulthood<sup>17, 18, 23</sup>. Stunting affects the mental and physical health of both the mother and the child during birth and early childhood<sup>17, 18, 20</sup>. It also affects the educational and economic outcomes of individuals throughout their lifetimes<sup>23-25</sup>.

In Ethiopia, stunting affects 44% of children under the age of five years<sup>4</sup>. Sixty seven percent of the adult population has suffered from stunting as children<sup>27</sup>. The Amhara region of Ethiopia has the worse stunting prevalence in the country, standing at 52% in 2011<sup>4</sup>. Stunting is associated with a multifaceted range of factors, ranging from the individual to the environmental. Within the Ethiopian context, dietary diversity, infant and young child feeding practices (IYCF), water, sanitation and hygiene (WASH) and parental education have been identified as determinants of stunting status of children<sup>6-11</sup>.

The objective of this study is to investigate eight factors – environmental enteropathy, mother's age of marriage, child dietary diversity, mother's literacy, mother's gender attitude, household food security, home garden availability and number of pregnancies – and their association with stunting in children under 2 years of age in the Amhara region of Ethiopia. To date, the association between women's gender attitude, mother's age of marriage and the number of pregnancies and stunting has not been studied in Ethiopia. This research aims to fill the gap in

knowledge that exists in the current literature about stunting and factors associated with it in Ethiopia.

## II. Methods:

Nutrition at the Center (N@C) is CARE's multi-sector program that aims to reduce stunting in children under two years of age and improve the nutritional status of women ages 15-49 years through an integrated program of maternal and child nutrition and feeding, water, sanitation and hygiene (WASH), food security and gender equity<sup>5</sup>. N@C works through mother support groups and other community fora to promote appropriate behavioral changes that lead to improved practices. N@C is supported through CARE USA to implement programming in four countries: Bangladesh, Benin, Ethiopia, and Zambia <sup>5</sup>.

The data used for the analysis in this paper originate from N@C's baseline study that collected benchmark quantitative information on nutritional and other related factors of women and children in two districts in the Amhara region of Ethiopia. The study received ethical approval from the Amhara National Regional State Health Bureau (Appendix 1). Oral consent was received twice from each interviewee prior to data collection: one regarding the general survey and a second one prior to blood sample collection for hemoglobin assessment (Appendix 2). The description of the methods below follows the Strengthening the Reporting of Observational studies in Epidemiology statement <sup>36</sup>.

### A. Study Design and Survey Tool:

The N@C baseline study was conducted in 2014 and used a cross-sectional survey design. The study was quasi-experimental in design; assignment of participants to intervention and control groups was non-random. Surveys were administered to women of reproductive age (15-49 years) who were non-pregnant and had at least one child less than 3 years of age. Survey

questionnaires were based on the WHO recommended standard indicators for measuring infant and young child feeding <sup>37</sup> and CARE's data collection guide <sup>38</sup>.

The survey included interviewer-administered questions, on-site observation, anthropometric measures and hemoglobin level readings. The data include information on socio-demographic characteristics of the study population; feeding practices for young children; status of household food security; women's participation in household decision making; water, sanitation and hygiene; environmental enteropathy; and food production and consumption. Standardized WHO/UNICEF methods were used to measure weight and height <sup>37</sup>. Weight of the children and mothers was measured using electronic digital scales (Tanita HD318 Digital Lithium Scale, Tanita, Arlington Heights, IL, USA), with 100-gram precision. Child's length was measured by locally made wooden length boards. Mother's height was measured by locally made wooden height boards. Hemoglobin of mothers and children was assessed by the Hemocue photometer (Hemocue AB, Angleholm, Sweden). The WHO cut off value to define anemia (hemoglobin <11.9 g/dl) was used for both women and children <sup>37</sup>.

The survey questionnaire was originally designed in English and translated into Amharic by CARE Ethiopia. It was further refined through two rounds of field tests following enumerators' training. The Amharic language questionnaire was used to collect the data (Appendix 3). There were a total of 21 modules, organized into 10 categories (Appendix 2).

#### B. Study Location:

The N@C program was implemented in 2 woredas (districts): Ebinat and Simada. Data were collected in Ebinat, Simada and a control district (Tach Gaynt), which did not receive the program <sup>38</sup>. Tach Gaynt was used as a comparison district due to its demographic, cultural and

political similarity to the intervention districts <sup>4</sup>. All woredas are located in the Amhara region of Ethiopia

*Ebinat:*

The district of Ebinat covers approximately 2,498 km<sup>2</sup>. It is made up of 36 kebeles, 35 of which are rural <sup>4</sup>. The total population of the woreda is estimated at 243,221 (119,178 male and 124,043 female) <sup>4</sup>. Women of reproductive age (15-49 years) comprise 46% of the population and just under 4% of the population is under 2 years <sup>4</sup>. Crop production, livestock, and “petty trade” are the major sources of income. Cereals are the main staple foods <sup>4</sup>.

*Simada:*

The district of Simada covers approximately 2,281 square km<sup>2</sup>. It is made up of 40 kebele administrations, 39 of which are rural <sup>4</sup>. The total population of the woreda is 251,751 (125,367 male and 126,384 female) <sup>4</sup>. Population of women ages 15-49 years is 60,033 and children under 2 years is 8,260 <sup>4</sup>. The main sources of income are crop production, livestock and “petty trade.” Cereals and legumes are the staple food for this district <sup>4</sup>.

*Tach Gynt:*

The district of Tach Gynt covers approximately 825 km<sup>2</sup>. It is made of 16 kebeles, 15 of which are rural <sup>4</sup>. The total population of the woreda is 114,956. The population of women of reproductive age is 26,899 and the population of children under 2 years of age is 3,689 <sup>4</sup>. About 4% of the population are urban dwellers and the remaining majority reside in rural communities <sup>4</sup>. The main source of income for this population is agriculture production <sup>4</sup>. The major agricultural products are teff, wheat and fava beans <sup>4</sup>.

### C. Sampling Frame:

Eleven kebeles in each intervention district and ten kebeles in the control district with a total population of 223,483 provided the sampling frame. The sampling frame was constructed using kebele-level population data within the selected intervention and control districts. CARE-Ethiopia staff collected the kebele-level population data using government census data, supplemented by district and local office data sources <sup>38</sup>.

### D. Selection of Participants:

A sample size of 638 women in Simada and 638 in Abinat (the intervention woredas) and 851 in Tach Gynt (the control woreda) was drawn using probability proportion to size (PPS), which provided a total sample size of 2127 <sup>38</sup>. The eligibility criteria for selection were that a woman must have lived in the area for more than six months and her youngest child should have lived with her during the survey time. Furthermore, the women had to have been 15-49 years of age, non-pregnant, and with a child less than 3 years of age <sup>38</sup>.

To collect data from the households from the kebeles, a start point was identified at the center of the kebele and a first household was randomly selected <sup>38</sup>. Data collectors asked if there was a women present with a child 36 months or younger <sup>38</sup>. If an eligible women was identified a verbal consent was requested and the survey completed. After the completion of the survey and prior to blood sample collection for hemoglobin assessment, a second verbal consent was requested. When there were no eligible women in the household, data collectors proceeded to the next household <sup>38</sup>.

### E. Data Collection:

Data collection was conducted in February of 2014. A comprehensive field data manual was created by CARE, in consultation with Dadimos, a consulting firm, which provided logistic

support for data collection. Data collection teams were comprised of 1 supervisor, 10 enumerators and 1 blood sample collector<sup>38</sup>. There were a total of 3 teams per woreda.

#### F. Data Analysis:

SPSS, Statistics Version 20 (IBM, Chicago, IL, USA) and OpenEpi version 3.03a (Atlanta, GA, USA) were used for the statistical analyses. WHO Anthro version 3.2.2 (Geneva, Switzerland) was used to calculate the outcome variable: stunting.

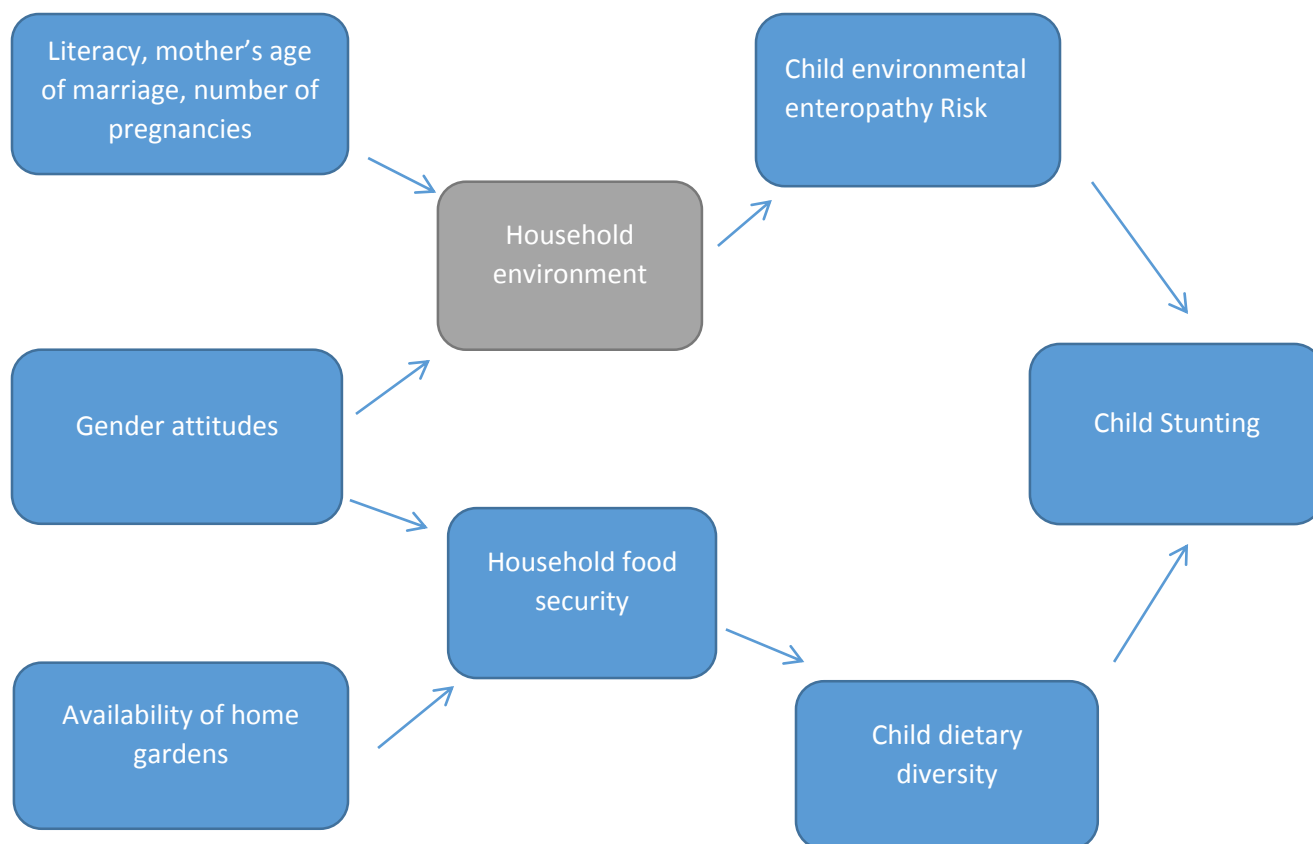
#### G. Statistical Model:

The study theorized that various factors at the individual, household and environment levels affected child stunting. At the individual level, it was theorized that child dietary diversity has an effect on the stunting status of a child. At the household level, it was theorized that maternal literacy, maternal age of marriage, maternal number of pregnancies, maternal gender attitude, home garden availability, and household food security affect a child's stunting status. At the environmental level, it was theorized that environmental enteropathy plays a role in the stunting status of a child.

The theoretical model of the study shown in Figure 2 guided the statistical analysis in this paper. It was based on UNICEF's conceptual framework of the determinants of child under-nutrition<sup>28</sup>. It was further developed through literature review and assessment of available measures in the database. A total of 8 explanatory and 1 outcome variables were used in the analysis.

The study used descriptive statistics and logistic regression to analyze the respective explanatory variables, and the effects of these on stunting of children 6-24 months of age. While data were collected on children up to 36 months of age (N = 1276), this study focused only on

those under 24 months (N = 972). Collinearity among explanatory variables was checked using variance inflation factor. The sample effect size was estimated using odds ratio (OR) and parameters were estimated using 95% confidence intervals of the OR. Chi-square test was run to compare explanatory variables between children who had stunting data and those who did not. For all the analyses, a P value < 0.1 was considered statistically significant.

**Figure 2: Theoretical Model of Study**

*Variables included in the model:* ■

*Intermediate variable (not included in the model):* ■

#### H. Variables and Measure:

The explanatory variables were maternal literacy, mother's marriage age, maternal number of pregnancies, home garden availability, household food security, child dietary diversity, environmental enteropathy risk, and maternal gender attitude and the outcome variable was stunting in children. Each of these variables and how it was measured is described below.

Table 1 shows the questions and responses that were used in the conceptualization of the variables used in this study.



**Table 1: Question and response items for explanatory and outcome variables analyzed in the study.**

<b>Variable</b>	<b>Question Item</b>	<b>Response</b>
Stunting	May I weigh and take the height of your child?	Weight __ __. __ kg Height __ __. __ cm
Mother's Literacy	Can you read this sentence to me? "I like to go to the market."	01 = Cannot read at all 02 = Able to read only parts of sentence 03 = Able to read whole sentence 04 = Not available in language (specify) _____ 05 = Blind/visually impaired
Mother's Marriage Age	How old were you at the time of your first marriage?	Write age in years  _ _
Maternal Number of Pregnancies	How many times have you been pregnant?	Write in response  _ _  98 = Don't know
Home Garden Availability	Do you have any plot (or plots) of land that you use to grow food for family or personal consumption?	01 = Yes 02 = No
Household Food Security	1. In the past 4 weeks was there ever no food to eat of any kind in your house because of lack of resources to get food?	01 = Yes 02 = No
	2. How often did this happen in the past 4 weeks?	01 = Rarely (1-2 times) 02 = Sometimes (3-10 times) 03 = Often (more than 10 times)
	3. In the past 4 weeks did you or any HH member go to sleep at night hungry because there was not enough food?	01 = Yes 02 = No

4. How often did this happen in the past 4 weeks?  
 01 = Rarely (1-2 times)  
 02 = Sometimes (3-10 times)  
 03 = Often (more than 10 times)
5. In the past 4 weeks did you or any HH member go a whole day without eating anything at all because there was not enough food?  
 01 = Yes  
 02 = No
6. How often did this happen in the past 4 weeks?  
 01 = Rarely (1-2 times)  
 02 = Sometimes (3-10 times)  
 03 = Often (more than 10 times)

---

Child Dietary  
Diversity

Did your child eat any of these foods yesterday (past 24 hours)?

- a = Cereals (grains), white tubers & roots  
 b = Vitamin A-rich fruits and vegetables  
 c = Other fruits and vegetables  
 d = Flesh foods  
 e = Eggs  
 f = Legumes, nuts and seeds  
 g = Dairy products

- 01 = Yes 02 = No 08 = Don't know  
 01 = Yes 02 = No 08 = Don't know  
 01 = Yes 02 = No 08 = Don't know  
 01 = Yes 02 = No 08 = Don't know  
 01 = Yes 02 = No 08 = Don't know  
 01 = Yes 02 = No 08 = Don't know

---

Environmental  
Enteropathy Risk

Hygiene

When do you usually wash your hands?

- a. After toilet use  
 b. Before feeding the child  
 c. After changing the baby

- 01 = Never, 02 = Always, 03 = Sometimes  
 01 = Never, 02 = Always, 03 = Sometimes  
 01 = Never, 02 = Always, 03 = Sometimes

Observation – Is the water present at the specific place for hand washing?

- 01 = Yes (Water is available)  
 02 = No (Water is not available)
-

Observation – Is the soap present at specific place for hand washing? Enumerator: record observation. Circle all that apply

- a = Bar soap
- b = Detergent (powder/liquid/paste)
- c = Liquid soap (including shampoo)
- d = None

#### Household Water Quality

What do you usually do to treat water to make it safer to drink?

- a = Boil water
- b = Add bleach/chlorine
- c = Strain it through a cloth
- d = Use water filter  
(Ceramic/sand/composite/etc.)
- e = Solar disinfection
- f = Let it stand and settle
- g = Use purifying tablets
- h = Other (specify)
- i = Don't know

#### Sanitation

What kind of toilet facility do members of your HH usually use?

- 01 = Flush/pour flush to piped sewer system
- 02 = Flush/pour flush to septic tank
- 03 = Flush/pour flush to pit latrine
- 04 = Flush/pour flush to elsewhere
- 05 = Flush/pour flush to unknown/not sure/  
don't know
- 06 = Ventilated improved pit latrine
- 07 = Pit latrine with slab
- 08 = Pit latrine without slab/open
- 09 = Composting toilet
- 10 = Bucket
- 11 = Hanging toilet/hanging latrine
- 12 = No facilities/bush/field
- 13 = Other

The last time (Child's name) passed stool, where did he/she defecate?

- 1 = Used potty
- 2 = Used washable diaper
- 3 = Used disposable diaper
- 4 = Went in his/her clothes
- 5 = Went in the house
- 6 = Went outside of house/yard
- 7 = Used latrine
- 8 = Don't know

---

Maternal Gender Attitude	Is [your husband] justified in hitting his wife, if she goes out without telling him?	01 = Yes 02 = No
	Is [your husband] justified in hitting his wife, if she neglects their children?	01 = Yes 02 = No
	Is [your husband] justified in hitting his wife, if she argues with him?	01 = Yes 02 = No
	Is [your husband] justified in hitting his wife, if she refuses to have sex with him?	01 = Yes 02 = No
	Is [your husband] in hitting his wife, if she did not cook the food properly?	01 = Yes 02 = No

---

Below are the descriptions of the nine variables that were investigated in this research and how they were conceptualized and coded.

*Stunting:*

Length-for-age (LAZ) z-score measures length relative to age. Low LAZ ( $< - 2$  SD) relative to a child of the same sex and age in the reference population is referred to as “stunting.” WHO Anthro version 3.2.2 (Geneva, Switzerland) software was used to assess stunting proportions<sup>12</sup>. Children who were stunted were coded as 1 and children without stunting were coded as 0.

*Mother’s Literacy:*

A mother was considered literate if she was able to read the whole sentence or parts of it (i.e., category 02 or 03 in Table 1). Literate mothers were coded as 1 and illiterate mothers were coded as 0.

*Mother’s Marriage Age:*

The age of 18 years was used as the cutoff to categorize whether or not a woman was considered too young for marriage. This was based on international conventions that have established 18 years as the legal age of consent to marriage<sup>39</sup>. Age of marriage was coded as a binary variable; 1 if a woman married at an age younger than 18 and 0 if she was 18 years of age or older.

*Number of Pregnancies:*

Number of pregnancies was categorized into three separate groups: 1-2 pregnancies, 3-4 pregnancies, and 5 or more pregnancies. The variable was coded as 0 if a woman had 1-2 pregnancies, 1 if she had 3-4 pregnancies, and 2 if she had 5 or more pregnancies.

*Home Garden Availability:*

Home garden availability was scored as 'yes' (coded as 1) if a family had a home garden that was currently being utilized to grow food for personal consumption and as 'no' (coded as 0) if they did not.

*Food Security:*

Food security was defined as the availability of enough food for a household in the past 4 week<sup>40</sup>. If a household answered yes to any food-available questions (questions 1, 3 and 5 in Table 1), it was considered 'food insecure' and coded as 1. If a household answered no to all food-available questions (questions 1, 3 and 5 in Table 1) it was coded as 0 and considered 'food secure.'

*Child Dietary Diversity:*

A summation index of dietary diversity was created to form a dichotomous variable for minimum acceptable diet<sup>30</sup>. If in the 'last 24 hours' a child had consumed foods from 4 or more of the 7 food groups, then the minimum dietary diversity was considered as having been achieved and the child was coded as 1. If the child consumed fewer than 4 of the 7 food groups, she was coded as 0.

*Environmental Enteropathy Risk:*

A risk index of environmental enteropathy was created to form the variable ‘environmental enteropathy risk’<sup>41</sup>. To create the risk index, the six question items for hygiene, water quality, and sanitation were dichotomized (Table 1). To assess household hygiene, three variables were created: (1) hand washing at 3 critical times (after defecation, before feeding a child, and before preparing food), (2) presence of soap for hand washing and (3) presence of water at specific place for hand washing. For each of the variables, it was coded as 0 if hand washing took place at 3 critical times, soap was present and water was present, and coded as 1 if there was no hand washing at any of the 3 critical times, no soap was present and no water was present. Water quality was coded as 0 if more than one method to treat water for safe drinking was employed by the household and coded as 1 if the household did not follow any method to treat water for safe drinking (options a-g, Table 1). Two variables were created to assess household sanitation: (1) improved toilet facilities and (2) practice of open defecation. For each of these variables, it was coded as 0 if a household was identified to have improved toilet facilities (options 1-11, Table 1) and no open defecation (options 1-6, Table 1), and coded as 1 if it had no improved toilet facilities and if it had open defecation. Hygiene, water quality and sanitation describe the immediate household environment to which a child is continuously exposed, thus their lack was considered as a risk for environmental enteropathy. Therefore, based on the 6 variables identified, a summative index for environmental enteropathy risk was created. The risk was categorized from 0 (lowest risk) to 6 (highest risk).

#### *Gender Attitude:*

Gender attitude was conceptualized as ‘accepts hitting’ versus ‘does not accept hitting.’ If a woman answered yes (01) to any of the five questions in Table 1, she was categorized as

acceptance of hitting from her partner and coded as 1. If a woman answered no to all five questions, she was categorized under 'does not accept hitting' and coded as 0.

### III. Results:

#### *Description of sample*

The total study sample used for this analysis was 927 mothers with children less than 24 months old. The results depicted in Table 2 show that the majority of women in the study were illiterate (64.7%) and married before the legal age of 18 years (72.8%). Number of pregnancies was evenly divided among those with 1-2 children (37.0 %), 3-4 children (33.4 %) and more than 5 children (29.3%).

In regards to food consumption, while 89.3% of households were categorized as food-secure, the majority of children lacked the minimum dietary diversity (95.1%). The majority of households did not have home garden availability (72.0%). Gender attitude towards hitting shows a high percentage of women accepting hitting (65.6%) for the variety of reasons addressed in the questionnaire. The majority of the population is at a higher risk for environmental enteropathy. More than 55% of the population is at highest risk of environmental enteropathy (i.e. risk score  $\geq 5$ ).



**Table 2: Study sample characteristics of women and children in Amhara region, 2014 (N = 927).**

<b>Variables</b>	<b>Total (N = 927)</b>	<b>%</b>
<b>Child stunting</b>		
Stunted	452	48.8
Not stunted	418	45.1
Missing data	57	6.1
<b>Mother's literacy</b>		
Illiterate	600	64.7
Literate	327	35.3
<b>Mother's marriage age</b>		
18 years or older	214	23.1
11-17 years	675	72.8
Missing data	38	4.1
<b>Number of pregnancies</b>		
1-2	343	37.0
3-4	310	33.4
5 or more	272	29.3
Missing data	2	0.3
<b>Home garden availability</b>		
No	667	72.0
Yes	260	28.0
<b>Household food security</b>		
Food secure	828	89.3
Food insecure	99	10.7
<b>Child dietary diversity</b>		
Lacked minimum dietary diversity	882	95.1
Have minimum dietary diversity	45	4.9
<b>Environmental enteropathy risk</b>		
0 (lowest Risk)	1	0.1
1	8	0.9
2	57	6.1
3	127	13.7
4	218	23.5
5	291	31.4
6 (highest Risk)	225	24.3
<b>Maternal gender attitude</b>		
Do not accept hitting	319	34.4
Accepts hitting	608	65.6

*Children with and without stunting data*

Among the 927 children in the study, 57 did not have height data and stunting could not be determined. Table 3 shows that the participants who had missing stunting data were not significantly different from those participants who had stunting data. For the variables that have missing data in both the explanatory and outcome variables, a Chi-square test could not be performed.

**Table 3: Chi square test comparing participants with stunting data and without it (N = 927).**

<b>Variables</b>	<b>No Data</b>	<b>Data</b>	<b>Total</b>	<b>Chi-Square</b>	<b>P-Value (2-tail)</b>
<b>Stunting</b>	57	870	927		
<b>Mother's literacy</b>					
Illiterate	40	560	600	0.79	0.374
Literate	17	310	327		
<b>Home garden availability</b>					
No	42	645	687	0.04	0.842
Yes	15	245	260		
<b>Household food security</b>					
Food secure	49	779	828	0.72	0.397
Food Insecure	8	91	99		
<b>Child dietary diversity</b>					
Lacked Minimum Dietary Diversity	54	828	882	0.02	0.882
Have minimum dietary diversity	3	42	45		
<b>Maternal gender attitude</b>					
Do not accept hitting	19	300	319	0.03	0.860
Accepts hitting	38	570	608		

*Characteristics of women and children by stunting status*

Significantly more stunted children lacked minimum dietary diversity when compared to children who were not stunted (96.9% vs. 93.3%, P-value 0.013). Significantly more stunted children had mothers who married before the age of 18 when compared to children who were not stunted (79% vs 72.7% < P-value 0.032). Mother's literacy, number of pregnancies, home garden availability, household food security, environmental enteropathy risk and maternal gender attitude were not significantly different by children's stunting status (Table 4).

**Table 4: Study sample characteristics of women and children in the Amhara region, 2014, by stunting status (N = 927).**

<b>Variables</b>	<b>Stunted (N=452, 48.8%)</b>	<b>Not Stunted (N=418, 45.1%)</b>	<b>Chi Square (P-Value)</b>
<b>Mother's literacy</b>			
Illiterate	299 (66.2)	261 (62.4)	1.30 (0.254)
Literate	153 (33.9)	157 (37.6)	
<b>Mother's marriage age</b>			
18 years or older	92 (21.0)	109 (27.3)	4.56 (0.032)
11-17 years	346 (79.0)	290 (72.7)	
<b>Number of pregnancies</b>			
1-2	186 (41.2)	174 (41.6)	0.02 (.990)
3-4	162 (35.9)	150 (35.9)	
5 or more	103 (22.8)	94 (22.5)	
<b>Home garden availability</b>			
No	326 (72.1)	299 (71.5)	0.04 (0.846)
Yes	126 (27.9)	119 (28.5)	
<b>Household food security</b>			
Food secure	401 (88.7)	378 (90.4)	0.68 (0.409)
Food insecure	51 (11.3)	40 (9.6)	
<b>Child dietary diversity</b>			
Lacked minimum dietary diversity	438 (96.9)	390 (93.3)	6.13 (0.013)
Had minimum dietary diversity	14 (3.1)	28 (6.7)	
<b>Environmental enteropathy risk</b>			
0 (lowest Risk)	1 (0.2)	0 (0.0)	5.94 (0.430)
1	3 (0.7)	3 (0.7)	
2	23 (5.1)	31 (7.4)	
3	55 (12.2)	62 (14.8)	
4	103 (22.8)	101 (24.2)	
5	148 (32.7)	128 (30.6)	
6 (highest Risk)	119 (26.3)	93 (22.3)	
<b>Maternal gender attitude</b>			
Do not accept hitting	161 (35.6)	139 (33.3)	0.54 (0.463)
Accept hitting	291 (64.4)	279 (66.8)	

*Association between explanatory variables and stunting*

The results of the multi-variate regression analysis, as shown in Table 5, suggest that mothers who marry at 17 years of age or younger are more likely to have stunted children (OR 1.348, P – value 0.078). Children who are provided with the minimum dietary diversity are less likely to be stunted than those that do not have the minimum dietary diversity met (OR 0.560, P – value 0.096).

Additionally, households with a higher risk of environmental enteropathy, as measured by sanitation, hygiene and water quality, are more likely to have stunted children than households with a lower risk (OR 1.107, P – value 0.087). There was no significant association between household food security and stunting in children, nevertheless the direction of the odds ratio (OR 1.157) is positive, suggesting households' food security may be a contributing factor to a child's stunting status. There was no significant association between maternal literacy, maternal number of pregnancies, women's gender attitude and households' availability of home gardens and stunting.

**Table 5: Multi-variate logistic regression: Factors associated with stunting on selected variables, Amhara district, 2014 (N = 927).**

Variable	OR	95% CI		P-Value
		Lower	Upper	
Mother's literacy				
Illiterate (Ref)	1.00			
Literate	0.90	0.66	0.12	0.500
Age of marriage				
18 years or older (Ref)	1.00			
11 – 17 years	1.35	0.97	1.88	0.078*
Number of pregnancies				
1 – 2 (Ref)	1.00			
3 – 4	0.80	0.57	1.13	0.276
5 or more	0.82	0.57	1.17	0.900
Home garden availability				
No (Ref)	1.00			
Yes	0.10	0.72	1.33	0.883
Household food security				
Food secure (Ref)	1.00			
Food insecure	1.16	0.73	1.84	0.538
Child dietary diversity				
Lacked MDD (Ref)	1.00			
Have MDD	0.56	0.29	1.11	0.096*
Environmental enteropathy risk	1.11	0.99	1.24	0.087*
Gender attitude				
Accepts hitting (Ref)	1.00			
Does not accept hitting	0.94	0.70	1.26	0.690

\*P-value < 0.1

OR=Odds Ratio, MDD= Minimum Dietary Diversity

(Ref): Reference category

#### IV. Discussion:

This paper contributes to the body of research on stunting and its associated factors in Ethiopia. Existing literature identified the link between stunting and dietary diversity, infant and young child feeding practices (IYCF), water, sanitation and hygiene and parental education. This paper widens the scope of existing research by assessing factors that have not been studied within the Ethiopian context before, specifically the association of women's gender attitude, mother's age of marriage and the number of pregnancies with stunting. This study showed that 48.4% of children in the Amhara region of Ethiopia, 6 - 24 months of age, were stunted. Among eight explanatory variables concurrently explored, children whose mothers married at 17 years of age or younger, who lacked the minimum dietary diversity and who resided in a household with high risk of environmental enteropathy were more likely to be stunted than children without these characteristics.

This study has found a significant association between the age at which a mother marries and the stunting status of a child. A mother who married at 17 years of age or younger, was more likely to have a child who was stunted than a mother who married at 18 years or older. There are no studies that have looked at the relationship between a mother's age of marriage and stunting in Ethiopia. Nevertheless, there are two studies in Ethiopia that have examined the effect of mothers' age during the birth of a child on stunting status. While a direct relationship between the age of a mother and stunting was not examined, an indirect one was identified. Mothers who have their first child at an older age tend to feed their children a diverse diet than those who give birth at a younger age, thus affecting the stunting status of children. Tessema et al., using a cross sectional study design found that mothers who were 18 years or older during the birth of their child were 86% less likely to feed their child below the minimum required dietary diversity,

which significantly contributed to stunting<sup>8</sup>. Furthermore Alemayew et al. found, mothers whose age at first child birth was older than 18 years were 55% less likely to practice pre-lacteal feeding than those less than 18 years, which has also been shown to affect stunting<sup>6</sup>.

A mother's age of marriage and its significant association to stunting, which this study has identified, is vital to understand within the Amhara region of Ethiopia. The study area has a tradition of early marriage, where women as young as 11 years are given away by their families as young brides<sup>42</sup>. Early marriage, which usually translates to lack of education opportunities, has far reaching consequences including the nutritional status of children<sup>42</sup>.

This study also found a significant association between child dietary diversity and stunting; children who were provided with a diverse diet were less likely to be stunted than children fed a less diverse diet. Provision of proper nutrition is key to prevent child stunting. Within the Ethiopia context Moges et al. and Motbainor et al, found that dietary diversity was significantly associated with stunting<sup>11,43</sup>. Various studies, both within and outside of Ethiopia, have found that children whose diet does not meet the WHO recommended minimum dietary diversity, are more likely to be stunted<sup>11,29,43-46</sup>. The lack of dietary diversity in this geographic area of Ethiopia can be attributed to many factors. Children are fed a diet limited to few staples such as Injera and Wot<sup>11</sup>. Also, it is common for families to limit luxury foods such as meat products to special occasions, and when available to give priority to the father and not to children<sup>47</sup>. But, even when there is knowledge and willingness to provide a diverse diet, financial constraints might limit families from providing it<sup>11</sup>.

This study also found a significant association between environmental enteropathy risk, usually a result of inadequate water, sanitation and hygiene, and stunting in children; households



with a higher environmental enteropathy risk were more likely to have stunted children. This finding is similar to that of Alemayew et al., who looked at stunting in Ethiopian children and found that children living in households that used unprotected sources of water were twice as likely to be stunted compared with those from households that had access to protected water <sup>6</sup>. Medhin et al., through a study conducted in Ethiopia, also found that access to a proper sanitation facility was one of the significant predictors of stunting <sup>7</sup>. A randomized controlled trial conducted in Sudan, in an area similar to the Amhara region, found that children living in households with poor sanitation and water failed to achieve normal growth compared to those living in households with good sanitation <sup>48</sup>.

This study did not find mother's literacy, gender attitude, number of pregnancies, household availability of home gardens, and food security to be associated with stunting. While a significant association was not identified in this study, other studies have identified a relationship between these factors and stunting globally. Mother's literacy was found to be associated with stunting by Alemayew et al. and Megabias et al. <sup>6 34</sup> Gender attitude, while not yet explored within the Ethiopia context, has been investigated in other settings and a significant relationship with stunting has been observed <sup>49</sup>. Specifically, this highlights the importance of women's empowerment as it relates to nutritional status of children <sup>49</sup>. Shroff et al., using cross-sectional demographic and anthropometric information for mothers and their oldest child who is younger than 36 months (N = 821), explored the association of women's autonomy – decision making, permission to travel, attitude towards domestic violence and financial autonomy – and the risk of having a stunted child. The study found that women with higher autonomy were significantly less likely to have a stunted child (OR 0.73, 95% C.I 0.55 – 0.98) <sup>49</sup>. The effects of a woman's number of pregnancies, while not explored directly in Ethiopia, have been somewhat linked to

stunting. Tessema's et al.'s findings indicate the potential negative effect of having an increasing number of children with stunting<sup>8</sup>. Tessema et al., using a cross sectional study design, found that birth order was a significant predictor of exclusive breastfeeding, which has been linked to stunting. A first child was 5.5 times more likely to receive exclusive breast feeding than a child whose birth order was fourth and above. The most likely reason for such a difference is that as women have more children, they have less time and resources to provide adequate child care and nutrition. Availability of home gardens, while not significant in this study, has been shown to affect dietary diversity, thus affecting the stunting status of children<sup>8</sup>. Household food insecurity is also linked to stunting<sup>50</sup>. Ali et al., using a cross-sectional study design, looked at children ages 6 – 59 months in Ethiopia (N = 2356) and found that the odds of being stunted was significantly higher for children in severely food-insecure households in Ethiopia compared to households that were not facing severe food insecurity (OR, 1.48, 95% CI, 1.05 – 1.76).

