

QUESTIONS AND FILTERS		NON-BENEFICIARY FILTERS																					
1.	Interviewer Name and ID	<input type="text"/>	Name of respondent: (Study VSLA participant)																				
2.	Date of Interview (day /month/year)	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td></td><td>m</td><td>m</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	d	d		m	m		y	y	y	y	
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3.	District Code	<input type="text"/>	Study VSLA ID <input type="text"/> - <input type="text"/> - <input type="text"/> Study Participant ID <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <i>Check Study VSLA Roster Form for ID</i>																				
4.	Sub – County/ Division Name																						
5.	Parish Name																						
6.	Village Name																						
7.	Name of the Household Head																						
8.	Name of Index Child  <i>if there is a child, identify an index child and ask all questions.</i>  <i>If there is no child, write “no child”, start with question 16 and do not ask questions with numbers in <b>GRAY</b></i>																						
9.	Date of Birth of the Index Child (day /month/ year)	<table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>d</td><td>d</td><td></td><td>m</td><td>m</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> DON'T KNOW ..... 2020		<input type="text"/>	d	d		m	m		y	y	y	y									
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d	d		m	m		y	y	y	y														
10.	Sex of the Index Child	1. Female      2. Male																					

Section A: Protection		CODING CATEGORIES: ( If yes to any of the category in the question, score 5, if no score 0)	Score
11.	Has the child been involved in the following: <b>(Ask the child/parent/guardian)</b>	Child Labor /Street child /Child Mother	
12.	Has the child been involved in the following forms of child abuse or neglect? <b>(Ask and observe the child)</b>	Psychological abuse / Physical abuse / Sexual abuse / Child Neglect	
13.	Has the child ever been involved in alcohol/ Substance consumption/use? <b>(Ask the child)</b>	Drinking Alcohol/Local Brew / Smoking / Petroleum sniffing / Drugs	
14.	Child has a chronic disease <b>(Ask the child/parent/guardian)</b>	HIV/AIDS / Sickle Cells / Epilepsy	
15.	Child has a Disability <b>(if the disability is physical/observable please don't ask)</b>	Deaf / Blind / Physical / Mental	
16.	Do you know anyone who can help you in case you need legal assistance for the following?  If Yes, then ask them to list the places and tick the one where they go among the answers:	Child Neglect / Sexual Abuse / Property grabbing <b>(If yes score 0 and if No score 5)</b>  <b>Police__ , LC__ , Probation and welfare office/CDO__ , Human rights agencies__</b>	
<b>Section A: Total Score</b>			
Section B: Food Security		CODING CATEGORIES	Score
17.	What does the child <u>usually</u> eat?  <b>Usually means at least 3 times a week (Ask the parent/guardian and then a child to double check)</b> <i>Applicable to children of all age bracket (Breast feeding children takes all the food values)</i>	<b>Energy foods:</b> (potatoes, banana, oils, posho, millet, rice, maize, bread, cassava) <b>(If Yes, score 0 &amp; if No score 4)</b>	
		<b>Body building foods:</b> (beans, meat, soya, peas, milk, eggs, chicken, fish) <b>(If Yes, score 0 &amp; if No score 4)</b>	
		<b>Protective and regulative foods:</b> (tomatoes, oranges, pawpaw,mangoes, pineapple) <b>(If Yes, score 0 &amp; if No score 4)</b>	
18.	How many times does the child have meals in a day? <b>(Ask the parent/guardian and then a child to double check)</b>	3 times a day <b>(if yes, score 0)</b> , Twice a day <b>(if yes, score 3)</b> , Once a day <b>(if yes, score 8)</b> , Not every day <b>(if yes, score 10)</b>	
19.	Are there times when your household/child goes without meals due to failure to get food?	Yes <b>(Score 5)</b> No <b>(Score 0)</b>	

