

**MEASURE Evaluation: Questionnaire for Children (Ages 0 to 9) of Female Sex Workers
(Administered to the FSW Caregiver), Version 1.0**

IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER	
002.	PROVINCE OR STATE	
003.	DISTRICT OR LOCAL GOVERNMENT AREA	
004.	WARD	
005.	TYPE OF LOCATION <i>Circle</i>	Urban 1 Rural 2
006.	TOWN/VILLAGE	
007.	NEIGHBORHOOD	
008.	GPS READINGS	Latitude S _____._____.____° Longitude E _____._____.____°
009.	NAME OF COMMUNITY-BASED/CIVIL SOCIETY ORGANIZATION	
010.	DATE OF REGISTRATION	Month Day Year [__] [__] [__][__][__]
011.	NAME OF SUPERVISOR	
012.	PROGRAM IDENTIFICATION NUMBER	

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE (day/month/year)			
INTERVIEWER COMMENTS			

Interviewer comments codes: Interview completed 1; Appointment made for later today 2; Appointment made for another day 3; Refused to continue and no appointment made 4; Other (Specify) 5

013.	INTERVIEWER	CODE		NAME	
014.	DATE INTERVIEW COMPLETED (day/month/year)				
015.	START TIME			[__]:[__]	

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CHECKED BY TEAM LEADER: Signature _____ Date _____

Comments:

Data entered by:

Date (dd/mm/yyyy)

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SECTION 1: BACKGROUND INFORMATION

I am now going to ask you a few questions about [insert child's name].

No.	Question	Coding Categories	SKIP
101.	Record / Confirm Child's Name		
102.	Record Child's Line Letter from FSW Caregiver Questionnaire		
103.	Record / Confirm Child's Sex	Female 1 Male 2	
104.	In what month and year was [NAME] born? Record 98 in Month and 9998 in Year for don't know.	Month Year [][] [][][][]	
105.	Remind me, how old was [NAME] at his/her last birthday? Confirm with 104 and adjust if necessary. Do not leave blank. If unknown, ask caregiver to estimate.	[][] years	If ages 10–17, administer adolescent questionnaire. If ages >17, END SURVEY.
106.	Does [NAME] have a disability that makes it difficult for him/her to participate in daily activities?	Yes 1 No 2	If no, skip to 108.
107.	How would you describe [NAME's] disability?	Blind or partially blind 1 Deaf or partially deaf 2 Difficulties learning 3 Physical 4 Other _____ 66	
108.	Does [NAME] have a birth certificate or other valid form of identification?	Yes 1 No 2 Don't know 88	If no or don't know, skip to 110.
109.	Could you please show me [NAME's] birth certificate or other valid form of identification?	Seen / confirmed 1 Not seen / not confirmed 2	

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No.	Question	Coding Categories	SKIP
110.	Where does [NAME] most frequently sleep?	<div>Streets or public spaces 1</div> <div>Shelter (residential center) 2</div> <div>Divide time between street and shelter/home 3</div> <div>Alone in rented accommodation 4</div> <div>Rented accommodation with friends 5</div> <div>In relative's home (i.e., with family of origin) 6</div> <div>In rented accommodation with caregiver 7</div> <div>In own home (with caregiver) 8</div> <div>Other (specify) 66</div>	If age is less than 5 years old, skip to 112.
111.	In the past 30 days, has [NAME] been too sick to work, attend school, study, do chores, or participate in daily activities?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
112.	<p>Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children.</p> <p>On how many days in the past week was [NAME] left alone for more than one hour?</p>	[__ __] days	If 00, skip to 114.
113.	On how many days in the past week was [NAME] left in the care of another child (that is, someone less than 10 years old) for more than an hour?	[__ __] days	
114.	Does [NAME] have regular contact with a social worker, community volunteer, or other kind of community worker?	<div>Yes 1</div> <div>No 2</div>	