#### A. Limitations and Strengths:

The study had several limitations. Because the study was cross-sectional it was not possible to determine the cause and effect among factors. A mother's or caregiver's recall was used to collect data, therefore there is potential recall bias among respondents answering questions relating to events in the past.

This study contributes to the existing body of literature on factors affecting child stunting in Ethiopia. The use of probability proportion to size (PPS) selection method granted a representative sample of the area studied. The use of on-site observations, WHO standard anthropometric measures and hemoglobin level readings also strengthens the validity of the data collected. By being the only study conducted in Ethiopia that has analyzed availability of maternal age of marriage, mother's number of pregnancies and women's gender attitudes and

their association with stunting, this study makes a unique contribution to the existing body of literature.

#### B. Conclusion:

While there are various individual, household and environmental factors that are associated with stunting globally, limited research has been conducted in Ethiopia. This study identified significant associations between the mother's age of marriage, child dietary diversity and household environmental enteropathy risk and child stunting. Additionally, this is the only study conducted in Ethiopia that has explored the association between maternal age of marriage, mother's number of pregnancies and women's gender attitude and stunting. Thus the findings of this research contribute towards widening the scope of the evidence base available for nutritional intervention programs in the future.

## Chapter IV: Expanded Conclusions and Recommendations

Globally, under-nutrition is estimated to cause nearly 31 million child death annually <sup>2</sup>. Stunting, one of the ways under-nutrition manifests itself, affects 23.8% of children worldwide the majority of whom are in developing countries <sup>1</sup>. Stunting affects 44% of children in Ethiopia making it a major challenge that needs to be overcome, if the nation hopes to positively impact the health of the population <sup>4</sup>. Organizations such as CARE Ethiopia are active in designing and implementing various interventions in an attempt to decrease the prevalence of stunting in children.

Stunting presents an intergenerational burden that affects the physical and cognitive development of children under 5 years of age <sup>18</sup>. There are various factors that have been associated with stunting in children in Ethiopia. Dietary diversity, water, sanitation and hygiene, complementary feeding, and parental education have been identified as factors that affects stunting within the Ethiopian context <sup>6-11, 29, 34, 35, 43</sup>. This study has found significant associations between the mother's age of marriage, child dietary diversity and household environmental enteropathy risk and stunting.

Moving forward, these results in conjunction with previous findings highlighted in the literature review, can be used to design and promote stronger and more effective interventions to reduce the prevalence of stunting in Ethiopia. Interventions that are focused on food access and nutritional supplements, while currently widespread in Ethiopia and effective, are not sufficient <sup>51</sup>. Stunting is not only the result of the type and amount of food consumed, but also that of other social and environmental factors <sup>51</sup>. In terms of social factors, nutritional intervention programs in Ethiopia need to focus on addressing mother's age of marriage, which this study has shown to be a factor that affects stunting in children. The Amhara region of Ethiopia has a tradition of

early marriage which needs to be accounted for and addressed by intervention programs <sup>52</sup>.

Furthermore, environmental factors specifically those of WASH, that increase the prevalence of environmental enteropathy, need to be part of any nutritional intervention programs that are implemented within this context.

*Recommendations for Future Research:*

While the prevalence of child stunting in Ethiopia remains high, there is limited amount of research that explores the various factors that influence it. The effects of environmental enteropathy and age of marriage, factors that have been found to be significant influencers of stunting in this study, need to be explored deeper to understand the extent to which they affect stunting status of a child. There is a need of additional research to understand the pathways through which environmental enteropathy risk affects child stunting. Furthermore, the effects of women's gender attitude need to be explored to identify which specific aspect of women's attitude towards gender influences the stunting status of their children.

## References:

1. Krasevec, J., et al., *Levels & trends in child malnutrition*. UNICEF-WHO-WORLD Bank, Washington, DC. 2015.
2. Liu, L., et al., *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. The Lancet, 2012. **379**(9832): p. 2151-2161.
3. African Union Commission, *The Cost of Hunger in Africa: Social and Economic Impact of Child Undernutrition in Egypt, Ethiopia, Swaziland and Uganda*. Addis Ababa, Ethiopia, 2014.
4. Central Statistical Agency., *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International, 2012.
5. N@C, *Ethiopia Nutrition at the Center (N@C) Baseline Study*. CARE, Atlanta, GA, 2014.
6. Alemayehu, M., et al., *Undernutrition status and associated factors in under-5 children, in Tigray, Northern Ethiopia*. Nutrition, 2015. **31**(7): p. 964-970.
7. Medhin, G., et al., *Prevalence and predictors of undernutrition among infants aged six and twelve months in Butajira, Ethiopia: the P-MaMiE Birth Cohort*. BMC Public Health, 2010. **10**(1): p. 1.
8. Tessema, M., T. Belachew, and G. Ersino, *Feeding patterns and stunting during early childhood in rural communities of Sidama, South Ethiopia*. Pan African Medical Journal, 2013. **14**(1): p. 75.
9. Teshome, B., et al., *Magnitude and determinants of stunting in children under-five years of age in food surplus region of Ethiopia: the case of west Gojjam Zone*. Ethiopian Journal of Health Development, 2009. **23**(2): p. 98-106.
10. Umeta, M., et al., *Factors associated with stunting in infants aged 5–11 months in the Dodota-Sire District, rural Ethiopia*. The Journal of Nutrition, 2003. **133**(4): p. 1064-1069.
11. Motbainor, A., A. Worku, and A. Kumie, *Stunting Is Associated with Food Diversity while Wasting with Food Insecurity among Underfive Children in East and West Gojjam Zones of Amhara Region, Ethiopia*. PLoS One, 2015. **10**(8): p. e0133542.
12. WHO Multicentre Growth Reference Study Group. *WHO Child Growth Standards based on length/height, weight and age*. Acta paediatrica, 1992 (Oslo, Norway). Supplement 450 (2006): 76.
13. De Onis, M., M. Blössner, and E. Borghi, *Prevalence and trends of stunting among pre-school children, 1990–2020*. Public Health Nutrition, 2012. **15**(01): p. 142-148.
14. De Onis, M., et al., *Comparison of the World Health Organization (WHO) Child Growth Standards and the National Center for Health Statistics/WHO international growth reference: implications for child health programmes*. Public Health Nutrition, 2006. **9**(07): p. 942-947.
15. Martorell, R., et al., *Weight gain in the first two years of life is an important predictor of schooling outcomes in pooled analyses from five birth cohorts from low-and middle-income countries*. The Journal of Nutrition, 2010. **140**(2): p. 348-354.

16. The World Bank., *Repositioning nutrition as central to development: a strategy for large scale action*. The World Bank, Washington, DC, 2006.
17. Black, R.E., et al., *Maternal and child undernutrition: global and regional exposures and health consequences*. The Lancet, 2008. **371**(9608): p. 243-260.
18. Kar, B.R., S.L. Rao, and B. Chandramouli, *Cognitive development in children with chronic protein energy malnutrition*. Behavioral and Brain Functions, 2008. **4**(1): p. 1.
19. Lee, A.C., et al., *Maternal-fetal disproportion and birth asphyxia in rural Sarlahi, Nepal*. Archives of Pediatrics & Adolescent Medicine, 2009. **163**(7): p. 616-623.
20. Olofin, I., et al., *Associations of suboptimal growth with all-cause and cause-specific mortality in children under five years: a pooled analysis of ten prospective studies*. PLoS One, 2013. **8**(5): p. e64636.
21. Levitsky, D.A. and B.J. Strupp, *Malnutrition and the brain: changing concepts, changing concerns*. The Journal of Nutrition, 1995. **125**(8): p. 2212S.
22. Grantham-McGregor, S., et al., *Developmental potential in the first 5 years for children in developing countries*. The Lancet, 2007. **369**(9555): p. 60-70.
23. Martorell, R., *Overview of long-term nutrition intervention studies in Guatemala, 1968-1989*. Food and Nutrition Bulletin, 1992. **14**(3): p. 270-277.
24. Stein, A.D., et al., *Growth patterns in early childhood and final attained stature: Data from five birth cohorts from low-and middle-income countries*. American Journal of Human Biology, 2010. **22**(3): p. 353-359.
25. Thomas, D. and J. Strauss, *Health and wages: Evidence on men and women in urban Brazil*. Journal of Econometrics, 1997. **77**(1): p. 159-185.
26. Alderman, H., J. Hoddinott, and B. Kinsey, *Long term consequences of early childhood malnutrition*. Oxford Economic Papers, 2006. **58**(3): p. 450-474.
27. UNICEF, *The state of the world's children 2009: maternal and newborn health*. Vol. 9. Unicef, New York, 2008.
28. UNICEF, *Improving child nutrition. The achievable imperative for global progress. 2013*. United Nations Children's Fund: New York, New York.
29. Fekadu, Y., et al., *Factors associated with nutritional status of infants and young children in Somali Region, Ethiopia: a cross-sectional study*. BMC Public Health, 2015. **15**: p. 846.
30. FAO, *Guidelines for Measuring Household and Individual Dietary Diversity*. Food and Agriculture Organization of the United Nations, Rome Italy, 2010.
31. World Health Organization, *Indicators for assessing infant and young child feeding practices: part 2: measurement*. WHO, Geneva, Switzerland, 2010.
32. Ngure, F.M., et al., *Water, sanitation, and hygiene (WASH), environmental enteropathy, nutrition, and early child development: making the links*. Annals of the New York Academy of Sciences, 2014. **1308**(1): p. 118-128.
33. Asfaw, M., et al., *Prevalence of undernutrition and associated factors among children aged between six to fifty nine months in Bule Hora district, South Ethiopia*. BMC Public Health, 2015. **15**(1): p. 1.
34. Megabiaw, B. and A. Rahman, *Prevalence and determinants of chronic malnutrition among under-5 children in Ethiopia*. International Journal of Child Health and Nutrition, 2013. **2**(3): p. 230-236.

35. Agedew, E. and T. Chane, *Prevalence of Stunting among Children Aged 6–23 Months in Kemba Woreda, Southern Ethiopia: A Community Based Cross-Sectional Study*. *Advances in Public Health*, 2015.6.
36. Von Elm, Erik, et al., *The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies*. *Preventive medicine* 2007 45 (4): p. 247-251.
37. World Health Organization, *Indicators for assessing infant and young child feeding practices: Part iii country profiles*. WHO, Washington, DC, 2010.
38. CARE, *Infant and Young Child Feeding Practices: Collecting and Using Data: A Step-by-Step Guide*. Cooperative for Assistance Assistance and Relief Everywhere. CARE, Atlanta, GA 2010.
39. United Nations General Assembly, *Universal declaration of human rights*. UN General Assembly, 1948.
40. Coates, J., A. Swindale, and P. Bilinsky, *Household Food Insecurity Access Scale for Measurement of Household Food Access: Indicator Guide (V.3)*, Food and Nutrition Technical Assistance Project, Academy for Educational Development, Washington, DC. 2007.
41. Lin, A., et al., *Household environmental conditions are associated with enteropathy and impaired growth in rural Bangladesh*. *The American Journal of Tropical Medicine and Hygiene*, 2013. **89**(1): p. 130-137.
42. UNICEF, *Early Marriage thwarts girls' potential in Ethiopia*. Addis Ababa, Ethiopia, 2004.
43. Moges, T., et al., *Diet diversity is negatively associated with stunting among Ethiopian children 6-23 months of age*. *Ethiopian Public Health Institution*, 2015.
44. Ekesa, B.N., M.K. Walingo, and M. Abukutsa-Onyango, *Dietary diversity, nutrition status and morbidity of pre-school children in Matungu division, Western Kenya*. *International Journal of Food Safety, Nutrition and Public Health*, 2009. **2**(2): p. 131-144.
45. Rah, J., et al., *Low dietary diversity is a predictor of child stunting in rural Bangladesh*. *European Journal of Clinical Nutrition*, 2010. **64**(12): p. 1393-1398.
46. Darapheak, C., et al., *Consumption of animal source foods and dietary diversity reduce stunting in children in Cambodia*. *International Archives of Medicine*, 2013. **6**(1): p. 1.
47. Ijarotimi, O. and A. Odeyemi, *Prevalence of food insecurity among rural communities and its effects on nutritional status of children (8-15 years) in Ondo State, Nigeria*. *Journal of Medicine and Medical Sciences*, 2012. **3**: p. 5-15.
48. Merchant, A., et al., *Water and sanitation associated with improved child growth*. *European Journal of Clinical Nutrition*, 2003. **57**(12): p. 1562-1568.
49. Shroff, M., et al., *Maternal autonomy is inversely related to child stunting in Andhra Pradesh, India*. *Maternal & Child Nutrition*, 2009. **5**(1): p. 64-74.
50. Ali, D., et al., *Household food insecurity is associated with higher child undernutrition in Bangladesh, Ethiopia, and Vietnam, but the effect is not mediated by child dietary diversity*. *The Journal of Nutrition*, 2013. **143**(12): p. 2015-2021.
51. Saldanha, L.S., et al., *Policies and program implementation experience to improve maternal nutrition in Ethiopia*. *Food and Nutrition Bulletin*, 2012. **33**(2 suppl1): p. S27-S50.
52. Erulkar, A.S., et al., *The experience of adolescence in rural Amhara region Ethiopia*. UNICEF, New York, NY 2004.



Appendices:

Appendix 1: IRB Approval from Amhara National Regional State Health Bureau for Nutrition at the Center Baseline Survey, 2014.



በአማራ ብሔራዊ ክልላዊ መንግስት  
Amhara National Regional State  
ጤና ጥበቃ ቢሮ  
Health Bureau

ቁጥር. 26/ጥ/ቴ/1171/06

Ref.No.....  
ቀን.....14/4/06  
Date.....

---

ለደቡብ ጉንደር ጤና መምሪያ  
ደብረ ታቦር

**ጉዳይ: የትብብር ደብዳቤ ስለመስጠት**

Nutrition at the Center Base line Survey in Amhara National Region State ,South Gonder Zone ,Ebnat and Simada Woreda " በሚል ርዕስ በጤና ተቋማት ጥናታዊ ጽሁፍ እንዲሰሩ ፕሮፖዛላቸው በክልሉ Ethical Review committee ታይቶ የጸደቀና እኛም የተመለከትነው ስለሆነ ወደ አከባቢቹ መጥተው መረጃ ለሚሰጡ ሰዎች አስፈላጊውን የሥራ ትብብር እንዲደረግላቸው እንጠይቃለን።



ከሰላምታ ጋር



ጥላሁን ተመስገን  
የጤና/ቴ/ቨ የምርምር  
ውጤቶች ትውውቅና ስርዓት አፈሰር

**ግልባጭ:**

- > ለኪ.ሲ.ኤ.ት.ዮ.ጽ.ያ
- ባህር ዳር

---

☒641  
FAX: 0582266701  
0582262396

Tel: 0582201698  
0582220191



በአማራ ብሔራዊ ክልላዊ መንግስት  
Amhara National Regional State  
ጤና ጥበቃ ቢሮ  
Health Bureau

ቁጥር HRT/1168/06  
Ref.no.....  
ቀን 14/4/06  
Date.....

To:- CARE Ethiopia

Addis Abeba

Subject: Health Ethical Clearance

You have submitted a project proposal entitled with "Nutrition at the Center Base line Survey in Amhara National Region Stae, South Gondar Zone, Ebnat and Simada Woredas " to Regional Health Bureau Review Board for ethical approval. The Regional Health Bureau Research Ethics Review Committee /RERC/ has reviewed the submitted project proposal critically. We are writing to advise you that the RERC has granted **Full approval**.

The project indicated above for a period of **One year(2014)**. All your more recently submitted documents have been approved for use in this study. The study should comply with the standard international and national scientific and ethical guideline. Any change to the approved protocol or consent material must be reviewed and approved through the amendment process prior to its implementation. In addition, any adverse or unanticipated events should be reported within 24-48 hours to RERC. Please insure that you submit progressive report prior the expiry date of project.

We, therefore, request your esteemed organization to ensure the commencement and conduct of the study accordingly and wish for the successful completion of the project.

With regards,



ወንድሙ ወደሁ ዓለሙ  
Wondimu Gebeyehu Alemu  
የጤና ምርምርና ቴክኖሎጂ  
ሽግግር ዋና ቢሮ ሃይማኖት መሪ  
Health Research and  
Technology Transfer  
Core Process Owner

C.C:-

- ARHB Health programs deputy head

☒ 495

Tell. 0582201698  
0582220191

Fax. 0582266701 : 0582262396  
Take care from AIDS

## Appendix 2: Nutrition at the Center Baseline English Survey Questionnaire, 2013.

CARE Ethiopia

## A. Household identification and summary

**Household Identification**

	AREA	CODE	RESPONSE
A1	Country	01=Benin    03=Bangladesh 02=Ethiopia    04=Zambia	_ _
A2	Region name: _____		CODE:  _ _ _
A3	District name: _____		CODE:  _ _ _
A4	Subdistrict name: _____		CODE:  _ _ _
A6	Village name: _____		CODE:  _ _ _
A7	Household number (1-XX)		_ _

**Interview Information**

A8	Date of interview	_ _	_ _	20 _ _
		dd	mm	yy

		INITIALS	STAFF CODE OR DATE
A9	Name of lead interviewer (3 Initials & code)		_ _
A10	Field supervisor review (3 initials & code)		_ _
A11	Survey Completed	01 = Yes 02 = No	

FOR DATA ENTRY USE ONLY	INITIALS	CLERK CODE	DATE OF ENTRY/CHECK
First Data Entry Write data clerk 3 initials and date)			
Second Data Entry Write data clerk 3 initials and date)			

Supervisor Check Write supervisor check and date)			
---	--	--	--

### SCREENING QUESTION AND CONSENT

<b>CONSENT</b>	Hello. My name is ___ and I work with LOCAL FIRM and a non-government organization. What is your name? Nice to meet you.		
	Our team is in your village today and we would like to ask you questions from our survey. The information we collect will be used for planning, implementation and evaluation of a program. We are interviewing the mothers who have children less than 3 years of age. Do you have any children 3 years of age or less?		
	Child 1	<input type="checkbox"/>	0 to <6
		<input type="checkbox"/>	6 to <12
		<input type="checkbox"/>	12 to <18
	<input type="checkbox"/>	18 to <24	
	<input type="checkbox"/>	24 to <36	
Child 2	<input type="checkbox"/>	0 to <6	
	<input type="checkbox"/>	6 to <12	
	<input type="checkbox"/>	12 to <18	
	<input type="checkbox"/>	18 to <24	
	<input type="checkbox"/>	24 to <36	
Child 3	<input type="checkbox"/>	0 to <6	
	<input type="checkbox"/>	6 to <12	
	<input type="checkbox"/>	12 to <18	
	<input type="checkbox"/>	18 to <24	
	<input type="checkbox"/>	24 to <36	
<b>SELECTED CHILD AGE</b>	<input type="checkbox"/>	<b>0 to &lt;6</b>	
	<input type="checkbox"/>	<b>6 to &lt;12</b>	
	<input type="checkbox"/>	<b>12 to &lt;18</b>	
	<input type="checkbox"/>	<b>18 to &lt;24</b>	
	<input type="checkbox"/>	<b>24 to &lt;36</b>	

Record <u>time</u> the interview started in 24 hour format	HOUR	_ _
	MINUTES	_ _

<b>CONSENT</b>	<p>You have been selected at random to participate in this survey. We will be working with the Federal Ministry of Health to improve your health and well-being of as well as the health and well-being of your children and household. To do so, we would like to ask you questions about your household, agricultural practices, the types of food you have, food diversity, gender and group participation. We would like to take height, weight and upper arm measurements from you; and length and weight measurement of one of the selected child (NAME THE CHILD) less than +three years of age. [IF ANEMIA TESTING: We will also test you and children less than three years of age for anemia, or low iron in the blood by taking a small sample of blood (prick from finger or heel) and will conduct the test immediately in front of you and share the results. I will describe this more in-depth later.]</p> <p>We will not record any personal information which will be able to identify you with your responses, and your answers will be kept confidential. Please know, your participation is completely voluntary and you may choose not to participate at any time and to stop the survey at any time.</p> <p>Do you have any questions for me?</p>		
A16	<p>Do you agree to participate in the survey?</p> <p>Enumerator: Is the respondent a mother of a child between the age of 0 and 36 months of age, AND does the respondent agree to participate in the survey?</p>	<p>01 = Yes 02 = No</p>	<p>If 02 → thank them for their time and END survey</p>

## B. Child Information

The information below is collected for the living child of the women being interviewed. This child should be less than three years of age: between 0 and 36 months of age.

NO.	QUESTIONS AND FILTERS	RESPONSE CODE		SKIP TO
	<p>What is the name of your child?</p> <p><i>Enumerator instruction: Identify the target child and write name</i></p>			
B1	<p>Is (child's name) male or female?</p>	<p>01=Male 02=Female</p>		
B2	<p>Does (child's name) have a health passport/child card/immunization card? (&amp; other language)</p>	<p>01= Yes 02=No</p>		
B3	<p>When is the child's birthdate (actual age of child)</p>	<p>Write birthdate</p>	<p> _ _   _ _  20 _ _  DD MM YY</p>	

		98 98 98 = don't know		
B5	<i>Enumerator: VERIFY DO NOT READ</i> <i>How was (child's name) age verified?</i>	01=Yes, Health passport (or health card, other document) 02= Yes, Mother's recall 03 = Other document 04= N/A, Not verified, not applicable		
B4	How old is (child's name)?  <i>NOTE: Write actual age of child</i> <i>(Refer to month conversion/seasonal or event calendar)</i>	Write age in <u>completed</u> months  00= Less than 30 days 98= Don't know	_ _ _	
B7	What was (child's name) weight at birth	Write in kilograms  98.8 = Don't know	_ _ . _	
B8	<i>Enumerator: VERIFY DO NOT READ</i> <i>Was (child's name) weight verified:</i>	01= Yes, Health passport 02= Yes, Mother's recall 03= N/A, Not verified, not applicable		

### C. Mother's Information

*INSTRUCTIONS: Ensure that this is administered to the biological mother of the target child identified (less than 36 months of age). If this mother was not the respondent to a previous module, re-introduce the survey and obtain verbal consent.*

**Read: I would like to start by asking you a couple questions about you and your children.**

NO.	QUESTIONS AND FILTERS	RESPONSE CODE		SKIP TO
C0	What is your date of birth?  <i>Respondent is not eligible if birthdate is before current date 1964 or after 1998</i>	Write birthdate  98 98 98 = don't know	_ _ _   _ _ _  19 _ _ _  dd mm yy	
C1	How old are you?	Write age in years	_ _ _	If age <15 or >49 END SURVEY

	<i>ENUMERATOR: Verify the age at last birthday. Verify with C0</i>			
C2	What is your current marital status?	01 = Married (monogamous) 02= Married (polygamous) 03= Divorced or separated 04= Widowed 05= Single (Never married) 06= Cohabiting with partner (monogamous) 07= Cohabiting with partner (polygamous)		If 05, 06 or 07 → C4
C3	How old were you at the time of your first marriage?	Write age in years 98 for DK	_ _	
C4	Who is the head of your household?	01 = Male-headed household 02 = Female-headed household 03 = Joint (male and female) headed household		
C5	What is your relationship to the head of the household?	01 = Self (Female headed) 02 = Spouse of HHH 03 = Sibling of HHH 04 = Child of HHH 05 = Parent of HHH 06 = Grandchild of HHH 07 = Grandparent of HHH 08 = Other		
C6	Have you ever received formal education (attend school)?	01= Yes 02= No		If 02 → C8

C7	What is the highest level of education that you have completed?	01= Some primary (grade 1-4) 02= Completed primary (grade 5-8) 03= Some secondary (grade 9-11) 04= Completed secondary (completed grade 12) 05 = Some higher education 06= Completed higher education 07 = Adult education 08= Vocational school 98 = Don't know	
C8	Can you read this sentence to me?  <i>Enumerator: Show respondent card with sentence on it. "I like to go to the market."</i>  <i>Circle response describing their reading ability</i>	01= Cannot read at all 02= Able to read only parts of sentence 03= Able to read whole sentence 04= Not available in language (specify) _____ 05= Blind/visually impaired	
C9	How many times have you been pregnant?	Write in response 98= Don't know	_ _
C10	Are you currently pregnant?	01= Yes 02= No 08 = Don't know	
C11	How many living children do you have?	Write in response 98= Don't know	_ _

#### D. Basic information of household characteristics

Read: Now I would like to ask you a few questions about your household and the type of things your household owns.

NO.	QUESTIONS AND FILTERS	RESPONSE CODE	SKIP TO
-----	-----------------------	---------------	---------



D1	<p>How many people stay in this household?</p> <p><i>How many people (all ages) share food from the same pot?</i></p>	<p>Write number</p>	<p> _ _ </p>	
D1a	<p>Is your household currently participating in the productive safety net program (PSNP)?</p>	<p>01=Yes 02= No</p>		
D2	<p>Does your household own any agricultural land?</p>	<p>01 = Yes 02 = No</p>		
D3	<p>Do you own your house?</p>	<p>01 = Yes 02 = No</p>		

D4	<p>I'm going to ask you about farm animals. How many... does your household own?</p> <p>a. Cattle/ (may be left as it is)</p> <p>b. Goat</p> <p>c. Sheep</p> <p>d. Chickens</p> <p>e. Pigs</p> <p>f. Horse</p> <p>g. Donkey</p> <p>h. Mule</p> <p>i. Other</p>	<p>Write number of animals</p> <p>00= None</p> <p>95= 95+</p> <p>98= Don't know</p>	<p>a.  __   __ </p> <p>b.  __   __ </p> <p>c.  __   __ </p> <p>d.  __   __ </p> <p>e.  __   __ </p> <p>f.  __   __ </p> <p>g.  __ __ </p> <p>h.  __ __ </p> <p>i.  __ __ </p>	<p>If all '00' →D6a</p>
D5	<p>At night, are there any farm animals kept inside the house where you/your family members sleep?</p>	<p>01= Yes</p> <p>02= No</p>		<p>If 02→D6a</p>

D6	What type of farm animals are kept inside the house at night when you/your family members sleep?	a. Cattle/cow b. Goat c. Sheep d. Chickens e. Pigs f. Horse g. Donkey h. Mule i. Other	
D6a	Do you keep any other animals inside the house at night where you sleep (including pets)?	01= Yes 02=No	

Instructions: If you are not inside the household; ask the mother to visit the house (and see the interior and exterior).

D7	<u>Main</u> material of the floor.  <i>Enumerator: Observe and record one response</i>	01= Earth/Sand/Animal dung 02= Bamboo 03= Stone/Brick 04= Cement 05= Tile 06= Vinyl strip 07= Other (specify)_____	
D8	<u>Main</u> material of the roof.  <i>Enumerator: Observe and record one response</i>	01= Grass roof 02= Metal roof 03= Stone or tile roof 04= Plastic alone 05= Plastic plus grass 06= Asbestos 07= Other (specify)_____	

D9	<p><u>Main</u> material of the exterior walls.</p> <p><i>Enumerator: Observe and record one response</i></p>	<p>01= Earth/Sand/Mud/Clay</p> <p>02= Bamboo, corn stalks</p> <p>03= Stone/ Fired Brick</p> <p>04= Cement</p> <p>05= Tile</p> <p>06= Vinyl strip</p> <p>07= Mud brick or wattle</p> <p>08= Other (specify)_____</p>	
D11	Does your household have any mosquito nets that can be used while sleeping?	<p>01= Yes</p> <p>02=No</p>	If 02→D15
D12	How many insecticide treated mosquito nets (ITN) does your household have?	<p>Write number of ITN</p> <p>00 = None in household  __ __ </p>	
D13	Did you sleep under the mosquito net last night?	<p>01=Yes</p> <p>02= No</p>	
D14	Did your [ <u>CHILD'S NAME</u> ]sleep under the mosquito net last night?	<p>01=Yes</p> <p>02= No</p>	
D15	Where is cooking usually done?	<p>01= In a room used for living or sleeping</p> <p>02 = In a separate room in the same building used as a kitchen</p> <p>03= In a separate building used as kitchen</p> <p>04 = Outdoors</p> <p>05= Other (specify): _____</p>	
D16	Do you have electricity, solar power or generator in your home?	<p>01 = Yes</p> <p>02 = No</p>	

D17	Does your household own any of the following:  <i>Read all responses, circle all that apply</i>	a. Bicycle b. Radio c. Bed d. Mobile/other Telephone e. Television f. Refrigerator g. Cart pulled by animal h. Watch/Clock i. Sewing Machine j. Motorcycle k. Car/Truck l. Tractor m. Small generator (for irrigation) n. Other (specify)_____	
-----	---	---	--

### E. Agriculture production, access to food

Read: This section asks about the household's production of food, access to land, and where you get the food you eat.

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
E1	What are the main sources of household food that you consume?  <i>Read all responses, circle all that apply</i>	a. Produce food b. Purchase food c. Food for work d. Government food aid e. NGO food aid f. Trade/Borrowfood g. Charity h. Other (specify):_____	If "a" is <u>not</u> circled → E3
E2	Who usually grows the food you produce for consumption?	a. Self (respondent)	

	Read all answers, <b>circle all that apply</b>	b. Husband c. Other female family members/clan d. Other male family members/clan e. Neighbors f. Farm collective g. Don't know h. Other (specify): _____	
--	--	--	--

**READ:** Now I am going to ask you a series of questions about the land your household lives on, uses for productive purposes -- that is leases or sharecrops, owns or rents out. I would like you consider not only the land your household uses now, but also the land your household may have used over the last six months. By piece of land, I mean one continuous piece, which is used predominantly for the same purposes and managed by the same person or group of people. I will first ask about the homestead, followed by any home/kitchen garden production.