20.	If Yes, how often does the household/child go without meals?	At all times ( <i>if yes, score 3</i> ) Irregularly ( <i>if yes, score 2</i> ) Very rarely ( <i>if yes, score 0</i> )	
<b>Section B- Total Score</b>			
<b>Section C: Economic Strengthening</b>			
21.	What is your household's <u>main</u> source of income?  Description: <input type="text"/>	Formal employment ( <i>If Yes, score 0</i> ) Informal employment (truck driving, boda-boda, rental units, askari/guards, subsistence farming, petty trading)( <i>If Yes, score 6</i> ), Casual Labor(porter, builder) ( <i>If Yes, score 8</i> ), Remittances ( <i>If Yes, score 8</i> ), Unemployed ( <i>If Yes, score 10</i> )	
22.	How many people live in your household?  What is the current total monthly household income?	Number _____ Total Income _____ <b>(Divide total income by total number of people in HH, if &lt; 30 US dollars (UGX 75000) per person/per month then score the HH 15 &amp; if it's &gt; 30US dollars (UGX 75000) score 0)</b>	
23.	Who is the <u>main</u> contributor to household income?	Children ( <i>if yes, score 5</i> ) Grand Parents ( <i>if yes score 4,</i> ) Relative(s) ( <i>if yes, score 3,</i> ) Mother ( <i>if yes, score 2,</i> ) Father ( <i>if yes, score 1,</i> ) Others ( <i>if yes, score 5</i> )	
<b>Section C- Total Score</b>			
<b>Section D: Family Strengthening- Critical Services</b>			
24.	Parenthood Status for the index child	Double orphan ( <i>if yes, score 6</i> ) Maternal Orphan ( <i>if yes, score 5</i> ) Paternal Orphan ( <i>if yes, score 4</i> ) Both Parents Absent ( <i>if yes, score 3</i> ) Mother Absent ( <i>if yes, score 2</i> ) Father Absent ( <i>if yes, score 1</i> ) Both Parents Alive ( <i>if yes, score 0</i> )	
25.	Guardian age/Parent age	Below 18 yrs( <i>if yes, score 5</i> ), Above 65 yrs( <i>if yes, score 3</i> ), Between 18-65 yrs( <i>if yes, score 0</i> )	
26.	Guardians Health/Parents health	Has a disability ( <i>If Yes score 2, if No 0</i> ), Has a chronic disease [e.g. HIV and AIDS, Diabetes, cancer etc that affects working capacity] ( <i>If Yes to score 2, if No 0</i> )	
27.	What is the <u>main</u> source of <u>drinking water</u> for members of your household?	Piped/borehole/harvesting ( <i>If yes, score 0</i> ), Surface water ( <i>If Yes score 5</i> )	
28.	Do you have Latrine facilities	Yes own ( <i>Score 0 for Yes</i> ), Shared ( <i>Score 3 for shared</i> ), No ( <i>Score 4 for No</i> )	
29.	Does the index child go to school?	Yes ( <i>if Yes, score 0</i> ) No ( <i>if No, score 3</i> )	
30.	If Yes, does the child absent him/herself from school for at least 1 month in a term	Yes ( <i>if Yes, score 2</i> ) No ( <i>if No, score 0</i> )	
31.	When the index child is sick, what do you do?	Seek medical care/go to the Health Facility ( <i>score 0</i> ) Others ( <i>If doesn't seek health care, score 3</i> )	
<b>Section D: Total Score</b>			
<b>Section E: Assessors General Impression</b>			<b>Score</b>
32.	- Good Situation [can manage without support]( <i>If Yes score 0</i> ) - Fair Situation [could be considered for support] ( <i>If Yes score 2</i> ) - Bad Situation [should be considered for support] ( <i>If Yes score 8</i> ) - Critical Situation [eligible for support] ( <i>If Yes score 10</i> )		
<b>Total Child Score for sections A, B, C, D &amp; E</b>			

## Evaluation Addendum

### Section F: Household composition

	Question	Key	
1.	How many members are in your household?	Enter number	
2.	How many of the members of your household are children? ( <i>Below 17 years old</i> )	Enter number	
3.	How many of these children are in school?	Enter number	
4.	How many of members of your household are involved in income generating activities?	Enter number	
5.	Which income generating activities?	Specify Activities	1. 2. 3. 4.