— END OF SECTION —

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SECTION 2: CHILD EDUCATION AND WORK

No.	Questions	Coding Categories	SKIP
201.	Age of child	<div>5 years or older 1</div> <div>3–4 years 2</div> <div>0–2 years 3</div>	If 2, skip to 212. If 3, skip to 401.
	I now have some questions for you about [NAME's] schooling		
202.	Is [NAME] currently enrolled in school?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 207.
203.	In the last school month, did [NAME] miss four or more days of school for any reason?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 206.
204.	During the last school week (that was not an exam week), did [NAME] miss any school days for any reason?	<div>Yes 1</div> <div>No 2</div>	If no, skip to 206.
205.	<p>Why did [NAME] miss school days during the last school week?</p> <p>Do not read responses. Circle one primary response.</p>	<div>No money for school fees, materials, transport 1</div> <div>Child is too sick to attend school 2</div> <div>School is too far away / no school 3</div> <div>Child has to work to help family 4</div> <div>Child needs to care for sick household members 5</div> <div>Child does not like school 6</div> <div>Other: _____ 66</div>	
206.	What grade/form/year is [NAME] in now?	[_ _]	All, skip to 209.

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No.	Questions	Coding Categories	SKIP
207.	<p>Why is [NAME] not enrolled in school?</p> <p>Do not read responses. Circle one primary response.</p>	<p>No money for school fees, materials, transport 1</p> <p>Child is too sick to attend school 2</p> <p>School is too far away / no school 3</p> <p>Child has to work to help family 4</p> <p>Child needs to care for sick household members 5</p> <p>Child does not like school 6</p> <p>Child is too young to attend school 7</p> <p>Other: _____ 66</p>	
208.	Has [NAME] ever attended school?	<p>Yes 1</p> <p>No 2</p>	If no, skip to 213.
209.	Was [NAME] enrolled in school during the previous school year?	<p>Yes 1</p> <p>No 2</p>	If no, skip to 211.
210.	What grade/form/year was [NAME] in during the previous school year?	[_]	All, skip to 213.
211.	What is the highest grade/form/year that [NAME] has completed?	[_]	All, skip to 213.
212.	Does [NAME] attend any organized or early childhood education program, such as a private or government facility, including kindergarten or community child care?	<p>Yes 1</p> <p>No 2</p>	All, skip to 301.
	Now I would like to ask about any work [NAME] may do. Since last (day of the week), did [NAME] do any of the following activities, even for only one hour?		
213.	Did [NAME] do any work or help on (his/her) own on the household's plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?	<p>Yes 1</p> <p>No 2</p>	

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No.	Questions	Coding Categories	SKIP
214.	Did [NAME] help in a family business or a relative's business with or without pay, or run (his/her) own business?	Yes 1 No 2	
215.	Did [NAME] produce or sell articles, handicrafts, clothes, food, or agricultural products?	Yes 1 No 2	
216.	Since last (day of the week), did [NAME] engage in any other activity in return for income in cash or in kind, even for only one hour?	Yes 1 No 2	
217.	Check 213–216:	At least one "Yes" 1 All answers are "No" 2	If no, skip to 228.
218.	Since last (day of the week) about how many hours did [NAME] engage in (this activity/these activities), in total? If less than one hour, record "00"	Number of hours [_ _]	
219.	Where did [NAME] carry out his/her main work during the past week?	At family dwelling 1 Formal office 2 Factory/workshop 3 Farm/garden 4 Construction site 5 Mine/quarry 6 Brothel 7 Shop/kiosk 8 Restaurant/hotel/café/bar 9 Different places (mobile) 10 Fixed, street, or market stall 11 Pond/lake/river 12 Other: _____ 66 Don't know/refused 88	