E3	Do you have any <u>plot (or plots) of land</u> that you use to grow food for family or personal consumption?	01 = Yes 02 = No	If 02 → E13
E4	Who owns the <u>plot of land</u> ?	01= You (Respondent) 02= Your husband 03= Both you and your husband 04= Other Male relative 05= Other Female relative 06= Land owner 07= Neighbor 08= Company 09= Other (specify): _____ 98= Don't know	If 01 or 03 → E6
E5	How did you get access to grow on the <u>plot of land</u> that you use to grow food for personal or family consumption?	01= Rented in (cash) 02= Sharecropped in	

	<i>Read all answers, circle ONE</i>	03= Borrowed (no payment) 04= Other (specify) _____ 08= Don't know	
E6	Do/Did you have to obtain resources from someone (i.e., money, seeds, tools, animals) to grow food for personal or family consumption?	01= Yes 02= No	If 02 → E8
E7	Who provides you with the resources (i.e., money, seeds, tools, animals) to grow food for personal or family consumption?  <i>Read all answers, circle all that apply</i>	b. Your Husband c. Other Male relative d. Other Female relative e. Land owner f. Neighbor g. Private company h. Government program i. Non-government organization j. Religious organization k. Other (specify): _____	
E8	What <b>types of food do you PRODUCE</b> on this <u>plot(s) of land</u>  <i>Read all answers, circle all that apply</i>	a. Grains: wheat, corn, oats, rice, sorghum millet b. Roots or tubers: White potatoes, manioc, cassava, sweet potato c. Pulses/legumes/nuts e.g. chicken peas, peas, beans, groundnuts etc d. Meat, poultry, fish, e. Eggs f. Milk and milk products g. Vitamin A-rich plant foods (Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside,	

		<p>mangoes, papayas, or other locally grown food that is rich in Vitamin A)</p> <p>h. Dark green, leafy vegetables</p> <p>i. Other fruits or vegetables</p> <p>j. Coffee, tea,</p> <p>k. Other (specify)</p> <p>_____</p>	
E9	<p>What are the main uses of foods you PRODUCE on this <u>plot of land</u>?</p> <p><i>Read all answers, circle all that apply</i></p>	<p>a. Personal/Family Consumption</p> <p>b. Sale</p> <p>c. Barter trade</p> <p>d. Other (specify):</p> <p>_____</p>	
E10	<p>Who usually decides which foods you PRODUCE on this <u>plot of land</u>?</p>	<p>01= You (respondent)</p> <p>02= Your husband</p> <p>03= Both you and your husband</p> <p>04= Mother/Father In-law</p> <p>05= Mother/Father</p> <p>06= Other Family</p> <p>07= Other (specify)_____</p>	



E11	<p>Which foods do you SELL from your <u>plot of land</u>?</p> <p>Read all answers, circle all that apply</p>	<p>a. Grains: wheat, corn, oats, rice, sorghum millet</p> <p>b. Roots or tubers: White potatoes, manioc, cassava, sweet potato</p> <p>c. Pulses/legumes/nuts e.g. chicken peas, peas, beans, groundnuts etc</p> <p>d. Meat, poultry, fish</p> <p>e. Eggs</p> <p>f. Milk and milk products</p> <p>g. Vitamin A-rich plant foods (Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside, mangoes, papayas, or other locally grown food that is rich in Vitamin A)</p> <p>h. Dark green, leafy vegetables</p> <p>i. Other fruits or vegetables</p> <p>j. Coffee, tea,</p> <p>k. None</p> <p>l. Other (specify): _____</p>	If "k" → E13
E12	<p>Who usually decides which foods you SELL on this <u>plot of land</u>?</p>	<p>01= You (respondent)</p> <p>02= Your husband</p> <p>03= Both you and your husband</p> <p>04= Mother/Father In-law</p> <p>05= Mother/Father</p> <p>06= Other Family</p> <p>07= Other (specify) _____</p>	

E13	<p>Do you have a <u>home/kitchen garden</u> that you use to grow food for family or personal consumption?</p>	<p>01 = Yes</p> <p>02 = No</p>	<p>If 02 → E23</p>
-----	---	--------------------------------	------------------------

E14	Who owns the <u>home/kitchen garden</u> ?	01= You (Respondent) 02= Husband 03= Both you and your husband 04= Other Male relative 05= Other Female relative 06= Land owner 07= Neighbor 08= Company 09= Other (specify): _____ 98 = Don't know	If 01 or 02 → E16
E15	How did you get access to the <u>home/kitchen garden</u> that you use to grow food for personal or family consumption?  <i>Read all answers, circle ONE</i>	01= Rented in (cash) 02= Sharecropped in 03= Borrowed (no payment) 04= Other (specify) _____ 05= Don't know	
E16	Do/Did you have to obtain resources from someone (i.e., money, seeds, tools, animals) to grow food on your <u>home/kitchen garden</u> for personal or family consumption?	01= Yes 02= No	If 02 → E18
E17	Who provides you with the resources (i.e., money, seeds, tools, animals) to grow food on your <u>home/kitchen garden</u> for personal or family consumption?  <i>Read all answers, circle all that apply</i>	b. Husband c. Male relative d. Female relative e. Land owner f. Neighbor g. Private company h. Government program i. Non-government organization j. Religious organization	

		k. Other (specify): _____	
E18	<p>What types of food do you PRODUCE on this <u>home/kitchen garden</u>?</p> <p><i>Read all answers, circle all that apply</i></p>	<p>a. Grains: wheat, corn, oats, rice, sorghum millet</p> <p>b. Roots or tubers: White potatoes, manioc, cassava, sweet potato</p> <p>c. Pulses/legumes/nuts e.g. chicken peas, peas, beans, groundnuts etc</p> <p>d. Meat, poultry, fish</p> <p>e. Eggs</p> <p>f. Milk and milk products</p> <p>g. Vitamin A-rich plant foods (Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside, mangoes, papayas, or other locally grown food that is rich in Vitamin A)</p> <p>h. Dark green, leafy vegetables</p> <p>i. Other fruits or vegetables</p> <p>j. Coffee, tea</p> <p>k. Other (specify) _____</p>	
E19	<p>What are the main uses of foods you PRODUCE on your <u>home/kitchen garden</u>?</p> <p><i>Read all answers, circle all that apply</i></p>	<p>a. Personal/Family Consumption</p> <p>b. Sale</p> <p>c. Barter trade</p> <p>d. Other (specify): _____</p>	
E20	<p>Who usually decides which foods you PRODUCE on this <u>home/kitchen garden</u>?</p>	<p>01= You (respondent)</p> <p>02= Your husband</p> <p>03= Both you and your husband</p> <p>04= Mother/Father In-law</p> <p>05= Mother/Father</p>	

		06= Other Family 07= Other (specify) _____	
E21	Which foods do you SELL from your <u>home/kitchen garden</u> ?  <i>Read all answers, circle all that apply</i>	a. Grains: wheat, corn, oats, rice, sorghum millet b. Roots or tubers: White potatoes, manioc, cassava, sweet potato c. Pulses/legumes/nuts e.g. chicken peas, peas, beans, groundnuts etc d. Meat, poultry, fish e. Eggs f. Milk and milk products g. Vitamin A-rich plant foods (Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside, mangoes, papayas, or other locally grown food that is rich in Vitamin A) h. Dark green, leafy vegetables i. Other fruits or vegetables j. Coffee, tea k. None l. Other (specify): _____	If circle "k" → E23
E22	Who usually decides which foods you SELL from this <u>home/kitchen garden</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other Family 07= Other (specify) _____	

E23	<p>What types of food do you have to BUY</p> <p>Read all answers, circle all that apply</p>	<p>a. Grains: wheat, corn, oats, rice, sorghum millet</p> <p>b. Roots or tubers: White potatoes, white yams, manioc, cassava, sweet potato</p> <p>c. Pulses/legumes/nuts e.g. chicken peas, peas, beans, groundnuts etc</p> <p>d. Meat, poultry, fish</p> <p>e. Eggs</p> <p>f. Milk and milk products</p> <p>g. Vitamin A-rich plant foods (Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside, mangoes, papayas, or other locally grown food that is rich in Vitamin A)</p> <p>h. Dark green, leafy vegetables</p> <p>i. Other fruits or vegetables</p> <p>j. Coffee, tea</p> <p>k. Cooking related items (sugar, oil, salt, flour)</p> <p>l. Snacks (sugar, junk foods)</p> <p>m. Other (specify): _____</p>	
-----	---	--	--

## F. Food preservation and storage

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
F1	In the last 12 months, did the household preserve any fruits and/or vegetables for use later in the year?	01= Yes 02= No	If 02 → F5
F2	<p>If yes, what methods of food preservation did you use?</p> <p>Read all answers, circle all that apply</p>	<p>a. Solar drying</p> <p>b. Other drying</p> <p>c. Canning</p> <p>d. Salting</p> <p>e. Pickling</p>	

		f. smoking g. Other (specify): _____	
F3	What varieties of fruits and vegetables did you preserve?  Read all answers, circle all that apply	Pumpkin Citron Banana Kale Cabbage Lettuce Carrot Tomato Citrus Red pepper Garlic Onion Mango Papaya Lemon Orange Other (specify)-----	
F4	What amount (kilos) did you preserve of these varieties in the last 12 months	Write response in kilograms 95.0 = 95 kilos or more 98.8 = Don't know	_ _ . _
F5	During the last post-harvest period, did you store any food crops (cereals, legumes) that you grew?	01= Yes 02= No	If 02→Module G
F6	What variety of crops did you store?  Read all answers, circle all that apply	Chicken pea Pea Teff Sorghum	

		Flaxseed Maize Millet Wheat Barely Bean Haricot bean Oats Lentil Grass pea Red pea Other (specify)-----	
F7	What was the main method(s) of storage that the household used for this crop over the last 12 months?  Read all answers, circle all that apply	a. Improved locally made structure/granary b. Modern storage structure like cribs or silos c. Sealed/tight containers d. Improved cereal banks e. Improved community storing facilities f. Traditional storage g. Other (specify): _____	
F8	What is the purpose of the crop(s) being stored?  Read all answers, circle all that apply	a. Food for household consumption b. To sell for higher price c. Seed for planting d. Other (specify): _____	

### G. Agriculture Extension

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
G1	In the past 12 months, have you ever met, or been visited by an agricultural extension worker	01= Yes 02= No	

G2	In the past 12 months, have ever met, or been visited by a livestock/fisheries extension worker	01= Yes 02= No	

H. Coping Strategy Index [not applicable for Ethiopia Baseline]

I. Household Hunger Scale

NO.	QUESTION	RESPONSE CODES	SKIP TO
I1	In the past 4 weeks/30 days was there ever <b>no food</b> to eat of any kind in your house because of lack of resources to get food?	01 =Yes 02= No	If 02→I3
I2	How often did this happen in the past [4 weeks/30 days]?	01= Rarely (1-2 times) 02= Sometimes (3-10 times) 03= Often (more than 10 times)	
I3	In the past [4 weeks/30 days]did you or any household member (including children) go to sleep at night hungry because there <b>was not enough food</b> ?	01 =Yes 02= No	If 02→I5
I4	How often did this happen in the past [4 weeks/30 days]?	01= Rarely (1-2 times) 02= Sometimes (3-10 times) 03= Often (more than 10 times)	
I5	In the past [4 weeks/30 days] did you or any household member (including children) go a whole day without eating anything at all because there <b>was not enough food</b> ?	01 =Yes 02= No	If 02→Module J
I6	How often did this happen in the past [4 weeks/30 days]?	01= Rarely (1-2 times) 02= Sometimes (3-10 times) 03= Often (more than 10 times)	

J. Women's Diet Diversity Score

READ: Now I would like to know about the kind of food you consume during a normal/typical day.

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP
J1	Was yesterday a special day of celebration or fasting? <i>Clarification special day includes: celebration, or feast day where you</i>	01 = Yes 02 = No	If 02→J3



	<i>ate special foods or more food than normal. It also includes fasting day where you ate less than usual</i>		
J2	How many days ago was a “normal” day where special kinds of foods were not eaten, or no one in the household ate more or less than usual or did not eat because of fasting?	Write number of days	_ _

READ: Please describe the foods (meals and snacks) and drinks that you took yesterday (or last “normal” day), both during the day and night, whether at home or outside the home. Let’s begin with the first thing you took in the morning and continue up to the late evening..

*Enumerator instructions: When composite dishes (soup, stew) are mentioned, asked for the list of ingredients. When the respondent has finished, probe for meals and snacks not mentioned.*

NO.	FOOD GROUP	EXAMPLES	RESPONSE CODES	
			Yes	No
J3	a. CEREALS	Corn/maize, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products...) (Injera (flat bread), Kolo (roasted cereals), bread	1	2
	b. VITAMIN A RICH VEGETABLES AND TUBERS	Pumpkin, carrot, squash or sweet potatoes that are orange inside. (e.g. kale, cabbage, sweet pepper)	1	2
	c. WHITE ROOTS AND TUBERS	White potatoes, white cassava, other foods made from roots (e.g. other options)	1	2
	d. DARK GREEN LEAFY VEGETABLES	Dark green/leafy vegetables including wild ones + locally available vitamin A rich leaves such as cassava leaves, local cabbage, kale, spinach	1	2
	e. OTHER VEGETABLES	Other vegetables (e.g. tomato, onion), including wild vegetables	1	2
	f. VITAMIN A RICH FRUITS	Ripe mangoes, apricots (fresh or dried), ripe papaya, dried peaches, other locally available vitamin A rich fruits	1	2
	g. OTHER FRUITS	Other fruits, including wild fruits	1	2
	h. ORGAN MEAT	Liver, kidney, heart or other organ meats or blood-based foods	1	2
	i. FLESH MEATS	Beef, pork, lamb, goat, wild game, chicken, or other birds	1	2

	j. EGGS	Chicken, duck, guinea fowl or any other egg	1	2
	k. FISH	Fresh, dried fish, shellfish or small, dried fish	1	2
	l. LEGUMES, NUTS AND SEEDS	Beans, peas, chicken peas, lentils, nuts, seeds or foods made from these	1	2
	m. MILK AND MILK PRODUCTS	Milk, cheese, yogurt, skimmed milk or other milk products	1	2
	n. OILS AND FATS	Oil, fats or butter added to food or used for cooking	1	2
	o. OTHEROILS	Foods made from palm oil	1	2
	p. OTHER	Specially fortified foods (e.g. Corn soya blend (CSB) foods fortified with micronutrient powder, plumpy'nut, other Ready-to-Use Therapeutic Foods or lipid-based nutrient supplement?	1	2
	r. OTHER SPICES, CONDIMENTS	Spices (black pepper, salt), condiments (soy sauce, hot sauce), fish powder	1	2
	s. OTHER SWEETS	Sugar, honey, sweetened soda, sweetened juice or sugary foods such as chocolates, candies, cookies, pastries and cakes (including biscuits)	1	2
	t. OTHER SALTY READY- MADE SNACKS	High fat, salty, pre-packaged foods, typically eaten between meals as convenience	1	2
	u. OTHER BEVERAGES	Coffee, tea, alcohol beverages, areke (local alcohol), local beer ( <i>Tela</i> or <i>Korefe</i> ) or any other local examples	1	2
	v. OTHER (Write in)		1	2

## K. Maternal health/pregnancy

Read: Now, I have several questions about your last (most recent) pregnancy.

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
K1	During your last pregnancy, did you attend antenatal care (ANC) or pre-baby care?	01= Yes 02= No	If 02 → K5
K2	How many times did you attend ANC?	01= One time 02= Two times 03= Three times 04= Four times (or more) 08= Don't know, don't remember	
K3	Whom did you see for ANC service?	01= Health personnel doctor 02= Nurse/midwife 03= Auxiliary midwife 04= Other person traditional birth attendant 05= Health extension workers 06= Other (specify) _____	
K4	Where did you receive ANC?	01= Your home 02= Other home 03= At government hospital 04= At government health center 05= At government health post 06= Other government sectors (specify) 07= At private hospital/clinic 08= Other private medical sector (specify) -- 09= Other (specify) _____	

K5	During your last pregnancy, did you take any intermittent preventive treatment (IPT) or any medicine to prevent malaria? (list the local brand name, show example)	01= Yes 02= No 08 = Don't know/remember	
K6	During your last pregnancy, did you take any iron tablets?(list the local brand name, show example of iron tablet)	01= Yes 02= No 08= Don't Know	If 02→K8
K7	During your last pregnancy, how long did you take iron tablets?(describe local name, show example of iron tablet)	01= Less than 30 Days 02= 30 to 59 Days 03= 60 to 89 04= 90 Days or more 08= Don't know	
K8	During your last pregnancy, where did you deliver your child?	01= At home 02= At government hospital 03= At government health center 04= At government health post 05= At private hospital/clinic 06= At parent's home 07= Other (specify) _____	

K9	During your last pregnancy, who assisted you in the delivery of your child?	01= Traditional Birth Attendant 02= Skilled Birth Attendant 04= Traditional Healer 05= Midwife 06= Medical Nurse 07= Medical Doctor 08= Family Member 09= Health extension worker 10= Neighbor 11= Other (specify) _____	
K10	After your last <u>delivery</u> , did you attend post-natal care (PNC)(after baby care)?	01= Yes 02= No	If 02 → Module L
K11	How many days after your last delivery did you attend PNC care?	Write number of days 98= Don't know	_ _
K12	Where do/did you attend PNC care?	01= Your home 02= Other home 03= At government hospital 04= At government health center 05= At government health post 06= Other government sectors (specify) 07= At private hospital/clinic 08= Other private medical sector (specify) -- 09= Other (specify) _____	

## L. Infant and Young Child Feeding Practices (IYCF)

<i>Instructions and verification: Copy the child's name. Verify the date of birth from Module B.</i>		
NO.	QUESTIONS AND FILTERS	RESPONSE CODES
	Copy the name of child from Module B	
L2	Age of child in months (copy from B4)	_ _

Read: I would like to ask you some questions about how you have been feeding CHILD'S NAME from birth until now.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP TO
L3	Did you ever breastfeed CHILD'S NAME?	01= Yes 02= No		If 02→L5
L4	How soon after birth did you first put (CHILD'S NAME) to your breast?	01= Immediately 02= In less than one hour 03= One hour to less than 24 hours 04= One day (24 hours or more) 08= Don't know		
L5	After CHILD'S NAME was born, what did you do with your first milk (colostrum)?	01= Gave it to your child 02= Threw it away 08= Don't know		
L6	In the first 3 days after birth, did you give (CHILD'S NAME) anything in addition to breast milk?	01= Yes 02= No		If 02→L8
L	What else did you give CHILD'S NAME in the first 3 days after birth?		One time More than one time	



NO.	QUESTION	CODING CATEGORY	RESPONSE	SKIP TO
L10	<p>During the last 24 hours (day or at night), did (CHILD'S NAME) receive any of the following?</p> <p><i>Ask about every liquid. If the mother responds 'yes' circle circle '1'. If the child did not take the item, circle '2'. For questions b, c or g; if the mother says 'yes' write number of times the infant was given the liquid in the last 24 hours</i></p>	<p><b>Yes</b></p> <p><b>No</b></p>	<p>If 01=Yes, write number of times</p> <p>98= Don't know</p>	
	a. Plain water	<p>1</p> <p>2</p>		
	b. Infant formula (NIDO, S26, NAN (WRITE LOCAL BRAND NAME)(if yes, write number of times)	<p>1</p> <p>2</p>	_ _	
	c. Cow's/goat's/sheep's milk, tinned, or powdered milk, fresh milk, ultra high temperature (UHT)(WRITE LOCAL BRAND NAME – like mama, family)	<p>1</p> <p>2</p>	_ _	
	d. Fruit juice or juice drinks	1		



		2		
e.	Broth (chicken soup, vegetable soup bean soup etc)	1		
		2		
f.	Other water-based liquids (e.g. Soft drinks like Pepsi, Coca Cola, Sprite, Fanta )	1		
		2		
g.	Sour milk or yogurt or skimmed milk, curd	1	_ _	
		2		
h.	Thin porridge (cannot pick with hands)	1		
		2		
i.	Tea or coffee	1		
		2		

	j. Vitamin syrup, cough syrup, other medicines	1		
		2		
	k. Oral Rehydration Salt	1		
		2		
	l. Any other liquid (write liquid below)	1		
		2		

**L11:**Read: Now I would like to ask you about any **foods** CHILD'S NAME had yesterday (24 hours). I am interested in whether your child had the item even if it was combined with other foods, any snacks whether at home or outside the home. Please begin when (CHILD NAME) first woke up yesterday. Did (CHILD NAME) eat anything at that time?

*Interviewer instructions: This is free recall from the first food item. Please underline the food name that has been consumed, and tally after the mother has finished listing the food. If there are columns with no underlines check question L12*

a. Think about when (CHILD NAME) first woke up yesterday. Did (CHILD NAME) eat anything at that time?

☐ If yes: Please tell me everything (CHILD NAME) ate at that time. Underline each food groupProbe: anything else? Until respondent says nothing else

☐ If no: continue to Question b).

b. What did (CHILD NAME)do after that? Did (CHILD NAME) eat anything at that time?

☐ If yes: Please tell me everything (CHILD NAME) ate at that time. Probe: Anything else? Until respondent says nothing else.

☐ Repeat Question b) above until respondent says the child went to sleep until the next day

☐ If respondent mentions mixed dishes (e.g. porridge, sauce or stew) Probe: What ingredients were in that (Mixed dish)? Probe: anything else? until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food and write “1” in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled ‘other foods’. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.

When the mother has completed recalling what the child ate yesterday, review the food groups listed below. If there is a food group with no food underlined, say to the mother: ‘I know you have told me everything that [NAME] ate yesterday, but just to be certain we haven’t missed anything, I’d like to read you a list of foods. Please tell me if [NAME] had any of the foods I’ll mention ...’.

L11	Food Group	Example	Yes	No	DK
	a. CEREALS (GRAINS)	bread, rice, biscuits, or other foods made from millet, sorghum, maize, rice, wheat or grain (Injera (flat bread), Kolo (roasted cereals),	1	2	8
	b. VITAMIN A RICH VEG & TUBERS	pumpkin, carrots, sweet potatoes, squash and other locally available vitamin-A rich vegetables that are yellow or orange inside	1	2	8
	c. WHITE TUBERS & ROOTS	White potatoes, cassava or foods made from roots	1	2	8
	d. DARK GREEN LEAFY VEG	dark green/leafy vegetables locally available vitamin-A rich leaves, for example pumpkin leaves	1	2	8
	e. OTHER VEGETABLES	other vegetables (e.g. tomatoes, cabbage, kale)	1	2	8
	f. VITAMIN A RICH FRUITS	fruits rich in vitamin A (e.g. ripe mangoes, papaya)	1	2	8
	g. OTHER FRUITS	other fruits including guava, pineapple, watermelon, melon, orange, apple, grape, banana, jackfruit or other local fruits	1	2	8
	h. ORGAN MEAT (IRON-RICH)	liver, kidney, heart or other organ meats	1	2	8
	i. FLESH MEATS	Beef, pork, lamb (mutton), goat, wild game, chicken, or other birds	1	2	8
	j. EGGS	Egg	1	2	8
	k. FISH	fresh or dried fish or shellfish	1	2	8
	l. LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds or foods made from these	1	2	8

	m. MILK PRODUCTS	Milk (animal milk, tinned or powdered milk), cheese, yogurt or skimmed milk or other milk products	1	2	8
	n. OILS AND FATS	Oil, fats or butter or foods made with any of these	1	2	8
	o. OTHER OILS	Foods made from palm oil	1	2	8
	p. OTHER FORTIFIED FOODS	Specially fortified foods (e.g. Corn soya blend (CSB) foods fortified with micronutrient powder, plumpy'nut, other Ready-to-Use Therapeutic Foods or lipid-based nutrient supplement?	1	2	8
	r. OTHER SPICES, CONDIMENTS,	Spices (black pepper, salt), condiments (soy sauce, hot sauce) fish powder or any other local examples	1	2	8
	s. OTHER SUGARY FOODS	Cookies (cake, biscuit,), sweets, chocolates, candies, pastries	1	2	8
	t. OTHER SALTY READY-MADE SNACKS	High fat, salty, pre-packaged foods, typically eaten between meals as convenience	1	2	8
	u. OTHER (Write in)		1	2	8
	Check categories a-u		IF ALL 'NO' → L12  IF AT <u>LEAST ONE</u> 'YES' or ALL 'DK' → L13		

NO.	QUESTION	CODING CATEGORY	RESPONSE	SKIP TO
L12	<p><b>CHECKER FOR L11, if MOTHER SAID ALL '02' = NO</b></p> <p>Did CHILD'S NAME eat any solid, semi-solid, or soft foods yesterday during the day or night?</p> <p>By that I mean were any of these foods thick enough that you could have picked them up with your fingers and fed them by hand?</p>	<p>01= Yes</p> <p><i>If yes repeat L11 and underline food groups in L11. Continue to L13.</i></p> <p>02= No</p> <p>08 = Don't know</p>		If 02 or 08 → L14
L13	How many times did CHILD'S NAME eat solid, semi-solid or soft foods other than liquids yesterday during the day or night?	<p>Write number of times</p> <p>98 = Don't know</p>	_ _	

	How many times did this happen?			
L14	Did CHILD'S NAME drink anything from a bottle or nipple yesterday during the day or night?	01= Yes 02= No 08= Don't know		
L15	Yesterday, during the day or night, did CHILD'S NAME eat any iron fortified formula? ( <i>example: locally available fortified formula</i> )	01= Yes 02= No 08= Don't know		
L16	Yesterday, during the day or night, did CHILD'S NAME eat any iron fortified food baby foods ( <i>example local baby foods</i> )	01= Yes 02= No 08= Don't know		
L16a L16a	At what age did you first introduce solid/semi-solid food to CHILD'S NAME?	Write age in months 98= Don't know	_ _	

	QUESTION	CODING CATEGORY	RESPONSE	SKIP TO
L17	Have you ever seen (CHILD'S NAME) eat soil?	01= Yes 02= No		If 02→L21
L18	At what age was this behavior first observed?	Write age in months 98 = Don't Know	_ _	
L19	Have you ever observed this behavior in the past 30 days?	01= Yes 02= No		If 02→L21
L20	How often have you ever observed this behavior in the past 30 days?	01= Everyday 02= Once per week 03= Couple times		
L21	Have you ever seen (CHILD'S NAME) eat chicken poop?	01= Yes 02= No		If 02→ Module M
L22	At what age was this behavior first observed?	Write age in months 98 = Don't Know	_ _	

L23	Have you ever observed this behavior in the past 30 days?	01= Yes 02= No	If 02→ Module M
L24	How often have you observed this behavior in the past 30 days?	01= Everyday 02= Once per week 03= Couple times	

### M. Responsive Feeding

NO.	QUESTION	CODING CATEGORIES	RESPONSE	SKIP TO
M0	ENUMERATOR: VERIFY L2 Is (CHILD NAME) 6 months or older?	01= Yes 02= No		If 02→ Module N
M1	Who is the primary person responsible for feeding (CHILD NAME) the main meal?	01= Mother 02= Father 03= Grandmother 04= Aunt (Mother sister-in-law) 05= CHILD NAME'S sister/brother 06= Other (specify): _____ 08= Don't know		If 08→ Module N
M2	Most of the time do they/you do anything to encourage (CHILD NAME) to eat?	01= Yes 02= No 08= Don't know		If 02or 08→Module N
M3	What did they/you do? What did they/you say?  <i>Probe: Did they/you say anything else?</i>  Do not read all answers, circle all that apply	a. Offered another food or drink b. Talked/Encouraged verbally c. Praised child for eating d. Played /laughed e. Modeled eating f. Refocused the child's attention (Show cartoon, animal) g. Ordered strongly/forced child to eat h. Threatened i. Another person helps child j. Had child sitting close to me		

		k. Let the child feed him/herself l. Let child touch the plate m. Singing, dancing, music n. Told story o. Other(specify) _____ p. Don't know	
--	--	--	--

## N. Childhood illness

Read: Think back over the last two weeks. Has (CHILD NAME) experienced any of the following symptoms?

No.	QUESTIONS AND FILTERS	RESPONSE CODES		SKIP
		Yes	No	
N1	Has (CHILD NAME) experienced <u>runny nose and cough</u> in the past two weeks?	1	2	
N2	Has (CHILD NAME) experienced <u>rapid or difficulty in breathing</u> in the past two weeks?	1	2	
N3	Has(CHILD NAME)experienced a <u>fever</u> in the past two weeks?	1	2	If 2→ N5
N4	Has(CHILD NAME)been <u>diagnosed with malaria from a health care provider</u> in the past two weeks?	1	2	
N5	In the last two weeks, has (CHILD NAME) experienced <u>three or more loose stools in a single day (within 24 hours)</u>	1	2	
N6	Has(CHILD NAME)experienced <u>at least one stool with blood</u> in the past two weeks?	1	2	
N6	Has(CHILD NAME)been <u>diagnosed with intestinal worms</u> in the past two weeks?	1	2	

## O. Drinking water

Read: Great, thank you. I have some questions about your household water sources and sanitation.

NO.	QUESTIONS AND FILTERS	CODE	RESPONSE	SKIP
O1	What is the <u>primary</u> source of <u>drinking water</u> for members of your household?	01= Piped water into dwelling 02= Piped water into yard/plot		If 01 or 02→O3

		<p>03= Public tap/standpipe</p> <p>04= Tubewell/borehole</p> <p>05= Protected dug well</p> <p>06= Unprotected dug well</p> <p>07= Protected spring</p> <p>08= Unprotected spring</p> <p>09= Rainwater collection</p> <p>10= Bottled water</p> <p>11= Cart with small tank/drum</p> <p>12= Tanker truck</p> <p>13= Surface water (river, dam, lake, pond, stream, canal, irrigation channels)</p> <p>14= Other (specify)_____</p>		
O2	<p>How long does it take to go there, get water and come back?</p> <p><i>Enumerator instructions: Only include time to get to water source and back. Do not include socializing or other errands</i></p>	<p>Write number of minutes</p> <p>480= 480 minutes or more (8+ hours)</p> <p>988= Don't know</p>	<p> _ _ _ </p>	



O3	What is the <u>secondary</u> source of <u>drinking water</u> for members of your household?	01= Piped water into dwelling 02= Piped water into yard/plot 03= Public tap/standpipe 04= Tubewell/borehole 05= Protected dug well 06= Unprotected dug well 07= Protected spring 08= Unprotected spring 09= Rainwater collection 10=Bottled water 11= Cart with small tank/drum 12= Tanker truck 13= Surface water (river, dam, lake, pond, stream, canal, irrigation channels) 14= No secondary source 15= Other (specify)_____	If 14→O5
O4	Over the past 12 months, approximately how many months do you use your secondary water source?	01= Rarely (Less than 2 months) 02= Sometimes (2+ to 3 months of the year) 03= Often (3+ to 4 months of the year) 04= Frequently (4+ to 6 months of the year)	
O5	Who usually goes to the water source to fetch the water for your household?	01= Adult woman 02= Adult male 03= Female child (less than 15 years of age) 04= Male child (less than 15 years of age) 08 = Don't know	
O6	Do you treat your water in any way to make it safer to drink?	01= Yes 02= No 08= Don't know	If 02 or 08 → skip to O8

O7	<p>What do you <u>usually</u> do to the water to make it safer to drink?</p> <p>Do not read, but circle all that apply</p>	<p>a. Boil water</p> <p>b. Add bleach/chlorine</p> <p>c. Strain it through a cloth</p> <p>d. Use water filter (ceramic/sand/composite/etc)</p> <p>e. Solar disinfection</p> <p>f. Let it stand and settle</p> <p>g. Use purifying tablets</p> <p>h. Other (Specify) _____</p> <p>i. Don't know</p>	
O8	Do you store water for drinking in the household?	<p>01= Yes</p> <p>02= No</p> <p>08 = Don't know</p>	If 02 or 08 → Module P
O9	<p>If Yes, what kind of containers are they, may I please see them?</p> <p><i>(Enumerator, observe. Narrow mouthed: opening is 3 cm or less).</i></p>	<p>01= Narrow mouthed</p> <p>02= Wide mouthed</p> <p>03= Both types</p>	
O11	<p>Who takes water from these containers?</p> <p>Read all answers, circle all that apply</p>	<p>a. Adult woman</p> <p>b. Adult male</p> <p>c. Female child (between ages 5 and 15)</p> <p>d. Male child (between age 5 and 15)</p> <p>e. Female child (less than 5 years of age)</p> <p>f. Male child (less than 5 years of age)</p>	
O12	How do you remove water from the drinking water container?	<p>01= Pouring</p> <p>02= Dipping</p> <p>03= Both Pouring and Dipping</p> <p>04= Container has a spigot or tap</p> <p>05= Other (Specify) _____</p>	If 01 or 04, skip to O14

		08= Don't Know	
O13	What do you use to remove water?	01= Same receptacle/cup used to drink from 02= Receptacle reserved for retrieving water	
O14	When were the containers cleaned last?	01= Today or Yesterday 02= Less than one week ago 03= Several Weeks ago 04= Never 05= Other (Specify) _____ 08= Don't Know/Remember	

P. Hand washing, sanitation and disposal of child's feces

**Water for other purposes, such as cooking and hand washing**

NO.	QUESTIONS AND FILTERS	CODE	RESPONSE	SKIP
P1	What is the <u>primary</u> source of water used by your household for <u>other purposes, such as cooking and hand washing</u> ?	01= Piped water into dwelling 02= Piped water into yard/plot 03= Public tap/standpipe 04= Tubewell/borehole 05= Protected dug well 06= Unprotected dug well 07= Protected spring 08= Unprotected spring 09= Rainwater collection 10=Cart with small tank/drum 11= Tanker truck 12= Surface water (river, dam, lake, pond, stream, canal, irrigation channels) 13= Other (specify) _____		If 01 or 02 →P3
P2	How long does it take to go there, get water and come back?	Write number of minutes	_ _ _	

		480= 480 minutes or more (8+ hours) 988= Don't know	
P3	What is the <u>secondary</u> source of water used by your household for <u>other purposes, such as cooking and hand washing</u> ?	01= Piped water into dwelling 02= Piped water into yard/plot 03= Public tap/standpipe 04= Tubewell/borehole 05= Protected dug well 06= Unprotected dug well 07= Protected spring 08= Unprotected spring 09= Rainwater collection 10=Cart with small tank/drum 11= Tanker truck 12= Surface water (river, dam, lake, pond, stream, canal, irrigation channels) 13= No secondary source 14= Other (specify)_____	If 13→P5
P4	Over the past 12 months, approximately how many months do you use your secondary water source for cooking and hand washing?	01= Rarely (Less than 2 months) 02= Sometimes (2+ to 3 months of the year) 03= Often (3+ to 4 months of the year) 04= Frequently (4+ to 6 months of the year)	

### Hand Washing

NO.	QUESTIONS AND FILTERS	CODE RESPONSE	SKIP
P5	When do you usually wash your hands?  <i>(Do not read responses. Allow respondent to answer first, and then ask how often by probing, with never, always or sometimes. If respondent</i>		

NO.	QUESTIONS AND FILTERS	CODE RESPONSE	SKIP
	<i>does not mention an activity, such as “before eating”, circle 01 for Never.)</i>		
	a. before eating	01= Never 02= Always 03= Sometimes	
	b. before preparing food	01= Never 02= Always 03= Sometimes	
	c. Before feeding the child	01= Never 02= Always 03= Sometimes	
	d. after toilet use	01= Never 02= Always 03= Sometimes	
	e. after changing a baby	01= Never 02= Always 03= Sometimes	
	f. Other	01= Never 02= Always 03= Sometimes	

**Observation section:**

Read: I'd like you to please show me where you store your drinking water, and also where you most often wash your hands.

NO.	QUESTIONS AND FILTERS	CODE/RESPONSE	SKIP TO
P6	Can you please show me where you store your drinking water?  <i>Observe: Are the containers covered?</i>	01= All are covered 02= Some are covered 03= None are covered	

		04= No permission to see	
P7	<p>Thanks, can you show me where you most often wash your hands?</p> <p><i>(Ask to see and observe. Record only one hand washing place. This is the hand washing place that is used most often by the respondent or household.)</i></p>	<p>01 =Inside/within 10 paces of the toilet facility</p> <p>02= Inside/within 10 paces of the kitchen/cooking place</p> <p>03= Elsewhere in home or yard</p> <p>04= Outside yard</p> <p>05= No specific place</p> <p>06= No permission to see</p>	If 6 → P12
P8	<p><b>OBSERVE:</b> <i>Is water present at the specific place for hand washing?</i></p> <p><i>Enumerator: If there is a tap or pump present at the specific place for hand washing, open the tap or operate the pump to see if water is coming out. If there is a bucket, basin, or other type of water container, examine it to see whether water is present in the container. Record observation.</i></p>	<p>01= Yes (Water is available)</p> <p>02= No (Water is not available)</p>	
P9	<p><b>OBSERVE:</b> <i>Is soap or detergent present at the specific place for hand washing?</i></p> <p><i>Enumerator: record observation. Circle all that apply.</i></p>	<p>a. Bar soap</p> <p>b. Detergent (powder/liquid/paste)</p> <p>c. Liquid soap (including shampoo)</p> <p>d. None</p>	If 'a, b, c' for P9 and 'a, b, c' P10 → P12
P10	<p><b>OBSERVE:</b> <i>Is locally sourced cleansing agent present at the specific place for hand washing?</i></p> <p><i>Enumerator: Record observation. Circle all that apply.</i></p>	<p>a. Ash</p> <p>b. Mud/sand</p> <p>c. None</p> <p>d. Other (specify) _____</p>	
P11	Do you have soap/local sourced cleansing agent in your house?	<p>01= Yes</p> <p>02= No</p> <p>08= Don't know; N/A</p>	If 02 or 08 → P12

P11a	Can I please see your soap/locally sourced cleansing agent? <i>Circle all that apply.</i>	a. Soap present b. Ash present c. None available	
------	--	--	--

P12	What kind of toilet facility do members of your household <u>usually</u> use?	01 = Flush/pour flush to piped sewer system 02= Flush/pour flush to septic tank 03= Flush/pour flush to pit latrine 04= Flush/pour flush to elsewhere 05= Flush/pour flush unknown place/not sure DK where 06= Ventilated improved pit latrine (VIP) 07= Pit latrine with slab 08= Pit latrine without slab/open pit 09= Composting toilet 10= Bucket 11= Hanging toilet/hanging latrine 12= No facilities/bush/field 13= Other (specify) _____	If 12 →P15
P13	Do you share this facility with other households?	01= Yes 02= No	if 2=No → P15
P14	How many households use this facility?	Write number of households 98 = Don't know	_ _
P14a	Whose household members of your immediate family use this toilet?  Do not read, circle all that apply.	a. Male adults b. Female adults c. Male children d. Female children	

		e. Others	
P15	The last time (child name) passed stool, where did he/she defecate?	01= Used potty 02= Used washable diaper 03= Used disposable diaper 04= Went in his/her clothes 05= Went in house 06= Went outside of house/yard 07= Used latrine 08 =Don't know	If 07= →Module Q
P16	The last time (child name) passed stool, what was done to dispose of the stools?	01= Dropped into toilet facility/latrine 02= Buried 03= Put into container for trash 04= In yard 05= In sink or tub 06= Thrown into waterway 07= Washed or rinsed away 08= Don't know	If 1-6, →P18
P17	If "washed or rinsed away", probe where the waste water was disposed?	01= Dropped into toilet facility 02= Put into container for trash 03= In yard 04= Outside of yard 05= Into sink or tub 06= Thrown into waterway 08= Don't know	
P18	What sanitary item do you <u>usually</u> use when you are menstruating?  <u>Do not</u> read answers	01 = Nothing (not menstruating) 02 = Old cloth 03 = Reusable pads	



		04 = Disposable pads 05= Tampons 06= Other (specify) _____ 08= Don't know	
--	--	--	--

## Q. Women's Empowerment

### Mobility

Read: Now I would like to ask you about going places. Please tell me whether you can to go to the following places on your own, only if someone accompanies you, or not at all?