### Section G: Religious Affiliation

6.	What is the religious affiliation of your household head?	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other(Specify) _____
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### Section H: Household Asset Inventory

*How many of the following assets belong to your household? (if none leave blank)*

*Do not include any asset that you are looking after but belong to someone else*

	Asset	Number owned		Asset	Number owned		Asset	Number owned
7.	Bulls, cows, calves		50	Pick Axe		61	Beds	
8.	Sheep		51	Axe		62	Chairs	
9.	Goats		52	Hoe		63	Cupboards	
10.	Pigs		53	Spade		64	Pots/pans	
11.	Donkeys		54	Machete/Panga		65	Cups/glasses/mugs	
12.	Rabbits		55	Beehive		66	Lanterns	
13.	Chicken		56	Wheelbarrow		67	Radio or cassette	
14.	Other poultry		57	Animal Cart		68	Bicycles	
15.	Other livestock		58	Water pump		69	Mobile phones	
48	Plough		59	Grain Mill		70	Charcoal stove	
49	Sickle		60	Tables		71	Kerosene stove	

### Section I: Housing conditions (observe if possible)

	Type of material	Key	Answer
72.	Floor	1=earth      2=concrete      3=other	
73.	Roof	1=grass/leaves      3=concrete      5=other 2=mabati      4=clay tiles	
74.	Walls	1=mud      3= brick      5=other 2=stones      4=concrete	
75.	Source of lighting	1=electricity      2=oil lamp 3=candles      4=fire 5=solar      5=other	

### Section J: Housing Improvement

In the past 12 months, did you purchase any of the following in the house you reside?				
	Type of Material	a. Quantity (write 0 if no purchase)	b. Unit of quantity	c. Cost (UGX)
76.	Concrete Mix		KG	
77.	Bricks		Number of bricks	
78.	Mabati sheets or tiles		Number of sheets	

### Section K: Land ownership

	Does HH have the following?	Response (TICK)	Size in acres
79.	Land owned	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No	
80.	Land rented or borrowed in	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No	
81.	Land rented or borrowed out	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No	
82.	Access to communal land	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No	
83.	Cultivated land (This season)	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No	

### Section L: Access to Savings and loans

	Question	Key	Answer—Respondent
<b>In the past 12 months, has any member of your household:</b>			
84.	Held a savings account from a formal bank, SACCO, or MFI?	1=Yes 0=No 99=DK	
85.	Held a mobile money account registered under your name (such as MTN Mobile Money, WaridPesa, etc)?	1=Yes 0=No 99=DK	
86.	Contributed to some other credit or saving group (excluding the SCORE VSLA?) <i>Write down which type of group, or select from the key all that apply</i> <input type="text"/>	1=Other VSLA 2=Other nigna 3=ROSCA 4=Insurance group 0=No 99=DK	
87.	Sought a loan from a bank, MFI, SACCO or other professional moneylender (exclude loans requests from friends, relatives, or acquaintances)	1=Yes 0=No 99=DK	No or DK → 90
88.	Received the loan that was requested? <i>If more than one loan, discuss the last one received</i>	1=Yes 0=No	
89.	Where did you request that loan? <i>If more than one loan, discuss the last one received</i>	1=bank 2=MFI 3=SACCO	