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No.	Questions	Coding Categories	SKIP
220.	(Does the activity/Do these activities) require carrying heavy loads?	Yes 1 No 2	
221.	(Does the activity/Do these activities) require working with dangerous tools, such as knives and similar tools, or operating heavy machinery?	Yes 1 No 2	
	How would you describe the work environment for [NAME]?		
222.	Is (he/she) exposed to dust, fumes, or gas?	Yes 1 No 2	
223.	Is (he/she) exposed to extreme cold, heat, or humidity?	Yes 1 No 2	
224.	Is (he/she) exposed to loud noise or vibration?	Yes 1 No 2	
225.	Is (he/she) required to work at heights?	Yes 1 No 2	
226.	Is (he/she) required to work with chemicals, such as pesticides, glues, and similar chemicals, or explosives?	Yes 1 No 2	
227.	Is [NAME] exposed to other things, processes, or conditions that are bad for (his/her) health or safety?	Yes 1 No 2	
228.	Since last (day of the week), did [NAME] fetch water or firewood for household use?	Yes 1 No 2	If no, skip to 230.
229.	In total, how many hours did [NAME] spend fetching water or firewood for household use since last (day of the week)? If less than one hour, record "00"	Number of hours []	
	Since last (day of the week), did [NAME] do any of the following?		
230.	Shopping for the family?	Yes 1 No 2	

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No.	Questions	Coding Categories	SKIP
231.	Cooking?	Yes 1 No 2	
232.	Washing dishes or cleaning the dwelling?	Yes 1 No 2	
233.	Washing clothes?	Yes 1 No 2	
234.	Caring for children?	Yes 1 No 2	
235.	Caring for someone old or sick?	Yes 1 No 2	
236.	Other tasks?	Yes 1 No 2	
237.	Check 230–236:	At least one “Yes” 1 All answers are “No” 2	If 217 is no and 237 is no, skip to 301.
238.	Since last (day of the week), about how many hours did [NAME] engage in (this activity/these activities), in total? If less than one hour, record “00”	Number of hours [_ _]	
239.	What did [NAME] do with the money (he/she) gets? Anything else? Circle all responses mentioned. Probe with response categories, if necessary.	Give to parents / guardians 1 Pay for his/her school expenses 2 Pay for school expenses of others 3 Buy food for him/herself 4 Buy food for others 5 Buy other things for him/herself 6	

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No.	Questions	Coding Categories	SKIP
		Save it 7 Other: _____ 66	
240.	How often does work or chores interfere with [NAME's] school?	Always 1 Sometimes 2 Never 3 Don't know/refused 88	
241.	How often does work or chores interfere with [NAME's] sleep?	Always 1 Sometimes 2 Never 3 Don't know/refused 88	

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SECTION 3: CHILD MENTAL WELL-BEING

If the child is less than 2 years of age, skip to 401. For the next series of questions, please respond Not True, Somewhat True, or Certainly True regarding [NAME]. It would help us if you answered all items as best you can. Please give your answers on the basis of the child's behavior over the past six months.