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
Q1	Can you go to the <u>market to buy or sell things</u> , on your own, only if someone accompanies you, or not at all?	01= Not at all 02= If someone accompanies me 03= On my own	
Q2	Can you go <u>fetch water</u> ?	01= Not at all 02= If someone accompanies me 03= On my own	
Q3	Can you go to <u>training courses, including adult literacy classes</u> ?	01= Not at all 02= If someone accompanies me 03= On my own	
Q4	Can you go to the <u>health facility</u> (when you are sick)?	01= Not at all 02= If someone accompanies me 03= On my own	
Q5	Can you go to a <u>community meeting</u> ?	01= Not at all 02= If someone accompanies me 03= On my own	
Q6	Can you go to <u>homes of close-by</u> friends on your own, only if someone accompanies you, or not at all?	01= Not at all 02= If someone accompanies me 03= On my own	
Q7	Can you go to <u>outside the village</u> ?	01= Not at all 02= If someone accompanies me 03= On my own	

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
Q8	Can you go to <u>church or mosque</u> ?	01= Not at all 02= If someone accompanies me 03= On my own	

### Community Social Capital

Read: I would now like to ask you some questions about your community. For each of the following statements do you: STRONGLY DISAGREE, DISAGREE, ARE UNDECIDED, AGREE, OR STRONGLY AGREE?

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
Q9	You can rely on people in your community to help you if you have difficulty breastfeeding your baby.	01= Strongly disagree 02= Disagree 03= Neither agree or disagree 04= Agree 05= Strongly agree	
Q10	You can rely on people in your community to help you if you can't provide your child with enough healthy food.	01= Strongly disagree 02= Disagree 03= Neither agree or disagree 04= Agree 05= Strongly agree	
Q11	You can rely on people in your community to help take care of your children/household if you need to go to health facility/institution.	01= Strongly disagree 02= Disagree 03= Neither agree or disagree 04= Agree	

		05= Strongly agree	
Q12	You can rely on people in your community to help deal with a violent or difficult family member.	01= Strongly disagree 02= Disagree 03= Neither agree or disagree 04= Agree 05= Strongly agree	
Q13	You can rely on people in your community to help take care of your children/household if you need to go outside the home to work.	01= Strongly disagree 02= Disagree 03= Neither agree or disagree 04= Agree 05= Strongly agree	

### Household Decision-making

Read: Now, I would now like to ask you about who usually makes decisions in your household.

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
Q14	In your household who usually makes decisions about own <u>health care</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q15	In your household who usually makes decisions about <u>your child's health</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q16	In your household who usually makes decisions about <u>large household purchases</u> ?	01= You (respondent) 02= Your husband	

	<i>Probe: (give local examples of large purchases)</i>	03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q17	In your household who usually makes decisions about <u>household purchases for daily needs</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q18	In your household who usually decides <u>when you visit family/relatives or friends</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q19	In your household who usually decides <u>when your whole household will visit family/relatives/friends</u>	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q20	In your household who usually decides <u>how to use money that you bring into the household</u> ?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	

Q21	In your household who usually decides how to use the <u>money your husband</u> brings into the household?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q22	In your household who usually decides when your family will sell a <u>large asset</u> (like a cow, sheep, goat)?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q23	In your household who usually decides when your family will sell a <u>small asset</u> (like a chicken)?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
Q24	In your household, who usually decides <u>whether you can work to earn money?</u>	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	

Read: The next two questions ask about the relationship with your husband/spouse.

Q25	In your household, who usually decides <u>when you and your husband have sex?</u>	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____ 07= No husband/spouse	If 7→Skip to Q27
Q26	In your household, who usually decides <u>whether you and your husband use family planning?</u>	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____ 07= No husband/spouse	

Q27	In your household, who usually decides <u>whether to give the baby something other than breast milk</u> during the first 3 days after birth?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____ 07= No husband/spouse	
Q28	In your household, who usually decides <u>when to first introduce soft or solid food</u> to your child?	01= You (respondent) 02= Your husband 03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____ 07= No husband/spouse	
Q29	If there is not enough food in the household, who decides <u>how food is shared</u> among family members?	01= You (respondent) 02= Your husband	

	03= Both you and your husband 04= Mother/Father In-law 05= Mother/Father 06= Other (specify)_____	
--	--	--

### Gender Attitude and Belief: Tolerance of Intimate Partner Violence

Read: Sometimes a husband is angry with his wife. In your opinion, is a husband justified in hitting his wife in the following situations

No.	QUESTIONS AND FILTERS	RESPONSE CODES		SKIP
		Yes	No	
Q30	Is he justified in hitting his wife, if she goes out without telling him?	1	2	
Q31	Is he justified in hitting his wife, if she neglects their children?	1	2	
Q32	Is he justified in hitting his wife, if she argues with him?	1	2	
Q33	Is he justified in hitting his wife, if she refuses to have sex with him?	1	2	
Q34	Is he justified in hitting his wife, if she did not cook the food properly?	1	2	

### R. Community group and Government safety net participation

NO.	QUESTION	RESPONSE CODES			SKIP TO
		YES, there is program but <u>NOT</u> participant	NO program or don't know	YES there is program <u>AND</u> active participant	
R1	Are any .... active community programs in your village?				
a	Agriculture (example: local program name)	1	2	3	
b	WASH (example: local program name)	1	2	3	



c	Nutrition (example: local program name)	1	2	3	
d	Maternal Health (example: local program name)	1	2	3	
e	Child Health (example: local program name)	1	2	3	
f	Education (example: local program name)	1	2	3	
g	Economic Development [ <i>Equb</i> (local saving)]	1	2	3	
h	Women's Empowerment (example: local program name)	1	2	3	
i	Climate Change (example: local program name)	1	2	3	
j	Other ((example: local program name) Idir	1	2	3	

NO.	QUESTION	RESPONSE CODES			SKIP TO
		YES, there is group but NOT member	NO group don't know	YES there is group AND active member	
R2	Are any .... active community groups in your village?				
a	Agriculture [community water shade development association, community irrigation users' association, community seed multiplication cooperative, Irrigation administration committee (Simada), farmer innovation group (Ebinat), community research group (Ebinat), Kebele PSNP committee]	1	2	3	
b	WASH [Kebele water asset administration committee, village level water users committee (for maintenance, labor cost and money contribution), WASHCO (water and sanitation committee)]	1	2	3	
c	Nutrition [mothers support group (Simada), women self help saving group for seed purchase and fruit and vegetable production (Simada), development army (1-5)]	1	2	3	
d	Maternal Health [development army (1-5)]	1	2	3	
e	Child Health [development army (1-5)]	1	2	3	
f	Education [Kebele education and training board, parent-teacher integrity, school clubs, village development army]	1	2	3	

g	Economic Development [ <i>Equb</i> (local saving), rural saving and credit cooperative (RUSACCO) at village level, women self help saving groups, youth self help saving groups, women IGA groups, youth IGA groups, development army (Kebele and village), animal fattening cooperative (Ebinat), bee product market cooperative (Ebinat), essence and gum producing cooperative (Ebinat)]	1	2	3	
h	Women's Empowerment [village level women self help saving groups, village level youth self help saving groups, females IGA groups, youth IGA groups, women development team ( 1- 5 ), youth development team ( 1- 5 ), women, youth and community forum, women, youth and parents forum (both forum work to create enabling environment for women and youth economic empowerment), gender based community conversation group at village level (Tach Gaynt)]	1	2	3	
i	Climate Change [village level natural resource conservation committee, Kebele development team (1-5 at village), energy-saving stove production association (Woreda level), landless youth association (engaged on mountain forestry – Simada ), Kebele level energy-saving stove production association (to be established – Ebinat and Simada) ]	1	2	3	
j	Other ((example: local program name)	1	2	3	

NO.	QUESTION	RESPONSE CODES			SKIP TO
		YES, there is program but <u>NOT participant</u>	NO group or don't know	YES there is program <u>AND active participant</u>	
R3	<b>Are any .... government programs (social safety net) in your village?</b>				
a	Agriculture [water shade development, small scale irrigation, seed multiplication, innovation and research (Ebinat), PSNP]	1	2	3	
b	WASH [Kebele and village WASH]	1	2	3	
c	Nutrition [health extension program, fruits and vegetable production, development army ]	1	2	3	

d	Maternal Health [health extension program and development army ]	1	2	3
e	Child Health [health extension program and development army ]	1	2	3
f	Education [village development army]	1	2	3
g	Economic Development [rural saving and credit, self help and IGAs, development army (Kebele and village)]	1	2	3
h	Women’s Empowerment [village self help and IGA, women development team ( 1- 5 ), youth development team ( 1- 5 ) and gender based community conversation group at village level (Tach Gaynt)]	1	2	3
i	Climate Change [natural resource conservation, development team (1-5 at village), energy-saving stove production (Woreda level), forestry, energy-saving stove production (planned – Ebinat and Simada) ]	1	2	3
j	Other (example: local program name)	1	2	3

NO.	QUESTION	RESPONSE CODES	
		Yes	No
R4	Please tell me whether, in the last 12 months you or other members of your household has received any of the following inputs or direct assistance?  <i>Instructions: Read all options</i>		
a	Food for work	1	2
b	School feeding program	1	2
c	Plot or land for household consumption	1	2
d	Seeds	1	2
e	Ag tools/implements	1	2
f	Livestock	1	2
g	Poultry	1	2

h	Fisheries	1	2
i	Vehicle	1	2
j	Sewing machine	1	2
k	Latrine (new or renovated)	1	2
l	Water pump (new or renovated for irrigation)	1	2
m	Agricultural inputs (fertilizers or seedling)	1	2
o	Other (Specify)	1	2

Record <u>time</u> the interview ended in 24 hour format	HOUR	_ _
	MINUTES	_ _

**READ: Thank you for your time and participation. This concludes the household survey part. Next, we will take the height, weight and arm measurements of your and child under three.**

### S. Mother's Anthropometry (Part I)

Read: Now I would like to take your height and weight measurements.

MEASUREMENTS FOR MOTHER				
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	RESPONSE	SKIP TO
S1	Mother's Age	Copy from Page 5 C1	_ _	
S2	Pregnancy status	01=Pregnant 02= Not pregnant <i>but</i> lactating 03= Not Pregnant and <i>not</i> lactating		If 01 → S5
S3	Mother's height in centimeters	Write in measurement (centimeters) 988.8 = Don't know	_ _ _ . _  cm	
S4	Weight of Mother	Write in measurement (kilograms) 988.8 = Don't know	_ _ _ _ . _  kg	
S5	MUAC Measurement	Write in measurement (centimeters) 98.8 = Don't know	_ _ . _  cm	

## Z. Child's Anthropometry (Part I)

Read: Now I would now like to take length and weight of child's name.

NO.	QUESTIONS	CODING CATEGORIES	RESPONSE	SKIP TO
Z1a.	Child's Date of Birth	Copy from Module B 98 98 98 = don't know	_ _ _   _ _ _  20 _ _ _  dd mm yy	
Z2	Childs age in Months	Copy from Module B  Write age in <u>completed</u> months 00= Less than 30 days 98= Don't know	_ _ _  months	
Z3	What is the sex of (child's name)? Copy from Module B	01= Male 02= Female		
Z4	What is the weight of child	Write in kilograms 98.8= Don't Know	_ _ _ . _ _  kg	
Z5a.	What is the length/height of the child?	Write in centimeters 988.8= Don't know	_ _ _ _ _ . _ _  cm	
Z5b.	Was the height or length of child taken	01= Height 02= Length 08= Don't know		
Z6	Is bilateral oedema present in the child?	01= Yes 02= No		

**If child is less than 24 months of age, anemia eligible, read the following:**

Thank you for your participation. In addition, as part of this survey, we are asking people to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection or chronic disease. This survey will assist the program to develop programs to prevent and treat anemia. We would like to invite a health professional to stop by your house and administer anemia test for both you and your child. Is this OK with you?

If the child is older than 24 months of age:

Thank you for your participation.

## S. Mother's Anemia (Hemoglobin) Part II

Household ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _
--------------	-----------------------------

### Consent for Anemia.

As part of this survey, we are asking people to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection or chronic disease. This survey will assist the program to develop programs to prevent and treat anemia.

We ask that all women born between 1964 and 1998 take part in anemia testing and give a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately. The result will be kept strictly confidential [no names will be taken] and will not be shared with anyone other than members of our survey team.

You can say yes to the test or you can say no. It's up to you to decide. Do you have any questions?

S6	Do you agree to participate in the anemia test?	01=Granted 02= Refused	Anemia tester (blood sample collector) sign name  _____	If 02 → Module Z
S7	Mother's Hemoglobin (Fingerprick sample)	Write in response 98.8 = Machine Error	_ _ _ . _  g/dL	

## Z. Child's Anemia (Hemoglobin) Part II

Household ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _
--------------	-----------------------------

Consent for Anemia (READ)

As part of this survey, we are asking people to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection or chronic disease. This survey will assist the program to develop programs to prevent and treat anemia.

We ask that all children born between January 2012 to present take part in anemia testing and give a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

You can say yes to the test or you can say no. It's up to you to decide. Do you have any questions?

NO.	QUESTIONS	CODING CATEGORIES	RESPONSE	SKIP TO
Z7	Will you allow (CHILD NAME) to participate in the anemia test?	01=Granted 02= Refused	Enumerator sign name _____	If 02→Z9
Z8	Hemoglobin (Fingerprick sample)	Record reading 98.8= DK/Test error	_ _ . _  g/dL	
Z9	DO NOT READ: Write down which measurement was taken of child  Result of Measurements  Circle one option	01=Measured weight only 02= Measured height only 03= Measured anemia only 04= Measured weight and height only 05= Measured weight and anemia only 06= Measured height and anemia only 07= Measured weight, height and anemia 08= Child not present 09=Refused 10=Other(Specify)_____		
<b>READ: Thank you for participation. Do you have any final questions? Have a good day.</b>				

Appendix 3: Nutrition at the Center Baseline Amharic Survey Questionnaire, 2013.

CARE Ethiopia

ኬር ኢትዮጵያ

የሰነድ ምግብ ትኩረት ፕሮግራም

የቤተሰብ መገኛ ጥናት 2013/2005

የቤተሰብ መለያና ማጠቃለያ

የቤተሰብ መለያ

ተ.ቁ	አካባቢ	ኮድ	መልስ
A1	አገር	01=ቤኒን 02=ኢትዮጵያ 03=ባንግላዲሽ 04=ዛምቢያ	_ _
A2	የክልል ስም፣ _____		ኮድ፣  _ _ _
A3	የወረዳ ስም፣ _____		ኮድ፣  _ _ _
A4	የንዑስ ወረዳ ስም፣ _____		ኮድ፣  _ _ _
A5	የቀበሌ (ማዘጋጃ) ስም፣ _____		ኮድ፣  _ _ _
A6	የመንደር/ጎጥ ስም፣ _____		ኮድ፣  _ _ _
A7	የቤተሰብ ቁጥር (1—XX)		_ _

የቃለ መጠይቅ መረጃ

A8	የቃለ መጠይቅ ቀን	_ _	_ _	20 _ _
		ቀን	ወር	ዓ.ም

		የመጀመሪያ ፊደላት	የስራ ልደረግ ኮድ/ቀን
A9	የቃለ መጠይቅ አድራጊው (የጠያቂው) ስም (3 ፊደላት እና ኮድ)		_ _
A10	የመስክ ተቆጣጣሪ ድህረ ዕይታ/ክለሳ አስፈጻሚ (3 ፊደላት እና ኮድ)		_ _
A11	ጥናቱ ተጠናቋል	01 = አዎ 02 = አይደለም	



መረጃ ለማስገቢያ ብቻ የሚውል	የመጀመሪያ ፊደላት	የጸሐፊ ኮድ	መረጃ የገባበት/የተረጋገጠበት ቀን
የመጀመሪያ መረጃ አስገቢ (የመረጃ አስገቢ 3 ፊደላትና ቀን ጻፍ)			
የሁለተኛ መረጃ አስገቢ (የመረጃ አስገቢ 3 ፊደላትና ቀን ጻፍ)			
የሚያረጋግጥ ተቆጣጣሪ እና ቀን ጻፍ			

**የማጣሪያ/የመለያ ጥያቄ**

<p><b>ስምምነት/ፋቃድ</b></p> <p>ጤና የሰጥልኝ፣ ስሜ ----- ይባላል ከ----- አማካሪ ድርጅትና መንግስታዊ ካልሆን ድርጅት ጋር አሰራለሁ። ስምዎት ማን ይባላል? እንደምን ከርመዋል (በመገናኘታች ደስ ብሎኛል)።</p> <p>የኛ ቡድን ዛሬ ለጥናት እርስዎ መንደር/ጎጥ ይገኛል እና ለጥናታችን ጥያቄዎች ልንጠይቅዎት እንፈልጋለን። የምንሰበስበው መረጃ ለፕሮግራም ዕቅድ፣ አፈጻጸምና ግምገማ አገልግሎት ጥቅም ላይ ይውላል። ከ3 አመት በታች ዕድሜ ያላቸውን እናቶች ቃለ መጠየቅ እናደርጋለን። 3 ዓመትና ከዚህ ዕድሜ በታች የሆኑ ልጆች አልዎት?</p>	ልጅ 1	<p>h0 እስከ &lt;6</p> <p>h6 እስከ &lt;12</p> <p>h12 እስከ &lt;18</p> <p>h18 እስከ &lt;24</p> <p>h24 to &lt;36</p>
	ልጅ 2	<p>h0 እስከ &lt;6</p> <p>h6 እስከ &lt;12</p> <p>h12 እስከ &lt;18</p> <p>h18 እስከ &lt;24</p> <p>h24 እስከ &lt;36</p>
	ልጅ 3	<p>h0 እስከ &lt;6</p> <p>h6 እስከ &lt;12</p> <p>h12 እስከ &lt;18</p> <p>h18 እስከ &lt;24</p> <p>h24 እስከ &lt;36</p>
	የተመረጠው የልጅ እድሜ	<p>h0 እስከ &lt;6</p> <p>h6 እስከ &lt;12</p>

	h12 እስከ <18
	h18 እስከ <24
	h24 እስከ <36

ቃለ መጠይቁ የተጀመረበትን ጊዜ በ 24 ሰዓት ይዘት (አቀማመጥ) ጻፍ/መዝግብ	ሰዓት፣	_ _
	ደቂቃ፣	_ _

<b>ስምምነት/ፋቃድ</b>	<p>እርስዎ በዚህ የጤና ጥናት ውስጥ እንዲሳተፉ በግምት (በነሱ ወይም ባጋጣሚ) ተመርጠዋል። የእርስዎን የልጅዎንና የቤተሰብዎን ጤና እና ደህንነት እንዲሻሻል ከጤና ጥበቃ ሚኒስቴር (ጤና ቢሮ) ጋር አብረን እንሰራለን። ይህንንም ስራ ለመስራት፣ እርስዎን ስለ ቤተሰብዎ፣ ግብርና ልምድ፣ ስላሎት የምግብ አይነቶች፣ ስለምግብ ብዝሃነት፣ ስርዓተ ጾታ እና ስለ ቡድን ተሳትፎ ጥያቄዎችን ልንጠይቅዎ እንፈልጋለን። የእርስዎን ቁመት፣ ክብደትና የላይኛው ክንድዎን መጠን ከ3 አመት ዕድሜ በታች ከሆነ ማንኛውም ልጅ ድግሞ ርዝመትና ክብደት መጠን መለካት/መውሰድ እንፈልጋለን። ለደም ማነስ ምርመራ፣ በተጨማሪ የእርስዎን ከ3 አመት ዕድሜ በታች የሆኑ ልጆችን የደም ማነስ ሁኔታ ወይም በደም ውስጥ ዝቅተኛ ንጥረ ነገር (አይረን) ሁኔታ አነስተኛ የደም ናሙና ከጣት (ከተረከዝ) በመውሰድ ምርመራ እናደርጋለን እንዲሁም ምርመራውን ወዲያው እናደርግና ውጤቱንም እንግርዖታለን/እናካፍልዎታለን። ይህንን በኋላ በይበልጥ በዝርዝር እልጻለሁ።</p> <p>እርስዎንና መልስዎችዎን መለየት የሚችል ማንኛውንም አይነት ግለሰባዊ መረጃ አንመዘግብም እንዲሁም መልስዎች ሚስጥራዊነታቸው የተጠበቀ ይሆናል። ሊገነዘቡት/ሊያውቁት የሚገባው የእርስዎ ተሳትፎ ሙሉ በሙሉ በፍቃደኝነት ላይ የተመሰረተ ነው እና በማንኛውም ጊዜ ያለመሳተፍ ሊመርጡ ይችላሉ እንዲሁም በጥናቱ መሳተፍ በማንኛው ጊዜ ሊያቋርጡ ይችላሉ።</p> <p>ለኔ ማንኛውም ጥያቄዎች አልዎት?</p>		
<b>A16</b>	በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት?  መረጃ ሰብሳቢ፣ መላሸዋ፣ ዕድሜው በ0 እና በ 36 ወራት መካከል ዕድሜ ያለው ልጅ እናት ነች?	01 = አዎ  02 = አይደለም	<b>02= አይደለም</b> ፣ ከሆነ ስለ ጊዜያቸው አመስግነህ ጥናቱን አጠናቅ

**B. የልጅ መረጃ**

ከታች ያለው መረጃ የሚሰበሰበው ቃለ መጠየቅ ለሚደረግላት በህይወት ላለ ልጅ ነው። የልጁም ዕድሜ በዓ እና በ 36 ወራት መሃከል ባሉ ዕድሜዎች መሆን አለበት።

ተ. ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ	እለፍ
B0	የልጅዎ ስማ ማነው? ለመረጃ ሰብሳቢ መመሪያ፣ ትኩረት የሚደረግበትን (የታሰበውን) ልጅ ለይና ስሙን ጻፍ።		
B1	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ወንድ ወይስ ሴት ነው?	01=ወንድ 02=ሴት	
B2	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) የጤና ፓስፖርት/የልጅ ካርድ/የክትባት ካረድ አለው ? (እና ሌላ ቋንቋዎች)	01= አዎ 02=አይደለም	
B3	የልጁ/ቷ የልደት ቀን (የተወለደበት ቀን) መቼ ነው? (ትክክለኛው የልጅ ዕድሜ)	የልደት ቀን ጻፍ 99 99 99 = አላውቅም	_ _ _   _ _ _   _ _ _  ቀን ወር ዓ.ም
B4	የ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ዕድሜው/ዋ ስንት ነው? ማሳሰቢያ፣ ትክክለኛ የልጁ/ቷን ዕድሜ ጻፍ። (የወር/ መለወጫ ሰንጠረዥ/ወቅት ወይም የክስተት አቆጣጠር ተመልከት/አመሳክር)	እድሜ በሙሉ ወራት ጻፍ 00= ከ30 ቀናት ላነሰ 98= አላውቅም	_ _ _
B5	መረጃ ሰብሳቢ፣ አረጋግጥ አታንብብ የ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ዕድሜው/ዋ የተረጋገጠው እንዴት ነው?	01=አዎ፣ በጤና ፓስፖርት (ወይም በጤና ካርድ፣ ሌላ ሰነድ) 02= አዎ፣ የእናት ማስታወስ 03 = በሌላ ሰነድ? 04= አይቻልም/አልተገኘም፣ አልተረጋገጠም	
B7	የ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ክብደት ሲወለድ ስንት ነበር?	በኪሎ ግራም ጻፍ 98.8 = አይታወቅም/አላውቅም	_ _ _ . _ _
B8	መረጃ ሰብሳቢ፣ አረጋግጥ አታንብብ የ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ክብደት ተረጋግጧል?	01=አዎ፣ በጤና ፓስፖርት ( 02= አዎ፣ የእናት ማስታወስ 03 = አይቻልም/አልተገኘም፣ አልተረጋገጠም	

**C. የእናት መረጃ**

**መመሪያ፡** ይህ የሚመዘገበው ለሚፈለገው (ለተለየው) ልጅ (ከ36 ወራት ዕድሜ በታች) እናት መሆኑን አረጋግጥ፡ ይህች እናት ያለፈውን ክፍል መልስ የሰጠች ካልሆነች፡ እንደገና ጥናቱን በማስተዋወቅ የቃል ይሁታዋን (ስምምነቷን) አግኝ፡፡

**አንብብ፤ መጀመር የምፈልገው በሁለት የተከፈሉ ጥያቄዎችን ስለ እርስዎና ልጅዎ በመጠየቅ ነው፡፡**

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ		እለፍ
CO	የተወለዱበት ቀን መቼ ነው?  <i>የመላሽ የውልደት ቀን ከ 1960 (እ.አ.አ) በፊት ወይም ከ 1990 (እ.አ.አ) በኋላ ከሆነ ለቃለ መጠይቅ ብቁ አይደሉም፡</i>	_ _ _ _ _ _ _  19 _ _ _  ቀን            ወር            ዓ.ም		ዕድሜ ከ15 አመት በታች ወይም ከ49 አመት በላይ ከሆነ ጥናቱን አጠናቅ
	ዕድሜዎ ስንት ነው?  <b>መረጃ ሰብሳቢ፤</b> ዕድሜው ከመጨረሻ የልደት (የውልደት ቀን) አረጋግጥ፡፡ ከተ.ቁ CO አመሳክር/አረጋግጥ	ዕድሜ በአመት ይጻፍ	_ _ _	
	የአሁኑ የትዳር ሁኔታ ምንድነው?	01 = ያገቡ (ከአንድ የትዳር ጓደኛ ብቻ) 02 = ያገቡ (ከአንድ የትዳር ጓደኞች በላይ) 03 = የተፋቱ ወይም የተለያዩ 04 = የትዳር ጓደኛ በሞት የተለያዩ 05 = የትዳር ጓደኛ የሌላቸው (ፈጽሞ ያላገቡ) 06 = ከጓኛ አብረው የሚኖሩ (ከአንድ ጓደኛ ጋር) 07 = ከጓኛ አብረው የሚኖሩ (ከአንድ በላይ ጓደኛ ጋር)		05፣ 06 ወይም 07 ከሆኑ፣ ወደ ተ.ቁ → C4 እለፍ
	በመጀመሪያ ትዳር በያዙበት ወቅት ዕድሜዎ ስንት ነበር?	ዕድሜ በአመት ይጻፍ	_ _ _	
	የዚህ ቤተሰብ ኃላፊ (አባወራ ወይም እማወራ) ማነው (ማነች)?	01 = ወንድ ኃላፊ (አባወራ) ቤተሰብ 02 = ሴት ኃላፊ (እማወራ) ቤተሰብ 03 = የጋራ (ወንድና ሴት) ኃላፊዎች ቤተሰብ		
	ከቤተሰቡ ኃላፊ ጋር ያልዎት ግንኙነት (ዝምድና) ምንድነው?	01 = እራስ (የሴት ኃላፊዎች) 02 = የቤተሰብ ኃላፊ የትዳር ጓደኛ (ባለቤት) 03 = የቤተሰብ ኃላፊ ወንድም ወይም አህት 04 = የቤተሰብ ኃላፊ ልጅ		

		05 = የቤተሰብ ኃላፊ ወላጅ 06 = የቤተሰብ ኃላፊ የልጅ ልጅ 07 = የቤተሰብ ኃላፊ አያት 08 = ሌላ	
	መደበኛ ትምህርት አግኝተው ያውቃሉ(ትምህርት ተከታትለዋል)?	01= አዎ 02= አይደለም	02=አይደለም ከሆነ ወደ ተ.ቁ C8 አለፍ
	ያጠናቀቁት ከፍተኛ የትምህርት ደረጃ ምንድነው (ስንት ነው)?	01= የተወሰነ መጀመሪያ ደረጃ ትምህርት 02= የመጀመሪያ ደረጃ ትምህርት አጠናቀዋል 03= Some Secondary 04= የተወሰነ የሁለተኛ ደረጃ ትምህርት አጠናቀዋል 05 = የተወሰነ የከፍተኛ ደረጃ ትምህርት አጠናቀዋል 06= የከፍተኛ ደረጃ ትምህርት አጠናቀዋል 07 = የጎልማሶች ትምህርት 07 = የሙያ ትምህርት (ትምህርት ቤት) 98 = አላውቅም	
	ይህንን ዐርፍተ ነገር ሊያነቡልኝ ይችላሉ?  ለመላሽዎ የሚቀጥለውን ዐርፍተ ነገር የያዘ ካርድ አሳይ፣ ልጁ መጽሃፍ እያነበበ ነው።።  የማንበብ ችሎታዎን የሚገልጸውን መልስ ክበብ	01= በፍጹም ማንበብ አልቻለችም   02= በከፊል ዐርፍተ ነገሩን ማንበብ ችላለች 03= ሁሉንም ዐርፍተ ነገር ማንበብ ችላለች 04= ቋንቋ ሊኖር አልቻለም (አልተገኘም) (ይገለጽ)----- 05= አይነ ሰውር/የማየት ሁኔታ የቀነሰ (ማየት ያልተቻለ)	
	ለምን የህል ጊዜ ነፍስ ጡር ሆነዋል (ጸንሰዋል)?	መልሱን ጻፍ 98= አላውቅም	_ _
	በአሁኑ ጊዜ ነፍስ ጡር ነዎት (ጸንሰዋል)?	01= አዎ 02= አይደለም 98 = አላውቅም	
	በህይወት ያሉ ምን ያህል ልጆች አለዎት?	መልሱን ጻፍ 98= አላውቅም	_ _

**የቤተሰብ ባህሪያት መሰረታዊ መረጃ**

አንብብ፤ አሁን ደግሞ የተወሰኑ ጥያቄዎች ስለ ቤተሰብዎና ቤተሰብዎ ስላሉት ነገሮች ልጠይዎት ወደድሁ።

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ		እለፍ
	በዚህ ቤተሰብ ውስጥ ምን ያህል ሰዎች ይኖራሉ?  ምን ያህል ሰዎች (በሁሉም ዕድሜ ክልል ውስጥ ያሉ) በአንድ ገበታ ምግብ ይጋራሉ?	ቁጥር ይጻፍ	_ _	
D1a	በአሁኑ ጊዜ ቤተሰብዎ በሴፍቲኔት ፕሮግራም ውስጥ እየተሳተፈ ነው (ተመርጠዋል)?	01= አዎ 02= አይደለም		
	ቤተሰብዎ የሚታረስ (የእርሻ) መሬት አለው?	01= አዎ 02= የለም		
	የራስዎ ቤት አለዎት?	01= አዎ 02= አይደለም		
	ቀጥሎ ስለ ቤት እንሰሳት እርባታ እጠይቅዎታለሁ፤ ቤተሰብዎ ምን ያህል? ላም ፍየል በግ ዶሮ አሳማ ፈረስ አህያ በቅሎ ሌላ	የእንሰሳት ቁጥር ይጻፍ  00= የለም 95= 95+ 98= አላውቅም	_ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _	ሁሉም 00 ከሆነ፤ ወደ ተ.ቁ D6a እለፍ
	ማታ፤ የሚተኙበት ቤት ውስጥ የሚያድሩ (የሚኖሩ) እንሰሳት አሉ?	01= አዎ 02= አይደለም		02= አይደለም ከሆነ፤ ወደ ተ.ቁ → D6a እለፍ

	<p>በማታ በሚተኙበት ቤት ውስጥ የሚያድሩ (የሚኖሩ) ማንኛውም እንስሳት ይኖራሉ?</p>	<p>ላም ፍየል በግ ዶሮ አሳማ ፈረስ አህያ በቅሎ ሌላ</p>	
D6a	<p>በማታ በሚተኙበት ቤት ውስጥ ሌላ እንስሳት ይኖራሉ (የቤት እንስሳትን ያካትታል)?</p>	<p>01= አዎ 02=አይደለም</p>	

**መመሪያ፤** ከቤት ውስጥ ካልሆኑ፣ እናትየዋል ቤቱን ለመጎብኘት ጠይቅ (የቤቱን ውጫዊና ወስጣዊ ሁኔታ ተመልከት)

	<p>የቤቱ ወለል የተሰራበት ዋነኛ ቁስ (ቁሳቁስ)  መረጃ ስብሰቢ፤ ተመልክተህ አንድ መልስ መዘግብ</p>	<p>01= መሬት(ጭቃ)/አሸዋ 02= ቀርኮሃ 03= ድንጋይ/ጡብ ወይም ብሎኬት 04= ሲሚንት 05= ተገጣጣሚ ንጣፍ (አራት መዓዘን) 06= የላስቲክ ንጣፍ (ፕላስቲክ ንጣፍ) 07= ሌላ (ይገለጽ)_____</p>	
	<p>የቤቱ ጣሪያ የተሰራበት ዋነኛ ቁስ (ቁሳቁስ)  መረጃ ስብሰቢ፤ ተመልክተህ አንድ መልስ መዘግብ</p>	<p>01= የሳር ክዳን (ጣሪያ) 02= የብረት (የቆርቆሮ) ክዳን (ጣሪያ) 03= የድንጋይ ወይም የተገጣጣሚ (አራት መዓዘን) ክዳን (ጣሪያ) 04= የፕላስቲክ ብቻ 05= ፕላስቲክና ሳር 06= የተቃጠለ ሸክላ 07=ሌላ (ይገለጽ)_____</p>	