### Section N: Social Connections

	Question	Key	Answer
90.	How many of the current members of the VSLA are your relatives?	Specify Number	
91.	How many of the current members of the VSLA live within 5 minutes by foot from your home?	Specify Number	
92.	In your free time, whose house do you visit? <i>Enter first name only; if member of the same VSLA, enter study ID code</i>		
1.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>	4.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>
2.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>	5.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>
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93.	If you had to make a difficult personal decision, whom would you ask for advice? <i>Enter first name only; if member of the same VSLA, enter study ID code</i>		
1.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>	4.	<input type="text"/> - <input type="text"/> - <input type="text"/> 9 <input type="text"/> - <input type="text"/> V <input type="text"/>

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94. Who comes to you for advice? Enter first name only; if member of the same VSLA, enter study ID code

1. <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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95. Does any member of your household currently participate in any of the following social groups?

	Group	a. Respondent (TICK)	b. Other members (TICK)
A.	Farmer Field School (FFS GROUP)	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No
B.	Other farmers' groups	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No
C.	A women's group (Mother's Union, Widow's Union, etc.)	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No
D.	A financial-related group (credit, SACCO, <i>nigina</i> , funeral and other insurance groups, etc.)	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No
E.	Other VSLA groups that are not part of SCORE	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No
F.	Other group, including religious groups or other community based group (CBO) <b>Specify:</b>	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No	<input type="checkbox"/> I=Yes <input type="checkbox"/> 0=No

If respondent answered No to all B-F in column a. → **FINISH**

<b>96.</b>	Are there any members of your SCORE VSLA who are also members of social groups <b>you</b> participate in? List names, study participant ID. Exclude FFS groups	Tick which group they belong to: B=farmers group; C=Women's group; D=financial group; E= VSLA; F=Other
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1. <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
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## Non-beneficiary VAT Questionnaire Consent Form

Study Participant ID number \_\_\_\_\_

Study Participant name \_\_\_\_\_ Date \_\_\_\_\_

Hello. My name is \_\_\_\_\_. I am part of a team from \_\_\_\_\_ (name of local implementing CSO), which is working with many members of this community in a project called SCORE. You have been selected for a study that is being carried out by project SCORE and two universities: The University of Oregon (United States) and Central European University (Hungary). We are contacting some members of your VSLAs for an additional, in depth part of the study. If you choose to participate in the study, I will ask you some questions from a questionnaire. This should take about thirty minutes.

The questions are about your household's health, nutrition, psycho-social and economic circumstances, as well as about your experience and opinions regarding the VSLA. Some questions may be difficult to answer, or you may feel uncomfortable. You may choose not to answer questions, or decline to participate in this part of the study at any time. If you decide not to participate, you will not suffer any punishment. For example, you can continue to stay in the VSLA without problems and you will continue to receive any benefits you might normally receive from project SCORE.

We will keep your and your family's identity private. We will not share your personal information with anyone in your home or community, but it is possible that it may happen by chance. Your identity will be kept in a safe and reserved place in the project office. Only core team members and the university researchers will have access to this place, and only core staff in Kampala may use the files as part of their job. The results of the study will be made available to others, but no one's name will ever appear in those documents.

By signing below or imprinting your thumbprint, you confirm that you have been informed about the study and agree to participate. If you have questions about this interview or your rights concerning the interview, you may contact Mr. Massimo Lowicki Zucca (Chief of Party, tel. 0414 501614), Alfredo Burlando ([aburlando@gmail.com](mailto:aburlando@gmail.com), tel +1 (541) 346-1351) or Andrea Canidio ([acanidio@gmail.com](mailto:acanidio@gmail.com), tel. +36 1 327-3000 ext. 2368). If you have any questions or there is any part of this explanation that you do not understand, you should ask the person interviewing you before signing.

**I have read this paper about the study or it was read to me. I understand the possible risks and benefits of this study. I know that being in this study is voluntary. I choose to be in this study: I know I can stop being in the study and I will still get the usual care. I will get a copy of this consent form.**

(Study participant signature) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ /20\_\_

(Interviewer's signature) \_\_\_\_\_

Right Thumb Print