	<p>የዋናው ቤት የውጫኛው ግድግዳ የተሰራበት ዋነኛው ቁስ (ቁሳቁስ)</p> <p>መረጃ ሰብሳቢ፤ ተመልክተህ አንድ መልስ መዘግብ</p>	<p>01= መሬት/አሸዋ/ጭቃ/አፈር</p> <p>02= ቀርከሃ (ሸንቆ)፣ አገዳ (የማሸላ፣ የበቀሎ)</p> <p>03= ድንጋይ/ሸክላ (የተቃጠል)</p> <p>04= ሲሚንት</p> <p>05= ተገጣጣሚ ንጣፍ (አራት መዓዘን)</p> <p>06= የላስቲክ ንጣፍ (ፕላስቲክ ንጣፍ)</p> <p>07= ከጭቃ የተሰራ ብሎኬት (ጡብ) ወይም ከተጠላለፈ ከሳጠራ ከቀርከሃ (ሰኔል) የተሰራ</p> <p>08= ሌላ (ይገለጽ)_____</p>	
D11	<p>ቤተሰብዎ ማንኛውም ለመኝታ አገልግሎት የሚውል የወባ አጎበሮች አለው?</p>	<p>01= አዎ</p> <p>02= የለም</p>	<p><b>02=አይደለም ከሆነ ወደ ተ.ቁ D15 አለፍ</b></p>
D12	<p>ቤተሰብዎ ምን ያህል በኬሚካል የተነከረ የወባ አጎበሮች አለው?</p>	<p>በኬሚካል የተነከረ የወባ አጎበሮ ቁጥር ይጻፍ</p> <p>00 = በቤት ውስጥ ምንም የለም</p>	<p> _ _ _ </p>
D13	<p>ባለፈው ማታ (ምሽት) የወባ አጎበሮን ተጠቅመዋለ (አጎበሮ አድርገው ነው የተኙት)?</p>	<p>01= አዎ</p> <p>02= አይደለም</p>	
D14	<p>ባለፈው ማታ (ምሽት) የመጨረሻ ትንሹ ልጅዎ ከወባ አጎበሮ ውስጥ ነው የተናው/ችው?</p>	<p>01= አዎ</p> <p>02= አይደለም</p>	
D15	<p>አብዛኛውን ጊዜ(በተለምዶ) ምግብ የሚዘጋጀው (የሚበስለው) የት ነው?</p>	<p>01= ለመኝታና ለመኖሪያ በሚያገለግል ክፍል ውስጥ</p> <p>02 = ባንድ ጣራ ስራ ውስጥ ሆኖ በተለየ መዕድ ቤት (ኩሽና) ውስጥ</p> <p>03= ተለይቶ በተሰራ ማዕድ ቤት ውስጥ</p> <p>04 = በቤት ውጭ (ቤት የለለው)</p> <p>05= ሌላ (ይገለጽ)_____</p>	
D16	<p>በቤትዎ ውስጥ የሙብራት ኃይል (ኤሌክትሪክ)፣ በጸሃይ የሚሰራ ወይም ጆነሬተር (ሞተር) አለ?</p>	<p>01= አዎ</p> <p>02= አይደለም</p>	



<p>D17</p>	<p>ቤተሰብዎ ከሚከተሉት የትኛው አለው? (የአካባቢው ዕቃዎች ይወሰዳሉ)</p> <p>ሁሉንም መልሶች አንብብ፤ የሚመለከታቸውን (የመለሱትን) ክብብ</p>	<ul style="list-style-type: none"> <li>a. ብስክሌት/ሳይክል</li> <li>b. ራዲዮ</li> <li>c. አልጋ</li> <li>d. ሞባይል/ሌላ ስልክ</li> <li>e. ቴሌ ቪዥን</li> <li>f. ማቀዝቀዣ (ሪፈሪጀሬተር)</li> <li>g. በእንስሳ የሚጎተት ጋሪ</li> <li>h. ሰዓት (የእጅ ወይም የግድግዳ)</li> <li>i. የስፌት መኪና (ልብስ መስፊያ)</li> <li>j. ሞተር ሳይክል (ሞተር ብስክሌት)</li> <li>k. መኪና/የጭነት መኪና</li> <li>l. ትራክተር (የእርሻ)</li> <li>m. አነስተኛ የመስኖ ሞተር</li> </ul>	
------------	---	---	--

**የግብርና ምርት እና ምግብ አቅርቦት**

አንብብ፤ ይህ የመጠይቅ ክፍል የቤተሰብዎ ምግብ ማምረት፣ መሬት እንዴት እናደገኙ፣ ለመመገብ የሚሆን ምግብ ከየት እንደሚገኝ ይጠይቃል።

ተ.ቁ	ጥያቄዎችና ማጠሪያዎች	የመልስ ኮድ	እለፍ
	<p>ለቤተሰብህ ዋና ዋና የምግብ ምንጮች እነ ማን ናቸው?  ሁሉንም አማራጮች አንብብ ተገቢ መልሶችን በሙሉ አክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>እናመርታለን (ምግብ) እንሸምታለን (እንገዛለን) ምግብ ለስራ የመንግስት እህል/ምግብ እርዳታ የበጎ አድራጎት ድርጅት እህል/ምግብ እርዳታ ንግድ/ብድር ምግብ በችሮታ/በስጦታ ሌላ (ይግለጹ): _____</p>	<p>“a” ካልተከበበ ወደ ተ.ቁ → E3 እለፍ</p>
	<p>በአብዛኛው (ብዙውን ጊዜ) የምትመገቡትን ምግብ ማነው የሚያመርተው?</p>	<p>እራሴ (መላሽ) ባላቤቴ ሌላ ሴት የቤተሰብ አባላት/ጎሳ ሌላ ወንድ የቤተሰብ አባላት/ጎሳ</p>	

	<p>ሁሉንም አማራጮች አንብብ! ተገቢ መልሶችን በሙሉ አክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>ጎረቤቶች በወል አላውቅም ሌላ (ይግለጽ): _____</p>	
--	--	---	--

**አንብብ፤** አሁን ደግሞ በተከታታይ የምጠይቅዎት ጥያቄዎች የሚመለከቱት ቤተሰብዎ ስለሚኖርብት መሬት፣ ለምርታማነት አገልግሎት መሬት ያም ማለት በሊዝ ኪራይ፣ በጢሰኛነት፣ በኮንትራት ኪራይ፣ የራስ ወይም ያከራዩ መሆኑን በተመለከተ ነው። ልላው ከግንዛቤ እንዲያስገቡት የምፈልገው አሁን ብተሰብዎ የሚጠቀምበት መሬት ብቻ ላለፉት ስድስት ወራት በተሰብዎ የጠቀመበትን ጭምር ነው። ሌላው ደግሞ ቁራጭ መሬት ስል፣ ለማለት የፈለኩት ያልተቆራረጥ/ያልተለያየ፣ በይበልጥ ለአንድ አይነት ጥቀም የሚውልና የሚተዳደረውም በተመሳሳይ ሰው (የተለያዩ ሰዎች ባንድላይ) ነው። መጀመሪያ ስል ቅጥር ግቢ አስከትቼ ደሞ ስለ ጓሮ አትክልት ምርት አጠይቅዎታለሁ።

	<p>ለራስዎም ሆነ ለቤተሰብ ምግብ ማምረቻ የሚያገለግል ማሳ/አነስተኛ መሬት አለዎት●</p>	<p>01 = አዎ 02 = የለም</p>	<p>02= የለም ከሆነ፣ ወደ ተ.ቁ → <b>E13 እለፍ</b></p>
	<p>የመሬቱ/ማሳ (አነስተኛ የእርሻ መሬት) ባለቤት ማነው?</p>	<p>01= እርስዎ (መላሽ) 02= ባለቤትዎ 03= ሁለታችሁም እርስዎና ባለቤትዎ 04= ሌላ ወንድ ዘመድ 05= ሌላ ሴት ዘመድ 06= የመሬት ባላባት/ባለይዘታ 07= ጎረቤት 08= ኩባንያ 09= ሌላ (ይግለጽ)፤ _____ 98= አላውቅም</p>	<p>01 = እርስዎ (መላሽ) ወይም 03 = ሁለታችሁም እርስዎና ባለቤትዎ ከሆነ፣ ወደ ተ.ቁ → <b>E6 እለፍ</b></p>
	<p>ለራስዎ ወይም ለቤተሰብ ለምግብ ፍጆታ የሚውል ምግብ ለማምረት እየተጠቀሙበት ወይም እያመረቱበት ያለውን አነስተኛ መሬት (ማሳ) እንዴት አገኙት● <b>ሁሉንም አማራጮች አንብብና ከዚያ አንዱን ክብብ</b></p>	<p>01= በኪራይ (በገንዘብ) 02= በጢሰኛነት (አርሶ ለማካፍል) 03= በብድር (ከፍያ አልነበርም) ) 04= ሌላ (ይግለጽ)፤ _____ 08= አላውቅም</p>	

	<p>ለራስዎም ሆነ ለቤተሰብዎ ፍጆታ ምግብ ለመምረት ከሌላ ሰው ንብረቶች/ሃብቶች (ያም ማለት፤ ገንዘብ' ዘር' የእርሻ መሳሪያ' በሬ/እንሰሳ) ማግኘት ያስፈልግዎታል። ወይም አስፈጻሚነት ነበር።</p>	<p>01 = አዎ 02 = የለም</p>	<p>02 = የለም ከሆነ፣ ወደ ተ.ቁ → E8 እለፍ</p>
	<p>ለራስዎም ሆነ ለቤተሰብዎ ፍጆታ ምግብ ለመምረት ንብረቶች/ሃብቶችን (ያም ማለት፤ በገንዘብ' በዘር' በእርሻ መሳሪያ' በሬ/እንሰሳት) የሚሰጡት ማነው።</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>እርስዎ (መላሽ) ባለቤትዎ</p> <p>ሌላ ወንድ ዘመድ ሌላ ሴት ዘመድ</p> <p>የመሬት ባለባት/ባለይዘታ ጎረቤት</p> <p>የግል ኩባንያ/ድርጅት በመንግስት ፕሮግራም</p> <p>መንግስታዊ ባልሆነ ድርጅት የእምነት ተቋም/ድርጅት</p> <p>ሌላ(ይግለጹ)፤ _____</p>	
	<p>በአንስተኛ የእርሻ መሬት (ማሳ) ላይ ምን አይነት የምግብ ሰብሎችን ያመርታሉ።</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>እህል፣ ስንዴ፣ በቆሎ፣ አጃ፣ ሩዝ፣ ማሽላ፣ ዳጉሣ ሥራስሮች ወይም ግንደች፣ ነጭ ድንች፣ የደረቀ ካሳቫ፣ ካሳቫ፣ ስከር ድንች</p> <p>የሚፈለፈሉ/ጥራጥሮዎች/ለውዝ፣ አተር፣ ባቆላ፣ ሽምብራ፣ ለውዝ/አቸሎኒ ወዘተ</p> <p>ሥጋ፣ ዶሮ፣ አሣ፣ ዕንቁላሎች</p> <p>ወተት እና የወተት ተዋፅኦ</p> <p>በቫይታሚን ኤ የበለፀጉ የዕፀዎት ምግቦች (ዱባ፣ ካሮት፣ ወይም ውስጡ ቢጫ ወይም ብርትከርናማ ስኳር ድንች፣ ማንጎ፣ ፓፓየ፣ ሌላ ባካባቢው የሚበቅሉ በፋይታሚን ኤ የበለጸጉ ምግቦች)</p> <p>ደማቅ አረንጋቢያዎች ቅጠላማ የፊታ አትክልቶች</p> <p>ሌሎች ፍራፍሬዎችና አትክልቶች</p> <p>ቡና፣ ሻይ</p> <p>ሌላ (ይግለጹ)፤ _____</p>	

	<p>በነስተኛ መሬት (ማሳ) ላይ ያመረቱትን የምግብ ምርት ዋና ጥቅሞች ምንድን ናቸው●</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>ለራሴ /ለቤተሰብዎ ፍጆታ</p> <p>ለመሸጥ/ለገበያ</p> <p>በሌላ ምርት ለመለዋወጥ</p> <p>ሌላ (ይገለጽ)፤ _____</p>	
	<p>ባብዛኛው (በተለምዶ) በዚህ አነስተኛ መሬት(ማሳ) ላይ የትኛውን ምግብ/ምርት ማምረት እንዳለብዎ የሚወስነው ማነው</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= ባለቤትዎ</p> <p>03= ሁለታችሁም እርስዎና ባለቤትዎ</p> <p>04= አማትዎ (የወንድ/የሴት)</p> <p>05= እናት/አባት</p> <p>06= ሌላ ቤተሰብ</p> <p>07= ሌላ (ይገለጽ)፤ _____</p>	
	<p>የአርሻ መሬትዎ (ማሳዎ) ከሚያመርቱት ምርቶች (ምግቦች) መካከል የትኛውን ይሸጣሉ●</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>እህል፤ ስንዴ፤ በቆሎ፤ አጃ፤ ሩዝ፤ ማሽላ፤ ዳጉሣ</p> <p>ሥራስሮች ወይም ግንደች፤ ነጭ ድንች፤ ነጭ የም፤ የደረቀ ካሳቫ፤ ካሳቫ፤ ስከር ድንች</p> <p>የሚፈለፈሉ/ጥራጥሮዎች/ለውዝ፤ አተር፤ ባቄላ፤ ሽምብራ፤ ለውዝ/አቸሎኒ ወዘተ</p> <p>ሥጋ፤ ዶሮ፤ አሣ</p> <p>ዕንቁላሎች</p> <p>ወተት እና የወተት ተዋፅኦ</p> <p>በቫይታሚን ኤ የበለፀጉ የዕፀዎት ምግቦች (ዱባ፤ ካሮት፤ ወይም ውስጡ ቢጫ ወይም ብርትከርናማ ስኳር ድንች፤ ማንጎ፤ ፓፓየ፤ ሌላ ባካባቢው የሚበቅሉ በፋይታሚን ኤ የበለጸጉ ምግቦች)</p> <p>ደማቅ አረንጌዴያማ ቅጠላማ የÖa አትክልቶች</p> <p>ሌሎች ፍራፍሬዎችና አትክልቶች</p> <p>ቡና፤ ሻይ፤</p> <p>ምንም የለም</p> <p>ሌላ (ይገለጽ) ፤ _____</p>	<p>K= ምንም የለም ከሆነ፤ ወደ ተ.ቁ → E13 እለፍ</p>

	<p>ባብዛኛው (በተለምዶ) በዚህ አነስተኛ መሬት (ማሳ) የተገኘውን ምግብ/ምርት እንዲሸጥ የሚወስነው ማነው?</p>	<p>01= እርስዎ (መላሽ)                  02= ባለቤትዎ                  03= ሁለታችሁም እርስዎና ባለቤትዎ                  04= አማትዎ (የወንድ/የሴት)                  05= እናት/አባት                  06= ሌላ ቤተሰብ                  07= ሌላ (ይገለጹ)፤ _____</p>	
--	--	---	--

	<p>ለራዎም ሆነ ለቤተሰብ ፍጆታ ምግብ ለማምረት የሚያገለግል የጅር አትክልት ቦታ/አርሻ አለዎት●</p>	<p>01 = አዎ                  02 = የለም</p>	<p>02= የለም ከሆነ፣ ወደ ተ.ቁ→E2 3 እለፍ</p>
	<p>የጅር አትክልት ቦታው/አርሻው ባለቤት ማነው (በሌሎች-ነቱ) የማነው?</p>	<p>01= እርስዎ (መላሽ)                  02= ባለቤትዎ                  03= ሁለታችሁም እርስዎና ባለቤትዎ                  04= ሌላ ወንድ ሰመድ                  05= ሌላ ሴት ዘመድ                  06= የመሬት ባለባት/ባለይዘታ                  07= ጎረቤት                  08= ኩባንያ                  09= ሌላ (ይገለጹ)፤ _____                  98 = አላውቅም</p>	<p>01= እርስዎ (መላሽ) ወይም                  02= ባለቤትዎ ከሆነ፣ ወደ ተ.ቁ → E16 እለፍ</p>
	<p>ለራስዎ ወይም ለቤተሰብ ለምግብ ፍጆታ የሚውል ምግብ ለማምረት እየተጠቀሙበት ወይም እያመረቱበት ያለውን የጅር አትክልት ቦታ (አርሻ) እንዴት አገኙት●                   ሁሉንም አማራጮች አንብብና ከዚያ አንዱን ክብብ</p>	<p>01= በኪራይ (በገንዘብ)                  02= በጢሰኝነት (አርሶ ለማካፍል)                  03= በብድር (ከፍያ አልነበርም) )                  04= ሌላ (ይገለጹ)፤ _____                  05= አላውቅም</p>	
	<p>ለራስዎም ሆነ ለቤተሰብዎ ፍጆታ በጅር አትክልት ቦታዎ (አርሻዎ) ምግብ ለመምረት ከሌላ ሰው ንብረቶች/ሃብቶች (ያም ማለት፤ ገንዘብ' ዘር'</p>	<p>01 = አዎ                  02 = የለም</p>	<p>02 = የለም ከሆነ፣ ወደ ተ.ቁ → E18 እለፍ</p>

	<p>የእርሻ መሳሪያ' በሬ/አንሰሳ) ማግኘት ያስፈልግዎታል። ወይም አስፈጻሚነት ነበር።</p>		
	<p>ለራስዎም ሆነ ለቤተሰብዎ ፍጆታ በጓሮ አትክልት ቦታዎ (እርሻዎ) ምግብ ለመምረት ንብረቶቹን/ሃብቶቹን (ያም ማለት፤ በገንዘብ' በዘር' በእርሻ መሳሪያ' በሬ/አንሰሳት) የሚሰጥዎት ማነው።</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከበቡ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>እርስዎ (መላሽ)</p> <p>ባለቤትዎ</p> <p>ወንድ ዘመድ</p> <p>ሴት ዘመድ</p> <p>የመሬት ባለባት/ባለይዘታ</p> <p>ጎረቤት</p> <p>የግል ኩባንያ/ድርጅት</p> <p>በመንግስት ፕሮግራም</p> <p>መንግስታዊ ባልሆነ ድርጅት</p> <p>የእምነት ተቋም/ድርጅት</p> <p>ሌላ(ይግለጹ)፤ _____</p>	
	<p>በጓሮ አትክልት ቦታው (እርሻው) ላይ ምን አይነት የምግብ ስብሎችን ያመርታሉ።</p> <p><b>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከበቡ (ከአንድ በላይ መልስ ይቻላል)</b></p>	<p>አህል፤ ስንዴ፤ በቆሎ፤ አጃ፤ ፋዝ፤ ማሽላ፤ ዳጉሣ</p> <p>ሥራስሮች ወይም ግንደች፤ ነጭ ድንች፤ የደረቀ ካሳቫ፤ ካሳቫ፤ ስከር ድንች</p> <p>የሚፈለፈሉ/ጥራጥሮዎች/ለውዝ፤ አተር፤ ባቄላ፤ ሽምብራ፤ ለውዝ/አሻሎኒ ወዘተ</p> <p>ሥጋ፤ ዶሮ፤ አሣ</p> <p>ዕንቁላሎች</p> <p>ወተት እና የወተት ተዋፅኦ</p> <p>በቫይታሚን ኤ የበለፀጉ የዕፀዎች ምግቦች (ዱባ፤ ካሮት፤ ወይም ውስጡ ቢጫ ወይም ብርትከርናም ስኳር ድንች፤ ማንጎ፤ ፓፓየ፤ ሌላ ባካባቢው የሚበቅሉ በፋይታሚን ኤ የበለጸጉ ምግቦች)</p> <p>ደማቅ አረንጋዎች/የማ ቅጠላማ የፊታ አትክልቶች</p> <p>ሌሎች ፍራፍሬዎችና አትክልቶች</p> <p>ቡና፤ ሻይ፤</p> <p>ሌላ (ይግለጹ)፤ _____</p>	
	<p>በጓሮ አትክልት ቦታው (እርሻው) ላይ ያመረቱትን የምግብ ምርት ዋና ጥቅሞች ምንድን ናቸው።</p>	<p>ለራሴ /ለቤተሰብዎ ፍጆታ</p> <p>ለመሸጥ/ለገበያ</p> <p>በሌላ ምርት ለመለዋወጥ</p>	

	<p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከቡብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>ሌላ (ይገለጽ)፤ _____</p>	
	<p>ባብዛኛው (በተለምዶ) በዚህ በጓሮ አትክልት ቦታው (እርሻው) ላይ የትኛውን ምግብ/ምርት ማምረት እንዳለብዎ የሚወስነው ማነው?</p>	<p>01= እርስዎ (መላሽ)                  02= ባለቤትዎ                  03= ሁለታችሁም እርስዎና ባለቤትዎ                  04= አማትዎ (የወንድ/የሴት)                  05= እናት/አባት                  06= ሌላ ቤተሰብ                  07= ሌላ (ይገለጽ)፤ _____</p>	
	<p><u>ከጓሮ አትክልት ቦታዎ (እርሻዎ) ከሚያመርቱት (ምግቦች) መካከል የትኛውን ይሸጣሉ።</u></p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከቡብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>እህል፤ ስንዴ፤ በቆሎ፤ አጃ፤ ሩዝ፤ ማሽላ፤ ዳጉሣ                  ሥራስሮች ወይም ግንደች፤ ነጭ ድንች፤ ነጭ የም፤ የደረቀ ካሳቫ፤ ካሳቫ፤ ስከር ድንች                  የሚፈለፈሉ/ጥራጥሮዎች/ለውዝ፤ አተር፤ ባቄላ፤ ሽምብራ፤ ለውዝ/አሻሎኒ ወዘተ                  ሥጋ፤ ዶሮ፤ አሣ                  ዕንቁላሎች                  ወተት እና የወተት ተዋፅኦ                  በቫይታሚን ኤ የበለፀጉ የዕፀዎች ምግቦች (ዱባ፤ ካሮት፤ ወይም ውስጡ ቢጫ ወይም ብርትከርናም ስኳር ድንች፤ ማንጎ፤ ፓፓየ፤ ሌላ ባካባቢው የሚበቅሉ በፋይታሚን ኤ የበለጸጉ ምግቦች)                  ደማቅ አረንጋዎች የቆዳ አትክልቶች                  ሌሎች ፍራፍሬዎችና አትክልቶች                  ቡና፤ ሻይ፤                  ምንም የለም                  ሌላ (ይገለጽ)፤ _____</p>	<p>“K”                  ከተከበበ፤                  ወደ ተቁ →                  E23 እለፍ</p>
	<p>ባብዛኛው (በተለምዶ) በዚህ የጓሮ አትክልት ቦታ (እርሻ) የተገኘውን ምግብ/ምርት እንዲሸጥ የሚወስነው ማነው?</p>	<p>01= እርስዎ (መላሽ)                  02= ባለቤትዎ                  03= ሁለታችሁም እርስዎና ባለቤትዎ                  04= አማትዎ (የወንድ/የሴት)</p>	

		<p>05= እናት/አባት</p> <p>06= ሌላ ቤተሰብ</p> <p>07= ሌላ (ይገለጽ)፤ _____</p>	
--	--	---	--

	<p>ምን አይነት ምግቦችን መግዛት ይኖርበታል።</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>እህል፣ ስንዴ፣ በቆሎ፣ አጃ፣ ሩዝ፣ ማሽላ፣ ዳጉሣ</p> <p>ሥራስሮች ወይም ግንዶች፣ ነጭ ድንች፣ ነጭ የም፣ የደረቀ ካሳቫ፣ ካሳቫ፣ ስከር ድንች</p> <p>የሚፈለፈሉ/ጥራጥሮዎች/ለውዝ፣ አተር፣ ባቁላ፣ ሽምብራ፣ ለውዝ/አሻሎኒ ወዘተ</p> <p>ሥጋ፣ ዶሮ፣ አሣ</p> <p>ዕንቁላሎች</p> <p>ወተት እና የወተት ተዋፅኦ</p> <p>በቫይታሚን ኤ የበለፀጉ የዕፁዎች ምግቦች (ዱባ፣ ካሮት፣ ወይም ውስጡ ቢጫ ወይም ብርትከርናማ ስኳር ድንች፣ ማንጎ፣ ፓፓየ፣ ሌላ ባካባቢው የሚበቅሉ በፋይታሚን ኤ የበለጸጉ ምግቦች)</p> <p>ደማቅ አረንጋቢያዎች ቅጠላማ የፊታ አትክልቶች</p> <p>ሌሎች ፍራፍሬዎችና አትክልቶች</p> <p>ቡና፣ ሻይ፣</p> <p>ምግብ ከማዘጋጀት ጋር የተገናኙ ነገሮች (ስኳር፣ ዘይት፣ ጨው፣ ማጣፊጫ)</p> <p>የመክሰስ ምግቦች (ስኳር፣ የንጥረ ምግብ ይዘታቸው አነስተኛ)</p> <p>ሌላ (ይገለጽ) _____</p>	
--	---	--	--

**ምግብ እንዳይበላሽ ማቆየትና ማከማቸት**

ተ.ቁ	መልሶችና ማጣሪያዎች	የመልስ ኮድ	እለፍ
	ባለፈት 12 ወራት፣ ይህ ቤተሰብ ማንኛውንም አይነት ፍራፍሬዎችና አትክልቶች በአመቱ ውስጥ በኋላ ጥቅም ላይ ለማዋል እንዳይበላሹ አቆይቷል።	<p>01 = አዎ</p> <p>02 = የለም</p>	<p>02= የለም</p> <p>ከሆነ፣ ወደ ተ.ቁ→F5 እለፍ</p>



	<p>አዎ ከሆነ የትኛውን ምግብ እንዳይበላሽ የማቆያ ዘዴዎችን ተጠቀሙ●</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>በፀሃይ ማድረቅ</p> <p>ሌላ የማድረቂያ ዘዴ</p> <p>በጣሳ/በቆርቆሮ ማሸግ</p> <p>በጨው ማሸት</p> <p>በኮምጣጤ በመንከር ማቆየት</p> <p>f. ሌላ (ይግለጽ)፤ _____</p>	
	<p>የትኞቹን የፍሬዎችንና የፊር አትክልቶችን አይነት እንዳይበላሽ አድርገው አቆይተዋል●</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ከብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>ዱባ</p> <p>ትርነጎ</p> <p>ሙዝ</p> <p>ጥቅል ጎመን</p> <p>ያበሻ ጎመን</p> <p>ሰላጣ</p> <p>ካሮት</p> <p>ቲማቲም</p> <p>ዘይቱን</p> <p>ቀይ ቃሪያ (በርበሬ)</p> <p>ሱፍ</p> <p>ሽንኩርት (ቀይ ና ነጭ)</p> <p>ማንጎ</p> <p>ፓፓየ</p> <p>ሎሚ</p> <p>ብርቱካን</p> <p>ሌላ (ይግለጽ)፤-----</p>	
	<p>ከነዚህ አይነቶች መካከል ስንት (ምን ያህል) ኪሎ እንዳይበላሽ አድጎ አቆይ●</p>	<p>መልሱን በኪሎ ግራም 99/ፊ</p> <p>95.0 = 95 ኪሎ ወይም ከዚህ በላይ</p> <p>98.8 = አላውቅም</p>	<p> _ _ _ .  _ _ </p>
	<p>በባለፈው የአዝመራ መሰበሰቢያ ወቅት፣ ካመረቱት ሰብሎች አከማችተዋል (በጎተራ ወይም በሌላ ዘዴ)●</p>	<p>01 = አዎ</p> <p>02 = የለም</p>	<p>02= የለም ከሆነ፣ ወደ ክፈል →G እለፍ</p>

	<p>ምን አይነት ሰብሎችን አከማቹ አከማችተዋል (በጎተራ ወይም በሌላ ዘዴ)●</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>ሽምብራ</p> <p>አተር</p> <p>ጤፍ</p> <p>ዘንጋዳ/ማሸላ</p> <p>ተልባ</p> <p>በቆሎ</p> <p>ዳጉሳ</p> <p>ስንዴ</p> <p>ጉብስ</p> <p>ባቄላ</p> <p>ቦሎቄ</p> <p>አጃ</p> <p>ምስር</p> <p>ዳጉሳ</p> <p>ቦለቄ</p> <p>ሌላ (ይገለጽ)፤-----</p>	
	<p>ላለፉት 12 ወራት ቤተሰብዎ እነዚህን ሰብሎች ለማከማቸት የተጠቀመበት ዘዴ (ዘዴዎች) ምን ነበር●</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>የተሻሻለ ባካባቢ የተሰራ ጎተራ (እህል ማከማቻ ቤት)</p> <p>ዘመናዊ እህል መከማቻ/ጎተራ</p> <p>የታሸጉ/የተዘጉ ማከማቻ/መያዣ</p> <p>የተሻሻለ የሰብል/እህል ባንክ</p> <p>የተሻሻሉ የመሀበረሰብ ጎተራ/እህል ማከማቻ</p> <p>ባህላዊ ማከማቻ/ጎተራ</p> <p>ሌላ (ይገለጽ)፤ _____</p>	
	<p>የተከመቸው/እንዳይበለሽ የተቀመጠው እህልን ዐላማው ምንድነው●</p> <p>ሁሉንም አማራጮች አንብብና ተገቢ መልሶችን በሙሉ ክብብ (ከአንድ በላይ መልስ ይቻላል)</p>	<p>ለቤተሰብ ምግብ/ቀለብ ፍጆታ</p> <p>በውድ ዋጋ ለመሸጥ (በተሸለ ዋጋ ለመሸጥ)</p> <p>ለዘር ለማብቀል</p> <p>ሌላ (ይገለጽ)፤ _____</p>	

**የግብርና ኤክስቴንሽን**

ተ.ቁ	መልሶችና ማጣሪያዎች	የመልስ ኮድ	እለፍ
	ባለፉት 12 ወራት ውስጥ፣ የግብርና ልማት ሰራተኛ (ኤክስቴንሽን ሰራተኛ) አግኝተውት ወይም ጎብኝቶት የውቃሉ●	01 = አዎ 02 = የለም	
	ባለፉት 12 ወራት ውስጥ፣ የከአንስሳት/ዓሣ እርባታ ልማት ሰራተኛ (ኤክስቴንሽን ሰራተኛ) አግኝተውት ወይም ጎብኝቶት የውቃሉ●	01 = አዎ 02 = የለም	

**የመቋቋሚያ ስልት መለኪያ (ለኢትዮጵያ መነሻ የጥናት ዳሰሳ የተተወ)**

**የቤተሰብ ረሃብ መለኪያ**

ተ.ቁ	ጥያቄ	የመልስ ኮድ	እለፍ
	ባለፉት አራት ሳምንታት/30 ቀናት ውስጥ፣ ምግብ ለማግኘት የሃብት እጥረት ምክንያት ለመመገብ ማንኛውንም አይነት ምግብ በቤትዎ ውስጥ ሳይኖር የነበረበት ጊዜ ነበር●	01 = አዎ 02 = የለም	02= የለም ከሆነ፣ ወደ ተ.ቁ →13 እለፍ
	ባለፉት 30 ቀናት (4 ሳምንታት) ውስጥ ይህ ሁኔታ ለምን ያህል ጊዜ ነበር የተከሰተው●	01= በጣም አልፎ አልፎ (ከ1-2 ጊዜ) 02= አንዳንድ ጊዜ (ከ3-10 ጊዜ) 03= ዘውትር (ከ10 ጊዜ በላይ)	
	ባለፉት 30 ቀናት (4 ሳምንት) ውስጥ፣ በቂ ምግብ ባለመኖሩ ምክንያት እርስዎ ወይም ማንኛውም የቤተሰብዎ አባላት (ልጆችን ጨምሮ) መካከል ሳይበላ/በመራብ ወደ መኝታ የሄደ ሰው ነበረ●	01 = አዎ 02 = የለም	02= የለም ከሆነ፣ ወደ ተ.ቁ →15 እለፍ
	ባለፉት 30 ቀናት (4 ሳምንታት) ውስጥ ይህ ሁኔታ ለምን ያህል ጊዜ ነበር የተከሰተው●	01= በጣም አልፎ አልፎ (ከ1-2 ጊዜ) 02= አንዳንድ ጊዜ (ከ3-10 ጊዜ) 03= ዘውትር (ከ10 ጊዜ በላይ)	
	ባለፉት 30 ቀናት (4 ሳምንት) ውስጥ፣ በቂ ምግብ ባለመኖሩ ምክንያት እርስዎ ወይም ማንኛውም የቤተሰብዎ አባላት (ልጆችን ጨምሮ) መካከል ምንም ነገር ሳይበላ/ሳይመገብ ቀኑን ሙሉ የዋለ ሰው ነበረ●	01 = አዎ 02 = የለም	02= የለም ከሆነ፣ ወደ ክፍል → J እለፍ
	ባለፉት 30 ቀናት (4 ሳምንታት) ውስጥ ይህ ሁኔታ ለምን ያህል ጊዜ ነበር የተከሰተው●	01= በጣም አልፎ አልፎ (ከ1-2 ጊዜ) 02= አንዳንድ ጊዜ (ከ3-10 ጊዜ) 03= ዘውትር (ከ10 ጊዜ በላይ)	

**የሴቶች ምግብ ብዝሃነት (ልዩነት) ደረጃ**

አንብብ፤ አሁን፣ በአንድ በመደበኛ (በተለመደው) ቀን ምን ዓይነት ምግብ እንደሚጠቀሙ/እንደሚመገቡ ማውቅ እፈልጋለሁ። .

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ	እለፍ
	ትላንት ልዩ ቀን ማለትም ከብረ በዓል ወይም የጾም ቀን ነበረ።  (የልዩ ቀን መግለጫ፤ ከብረ በዓል፣ አመት በዓል ከመደበኛ አመጋገብ የተለየ ወይም የበለጠ የተበላበት። ወይም ከወትሮ ባነስተኛ የተበላበት የጾም ቀን ያጠቃልላል)	01 = አዎ  02 = የለም	If 02 → J3
	ከስንት ቀን በፊት ነበረ በመደበኛ ቀን ለየት ያለ ምግብ ዓይነት ያልተበላው ወይም ማንም የቤተሰብ አባል ከተለመደው ምግብ ያነሰ ወይም የበለጠ ወይም በጾም ምክንያት ምንም ያልበላው።	የቀናት ቁጥር ጻፍ/ፊ	_ _ _

አንብብ፤ እባክዎን ትላንት (ባለፈው መደበኛ/በተለመደው ቀን) በቀንና በሚታ ቤት ውስጥ ወይም ከቤት ውጪ የበሉትን ወይም የጠጡትን ምግቦች (ቁርስ፣ ምሳ፣ እራትና መክሰስ) ይግለጹ። የመጀመሪያውን ምግብ ወይም መጠጥ ጠዋት ከተመገቡት ይጀምሩ።

ለመረጃ ሰብሳቢ መመሪያ፤ የተቀላቀሉ ምግቦች ከተጠቀሱ፣ የይዘታቸውን ዝርዝር ጠይቅ። መላሽዎ ስትጨርስ፣ ያልተጠቀሱ ምግቦችና መክሰሶች ካሉ ይበልጥ አውግጧቸው/ጠይቁ።

ተ.ቁ	የምግብ ምድብ (ክፍል)	ምሳሌዎች	የመልስ ኮዶች	
			አዎ	የለም
	የእህል አይነቶች	በቆሎ' ስንዴ' ማሽላ' ዳጉላ' ጤፍ እና ሌሎች እህሎች ወይም ከነዚህ የሚዘጋጁ የምግብ አይነቶች (ምሳሌ፣ ዳቦ፣ እንጀራ በወጥ፣ ፓስታ፣ ማካሮኒ፣ ገንፎ፣ ቆሎ፣ ዳቦ/ቁጣ ወይም ሌሎች የእህል ውጤቶች)	1	2
	በቫይታሚን ኤ የበለፀጉ አትክልቶችና ግንዳቸው የሚበላ	ዱባ፣ ካሮት፣ የደረቀ ካዛቫ፣ ስኳር ድንች ውስጣቸው ብርትኳናማ ቀለም ያላቸው (ምሳሌ፣ ቀይ ጣፋጭ ቃሪያ፣ ጎመን፣ ጥቅል ጎመን)	1	2
	ነጭ ሥራስርና ግንዳቸው የሚበላ	ነጭ ድንች፣ ስኳር ድንች፣ ነጭ ካዛቫ፣ የደረቀ ካዛቫ፣ ሌላ ከስራስር የሚዘጋጁ ምግቦች	1	2
	ደማቅ አረንጓዴያማ፣ ቅጠላማ የጋላ አትክልቶች	ደማቅ አረንጓዴ ቅጠላማ አትክልቶች ከዱር የሚገኙትን ያካተተ እንደ ካዛቫ ቅጥል፣ ጥቅል ጎመን፣ ጎመን፣ ቃሪያ፣ ወዘተ።	1	2
	ሌሎች አትክልቶች	ሌሎች አትክልቶች (ምሳሌ፣ ቲማትም፣ ሸምኩርት፣ ወዘተ) የዱር የጓሮ አትክልቶችን ያካትታል።)	1	2
	በቫይታሚን ኤ የበለፀጉ ፍራፍሬዎች	የበሰለ ማንጎ፣ ብርትኳን የሚመስል ፍሬ፣ ኮከ የሚመስል ፍሬ አይነት (ትኩሰ ወይም የደረቀ) የበሰለ ፓፓያ፣ የደረቀ ኮከ ሌሎች ባካባቢው የሚገኙ በቫይታሚን ኤ የበለጸጉ ፍራፍሬዎች።	1	2
	ሌሎች ፍራፍሬዎች	ከዱር የሚገኙ ፍራፍሬዎች አካቶ ሌሎች ፍራፍሬዎች (ባካባቢው የሚገኙ)	1	2
	የብልት ሥጋ	ጉበት፣ ኩላሊት፣ ልብ ወይም ሌላ የብልት ሥጋዎች ወይም ከደም ጋር የተያያዙ ምግቦች።	1	2

ትኩስ ስጋዎች	የኩብት ሥጋ፣ ያሳማ ስጋ፣ የጥጃ ሥጋ፣ የፍየል ስጋ፣ የዱር እንሰሳ (እንድ ድኩላ፣ ሚዳቆ) ስጋ)፣ የዶሮ ስጋ፣ የሌላ አህዋፍ ስጋ። የፊያል ሥጋ የጥንቸል እና የሌሎች የዱር እንሰሳ ሥጋ	1	2
ዕንቁላሎች	የዶሮ፣ የዳክዬ፣ የጅግራ ወይም ሌላ እንቁላል።	1	2
ዓሳ	ትኩስ ወይም ደረቅ አሳ ወይም ጠንካራ ሽፋን ያለው አሳ	1	2
ጥራጥሬ፣ ለውዝና ዘር	ባቄላ፣ አተር፣ ምስር፣ ሽምቢራ፣ ለውዝ፣ ዘር ወይም ከነዚህ የተዘጋጁ ምግቦች	1	2
ወተት እና የወተት ውጤቶች	ወተት እይብ እርጎ፣ አሬራ/አጓት ሌላ የወተት ውጤቶች	1	2
ዜይትና ስብ	ምግብ ውስጥ የሚገቡ ወይም ለምግብ ማብሰያነት የሚያገለግሉ ዜይት፣ ስብ ቅቤ	1	2
ሌላ ዘይት	ከዘንባባ ዘይት የተዘጋጁ ምግቦች	1	2
ሌላ	ልዩ ንጥረ ነገር የተቀላቀለባቸው ምግቦች (ምሳሌ፡ አኩሪ አተር የተቀላቀል በቆሎ (ሲኤስቢ) ንጥረ ነገር ዱቄት የተቀላቀለበት ምግቦች፣ ገንቢ አቸሎኒ (ፕላምፒ ነት)፣ ሌላ የተዘጋጁ ጥቅም ላይ የሚውሉ ለህክምና/ነፍስ አድን ምግቦች ወይም በፕሮቲን የበለጸጉ ንጥረ ነገር ያላቸው ተጨማሪ ምግቦች	1	2
ሌላ	የሚበሉ ነፍሳት (ለኢቲዮጵያ የተተው)	1	2
ሌላ ቅመማቅመሞች፣ ምግብ ውስጥ የሚገቡ ማጣፊጫዎች፣	ቅመማቅመም (በርበሬ፣ ጨው)፣ እንደ ስጎ ቅመም፣ የሚያቃጥል፣ የአሳ ዱቄት፣ ሌሎች ባካባቢው ያሉ ምሳሌዎች።	1	2
ሌላ ጣፋጮች	ስኳር፣ ማር፣ ጣፋጭ ለስለሳ መጠጥ፣ ጣፋጭ ጭማቂ፣ ወይም ስኳራማ ምግቦች እንደ ቸኩሌት፣ ከረሜላ፣ ብስኩትና ኬክ።	1	2
ሌላ ጨዋማ የተዘጋጁ መክሰሶች	ከፍተኛ ስብ፣ ጨዋማ፣ የታሸጉ ምግቦች፣ በተመቸ ጊዜ በምግብ መሃከል የሚበሉ።	1	2
ሌላ መጠጦች	ቡና፣ ሻይ፣ አልኮን መጠጦች፣ አረቄ (ያካባቢው አልኮዎል)፣ የካባቢ መጠጥ (ጠላ ወይም ኮረፌ)፣ ሌላ ባካባቢው ያለ መጠጥ	1	2
ሌላ (ይጻፍ)		1	2

**የእናቶች ጤና (እርግዝና ወይም ነፍስ ጡርነት)**

አንብብ፣ አሁን ደግሞ ስለመጨረሻ (የቅርብ) እርግዝናዎ ሁኔታ ትንሽ በዛ ያሉ ጥያቄዎች አሉኝ።

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ	አለፍ
	በመጨረሻ (በቅርብ) እርግዝናዎ ወቅት፣ የቅድመ ወሊድ ክትትል (የነፍስ ጡር እናቶች ምርምራ) ድርገዋል?	01= አዎ 02= አይደለም	02=አይደለም ከሆነ፣ ወደ ተ.ቁ K5 እለፍ
	ለምን ያህል ጊዜ የቅድመ ወሊድ ክትትል (ምርመራ) አድርገዋል?	01= አንድ ጊዜ	

		<p>02= ሁለት ጊዜ</p> <p>03= ሶስት ጊዜ</p> <p>04= አራት ጊዜ (ወይም ከዚህ በላይ)</p>	
	<p>በቅድመ ወሊድ አገልግሎት የሰጥዎ (ምክር የሰጥዎ) ማነው?</p>	<p>01= የጤና ባለሙያ ዶክተር</p> <p>02= ነርስ/አዋላጅ ነርስ</p> <p>03= ረዳት አዋላጅ ነርስ</p> <p>04= ሌላ ስው የልምድ አዋላጅ</p> <p>05= የህቡረተሰብ/የአካባቢ ጤና ሰራተኛ</p> <p>06= ሌላ (ይገለጹ። _____)</p>	
	<p>የቅድመ ወሊድ ክትትል (ምርመራ) የተቀበሉት (ያደረጉት) የት ነው?</p>	<p>01= በእርስዎ ቤት</p> <p>02= ሌላ ቤት</p> <p>03= በመንግስት ሆፒታል</p> <p>04= በመንግስት ጤና ጣቢያ</p> <p>05= በመንግስት ጤና ኬላ</p> <p>06= ሌላ የመንግስት ክፍሎች (ተቋማት) (ይገለጹ)</p> <p>07= በግል ሆስፒታል/ክሊኒክ</p> <p>08= ሌላ በግል የህክምና ክፍል (ይገለጹ)</p> <p>09= በውሎ ገብ ጣቢያ</p> <p>10= ሌላ (ይገለጹ) _____</p>	
	<p>በመጨረሻ እርግዝናዎ ወቅት፣ የጸረ ወባ (የወባ) መድሃኒት ወስደዋል?</p>	<p>01= አዎ</p> <p>02= አይደለም</p> <p>98 = አላውቅም/አላስታውስም</p>	
	<p>በመጨረሻ እርግዝናዎ ወቅት፣ የአይረን (የደም ማነስ) ክኒን (ና) ወይም ሸሮፕ (ፈሳሽ) ወስደዋል?</p>	<p>01= አዎ</p> <p>02= አይደለም</p> <p>08 = አላውቅም</p>	<p>02 = አይደለም ከሆነ፣ ወድ ተቁ→K8 አለፍ</p>
	<p>በመጨረሻ እርግዝናዎ ወቅት፣ ለስንት ቀን ነው (ጊዜ) የአይረን (የደም ማነስ) ክኒን (ና) ወይም ሸሮፕ (ፈሳሽ) የወሰዱት?</p>	<p>01= ከ30 ቀናት ያነሰ</p> <p>02= ከ30 እስከ 59 ከናት</p> <p>03= ከ60 እስከ 89 ቀናት</p>	

		04= 90 ቀናትና ወይም በላይ 08= አላውቅም	
	በመጨረሻ እርግዝናዎ ወቅት፣ ልጅዎን የወለዱት የት ነው?	01= ቤት ውስጥ 02= በመንግስት ሆፒታል 03= በመንግስት ጤና ጣቢያ 04= በመንግስት ጤና ኬላ 05= በግል ሆስፒታል/ክሊኒክ 06= በወላጅ ቤት 07 = ዘመድ ቤት (የእርስዎ ወይም የትዳር ጓደኛዎ) 08= ሌላ	
	በመጨረሻ እርግዝናዎ ወቅት፣ ልጅዎን ሲወልዱ (ሲገለገሉ) ያዋለድዎት/ያገለገልዎት ማን ነበር?	01= የልምድ አዋላጅ 02= የሰለጠነ አዋላጅ 03= የልምድ (ባህላዊ) ዶክተር 04= የልምድ (ባህላው) ሃኪም (አዋቂ) 05= አዋላጅ ነርስ (ሚድሞይፍ) 06= የህክምና ነርስ 07= የህክምና ዶክተር 08 = ሌላ (ይገለጹ)፤ _____	
	ከመጨረሻ ወሊድ (ከተገለገሉ) በኋላ፣ የድህረ ወሊድ ክትትል (ምርመራ) - PNC አገልግሎት አግኝተዋል (ተቀብለዋል)?	01= አዎ 02= አይደለም	02=አይደለም ከሆነ፣ ወደ →ክፍል L እለፍ
	ከመጨረሻ ወሊድ (ከተገለገሉ) በኋላ ለምን ያህል (ሰንት) ቀን የድህረ ወሊድ (PNC) ክትትል(ምርመራ) አገልግሎት አድርገዋል (ተቀብለዋል)?	ቀናት በቁጥር ይጻፍ 98= አላውቅም	_ _
	የድህር ወሊድ - PNC ክትትል (ምርመራ) ያደረጉት (የሚያደርጉት) የት ነው?	01= ቤት ውስጥ 02= በመንግስት ሆፒታል 03= በመንግስት ጤና ጣቢያ 04= በመንግስት ጤና ኬላ 05= በግል ሆስፒታል/ክሊኒክ	

		<p>06= በልምድ አዋለኛ</p> <p>07 = ባካባቢ (በልምድ) ዶክትር</p> <p>08 = ሌላ (ይገለጽ)፤ _____</p>
--	--	--

**የጨቅላ ህጻናትና ልጅ የአመጋገብ ልማዶች**

*መመሪያና ማረጋገጫ፤ የልጁን ስም እዚህ ጻፍ/ገልብጥ:: የልጁን የውልደት ቀን (የልደት ቀን) ከክፍል B አረጋግጥ::*

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮድ
	የልጁን/ቷ ስም ከክፍል B እዚህ ገልብጥ/ጻፍ _____	
	የልጁ/ቷ ዕድሜ በወራት (ከB4 ክፍል እዚህ ገልብጥ/ጻፍ)	__ __

አንብብ፤ አሁን ጥቂት ጥያቄዎችን (ስሙ/ሚ እዚህ ይጻፍ/ይግባ)ን ከተወለደ/ች እስከ አሁን እንዴት እየመገቡት/ቧት እየሆነ ልጠይቆት እፈልጋለሁ::

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	ኮድ የማደረጊያ ምድብ (ክፍል)	መልስ	አለፍ
	----- ን (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) አጥብተውት ያውቃሉ?	01= አዎ 02= አይደለም		02= አይደለም ከሆነ፣ ወደ ተ.ቁ→L5 እለፍ
	-----ን (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ከወለዱት በኋላ ምን ያህል (እስከ መቼ) ቆይተው መጀመሪያ የጡት ወትት የሰጡት (ያጠቡት)?	01= ወዲያውኑ (ምንም ሳይቆይ) 02= ከአንድ ሰዓት ባነስ ጊዜ 03= ከ1 ሰዓት እስከ 24 ሰዓታት ባነስ ጊዜ 04= አንድ ቀን (24 ሰዓት ወይም በላይ) 08= አላውቅም		
	..... (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ከተወለደ በኋላ፣ የመጀመሪያ የጡት ወተቱን (እንገረፍን/እንገሩን) ምን አደረጉት?	01= ለልጁ ሰጡት 02= አስወገዱት/ደፉት (አፍርጠው ደፉት) 08= አላውቅም		
	---- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ከተወለደ/ች በኋላ በመጀመሪያዎቹ 3 ቀናት ውስጥ ከጡት ወተት ሌላ ወይም ከጡት ወተት በተጨማሪ ሌላ ማንኛውም ነገር ሰጥተውታል/ሰጥተዋታል?	01= አዎ 02= አይደለም		02= አይደለም ከሆነ፣ ወደ ተ.ቁ →L8 እለፍ



	<p>ለ ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ሌላ ነገር ከተወለደ/ች በኋላ በሶስት ቀናት ውስጥ ምን ሰጠች/ቷ ?</p> <p>ሁሉንም መልስ አታንብብ፤ ተገቢውን መልስ ሁሉ ክብብ (ከአንድ በላይ መልስ የቻላል)</p>		አንድ ጊዜ	ከአንድ ጊዜ በላይ	
--	--	--	--------	-------------	--

	የኩብት ወተት	1	2	
	ንጹህ ወሃ	1	2	
	የስኳር ወይም የግልኮስ (ሃይል ስጪ ስኳር) ወሃ	1	2	
	የልጅ ለሆድ ቁርጥ የሚሰጥ ወሃ (ኦርጌስ የተቀላቀለ)	1	2	
	የስኳርና ጨው ፈሳሽ ወይም ውዑድ (ቅልቅል)	1	2	
	የፍራፍሬ ጭማቂ	1	2	
	የህጻናት (ጨቅላ ህጻናት) አርቲፊሻል (ሰው ሰራሽ) ወተት	1	2	
	ሻይ/መጠጥ (ሻይ ወዘተ በመዘፍዘፍ የተዘገጀ)	1	2	
	ቡና	1	2	
	ማር	1	2	
	ከቅጠላቅጠል የተዘጋጀ መጠጥ (ሻይ ወዘተ የተዘጋጀ)	1	2	
	ቅቤ	1	2	
	ጠላ	1	2	
	ሌላ (ይገለጽ)፤ _____	1	2	
		1	2	
		1	2	
		1	2	
		1	2	
	-----ን (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) አሁን እያጠቡ ነው?	01= አዎ 02= አይደለም 08= አላውቅም		02= አይደለም ከሆነ፣ ወደ ተ.ቁ →L10 እለፍ
	ትላንት፣ በቀንና በማታ (ወቅት) -----ን (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) አጥብተውታል/አጥብቀውታል?	01= አዎ 02= አይደለም 08= አላውቅም		

ተ.ቁ L10 አንብብ፤ አሁን ደግሞ ----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀንና በማታ ወቅት ምናልባት ወስዶት/ዳ (ተመግቦት/ባ) ስለነበረው ፈሳሽ ልጠይቅዎ::

ተ.ቁ	ጥያቄ	ከድ የማደረገያ ምድብ (ክፍል)	መልስ	እለፍ
	<p>ባለፉት 24 ሰዓታት (ቀን ወይም ማታ) ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ከሚከተሉትን የትኛውን አግኝቷል/ች (ተመግቧል/ች)?</p> <p>እያንዳንዱን ፈሳሽ (ከፎርማቲፍ ርስረቻ ይወስድ) ጠይቅ፡፡ መላሽዎ (የልጁ/ቷ ወላጅ) ካላወቀች፣ 98=አላውቅም ብለህ ጻፍ፡፡ መላሽዎ (የልጁ/ቷ ወላጅ) ለ b, c ወይም g አዎ ካለች፣ ህጻኑ/ኗ (ጨቅላው/ጨቅላይቱ) ላለፉት 24 ሰዓታት ለምን ያህል ጊዜ ፈሳሽ እንደተሰጠው/ጣት በቁጥር ጻፍ፡፡</p>	<p>አዎ</p> <p>አይደለም</p>	<p>01=አዎ ከሆነ፣ ለምን ያህል ጊዜ እንደሆነ በቁጥር ጻፍ</p> <p>98= አላውቅም</p>	
	ንጹህ ወሃ	<p>1</p> <p>2</p>		
	የህጻናት (ጨቅላ ህጻናት) አርቲፊሻል (ሰው ሰራሽ) ወተት (ኒዶ፣ ኤስ26፣ ናን)	<p>1</p> <p>2</p>	_ _	
	የኩብት/ፍይል/በግ ወተት፣ የታሽጎ (የቆርቆር) ወይም በዱቄት መልክ የተዘጋጀ ወተት፣ ትኩስ ወተት፣ ፓስቸራይዝድ ወተት (ሊኮይ የሚችል የታሽጎ ወተት ለምሳሌ እንደ ማማ፣ ፋሚሊ ወተት)	<p>1</p> <p>2</p>	_ _	
	የፍራፍሬ ጭማቂ ወይም የሚጠጣ ጭማቂ	<p>1</p> <p>2</p>		
	የሲጋ ሾርባ (የዶሮ ሾርባ፣ ያትክልት ሾርባ፣ የባቄላ ሾርባ ---ወዘተ)	<p>1</p> <p>2</p>		
	ሌላ ከወሃ የተመረቱ (ወሃን መሰረት ያደረጉ) ፈሳሾች (ምሳል፣ ለስላሳ መጠጦች እንደ ፔፕሲ፣ ኮካ ኮላ፣ እስፕራይት፣ ፋንታ)	<p>1</p> <p>2</p>		
	ጎምዛዛ ወተት ወይም እርጎ (የረጋ ወተት)፣ አፊራ/አንት	<p>1</p>	_ _	

		2		
	ቀጭን ገንፎ (በእጅ የማይነሳ)	1		
		2		
	ሻይ ወይም ቡና	1		
		2		
	የሻይታሚን ሽሮፕ፣ የጉንፋን ሽሮፕ፣ ሌላ መድሃኒት	1		
		2		
	ህይወት አድን ፈሳሽ (ንጥረ ነገር) ወይም አርኬስ (የአንግሊዝ ጭው ፈሳሽ)	1		
		2		
	ሌላ ማንኛውም ፈሳሽ (አንደ ጠላ) (ፈሳሹን ከዚህ በታች ጻፍ):: ----- -----	1		
		2		

**ተቋ ሊዘ አንብብ፤** አሁን ደግሞ ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንት (ለ24 ሰዓታት) ስለወሰደው/ችው (ስለተመገበው/ችው) ማንኛውንም ምግቦች ልጠይቅዎት እፈልጋለሁ (እውዳለሁ):: እኔ ለማወቅ የምፈልገው ልጅዎ ስለወሰደው ምግብ ከሌሎች ምግቦች ጋር መቀላቀሉን፣ ማንኛውንም መክሰስ (ተጨማሪ ምግብ) በቤት ውስጥ ወይም ከቤት ውጪ መመገቡን ነው:: እባክህ ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና መጀመሪያ ከንቅልፍ ከነቃበት አንስቶ ጀምር:: ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በዚያን ሰዓት ምን በላ/ች (ተመገብ/ች)?

ሰጠያቂው (ቃለ መጠየቅ አድራጊው) መመሪያ፣ ይህ ከመጀመሪያው ምግብ አንስቶ ነጻ ማስታወስ ነው። አባክህን የተጠቀሙት (የተመገቡትን) ምግብ ስም እስምርበት በተጨማሪም መላሽዋ (እናት) ምግቡን ከዘረዘረች በኋላ ቁጠራ (ታሊ አድርግ)። **በማረጋገጫ ጥያቄ ቁጥር L12** ያልተሰመረባቸው ኮለመን (መሰሪ መሰመር) ካሉ፤

----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንት መጀመሪያ ሲነቃ (ከንቅልፉ ሲነቃ) አስቡ (አስቢ)። ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በዚያን ጊዜ ምግብ በልቷል?

**አዎ ከሆነ፣** እባክዎን ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በዚያን ጊዜ የበላውን/ችውን ማንኛውንም ነገር ይንገሩኝ። **እያንዳንዱን የምግብ ምድብ (ቡድን) ከስር ይሰመርበት** ከዚያ ሌላስ ተጨማሪ? በማለት መላሽዋ ሌላ ምንም እስከትል ድረስ ጠይቅ (አውጣጣ)

**አይደለም ከሆነ፣** ከስር በ ስር የተቀመጠውን ጥያቄ b) መጠየቅህን ቀጥል።

----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ከዚያ በኋላ ምን አደረገ? ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በዚያን ጊዜ የተመገቡ/ችው ነገር ነበር?

**አዎ ከሆነ፣** እባክዎን ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በዚያን ጊዜ የበላውን/ችውን ማንኛውንም ነገር ይንገሩኝ። ከዚያ ሌላስ ተጨማሪ? በማለት መላሽዋ ሌላ ምንም እስከትል ድረስ ጠይቅ (አውጣጣ)።

መላሽዋ፣ ልጁ/ቷ እስከሚቀጥለው ቀን ተኛ/ች ብላ እስከትመልስ ድረስ እላይ ያለውን ጥያቄ b) ደግመህ (ደጋግመህ) ጠይቅ።

መላሽዋ የተቀላቀለ ምግብ ከጠቀሰች (ለምሳሌ፣ ገንፎ፣ መረቅ ወይም ሾርባ)። የተቀላቀለው መግቢያ ይዘት (በውስጡ የያዘውን) ምንድናቸው በማለት ጠይቅ/አውጣጣ፣ ሌላስ በማለት መላሽዋ ምንም የለም እስከትል ድረስ ጠይቅ/አውጣጣ።

መላሽዋ ምግቦቿን ስታስታውስ፣ ያንን ምግብ ከታች አስምርበት. ከዚያ ፊ ከምግቡ ምድብ (ቡድን) ባለው ሰንጠረዥ (ኮሎምን) ውስጥ ጻፍ። ምግቡ እታች ካሉት በማንኛውም የምግብ ምድብ (ቡድን) ካልተዘረዘረ፣ ምግቡን ሌሎች ምግቦች ተብሎ በተሰየመው ሳጣን ውስጥ ጻፈው። ጥቅም ላይ የዋሉት ምግቦች በጣም አነስተኛ (ለተወሰነ ወቅት) ከሆኑ ወይም ምግብ ለማጣፈጫነት ከዋሉ፣ የምግብ ማጣፈጫ ከሚለው የምግብ ምድብ (ቡድን) አካተታቸው።

እናትየው ትላንት ልጁ/ቷ ምን እንደበላ/ች አስታውሳ ስትጨርስ፣ ከታች የተዘረዘሩትን የምግብ ቡድን/ክፍል ክልስ (እንደገና ተመልክት)። ከምግብ ቡድን/ክፍል ውስጥ ምንም ምግብ ያልተሰመረበት ካለ፣ እናትየውን እንዲህ በል። ----- (የልጁ/ቷ ስም) ትላንት ምን እንደበላ/ች እንደነገርሽኝ አውቃለሁ ነገር ግን ምንም ነገር የተውሳው/የረሳነው እንደሌለ ለማረጋገጥ የምግቦችን ዝርዝር ላነብልሽ እፈልጋለሁ። እባክሽን ----- (የልጁ/ቷ ስም) ከምጠቅስው ምግቦች ማንኛውንም እንደውሰደ/እንደተመገቡ ንገረኝ።

	የምግብ ምድብ (ቡድን)	ምሳሌ	አዎ	አይደለም	አላውቅም
	የእህል አይነቶች	ዳቦ/ቂጣ፣ ሩዝ፣ ብስኩት፣ ሌላ ምግቦች ከማሸላ፣ ዳጉሳ፣ ዘንጋዳ፣ ስንዴ፣ በቆሎ፣ ገብስ ወይም ከእህል የተዘጋጁ (እንጀራ፣ ወጥ (ከሽንበራ፣ አተርና ባቄላ ሽሮ የዘጋጀ ፈሳሽ ምግብ)፣ ቆሎ፣ ሌሎች ፡	1	2	8
	በቫይታሚን ኤ የበለጸጉ የጓሮ አትክልቶችና ስራስሮች (አገዳቸው የሚበላ)	ዱባ፣ ካሮት፣ ስኳር ድንች፣ ሌሎች ባካባቢው የሚገኙ በቫይታሚን ኤ የበለጸጉ የጓሮ አትክልቶች (ቢጫ ወይም ብርትኳናማ ውስጣዊ ይዘት ያላቸው)	1	2	8
	ነጭ ስራስሮች (አገዳ ያለቸው)	ነጭ ድንች፣ ነጭ ስኳር ድንች፣ ካዛፋ፣ ወይም ከስራስር የሚዘጋጁ ምግቦች።	1	2	8
	ደማቅ አረንጓዴ ቀጠላማ የጓሮ አትክልት	ደማቅ አረንጓዴ ቅጠላማ የጓሮ ባካባቢው የሚገኙ በቫይታሚን ኤ የበለጸጉ የጓሮ አትክልቶች። ለምሳሌ የዱባ ቅጠል።	1	2	8
	ሌላ የጓሮ አትክልቶች	ሌላ የጓሮ አትክልቶች (ለምሳሌ፣ ቲማቲም፣ ጎመን፣ ጥቁል ጎመን)	1	2	8
	በቫይታሚን ኤ የበለጸጉ ፍራፍሬዎች	በቫይታሚን ኤ የበለጸጉ ፍራፍሬዎች ለምሳሌ፣ የበሰለ ማንጎ፣ ፓፓያ፣	1	2	8

ሌሎች ፍራፍሬዎች	ሌላ ፍራፍሬዎች ለምሳሌ፣ ዘይቱን፣ አናናስ፣ ሃብሃብ (ሃብብ)፣ ብርቱካን፣ ፖም፣ ወይን፣ ሙዝ፣ ሌሎች ባካባቢው የሚገኙ ፍራፍሬዎች።	1	2	8
በብረት ማዕድን (ንጥረ ነገር ወይም አይረን) የበለጸጉ ስጋ (የእንሰሳ ክፍል)	ጉበት፣ ኩላሊት፣ ልብ፣ ሌሎች የስጋ ክፍሎች።	1	2	8
ትኩስ ስጋ	የበሬ፣ የአሳማ፣ የጥጃ፣ የፍይል፣ የዱር እንሰሳት (ምሳሌ፣ ሚዳቆ)፣ የዶሮ፣ ወይም የሌላ አህዋፍ ስጋ።	1	2	8
እንቁላል	እንቁላል	1	2	8
አሳ	ትኩስ ወይም የደረቀ አሳ።	1	2	8
ጥራጥሬ፣ አቸሎኒ፣ ዘር	ባቄላ፣ አተር፣ ምስር ፣ ለውዝ፣ እና ከነዚህ ዘሮች የተዘጋጁ ምግቦች።	1	2	8
ወተትና የወተት ተዋጽዖ	ወተት፣ (የኩብት፣ የታሽገ ወይም ዱቄት ወተት)፣ አይብ፣ እርጎ፣ አሬራ/አጓት ሌላ የወተት ውጤቶች (ተዋጽዖ)።	1	2	8
ዘይትና ስብ	ዘይት፣ ስብ ወይም ቅቤ፣ እና ሌሎች ከነዚህ የተዘጋጁ ምግቦች።	1	2	8
ሌላ ዘይት	ከዘንባባ ዘይት የተዘጋጁ ምግቦች	1	2	8
ሌላ የበለጸጉ ምግቦች	ልዩ የበለጸጉ ምግቦች (ለምሳሌ አልሚ ምግቦች፣ ንጥረ ነገር ዱቄት የተቀላከለባቸው ምግቦች (ሲኤስቢ)፣ ህይወት አድን ምግቦች፣ ሌሎች ለምግብነት የተዘጋጁ ተጨማሪ ንጥረ ነገር ያላቸው ምግቦች፣ በፕሮቲን (ገንቢ) የበለጸጉ ምግቦች።)	1	2	8
ሌላ (ነፍሳት)	የደረቀ አሳ	1	2	8
ሌላ ቅመማቅመሞች፣ ምግብ ውስጥ የሚገቡ ማጣፈጫዎች፣	ቅመማቅመም (በርበሬ፣ ጨው)፣ እንደ ስጎ ቅመም፣ የሚያቃጥል ቀመም፣ ያሳ ዱቄት፣ ሌሎች ባካባቢው ያሉ ምሳሌዎች።	1	2	8
ሌላ ስኳራማ ምግቦች	ኩኪስ (ኬክ፣ በስኩት)፣ ጣፋጭ፣ ቸኮሌት፣ ከረሜላ፣ ፓስቲ፣			
ሌላ ጨዋማ የተዘጋጁ መክሰሶች	ከፍተኛ ስብ፣ ጨዋማ፣ የታሽጉ ምግቦች፣ በተመቸ ጊዜ በምግብ መሃከል የሚበሉ።			
ሌላ (እዚህ ጻፍ)		1	2	8
ከ a-u ያሉትን ምድቦች (ክፍሎች) አረጋግጥ		ሁሉም አይደለም ከሆኑ፣ ወደ ተቁ → L12 እለፍ (ሂድ)  ቢያንስ አንዱ አዎ ወይም ሁሉም አላውቅም ከሆነ፣ ወደ ተቁ → L13 እለፍ (ሂድ)		

ተ.ቁ	ጥያቄ	ከድ ማድረጊያ ምድብ (ክፍል)	መልስ	እለፍ
	<p>ለተ.ቁ L11 መረጋገጫ፤ እናት ሁሉንም፣ 02= አይደለም ካለች</p> <p>----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀን ወይም በማታ ወቅት (ጊዜ)፣ ማንኛውንም ደረቅ (ጠጣር)፣ በከፊል ደረቅ፣ ወይም ለስላሳ ምግቦችን በልቷል/ች (ተመግቧል/ች)?</p> <p>ለማለት የፍለኩት ከእዚህ ምግቦች በደንብ ወፍራም የሆኑና በጣቶችዎ ማንሳትና በእጅ መመገብ የሚችሉትን ለማለት ነው?</p>	<p>01= አዎ</p> <p>አዎ ከሆነ፣ ተራ ቁጥር L11 ደገምና በ L11 ስር ያሉትን የምግብ ቡድኖች አስምርባቸው። ከዚያም ተራ ኩጥር L13 ቀጥል።</p> <p>02= አይደለም</p> <p>08 = አላውቅም</p>		<p>02 አይደለም ወይም 08 አላውቅም ከሆነ ወደ ተ.ቁ →L14 እለፍ</p>
	<p>----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀን ወይም በማታ ወቅት (ጊዜ)፣ ከፈሳሽ ውጭ (ከፈሳሽ ምግቦች ውጪ) ለምን ያህል ጊዜ (ስነት ጊዜ) ደረቅ (ጠጣር)፣በከፊል ደረቅ፣ ወይም ለስላሳ ምግቦችን በልቷል/ች (ተመግቧል/ች)?</p> <p>ይህ የተከሰተው ለምን ያህል ጊዜ ነው?</p>	<p>ስንት ጊዜ (ምን ያህል ጊዜ) እንደተመገቡ/ች ጻፍ</p> <p>98 = አላውቅም</p>	<p> _ _ </p>	
	<p>----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀን ወይም በማታ ወቅት (ጊዜ)፣ በጠርመሱ/ኩባያ ወይም ጡጦ የጠጣው (የተመገበው) ነገር አለ?</p>	<p>01= አለ</p> <p>02= የለም</p> <p>08= አላውቅም</p>		
	<p>----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀን ወይም በማታ ወቅት (ጊዜ)፣ ማንኛውም በብረት (በደም ማነት) ንጥረ ነገር የበለጸገ ሰው ስራሽ ወተት ጠጥቷል/ች (ተመግቧል/ች)? (ለምሳሌ፣ ሴርፋም፣ ኒዶ፣ ናን፣ ኤስ 26)</p>	<p>01= አለ</p> <p>02= የለም</p> <p>08= አላውቅም</p>		
	<p>----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ትላንትና በቀን ወይም በማታ ወቅት (ጊዜ)፣ ማንኛውንም የህጻናት ምግብ (ባካባቢው ያለ የህጻን ምግብ ምሳሌ) (ለምሳሌ፣ ቀጭን ገንፎ፣ አጥሚጥ፣ ሾርባ፣ ፊትፍት፣ ሻይ በዳቦ፣ ጠላ፣ ወተት፣ ቆሎ፣ እንጀራ በውጥ/ሽር) በልቷል/ች)?</p>	<p>01= አለ</p> <p>02= የለም</p> <p>08= አላውቅም</p>		
L16a	<p>ለ----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) መጀመሪያ ጠጣር/ደረቅ ወይም በከፊል ጠጣር/ደረቅ የሰጡት በየትኛው ዕድሜው/ዋ ነው?</p>	<p>ዕድሜ በወራት ጻፍ</p> <p>98 = አላውቅም</p>		

ተ.ቁ	ጥያቄ	ከድ ማድረጊያ ምድብ (ክፍል)	መልስ	እለፍ
-----	-----	--------------------	-----	-----

	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) አፈር ሲበላ አይተውት ያውቃሉ?	01= አለ 02= የለም	02 የለም ከሆነ፣ ወደ ተ.ቁ→L21 እለፍ
	በየትኛው (በስንት) ዕድሜው/ዋ ነው ይህ ባህሪ (ጠባይ) መጀመሪያ የታየው (የተመለከቱት)?	<b>ዕድሜውን በወራት ጻፍ</b> 98 = አላውቅም	_ _
	ይህ ባህሪ (ጠባይ) ላለፉት 30 ቀናት ውስጥ አይተዋል (ተመልከተዋል)?	01= አዎ 02= የለም	02 የለም ከሆነ፣ ወደ ተ.ቁ→L21 እለፍ
	ይህን ባህሪ (ጠባይ) ባለፉት 30 ቀናት ውስጥ ለምን ያህል ጊዜ ተመልከተዋል (አይተዋል)?	01=በየቀኑ (ቀን በቀን) 02= በሳምንት አንዴ 03= ሁለት ጊዜ	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) የዶሮ ኩስ (እዳሪ) ሲበላ አይተውል (ተመልከተዋል)?	01= አዎ 02= የለም	02 የለም ከሆነ፣ ወደ ክፍል →M እለፍ
	በየትኛው (በስንት) ዕድሜው/ዋ ነው ይህ ባህሪ (ጠባይ) መጀመሪያ የታየው (የተመለከቱት)?	<b>ዕድሜውን በወራት ጻፍ</b> 98 = አላውቅም	_ _
	ይህ ባህሪ (ጠባይ) ላለፉት 30 ቀናት ውስጥ አይተዋል (ተመልከተዋል)?	01= አዎ 02= የለም	02 የለም ከሆነ፣ ወደ ክፍል → M እለፍ
	ይህን ባህሪ (ጠባይ) ባለፉት 30 ቀናት ውስጥ ለምን ያህል ጊዜ ተመልከተዋል (አይተዋል)?	01=በየቀኑ (ቀን በቀን) 02= በሳምንት አንዴ 03= ሁለት ጊዜ	

**ምላሽ ተኮር (በተፈለግ ወቅት) አመጋገብ**

ተ.ቁ	ጥያቄ	ኮድ ማድረጊያ ምድብ (ክፍል)	መልስ	እለፍ
MO	ለቃለ መጠይቅ አድራጊ (መረጃ ሰብሳቢ)፤ ተ.ቁ L2 አረጋግጥ  ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ስድስት (6) ወራት ወይም ከዚያ በላይ ዕድሜ አለው?	01= አዎ 02= አይደለም		02 አይደለም ከሆነ፣ ወደ ክፍል → N እለፍ
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ)ን ዋናውን ምግብ (ቁርስ፣ ምሳ፣ እራት) ለመመገብ የመጀመሪያ ጎረቤት የሆነው ሰው ማነው?	01= እናት 02= አባት 03= የሌት አይት		08 አላውቅም ከሆነ፣ ወደ ክፍል → N እለፍ



		<p>04= አክሲት (የትዳር ጓደኛ እናት)</p> <p>05= የ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) እህት/ወንድም</p> <p>06= ሌላ (ይገለጽ)፤ _____</p> <p>08= አላውቅም</p>	
	<p>ትላንት ዋናውን ምግብ (ቁርስ፣ ምሳ፣ እራት) አመጋገብ ወቅት፣ ..... (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) እንዲበላ/እንድትበላ ለማበረታታት (ለማነሳሳት) ማንኛውም ነገር ምን አድርገዋል (አርገዋል)?</p>	<p>01= አዎ</p> <p>02= አይደለም</p> <p>08= አላውቅም</p>	<p>02 አይደለም ወይም</p> <p>08 አላውቅም ከሆነ፣ ወደ ክፍል → <b>N</b> እለፍ</p>
	<p>ምን አረገ/አደረገ? ምን አሉት (ተናገሩት)/አሉ (ተናገሩ)?</p> <p>ሌላ ምን አሉት (ተናገሩት)/አሉ (ተናገሩ)?</p> <p><b>የበለጠ አውጣጣ (ጠይቅ)</b></p> <p><b>ሁሉንም መልሶች አታንቡብ፤ የተናገሩትን (የመለሱት) ሁሉ ክብብ።</b></p>	<p>ሌላ ምግብ ወይም መጠጥ ሰጠ/ሰጡት</p> <p>ተናገሩ (ተናገሩት)/በቃላት ወይም በድምጽ አበረታቱት/አበረታቷት</p> <p>ሰለበላ/ቸ ልጁን/ቷን አደነቁት ወይም አመሰገኑት</p> <p>አጫወቱት/አጫወቷቸው ወይም አሳቱት/ቋት (አሳሳቁት/ቋት)</p> <p>እየበሉ አሳዩት/አሳዩዋት</p> <p>የልጁን/ቷን ትኩረት ለማግኘት (ለመሰብ) ሞከሩ (ለምሳሌ፣ አሻንጉሊት፣ በጫወቻ፣ እንሰሳ ማሳየት)</p> <p>ለጁን/ቷን እንዲበላ/እንድትበላ አስገደዱት/አስገደዱ</p> <p>አስፈራሩት/አስፈራሯት</p> <p>ልጁን/ቷን ሌላ ሰው አገዘ/ረዳ</p> <p>ልጁ/ቷ አጠገቤ ተቀምጦ/ጣ ነበር</p> <p>እራሱ/ሷ ልጁ/ቷ እንዲበላ/እንድትበላ አረኩ (ወይም ለብቻ ተወኩት/ተወኳት)</p> <p>ልጁ/ቷ ሳህኑን (ትሪውን) እንዲነካ/እንድትነካ ወይም እንዲይዝ/እንድትይዝ አረኩ</p> <p>ዘፈንኩ፣ ደነስኩ፣ አንጎራጎርኩ (ለልጁ/ቷ)</p> <p>ተረት ወይም ታሪክ ነግርኩት/ነገርኳት</p> <p>ሌላ ካለ (ይገለጽ)፤ _____</p> <p>አላውቅም</p>	

**የልጅነት ህመም**

አንብብ፤ አሁን ወደኋላ ያለፉትን ሁለት ሳምንታት ወደኋላ የስቡ። ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) የሚከተሉትን ማንኛውንም ምልክቶች አሳይቷል/አሳይታለች (ታይተውበታል/ታይቶባታል) ወይም ገጥሞታል/ገጥሟታል?

ተ.ቁ	መልሶችና ማጣሪያዎች	የመልስ ኮዶች (መለያዎች)	እለፍ
-----	--------------	------------------	-----

		አዎ	አይደለም	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>ቀጭን ንፍጥ (ፈሳሽ) እና ሳል (ጉንፋን)</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>ፈጣን (ቶሎ ቶሎ) መተንፈስ ወይም ለመተንፈስ መቸገር</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>ተኩሳት</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	2 አይደለም ከሆነ፣ ወደ ተ.ቁ → N5 እለፍ
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>በጤና ተቋም (በጤና አገልግሎት ሰጭ) ወባ ተመርምሯል/ች (በምርመራ ተረጋግጧል) ?</b>	1	2	
	ባለፉት ሁለት ሳምንታት ውስጥ፣ ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ሰስትና ከዚያ በላይ ባንድ ቀን (24 ሰዓታት) <b>ቀጭን ሰገራ ወይም ተቅማጥ</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	
N5a	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>ደም ያለው/የተቀላቀለበት ቢያንስ አንድ ጊዜ</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>በአይኖቹ/ቿ አካባቢ ፈሳሽ ወይም ዝንቦች</b> ታይቶበታል/ባታል ወይም ገጥሞታል/ሟታል?	1	2	
	----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፉት ሁለት ሳምንታት ውስጥ <b>የአንጀት ትላትሎች (ወስፋት፣ ኮሶ) ተመርምሯል/ች (በምርመራ ተረጋግጧል) ?</b>	1	2	

**የመጠጥ ወሃ**

አንብብ፤ በጣም ጥሩ፣ አመሰግናለሁ።። አሁን በሁለት ርዕሶች ላይ ስለ ቤተሰብዎ ወሃ ምንጮች (ሃብቶች ወይም መገኛዎች) እና ንጽህና ጥያቄዎች አሉኝ።

ተ.ቁ	መልሶችና ማጣሪያዎች	ኮድ	መልስ	እለፍ
	ለቤተሰብዎ አባላት የመጀመሪያ የመጠጥ ወሃ ምንጭ (ሃብት ወይም መገኛ) ምንድነው ?	01= መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ 02= በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ 03= የህዝብ ቧንቧ/ቢርካ ወሃ 04= የእጅ የሚወጣ/የጥልቅ ጉድጓድ ወሃ 05= የተጠበቀ/የተከለለ ጉድጓድ ወሃ 06= ያልተጠበቀ/ያልተከለለ ጉድጓድ ወሃ 07= ያልተጠበቀ/ያልተከለለ ምንጭ ወሃ		01= መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ 02= በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ ወደ ተ.ቁ→03 እለፍ

		<p>08= ያልተጠበቀ/ያልተከለለ ምንጭ ወሃ</p> <p>09= የዝናብ ወሃ በማጠራቀም</p> <p>10= የታሸገ (በላስቲክ) ወሃ</p> <p>11= በጋሪ (በተሸከርካሪ) የሚጎተት አነስተኛ የወሃ ማጠራቀሚያ (ጋን) ወይም በርሜል</p> <p>12= በመኪና (ትራክተር) የሚጎተት ጋን (የወሃ ማጠራቀሚያ)</p> <p>13= የገጸ ምድር ወሃ (ወንዝ፣ ግድብ፣ ሐይቅ፣ ኩሬ፣ ጅረት፣ ቦይ፣ መስኖ ማስተላለፊያ መስመር)</p> <p>14= ሌላ (ይገለጽ) _____</p>		
	<p>የመጀመሪያ የወሃ መገኛ (ምንጭ) ሄዶ፣ ወሃ ይዞ ለመመለስ ምን ያህል ጊዜ ይጨርሳል/ይፈጃል?</p> <p>ለመረጃ ሰብሳቢ መመሪያ፣ የሚካተተው ጊዜ ወሃውን ቀድቶ ለመመለስ ብቻ ያለውን ነው። ለሌላ ማህበራዊ ወይም ሌላ ጉዳይ የሚባክነውን ጊዜ አታካት።</p>	<p><b>ደቂቃውን (መልሱን) በቁጥር ጻፍ</b></p> <p>480= ከ480 ደቂቃ ወይም ከዚያ በላይ (ከ8 ሰዓት በላይ)</p> <p>988= አላውቅም</p>	<p> _ _ _ _ </p>	

<p>ለቤተሰብዎ አባላት የሁለተኛ የመጠጥ ወሃ ምንጭ (ሃብት ወይም መገኛ) ምንድነው ?</p>	<p>01= መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ</p> <p>02= በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ</p> <p>03= የህዝብ ቧንቧ/ቢርካ ወሃ</p> <p>04= የእጅ የሚወጣ/የጥልቅ ጉድጓድ ወሃ</p> <p>05= የተጠበቀ/የተከለለ ጉድጓድ ወሃ</p> <p>06= ያልተጠበቀ/ያልተከለለ ጉድጓድ ወሃ</p> <p>07= የተጠበቀ/የተከለለ ምንጭ ወሃ</p> <p>08= ያልተጠበቀ/ያልተከለለ ምንጭ ወሃ</p> <p>09= የዝናብ ወሃ በማጠራቀም</p> <p>10= የታሸገ (በላስቲክ) ወሃ</p> <p>11= ቢጋሪ (በተሸከርካሪ) የሚጎተት አነስተኛ የወሃ ማጠራቀሚያ (ጋን) ወይም በርሜል</p> <p>12= በመኪና (ትራክተር) የሚጎተት ጋን (የወሃ ማጠራቀሚያ)</p> <p>13= የገጸ ምድር ወሃ (ወንዝ፣ ግድብ፣ ሐይቅ፣ ኩሬ፣ ጅረት፣ ቦይ፣ መስኖ ማስተላለፊያ መስመር)</p> <p>14= ሁለተኛ መገኛ (ምንጭ) የለም</p> <p>15= ሌላ (ይገለጽ)_____</p>	<p>14 ሁለተኛ መገኛ (ምንጭ) የለም ከሆነ፣ ወደ ተ.ቁ →05 እለፍ</p>
<p>ላለፉት 12 ወራት፣ በግምት ለምን ያህል ወራት ሁለተኛ የወሃ መገኛው (ምንጩን) ተጠቅመዋል (ተገልግለዋል)?</p>	<p>01= ያልተደጋገመ (ብዙ ጊዜ ያልተለመደ) (ከ2 ወራት የነሰ)</p> <p>02= አልፎ አልፎ (አንዳንዴ) (በአመት ከ2+ እስከ 3 ወራት)</p> <p>03= ዘወትር (ሁልጊዜ) (በአመት ከ3+ እስከ 4 ወራት)</p> <p>04= በተዳጋጋሚ (በአመት ከ4+ እስከ 6 ወራት)</p>	
<p>በተለምዶ (በአብዛኛው) ለቤተሰብዎ ወደ ወሃ መገኛ (ምንጭ) ሄደ ወሃ የሚቀዳው (ወሃ የሚያመጣው) ማነው?</p>	<p>01= ጎልማሳ ሴት</p> <p>02= ጎልማሳ ወንድ</p> <p>03= ሴት ልጅ (15 አመት ዕድሜ በታች)</p> <p>04= ወንድ ልጅ (ከ 15 አመት ዕድሜ በታች)</p> <p>08 = አላውቅም</p>	

	<p>ወሃውን (ወሃዎን) በማንኛውም መንገድ (ዘዴ) ለመጠጥ ይበልጥ የሚያስተማምን (የማይጎዳ ወይም የተጠበቀ) እንዲሆን ያዘጋጃል/ይንከባከቡታል/ያከሙታ?</p>	<p>01= አዎ 02= አይደለም 08= አላውቅም</p>	<p>02 አይደለም ወይም 08 አላውቅም ከሆነ፣ ወደ ተ.ቁ→08 እለፍ</p>
	<p>በተለምዶ (በብዛኛው) ወሃውን ለመጠጥ ይበልጥ የሚያስተማምን(የማይጎዳ ወይም የተጠበቀ) ለማድረግ ምን ያደርጋሉ?</p> <p><b>ሁሉንም መልሶች አታንብብ፤ የተናገሩትን (የመለሱት) ሁሉ ክበብ።</b></p>	<p>ወሃው ይፈላል (ያፈሉታል) ክሎሪን (ወሃ የሚያጸዳ ኬሚካል)/በረኪና የጨመራል በልብስ (በጭርቅ) ይጠላል ወሃ ማጣሪያ መጠቀም (ሴራሚክ፣ አሸዋ ድብልቅ) በጸሃይ ብርሃን ጎጂ ጀርቆችን ማስወገድ አስቀምጦ እንዲጠል ማድረግ የወሃ ማጣሪያ ክኒን (ዱቄት)፣ ወሃ አጋር፣ ፒዩር፣ መጠቀም። ሌላ (ይገለጽ) _____ አላውቅም</p>	
	<p>በቤት (በቤትዎ) ውስጥ ለመጠጥ የሚሆን ወሃ ያከማቻሉ (ያስቀምጣሉ)?</p>	<p>01=አዎ 02= አይደለም 08 = አላውቅም</p>	<p>02 አይደለም ወይም 08 አላውቅም ከሆነ፣ ወደ ክፍል →P እለፍ</p>
	<p>አዎ ከሆነ፣ መያዣዎቹ (ማስቀመጫዎቹ) ምን አይነት ናቸው? (አፉ/መቅጃው ጠባብ፣ የኩዳኑ ስፋት 3 ሳ.ሜ ወይም ከዚያ በታች)</p>	<p>01= አፈ. ጠባብ (መቅጃው ጠባብ) 02= አፈ. ሰፊ (መቅጃው ሰፊ) 03= ሁለቱም አይነቶች</p>	
<p>O11</p>	<p>ከነዚህ ማስቀመጫዎች ወሃ የሚቀዳው (የሚወስደው) ማነው? <b>ሁሉንም መልሶች አንብብ፤ የተናገሩትን (የመለሱት) ሁሉ ክበብ።</b></p>	<p>ጎልማሳ ሴት ጎልማሳ ወንድ ሴት ልጅ (ከ5 እስከ 15 አመት ዕድሜ) ወንድ ልጅ ((ከ5 እስከ 15 አመት ዕድሜ) ሴት ልጅ (ከ5 አመት ዕድሜ በታች) ወንድ ልጅ (ከ5 አመት ዕድሜ በታች)</p>	
<p>O12</p>	<p>ከመጠጥ ወሃ መያዣ (ማስቀመጫ) ውስጥ ወሃ የሚቀዳት (የሚወስዳት) እንዴት ነው?</p>	<p>01= በመቅዳት (አስጎንብሶ) 02= በመጥለቅ 03= በሁለቱም፤ በመቅዳትም በመጥለቅም 04= ወሃ መያዣው (ማስቀመጫው) ወሃ መቅጃ ቀዳዳ (ቧንቧ) አለው</p>	<p>01 በቅዳት (አስጎንብሶ) ወይም 04 ወሃ መያዣው ወሃ መቅጃ ቀዳዳ (ቧንቧ) ከሆነ፣</p>

		05= ሌላ (ይገለጽ)፤ _____ 08= አላውቅም	ወደ ተ.ቁ <b>O14</b> <b>እለፍ</b>
O13	ወሃውን ለመቅዳት (ለመውሰድ) ምን ይጠቀማሉ?	01= በራሱ ለመጠጥ በሚጠቀሙበት ጣሳ/ኩባያ 02= በሌላ ለውሃ መቅጃ በተቀመጠ ጣሳ/ኩባያ	
O14	ወሃ መያዣዎቹ (ማስቀመጫዎቹ) ለመጨረሻ ጊዜ የጸዱት መቼ ነው?	01= ዛሬ ወይም ትላንት 02= ከሳምንት ወዲህ 03= ብዙ ሳምንት 04= በፍጹም ጸድተው አያውቁም 05= ሌላ ካለ (ይገለጽ) _____ 08= አላውቅም/አላስታውስም	

**እጅ መታጠብ፣ ንጽህናና የልጅን ሰገራ (እዳሪ) ማስወገድ**

ተ.ቁ	መልሶችና ማጣሪያዎች	ኮድ	መልስ	እለፍ
	ለቤተሰብዎ (ለቤትዎ) ለሌላ አገልግሎት የሚውለውን እንደ ምግብ ማብሰያ እጅ መታጠቢያ የሚጠቀሙበት የመጀመሪያ የውሃ መገኛ (ሃብት ወይም ምንጭ) ምንድነው?	01= መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ 02= በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ 03= የህዝብ ቧንቧ/ቢርካ ወሃ 04= የእጅ የሚወጣ/የጥልቅ ጉድጓድ ወሃ 05= የተጠበቀ/የተከለለ ጉድጓድ ወሃ 06= ያልተጠበቀ/ያልተከለለ ጉድጓድ ወሃ 07= የተጠበቀ/የተከለለ ምንጭ ወሃ 08= ያልተጠበቀ/ያልተከለለ ምንጭ ወሃ 09= የዝናብ ወሃ በማጠራቀም 10= በጋሪ (በተሸከርካሪ) የሚገተት አነስተኛ የወሃ ማጠራቀሚያ (ጋን) ወይም በርሜል 11= በመኪና (ትራክተር) የሚገተት ጋን (የወሃ ማጠራቀሚያ) 12= የገጸ ምድር ወሃ (ወንዝ፣ ግድብ፣ ሐይቅ፣ ኩሬ፣ ጅረት፣ ቦይ፣ መስኖ ማስተላለፊያ መስመር) 13= ሌላ (ይገለጽ) _____	01 መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ የቧንቧ ወሃ ወይም 02 በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ ከሆነ፣ ወደ ተ.ቁ →P3 እለፍ	

	<p>ከወሃ መገኛ (ሃብት ወይም ምንጭ) ሄዶ፣ ወሃ ይዞ ለመመለስ ምን ያህል ጊዜ ይጨርሳል/ይፈጃል?</p>	<p><b>ደቂቃውን (መልሱን) በቁጥር ጻፍ</b></p> <p>480= ከ480 ደቂቃ ወይም ከዚያ በላይ (ከ8 ሰዓት በላይ)</p> <p>988= አላውቅም</p>	<p> _ _ _ _ </p>	
	<p>ለቤተሰብዎ (ለቤትዎ) ለሌላ አገልግሎት የሚውለውን እንደ ምግብ ማብሰያ እጅ መታጠቢያ የሚጠቀሙበት <b>ሁለተኛ</b> የውሃ መገኛ (ሃብት ወይም ምንጭ)</p>	<p>01= መኖሪያ ቤት ውስጥ ያል የቧንቧ ወሃ</p> <p>02= በግቢ/በመሬት (ከመኖሪያ ውጪ) ያለ የቧንቧ ወሃ</p> <p>03= የህዝብ ቧንቧ/ቢርካ ወሃ</p> <p>04= የእጅ የሚወጣ/የጥልቅ ጉድጓድ ወሃ</p> <p>05= የተጠበቀ/የተከለለ ጉድጓድ ወሃ</p> <p>06= ያልተጠበቀ/ያልተከለለ ጉድጓድ ወሃ</p> <p>07= የተጠበቀ/የተከለለ ምንጭ ወሃ</p> <p>08= ያልተጠበቀ/ያልተከለለ ምንጭ ወሃ</p> <p>09= የዝናብ ወሃ በማጠራቀም</p> <p>10= በጋሪ (በተሸከርካሪ) የሚጎተት አነስተኛ የወሃ ማጠራቀሚያ (ጋን) ወይም በርሜል</p> <p>11= በመኪና (ትራክተር) የሚጎተት ጋን (የወሃ ማጠራቀሚያ)</p> <p>12= የገጸ ምድር ወሃ (ወንዝ፣ ግድብ፣ ሐይቅ፣ ኩሬ፣ ጅረት፣ ቦይ፣ መስኖ ማስተላለፊያ መስመር)</p> <p>13= ሁለተኛ መገኛ (ምንጭ) የለም</p> <p>14= ሌላ (ይገለጽ) _____</p>	<p>13 ሁለተኛ መገኛ (ምንጭ) የለም ከሆነ፣ ወደ ተቁ →P5 እለፍ</p>	
	<p>ላለፉት 12 ወራት፣ በግምት ለምን ያህል ወራት ሁለተኛ የወሃ መገኛውን (ምንጭን) ለምግብ ማብሰያ እና እጅ መታጠቢያ ተጠቅመዋል (ተገልግለዋል)?</p>	<p>01= ያልተደጋገመ (ብዙ ጊዜ ያልተለመደ) (ከ2 ወራት የነሰ)</p> <p>02= አልፎ አልፎ (አንዳንዴ) (በአመት ከ2+ እስከ 3 ወራት)</p> <p>03= ዘወትር (ሁልጊዜ) (በአመት ከ3+ እስከ 4 ወራት)</p> <p>04= በተደጋጋሚ (በአመት ከ4+ እስከ 6 ወራት)</p>		
	<p>በተለምዶ (ባብዛኛው) እጅዎን የሚታጠቡት መቼ ነው?</p> <p>መልሶቹን አታንብብ፤ መጀመሪያ መላሽ እንድትመልሱ አርግፍቀድ፤ ከዚያም ለምን ያህል ጊዜ እንደሆነ ፈጽሞ፣ ሁልጊዜ፣ አንዳንድ ጊዜ በማለት አውጣጣ/ጠይቅ። መላሽዎ ከመመገብ በፊት ብላ ካልጠቀሱት፣ ፈጽሞ ለሚለው ዐን ክቡብ።</p>			

	ከመመዘኛ በፊት	01= በፍጹም (አይሆንም) 02= ሁልጊዜ 03= አንዳንድ ጊዜ (አልፎአልፎ)	
	ምግብ ከማዘጋጀት በፊት	01= በፍጹም (አይሆንም) 02= ሁልጊዜ 03= አንዳንድ ጊዜ (አልፎአልፎ)	
	ሽንት ቤት ከተተቀሙ በኋላ	01= በፍጹም (አይሆንም) 02= ሁልጊዜ 03= አንዳንድ ጊዜ (አልፎአልፎ)	
	ለህጻኑ ልብስ ከቀየሩ በኋላ	01= በፍጹም (አይሆንም) 02= ሁልጊዜ 03= አንዳንድ ጊዜ (አልፎአልፎ)	
	ሌላ	01= በፍጹም (አይሆንም) 02= ሁልጊዜ 03= አንዳንድ ጊዜ (አልፎአልፎ)	

የአስተውሎት ክፍል፤

አንብብ፤ አባክዎን ለመጠጥ የሚሆነውን ውሃ የት እንደሚቀመጥ አሳዩኝ፤ በተጨማሪም ባብዛኛው እጅዎን የት እንደሚታጠቡ አሳዩኝ፡፡

ተ.ቁ	መልሶችና ማጣሪያዎች	ኮድ/መልስ	እለፍ
	አባክዎን የመጠጥ ውሃውን የት እንደሚያስቀምጡት ሊያሳዩኝ ይችላሉ?  አስተውል፤ መያዣዎቹ ተከድነዋል?	01=ሁሉም ተከድነዋል 02= የተወሰኑት ተከድነዋል 03= ሁሉም አልተከድኑም 04= ለማየት ፍቃድ የልም/አልተሰጠም	
	አመሰግናለሁ፡ ባብዛኛው እጅዎን የት እንደሚታጠቡ ሊያሳዩኝ ይችላሉ?  (ለማየትና ለማስተዋል ጠይቅ፡፡ አንድ ብቻ የእጅ መታጠቢያ ቦታ መዘግብ፡፡ ይህም የእጅ መታጠቢያ ቦታ በመላሽዋ ወይም በቤተሰቡ ባብዛኛው ጥቅም ላይ የሚውል ነው፡፡)	01 = ከሽንት ቤቱ ውስጠኛ ክፍል 10 ያህል እርምጃ 02= ከማዕድ ቤት/ማብሰያ ቦታ ውስጠኛ ክፍል 10 ያህል እርምጃ 03= ቤት ውስጥ ወይም ከቤት ውጭ የትም፡፡	If 6 → P12



		05= የተወሰነ ቦታ የለም 06= ለማየት ፍቃድ የልም/አልተሰጠም	
	<b>አስተውል፤</b> ለእጅ መታጠቢያ የሚሆን ወሃ በተወሰነ ቦታ አለ?  <i>መረጃ ሰብሳቢ፤ በተወሰነ ቦታ ደንቧ ወይም ፓምፕ በተወሰነ ቦታ ለእጅ መታጠቢያ ካለ፣ ውሃ እንደሚወጣ ለማየት ደንቧን ክፈት ወይም ፓምፕ እንዲሰራ አድርግ። ባለ ወይም በርጫል/ጅሪካን፣ ወይም ሌላ አይነት ወሃ መያዣ ካለ፣ በመያዣው ወሃ እንዳለና እንደሌለ ለመለየት መያዣውን ተመልከት። ያስተዋልከውን መዘግብ።</i>	01= አዎ (ወሃ አለ) 02= የለም (ወሃ የለም)	
	<b>አስተውል፤</b> ሳሙና ወይም ሌላ ማጽጃ የሚሆን በተወሰነ የእጅ መታጠቢያ ቦታ ለእጅ ማጠቢያ አል?  <i>መረጃ ሰብሳቢ፤ ያስተዋልከውን መዘግብ። ተገቢውን/የሚመለከተውን ሁሉ ክብብ።</i>	a. ደረቅ ሳሙና b. ማጽጃ (ዱኬት/ፈሳሽ/ወፍር ያለ ፈሳሽ) c. ፈሳሽ ሻሙና (ሻምፖን ያካትታል) d. ምንም	ለP9 a፣ b፣ c እና ለ P10 a፣ b፣ c ከሆነ፣ ወደ ተቁ → P12 አለፍ
	<b>አስተውል፤</b> ካካባቢው የተገኘ ማጽጃ በተወሰነ የእጅ መታጠቢያ ቦታ ለእጅ ማጠቢያ አል?  <i>መረጃ ሰብሳቢ፤ ያስተዋልከውን መዘግብ። ተገቢውን/የሚመለከተውን ሁሉ ክብብ።</i>	a. አመድ b. ጭቃ/አሽዋ c. ምንም d. ሌላ ካለ (ይገለጽ) _____	
	በቤትዎ ውስጥ ሳሙና/ካካባቢ የሚገኝ ማጽጃ አል?	01= አዎ 02= የለም 08= አላውቅም፣ አይመልከትም/አይተገበርም	
L11a	ሳሙናውን/ባካባቢ ያለውን ማጽጃ ነገር ላየው እችላለሁ?  <i>የሚመለከተውን/ተገቢውን ሁሉ ክብብ።</i>	a. ሳሙና አለ b. አመድ አለ c. ምንም የለም	

	የቤተሰብዎች አባላት በአብዛኛው የሚጠቀሙት የሽንት ቤት (መጸዳጃ ቤት) አይነት የትኛው (ምን አይነት) ነው?	01 = ወሃ በማፍሰስ (በመልቀቅ) ወደ ቆሻሻ ማስተላለፊያ ደንቧ የሚገባ	If 12 →P15
--	--	---	---------------

		<p>02= ወሃ በማፍሰስ (በመልቀቅ) ወደ ቆሻሻ ማጠራቀሚያ ወሃ የሚገባ</p> <p>03= ወሃ በማፍሰስ (በመልቀቅ) ወደ ደረቅ ሽንትቤት (መጸዳጃ ቤት) የሚገባ</p> <p>04= ወሃ በማፍሰስ (በመልቀቅ) ወደ ሌላ ማንኛው ቦታ የሚገባ (የሚፈስ)</p> <p>05= ወሃ በማፍሰስ (በመልቀቅ) ወደማይታቅ (የት እንደሚሄድ/እንደሚፈስ በርግጠኝነት የማይታወቅ) ቦታ የሚገባ/የሚፈስ</p> <p>06= ማናፈሻ (አየር ማስወጫ የተገጠመለት) ያለው የተሸሻለ ደረቅ ሽንት ቤት (መጸዳጃ ቤት)</p> <p>07= መቀመጫና ክዳን ያለው ደረቅ ሽንት ቤት (መጸዳጃ ቤት)</p> <p>08= መቀመጫ ያለው ክዳን (ክፍት) ሽንት ቤት (መጸዳጃ ቤት)</p> <p>09= የብስባሽ ሽንት ቤት (መጸዳጃ ቤት)</p> <p>10= በሽንት ዕቃ (ፖፖ ወይም ባሊ)</p> <p>11= የተንጠለጠል/የተሰቀለ ሽንት ቤት (መጸዳጃ ቤት)</p> <p>12= ሽንት ቤት የለም/ዱር/ቁጥቋጥ/ጫካ/እርሻ/ሜዳ</p> <p>13= ሌላ (ይገለጽ)፤ _____</p>	
	<p>ይህንን የመጸዳጃ (ሽንት) ቤት አገልግሎት ከሌላ ቤተሰቦች ጋር አብረው በጋራ ይጠቀማሉ (ይጋራሉ ወይም ያካፍላሉ)?</p>	<p>01= አዎ</p> <p>02= አይደለም</p>	<p>02=አይደለም ከሆነ፤ ወደ ተ. ቁ → P15 እለፍ</p>
	<p>ይህንን ሽንት (መጸዳጃ) ቤት ምን ያህል ቤተሰቦች ይጠቀሙታል ወይም ይጠቀሙበታል?</p>	<p><b>የቤተሰቦችን ቁጥር ጻፍ</b></p> <p>98 = አላውቅም</p>	<p> _ _ </p>

	<p>----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፈው ሲጻዳዳ (አይነ ምድር ሲወጣ)፣ የት ተጻዳዳች (አይነ ምድሩ የት ተጣለ/ተወረወረ)?</p>	<p>01= በፖፖ፣ በፕላስቲክ ዕቃ (ሳህን)                  02= በሚታጠብ የሽንት ጨርቅ (ዳይፐር) ተጠቀሙ                  03= በሚጣል የሽንት ጨርቅ (ዳይፐር) ተጠቀሙ                  04= በልብሱ/ሷ ውስጥ (ላይ) ተጻዳዳ/ዳች                  05= ቤት ውስጥ ወይም ውጪ (እቤት አካባቢ) ተጻዳዳ                  06= ከቤት ውጪ (ብት አካባቢ) ተጻዳዳ                  07= ሽንት (መጻዳጃ) ቤት ተጠቀመ/ች                  08 =አላውቅም</p>	<p>07= ሽንት (መጻዳጃ) ቤት ከሆነ፣ ወደ →ክፍል <b>Q</b> እለፍ</p>
	<p>----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) ባለፈው ሲጻዳዳ (አይነ ምድር ሲወጣ)፣ አይነ ምድሩን/ሯን ለማስወገድ ምን ተደረገ?</p>	<p>01= ወደ ሽንት (መጻዳጃ) ቤት ተጣለ/ተወረወረ                  02= ተቆፍሮ ተቀበረ                  03= በቆሻሻ መጣያ (ማስቀመጫ) ውስጥ ለመጣል ተቀመጠ                  04= ወደ ውጪ (ደጅ) ተጣለ                  05= በቆሻሻ ገንዳ (በትልቅ በርሜል) ውስጥ ገባ                  06= በወራጅ ወሃ (በሚሄድ ወሃ) ተጣለ                  07= ታጠብ ወይም ጸዳ                  08= አላውቅም</p>	<p>ከ01-06 ከሆነ፣ ወደ ተቁ→<b>P1</b> <b>8</b> እለፍ</p>
	<p>ከታጠብ ወይም ጸዳ ከሆነ፣ ቆሻሻው ወሃ የት እንደተወገደ (እንደተደፋ) በተጨማሪ ጣይቅ (አውጣጣ)?</p>	<p>01= ወደ ሽንት (መጻዳጃ) ቤት ተጣለ/ተወረወረ                  02=በቆሻሻ መጣያ (ማስቀመጫ) ውስጥ ለመጣል ተቀመጠ ከ                  03= ወደ ውጪ (ደጅ) ተጣለ                  04= ወደ ወጭ (ደጅ) አርቆ ተጣለ                  05= በቆሻሻ ገንዳ (በትልቅ በርሜል) ውስጥ ገባ                  06= በወራጅ ወሃ (በሚሄድ ወሃ) ተጣለ                  08= አላውቅም</p>	
	<p>የወር አበባ (ፔሬድ) ሲመጣብዎ በተለምዶ (አብዛኛውን ጊዜ) የትኞቹን ነገሮች (ዕቃዎች ) ይጠቀማሉ?  <u>መልሶቹን አታንብብ</u></p>	<p>01= ምንም (የወር አበባ የለም ወይም አይመጣም)                  02= አሮጌ ጨርቅ                  03= በድጋሚ ጥቅም ላይ የሚውል ተደራራቢ ጨርቅ(ፓድ)                  04 = የሚጣል (ድጋሚ የማያገለግል) ተደራራቢ ጨርቅ (ፓድ)                  05= ፈሳሽ የሚመጥ ለስላሳ (ጠጥ መስል) ጨርቅ</p>	

	06= ሌላ (ይገለጽ)፤ _____ 08= አላውቅም
--	-----------------------------------

**የሴቶች ማብቃት**

**ከቦታ ቦታ መንቀሳቀስ**

አንብብ፤ አሁን የሚሁዱበትን ቦታዎች ልጠይቅዎት እፈልጋለሁ። አባክዎን ወደሚከተሉት ቦታዎች በራስዎ/ለብቻዎ፣ ከሌላ ሰው ጋር ብቻ ወይም በጭራሽ መሄድ እንደሚችሉና እንደማይችሉ ይነገሩኝ?

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
	በራስዎ (ብቻዎትን) ሄደው <u>ገበያ ዕቃዎችን መግዛት</u> ወይም መሸጥ ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቻዎትን) ሄደው <u>ወሃ መቅዳት</u> ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቻዎትን) ሄደው <u>የስልጠና ኮርሶችን</u> የጎልማሶች ትምህርትን መከታተል ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቻዎትን) ወደ <u>ጤና ድርጅት</u> መሄድ ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቻዎትን) ወደ <u>ማህበረሰብ ስብሰባ</u> መሄድ ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቻዎትን) ወደ <u>ቅርብ ጓደኛዎ ቤት</u> መሄድ ይችላሉ●	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	

NO.	QUESTIONS AND FILTERS	RESPONSE CODES	SKIP TO
	በራስዎ (ብቸዎትን) ከመንደርዎ ውጪ መሄድ ይችላሉ፣ ሌላ ሰው አብሮኝ ከሄደ ብቻ፣ ወይም በጭራሽ።	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	
	በራስዎ (ብቸዎትን) ወደ ቤተ ክርስቲያን ወይም መስኪድ መሄድ ይችላሉ፣ ሌላ ሰው አብሮኝ ከሄደ ብቻ፣ ወይም በጭራሽ።	01= በጭራሽ 02=ሌላ ሰው አብሮኝ ከሆነ 03= በራሴ/በቻዬን	

**የህብረተሰብ ማህበራዊ አስፈላጊነት (እሴት)**

አንብብ፤ አሁን ስል ማህበረሰብዎ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እፈልጋለሁ። እባክዎን ለሚከተሉት ዐርፍተ ነገሮች በእጅጉ አልስማማም፣ አልስማማም፣ መወሰን አይቻልም፣ እስማማለሁ፣ ወይም በእጅጉ እስማማለሁ በማለት ይመልሱ?

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮዶች	እለፍ
	ልጆዎትን በማጥባት ረገድ ችግር ቢያጋጥምዎ ከአካባቢ ከህብረተሰብ መካከል ባሉ ሰዎች እገዛ ማግኘት እንደሚችሉ ይተማመናሉ።	01= በእጅጉ አልስማማም 02= አልስማማም 03= መስማማትም አለመስማማትም አልችልም/አልተወሰነም 04= እስማማለሁ 05= በእጅጉ እስማማለሁ	
	ልጆዎትን በቂ ጤናማ ምግብ መስጠት ባይችሉ ከአካባቢ ከህብረተሰብ መካከል ባሉ ሰዎች እገዛ ማግኘት እንደሚችሉ ይተማመናሉ።	01= በእጅጉ አልስማማም 02= አልስማማም 03= መስማማትም አለመስማማትም አልችልም/አልተወሰነም 04= እስማማለሁ 05= በእጅጉ እስማማለሁ	
	ልጆዎትን/ቤተሰብዎን ለህክምና ወደ ሃኪም ወይም ሆስፒታል መውሰድ ቢፈልጉ ከአካባቢ ከህብረተሰብ መካከል ባሉ ሰዎች እገዛ ማግኘት እንደሚችሉ ይተማመናሉ።	01= በእጅጉ አልስማማም 02= አልስማማም 03= መስማማትም አለመስማማትም አልችልም/አልተወሰነም 04= እስማማለሁ 05= በእጅጉ እስማማለሁ	

	<p>የሚያስቸግር ወይም ጉዳት የሚያደርስ የቤተሰብ አባል ጋር የሚስታርቅና የሚያደራድር ከአካባቢ ህብረተሰብ መካከል ባሉ ሰዎች እገዛ ማግኘት እንደሚችሉ ይተማመናሉ●</p>	<p>01= በእጅግ አልስማማም                  02= አልስማማም                  03= መስማማትም አለመስማማትም አልችልም/አልተወሰነም                  04= እስማማለሁ                  05= በእጅግ እስማማለሁ</p>	
	<p>ከቤት ውጥተው ወደ ስራ መሄድ ቢፈልጉና ልጆቻችን/ቤተሰብዎን ለህክምና ወደ ሃኪም ወይም ሆስፒታል የሚወስድልዎ ከአካባቢ ህብረተሰብ መካከል ባሉ ሰዎች እገዛ ማግኘት እንደሚችሉ ይተማመናሉ●</p>	<p>01= በእጅግ አልስማማም                  02= አልስማማም                  03= መስማማትም አለመስማማትም አልችልም/አልተወሰነም                  04= እስማማለሁ                  05= በእጅግ እስማማለሁ</p>	

**የቤተሰብ ውሳኔ ሰጭነት**

አንብብ፤ አሁን፤ በቤተሰብዎ ውስጥ ባብዛኛው (በተለምዶ) ውሳኔዎችን ማን እንደሚሰጠ ልጠይቅዎ እፈልጋለሁ፡፡

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮዶች	እለፍ
	<p>በቤተሰብዎ ውስጥ ስለራስ የጤና እንክብካቤ ሁኔታ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁሉታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	
	<p>በቤተሰብዎ ውስጥ ስለ ልጆቻችን ጤና ሁኔታ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁሉታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	

	<p>በቤተሰብ ውስጥ ከፍተኛ የቤተሰቡን ግዢዎችን ላይ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p> <p>ጠይቅ/አውጣጣ፤ (ባካባቢ ያሉትን ከፍተኛ ግዢዎች ምሳሌ ስጥ)</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጹ)፤ _____</p>	
	<p>በቤተሰብ ውስጥ ለቤተሰቡን የቀን ፍጆታ/ፍላጎት ግዢዎችን ላይ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጹ)፤ _____</p>	
	<p>በቤተሰብ ውስጥ እርስዎ ሌላ ቤተሰብ/ዘመዶች ወይም ጓደኞች ሲጎበኙ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጹ)፤ _____</p>	
	<p>በቤተሰብ ውስጥ ሁሉም የቤተሰብ አባላት ሌላ ቤተሰብ/ዘመዶች ወይም ጓደኞችን ሲጎበኙ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጹ)፤ _____</p>	
	<p>በቤተሰብ ውስጥ እርስዎ ወደ ቤተሰቡ የሚያመጡትን ገንዘብ እንዴት ጥቅም እንደሚውል በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p>	

		<p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጽ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ ባለቤት ወደ ቤተሰብ የሚያመጡትን ገንዘብ እንዴት ጥቅም እንደሚውል በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው።</u></p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጽ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ ቤተሰብ ትልቅ ንብረት (እንደ ላም) ሲሸጥ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው።</u></p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጽ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ ቤተሰብ አነስተኛ ንብረት (እንደ ዶሮ) ሲሸጥ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው።</u></p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጽ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ እርስዎ ገቢ/ገንዘብ የሚያስገኝ ስራ መስራት እንደሚችሉና እንደሚችሉ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው።</u></p>	<p>01= እርስዎ (መላሽ)</p> <p>02= በላቤትዎ</p> <p>03= ሁለታችሁም እርስዎና በላቤትዎ</p> <p>04= አማት/አማች</p> <p>05= እናት/አባት</p> <p>06= ሌላ (ይግለጽ)፤ _____</p>	

አንብብ፤ የሚቀጥሉት ሁለት ጥያቄዎች ከባለቤት/ከትዳ ዳደኛዎ ጋር ያልዎትን ግንኙነት ይጠይቃሉ።



	<p><u>በቤተሰብ ውስጥ መቼ እርስዎና ባለቤትዎ ግብረ ስጋ ግንኙነት እንደምትፈጽሙ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</u></p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁለታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ እርስዎና ባለቤትዎ የቤተሰብ እቅድ መጠቀምና አለመጠቀም እንዳለባችሁ በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</u></p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁለታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	

	<p><u>በቤተሰብ ውስጥ ህጻን ልጅ በተወለደ በ3 ቀናት ውስጥ ለህጻኑ ሌላ ነገር ከጡት ወተት ወጪ እንዲሰጠውና እንዳይሰጠው በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</u></p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁለታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ ለልጅዎ መቼ ለስላሳ ወይም ጠጣር/ደረቅ ምግብ መጀመሪያ መስጠት እንዳለበት በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</u></p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ                  03= ሁለታችሁም እርስዎና በላቤትዎ                  04= አማት/አማች                  05= እናት/አባት                  06= ሌላ (ይግለጹ)፤ _____</p>	
	<p><u>በቤተሰብ ውስጥ በቂ ምግብ ከሌለ ለቤተሰብ አባላት ምግብ/ቀለብ እንዴት እንደሚከፋፈል በተለምዶ (ባብዛኛው) ውሳኔ የሚሰጠው ማነው●</u></p>	<p>01= እርስዎ (መላሽ)                  02= በላቤትዎ</p>	

		03= ሁለታችሁም እርስዎና በላቤትዎ 04= አማት/አማች 05= እናት/አባት 06= ሌላ (ይግለጹ)፤ _____	
--	--	--	--

**የሰርዓተ ጾታ አስተሳሰብና እምነት፤ የቅርብ አጋር ጥቃትን ቻይነት**

አንብብ፤ አንዳንድ አባወራ (ባለ) በሚሰቱ (በትዳር ጓደኛው) ሊቆጣ ይችላል። በእርስዎ አስተያየት በሚከተሉት ሁኔታዎች አንድ ባል (አባወራ) ሚስቱን በመደብደብ ይገለጻል

ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	የመልስ ኮዶች		
		አዎ	አይደለም	እለፍ
	እሷ ሳትነግረው ከቤት ከወጣች፤ እሱ ሚስቱን የደበድባል?	1	2	
	እሷ ልጆቿ ችላ ካለች/ካልተንከባከብች፤ እሱ ሚስቱን የደበድባል?	1	2	
	እሷ ከሱ ካር ከተከራከረች/ለማሳመን ከሞከረች፤ እሱ ሚስቱን የደበድባል?	1	2	
	እሷ ከእሱ ጋር ግብረ ስጋ ግንኙነት ማረግ ካልፈለገች/ከተቃወመች፤ እሱ ሚስቱን የደበድባል?	1	2	
	እሷ በአግባቡ ምግብ ካላበሰለች/ካላዘጋገፈች፤ እሱ ሚስቱን የደበድባል?	1	2	

**የህብረተሰብ ቡድን፤ የህብረተሰብ ፕሮግራምና የመንግስት ሴፍቲኔት ተሳትፎ**

ተ.ቁ	ጥያቄ	የመልስ ኮዶች			እለፍ
		አዎ፤ ፕሮግራም አለ ግን ተሳታፊ አይደለሁም	ፕሮግራም የለም ወይም አላውቅም	አዎ፤ ፕሮግራም አለ እንዲሁም ጉቁ ተሳታፊ ነኝ	
	በዚህ መንገድ ውስጥ ---ንቁ የሆኑ ማንኛውም የህብረተሰብ ፕሮግራሞች አሉ?				
a	ግብርና (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
b	ወሃና ንጽህና (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
c	ስነ ምግብ (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
d	የእናቶች ጤና (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
e	የልጅ ጤና (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
f	ትምህርት (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	

g	የምጣኔ ሃብት ልማት/ዕድገት (ለመሳሌ፣ ----- ያካባቢው ፕሮግራም ስም - ዕቁብ (ያካባቢ ቁጠባ))	1	2	3	
h	የሴቶች ማብቃት (ለምሳሌ፣ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
i	የአየር ንብረት ለውጥ (ለምሳሌ፣ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	
j	ሌላ (ለምሳሌ፣ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	

ተ.ቁ	ጥያቄ	የመልስ ኮዶች			እለፍ
		አዎ፣ ቡድን አለ ግን አባል አይደለም	ቡድን የለም አላውቅም	አዎ፣ ቡድን አለ እንዲሁም ገቁ አባል ነኝ	
	በዚህ መንደር ውስጥ ---ንቁ የሆኑ ማንኛውም የህብረተሰብ ቡድኖች አሉ?				
a	ግብርና (ለምሳሌ፣ የማህበረሰብ ወሃ እቀባ ልማት ማህበር፣ የማህበረሰብ መስኖ ተጠቃሚዎች ማህበር፣ የማህበረሰብ ዘር ማባዛት ህብረት ስራ፣ የመስኖ አስተዳደር ኮሚቴ (ለስማዳ ወረዳ)፣ የገበሬዎች ፈጠራ ቡድን (ለአብናት ወረዳ)፣ የማህበረሰብ ምርምር ቡድን (ለአብናት ወረዳ)፣ የቀበሌ ሴፍቲኔት ኮሚቴ)	1	2	3	
b	ወሃና ንጽህና (ለምሳሌ፣ የቀበሌ ወሃ ሃብት አስተዳደር ኮሚቴ፣ በመንደር ደረጃ ወሃ ተጠቃሚዎች ኮሚቴ (ለጥገና፣ ጉልበት ዋጋና ገንዘብ መዋጮ)፣ ዋሽኮ (ወሃና ንጽህና ኮሚቴ))	1	2	3	
c	ስነ ምግብ (ለምሳሌ፣ የእናቶች መደጋገፍ ቡድን (ለስማዳ ወረዳ)፣ የሴቶች እራስ አገዝ ቡድን ለዘር ግዢ እና ፍራፍሬና አትክልት ማምረት (ለስማዳ ወረዳ)፣ የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት))	1	2	3	
d	የእናቶች ጤና (ለምሳሌ፣ የልማት ሃይል/አርሚ (1 ለ 5 አደረጃጀት))	1	2	3	
e	የልጅ ጤና (ለምሳሌ፣ የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት))	1	2	3	
f	ትምህርት (ለምሳሌ፣ የቀበሌ ትምህርትና ስልጠና ቦርድ፣ የወላጅና መምህር ጥምረት/ቅንጅት፣ የመንደር የልማት ሃይል/አርሚ)	1	2	3	
g	የምጣኔ ሃብት ልማት/ዕድገት (ለመሳሌ፣ እቁብ (የአካባቢ ቁጠባ)፣ የገጠር ቡድንና ቁጠባ ህብረት ስራ (ፋሳኮ) በመንደር ደረጃ፣ የወጣቶች ራስ አገዝ ቁጠባ ቡድን፣ የሴቶች ገቢ ማስገኛ ትግባር ቡድን፣ የወጣቶች ገቢ ማስገኛ ተግባር ቡድን፣ የልማት ሃይል/ቡድን/አርሚ (ቀበሌ፣ መንደር)፣ የእንሰሳት እርባታ ህብረት ስራ (ለአብናት ወረዳ)፣ የንብ ምርት ገበያ ህብረት ስራ (ለአብናት ወረዳ)፣ የእጣንና ሙጫ አመራቾች ህብረት ስራ (ለአብናት ወረዳ))	1	2	3	
h	የሴቶች ማብቃት (ለምሳሌ፣ በመንደር ደረጃ የሴቶች ራስ አገዝ ቁጠባ ቡድን፣ በመንደር ደረጃ የወጣቶች ራስ አገዝ ቁጠባ ቡድን፣ የሴቶች ገቢ ማስገኛ ተግባር ቡድን፣ የወጣቶች ገቢ ማስገኛ ተግባር ቡድን፣ የሴቶች የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት)፣ የወጣቶች የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት)፣ የሴቶች ወጣቶችና ህብረተሰብ ፎረም፣ የሴቶች ወጣቶችና ወላጆች ፎረም (ሁልቴም ፎረሞች ለሴቶችና	1	2	3	

	ወጣቶች በምጣኔ ሃብት ላማብቃት ይሰራሉ፤ በመንደር ደረጃ ጾታ ተኮር ማህበረሰብ ውይይት ቡድን (ለታች ጋይንት ወረዳ)				
i	የአየር ንብረት ለውጥ (ለምሳሌ፡ በመንደር ደረጃ የተፈጥሮ ሃብት ጥበቃ ኮሚቴ፣ የቀበሌ የልማት ሃይል/ቡድን/አርሚ (በመንደር ደረጃ 1 ለ 5 አደረጃጀት)፣ የሃይል ቆጣቢ ምድጃ ማምረቻ ማህበራት (በወረዳ ደረጃ)፣ መሬት የሌላቸው ወጣቶች ማህበር (በተራራ ደን ልማት የተሰማሩ - ለስማዳ ወረዳ)፣ በቀበሌ ደረጃ ሃይል ቆጣቢ ምድጃ ማምረቻ ማህበር (ወደፊት የሚቀቋቋሙ - እብናትና ስማዳ ወረዳ))	1	2	3	
j	ሌላ (ለምሳሌ፡ ----- ያካባቢው ፕሮግራም ስም)	1	2	3	

ተ.ቁ	ጥያቄ	RESPONSE CODES			እለፍ
		አዎ፣ ፕሮግራም አለ ግን ተሳታፊ አይደለሁም	ፕሮግራም የለም ወይም አላውቅም	አዎ፣ ፕሮግራም አለ እንዲሁም ንቁ ተሳታፊ ነኝ	
	በዚህ መንደር ውስጥ ---ንቁ የሆኑ ማንኛውም የመንግስት ፕሮግራሞች (ማህበረሰብ ሴፍቲኔት) አሉ?				
a	ግብርና (ለምሳሌ፡ የወሃ እቀባ ልማት፣ አነስተኛ መስኖ፣ ዘር ማባዛት፣ የፈጠራና ምርምር (ለእብናት ወረዳ)፣ ሴፍቲኔት)	1	2	3	
b	ወሃና ንጽህና (ለምሳሌ፡ የቀበሌና መንደር ወሃና ንጽህና (ዋሽ))	1	2	3	
c	ስነ ምግብ (ለምሳሌ፡ የጤና ኤክስቴንሽን ፕሮግራም፣ ፍራፍሬና አትክልት ማምረት፣ የልማት ሃይል/ቡድን/አርሚ)	1	2	3	
d	የእናቶች ጤና (ለምሳሌ፡ የጤና ኤክስቴንሽን ፕሮግራም፣ የልማት ሃይል/ቡድን/አርሚ)	1	2	3	
e	የልጅ ጤና (ለምሳሌ፡ የጤና ኤክስቴንሽን ፕሮግራም፣ የልማት ሃይል/ቡድን/አርሚ)	1	2	3	
f	ትምህርት (ለምሳሌ፡ የልማት ሃይል/ቡድን/አርሚ)	1	2	3	
g	የምጣኔ ሃብት ልማት/ዕድገት (ለምሳሌ፡ -እቁብ (የአካባቢ ቁጠባ)፣ የገጠር ቡድርና ቁጠባ (ሩሳኮ)፣ ራስ አገዝ ቁጠባ ገቢ ማስገኛ ትግባር፣ የልማት ሃይል/ቡድን/አርሚ)	1	2	3	
h	የሴቶች ማብቃት (ለምሳሌ፡ በመንደር ደረጃ ራስ አገዝ ቁጠባና ራስ አገዝ ቁጠባ፣ የሴቶች የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት)፣ የወጣቶች የልማት ሃይል/ቡድን/አርሚ (1 ለ 5 አደረጃጀት)፣ ጾታ ተኮር ማህበረሰብ ውይይት (ለታች ጋይንት ወረዳ))	1	2	3	
i	የአየር ንብረት ለውጥ (ለምሳሌ፡ የተፈጥሮ ሃብት ጥበቃ፣ የልማት ሃይል/ቡድን/አርሚ (በመንደር ደረጃ 1 ለ 5 አደረጃጀት)፣ የሃይል ቆጣቢ ምድጃ ማምረቻ (በወረዳ ደረጃ)፣ ደን ልማት (ለስማዳ ወረዳ)፣ በቀበሌ	1	2	3	

	ደረጃ ሃይል ቆጣቢ ምድጃ ማምረቻ (ወደፊት የሚቀቋቋሙ - እብናትና ስማዳ ወረዳ)				
j	ሌላ (ለምሳሌ፡ - - - - ያካባቢው ፕሮግራም ስም)	1	2	3	

ተ.ቁ	ጥያቄ	የመልስ ኮዶች	
		አዎ	አይደለም
	እባክዎን ባለፉት 12 ወራት እርስዎ ወይም ሌላ የቤተሰብዎ አባላት ከሚከተሉት ግብዓቶች ወይም ቀጥተኛ ድጋፍ ያግኙ አያግኙ ይንገሩኝ?  <b>መመሪያ፤ ሀሉንም አማራጮች አንብቡ።</b>		
a	ምግብ ለስራ	1	2
b	የትምህርት ቤት ምገባ ፕሮግራም	1	2
c	ለቤተሰብ ፍጆች/ጥቅም የሚውል የእርሻ መሬት (አነስተኛ መሬት)	1	2
d	የሰብል ዘር	1	2
e	የእርሻ መሳሪያ/ማሸን	1	2
f	የእርባታ ክብት (አንሰሳ)	1	2
g	ዶሮ	1	2
h	አሳዎች	1	2
i	ተሸከርካሪ	1	2
j	የስፊት መኪና (ልብስ መስፊያ)	1	2
k	ሽንት ቤት (አዲስ ወይም እድሳት)	1	2
l	የውሃ መሳቢያ/ማውጫ (አዲስ ወይም እድሳት)	1	2
m	የግብርና ግብዓት (ምሳሌ ማዳበሪያ፣ ምርጥ ዘር)	1	2
n	ማዳበሪያና የእርሻ መሳሪያ	1	2
o	ሌላ (ይገለጽ)	1	2

ቃለ መጠይቁ ያለቀበትን (የተጠናቀቀበትን) ጊዜ በ24 ሰዓት ይዘት መዝግብ	ሰዓት	__ __
	ደቂቃ	__ __

**እንብብ፤ ስለ ጊዜዎችና ተሳትፎዎ በጣም አመሰግናለሁ። ይህ የቤተሰብ ጥናት ክፍል ያጠቃልላል። ቀጥሎ፣ የእርስዎንና ከሶስት አመት በታች የሆኑ ልጆቻችን፣ ቁመት፣ ክብደትና የክንድ መጠን እንለካለን።**

**የእናት የሰውነት መጠን መለካት (ልኬት) ጥናትና ቀይ የደም ህዋስ**

እንብብ፤ አሁን የእርስዎን ቁመትና ክብደት መጠኖችን መለካት አፈልጋለሁ።

የእናቶች መለኪያ (ልኬት)				
ተ.ቁ	ጥያቄዎችና ማጣሪያዎች	ከድ የማድረጊያ ምድብ (ክፍል)	መልስ	አለፍ
	የእናት እድሜ	ከገጽ 5 ተ.ቁ C1 እዚህ ገልብጥ (አባዛ)	_ _ _	
	የአርግዝና (የነፍስ ጡርነት) ሁኔታ	01=ነፍስ ጡር (እርጉዙ) 02= ነፍስ ጡር (እርጉዝ) ያልሆኑ ግን የሚያጠቡ 03= ነፍስ ጡርም (እርጉዝም) የሚያጠቡ ያልሆኑ (ያላገዙና ያማያጠቡ)		01=ከሆነ፣ ወደ ተ. ቁ → S5 አለፍ
	የእናት ቁመት በሴንቲ ሜትር	መጠኑን (በሴንቲ ሜትር) ጻፍ 98.8 = አላውቅም	_ _ _ .  _  ሴ.ሜ	
	የእናት ክብደት	መጠኑን (በኪሎ ግራም) ጻፍ 988.8 = አላውቅም	_ _ _ .  _  ኪ.ግ	
	የላይኛው መካከለኛ(ከክንድ ዙሪያ መጠን)	መጠኑን (በሴንቲ ሜትር) ጻፍ 98.8 = አላውቅም	_ _ _ .  _  ሴ.ሜ	

**የቀይ ደም ህዋስ እጥረት (ደም ማነስ) ፍቃድ (ስምምነት)**

ሌላው በዚህ ጥናት ክፍል ውስጥ የሚካተት፣ የቀይ ደም ህዋስ እጥረት (ደም ማነስ) ለመፈተሽ ወይም ለመመርመር፣ ሰዎችን እንጠይቃለን። የቀይ ደም ህዋስ እጥረት (ደም ማነስ) በተለምዶ (ባብዛኛው) ካነስተኛ (ከደካም) አመጋገብና በበሽታ ከመያዝ ወይም በማይድን በሽታ በመያዝ ምክንያት የሚመጣ አደገኛ የጤና ችግር ነው። ይህ ጥናት ፕሮግራሙን የቀይ ደም ህዋስ እጥረትን (ደም ማነስን) ለመከላከልና ለማከም የተለያዩ ስራዎችን (ተግባሮች) ለመቅረጽ (ለመንደፍ) ይረዳል።

በ1964ና 1998 ዓመተ ምህረት መካከል የተወለዱ ሁሉንም ሴቶች በቀይ ደም ህዋስ እጥረት (ደም ማነስ) ምርመራ/ፍተሽ ሂደት እንዲሳተፉና በጣም አነስተኛ (ትንሽ) የደም ጡብታ ከጣታቸው (ተረከዛቸው) ላይ እንዲሰጡ እንጠይቃለን። ደም ለምውሰድ የምንጠቀምበት መሳሪያ (ዕቃ) ንጹህና የማይሰጋና (በጥንቃቄ የተጠበቀ) ነው። ከዚህ በፊት በፍጹም ጥቅም ላይ አልዋለም በተጨማሪም ከያንዳንዱ ምርመራ (ፍተሽ) በኋላ ይጣላል/ይወረወራል።

የተወሰደው ጡብታ ደም፣ ቀይ የደም ህዋስ እጥረት (ደም ማነስ) እንዳለውና እንደሌለው ወዲያውን ይመረመራል/ይፈተሻል። የምርመራው (የፍተሻው) ውጤትም በፍጹም ሚስጥርነቱ የተጠበቀ ይሆናል (ምንም ስሞች አይወሰዱም) እንዲሁም ከኛ የጥናት ቡድን በስተቀር ለሌላ ለማንም ሰው አይሰጥም (አናሳይም)።

እርስዎ ለምርመራው (ለፍተሻው) አሺ/አስማማለሁ ወይም እምቢ/አልስማማም ሊሉ ይችላሉ። የሚወስኑት እርስዎ እራስዎ ናት። ማንኛውም ጥያቄዎች አልዎት?

-----

	<p>በቀይ ደም ህዋስ እጥረት (ደም ማነስ) ምርመራ/ፍተሻ ለመሳተፍ ይስማማሉ/ፋዋደኛ ነዎት?</p>	<p>01=ተቀብለዋል 02= ተቃውመዋል</p>	<p>ቃለ መጠየቅ አድረጊ (መረጃ ስብሰቢ) ስም እዚህ ይጻፍ</p> <hr/>	<p>02 ተቃውመዋል ከሆነ፣ ወደ →ክፍል Z እለፍ</p>
	<p>የእናት ቀይ የደም ህዋስ (ከጣት የተወሰደ ናሙና)</p>	<p>መልሱን ጻፍ 98.8 = የመመርመሪያ መሳሪያ (ማሽን) ስህተት</p>	<p> _ _ .  _  ግ/ዲሊ</p>	

**Z. የልጅ የሰውነት መጠን መለካትና (ልኬት) ቀይ የደም ህዋስ እጥረት (ደም ማነስ)**

እንብብ፤ አሁን የ ----- (የልጅ/ቷ ስም ይግባ/ይጻፍ)ን ርዝመትና ክብደት መለካት (መውሰድ) እፈልጋለሁ።

ተ.ቁ	ጥያቄዎች	ከድ የማድረጊያ ምድብ (ክፍል)	መልስ	እለፍ
Z1	የልጁ ልደት (ውልደት) ቀን	ከክፍል B እዚህ ገልብጥ (አባዛ) 99 99 99 = አላውቅም	_ _     _ _  20 _ _  ቀን ወር ዓ.ም	
Z2	የልጁ ዕድሜ በወራት	ከክፍል B እዚህ ገልብጥ (አባዛ) ዕድሜ በሙሉ ወራት ጻፍ 00 = ከ30 ቀናት ያነሰ 98 = አላውቅም	_ _  ወራት	
Z3	የ----- (የልጅ/ቷ ስም እዚህ ይግባ/ይጻፍ) ጾታው ምንድነው? ከክፍል B እዚህ ገልብጥ (አባዛ)	01= ወንድ 02= ሴት		
Z4	የልጁ ክብደት ስነት (ምን ያህል) ነው?	በኪሎ ግራም ጻፍ 98.8= አይታወቅም	_ _ .  _  ኪ.ግ	
Z5a.	የልጁ ቁመት/ርዝመት ስነት (ምን ያህል) ነው?	በሴንቲ ሜትር ጻፍ 988.8= አታወቅን	_ _ _ .  _  ሳ.ሜ	
Z5b.	የተለካው (የተወሰደው) የልጁ ቁመት ወይስ ርዝመት	01= ቁመት 02= ርዝመት 08= አይታወቅም		

Z6	በልጁ ላይ በሁለቱም በኩል አብጠት (ኤደማ- በህዋስ ወይም በህዋስ ቡድን ውስጥ በፈሳሽ ምክንያት የሚመጣ አብጠት) ታይቷል/አለ?	01= አዎ 02= የለም		
----	--	-------------------	--	--

**የቀይ ደም ህዋስ እጥረት (ደም ማነስ) ፍቃድ/ስምምነት (አንብብ)**

ሌላው በዚህ ጥናት ከፍል ውስጥ የሚካተት፣ የቀይ ደም ህዋስ እጥረት (ደም ማነስ) ለመፈተሽ ወይም ለመመርመር፣ ሰዎችን እንጠይቃለን። የቀይ ደም ህዋስ እጥረት (ደም ማነስ) በተለምዶ (ባብዛኛው) ካነስተኛ (ከደካም) አመጋገብና በበሽታ ከመያዝ ወይም በማይደን በሽታ በመያዝ ምክንያት የሚመጣ አደገኛ የጤና ችግር ነው። ይህ ጥናት ፕሮግራሙን የቀይ ደም ህዋስ እጥረትን (ደም ማነስን) ለመከላከልና ለማከም የተለያዩ ስራዎችን (ተግባሮች) ለመቅረጽ (ለመንደፍ) ይረዳል።

ከጥቅምት 2008 እስከ አሁን ሁሉንም ልጆች በቀይ ደም ህዋስ እጥረት (ደም ማነስ) ምርመራ/ፍተሽ ሂደት እንዲሳተፉና በጣም አነስተኛ (ትንሽ) የደም ጡብታ ከጣታቸው ላይ እንዲሰጡ እንጠይቃለን። ደም ለምውሰድ የምንጠቀምበት መሳሪያ (ዕቃ) ንጹህና የማያሰጋና (በጥንቃቄ የተጠበቀ) ነው። ከዚህ በፊት በፍጹም ጥቅም ላይ አልዋለም በተጨማሪም ከያንዳንዱ ምርመራ (ፍተሽ) በኋላ ይጣላል/ይወረወራል።

የተወሰደው ጡብታ ደም፣ ቀይ የደም ህዋስ እጥረት (ደም ማነስ) እንዳለውና እንደሌለው ወዲያውን ይመረመራል/ይፈተሻል። የምርመራው (የፍተሻው) ውጤትም በፍጹም ሚስጥርነቱ የተጠበቀ ይሆናል እንዲሁም ከኛ የጥናት ቡድን በስተቀር ለሌላ ለማንም ስው አይሰጥም (አናሳይም)።

እርስዎ ለምርመራው (ለፍተሻው) እሺ/አስማማለሁ ወይም እምቢ/አልስማማም ሌላ ይችላሉ። የሚወስኑት እርስዎ እራስዎ ናት። ማንኛውም ጥያቄዎች አልዎት?

-----

ተ.ቁ	መልሶች	ኮድ ማድረጊያ ምድብ (ክፍል)	መልስ	እለፍ
Z7	እርስዎ ----- (የልጁ/ቷ ስም እዚህ ይግባ/ይጻፍ) በቀይ ደም ህዋስ እጥረት (ደም ማነስ) ምርመራ/ፍተሽ ሂደት እንዲሳተፍ/እንድትሳተፍ ይፈቅዳሉ?	01=ተቀብለዋል 02= ተቃውመዋል	ቃለ መጠየቅ አድረጊ (መረጃ ስብሰባ) ስም እዚህ ይጻፍ  _____	If 02 ተቃውመዋል ከሆነ፣ ወደ ተ.ቁ→Z9 እለፍ
Z8	ቀይ የደም ህዋስ (ከጣት የተወሰደ ናሙና)	ያየህውን (ያነብብከውን) መዝግብ  98.8= አይታወቅም/ የምርመራ ስዕተት	_ _ _ .  _ _  ግ/ዲሊ	
Z9	አታንብብ፤ ከልጁ ምን አይነት መለካት እንደተካሄደ/እንደተወሰደ ጻፍ።  የመለካት ውጤት (የልኬት ውጤት)  አንድ አማራጭ ክብብ	01=ክብደት ብቻ ተለክቷል  02= ቁመት ብቻ ተለክቷል  03= ቀይ የደም ህዋስ እጥረት (ደም ማነስ) ብቻ ተለክቷል  04= ክብደትና ቁመት ብቻ ተለክቷል  05= ክብደትና ቀይ የደም ህዋስ እጥረት (ደም ማነስ) ብቻ ተለክቷል  06= ቁመትና ቀይ የደም ህዋስ እጥረት (ደም ማነስ) ብቻ ተለክቷል		



	<p>07= ክብደት፣ ቁመትና የደም ህዋስ አጥረት (ደም ማነስ) ተለክቷል</p> <p>08= ልጅ የልም (አልነበረም)</p> <p>09=ተቃውመዋል</p> <p>10=ሌላ (ይገለጽ) -----</p>
--	---

**አንብብ፤ ለተሳትፎዎ አመሰግናለሁ። የመጨረሻ ጥያቄዎች አልዎት? መልካም ቀን ይሁንልዎ።**