No.	Questions	Coding Categories		SKIP
301.	Considerate of other people's feelings.	Certainly true	1	
		Somewhat true	2	
		Not true	3	
302.	Restless, overactive, cannot stay still for long	Certainly true	1	
		Somewhat true	2	
		Not true	3	
303.	Often complains of headaches, stomachaches, or sickness	Certainly true	1	
		Somewhat true	2	
		Not true	3	
304.	Shares readily with other children, for example toys, treats, pencils	Certainly true	1	
		Somewhat true	2	
		Not true	3	
305.	Often loses temper	Certainly true	1	
		Somewhat true	2	
		Not true	3	
306.	Rather solitary, tends to play alone	Certainly true	1	
		Somewhat true	2	
		Not true	3	
307.	Generally well behaved, usually does what adults request	Certainly true	1	
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories		SKIP
308.	Many worries, often seems worried	Certainly true	1	
		Somewhat true	2	
		Not true	3	
309.	Helpful if someone is hurt, upset, or feeling ill	Certainly true	1	
		Somewhat true	2	
		Not true	3	
310.	Constantly fidgeting or squirming	Certainly true	1	
		Somewhat true	2	
		Not true	3	
311.	Has at least one good friend	Certainly true	1	
		Somewhat true	2	
		Not true	3	
312.	Often fights with other children or bullies them	Certainly true	1	
		Somewhat true	2	
		Not true	3	
313.	Often unhappy, downhearted, or tearful	Certainly true	1	
		Somewhat true	2	
		Not true	3	
314.	Generally liked by other children	Certainly true	1	
		Somewhat true	2	
		Not true	3	
315.	Easily distracted; concentration wanders	Certainly true	1	
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories		SKIP
316.	Nervous or clingy in new situations; easily loses confidence	Certainly true	1	
		Somewhat true	2	
		Not true	3	
317.	Kind to younger children	Certainly true	1	If age is 2–4, skip to 319. If age is 4–9, continue.
		Somewhat true	2	
		Not true	3	
318.	Often lies or cheats	Certainly true	1	Skip to 320.
		Somewhat true	2	
		Not true	3	
319.	Often argumentative with adults	Certainly true	1	
		Somewhat true	2	
		Not true	3	
320.	Picked on or bullied by other children	Certainly true	1	
		Somewhat true	2	
		Not true	3	
321.	Often offers to help others (parents, teachers, other children)	Certainly true	1	If age is 2–4, skip to 324. If age is 4–9, continue.
		Somewhat true	2	
		Not true	3	
322.	Thinks things out before acting	Certainly true	1	
		Somewhat true	2	
		Not true	3	
323.	Steals from home, school, or elsewhere	Certainly true	1	Skip to 326.
		Somewhat true	2	
		Not true	3	

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No.	Questions	Coding Categories		SKIP
324.	Can stop and think things out before acting	Certainly true	1	
		Somewhat true	2	
		Not true	3	
325.	Can be spiteful to others	Certainly true	1	
		Somewhat true	2	
		Not true	3	
326.	Gets along better with adults than with other children	Certainly true	1	
		Somewhat true	2	
		Not true	3	
327.	Many fears; easily scared	Certainly true	1	
		Somewhat true	2	
		Not true	3	
328.	Good attention span, sees work through to the end	Certainly true	1	
		Somewhat true	2	
		Not true	3	

—END OF SECTION—

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SECTION 4: HIV/AIDS PREVENTION, STATUS, AND TREATMENT

We are nearly done. Now we will ask a few questions about [NAME]'s health. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.

No.	Questions	Coding Categories		SKIP
	I would now like to ask you some questions about HIV testing.			
401.	Check female sex worker questionnaire 514:	HIV positive	1	If 2, skip to 403.
		HIV negative, refused, unknown, did not receive results	2	
402.	Was [NAME] tested for HIV by 18 months of age? Read response options. Circle all that apply.	Yes, between 0–2 months	A	
		Yes, between 2–18 months	B	
		No	C	
		Don't know/refused	X	
403.	When was [NAME]'s most recent HIV test? Read response options. Circle all that apply.	In the last 12 months	A	If never tested, don't know, or refused, skip to 501.
		More than 12 months ago	B	
		Never tested	C	
		Don't know/refused	X	
404.	I would like to know the result of [NAME's] most recent HIV test so that we can find out more about how people living with HIV and AIDS are receiving medical care and treatment. You do not need to tell me the result of his/her most recent test if you don't want to, but if you do tell me, please know that I won't tell anyone in your family or in this community. Was the result of [NAME's] last HIV test positive, negative, or would you prefer not to say?	HIV positive	1	If not HIV positive (2–4, 88), skip to 501.
		HIV negative	2	
		Unknown/indeterminate	3	
		Did not receive results	4	
		Don't know/refused	88	
405.	Has [NAME] ever received HIV medical care from a doctor, clinical officer, or nurse?	Yes	1	
		No	2	
		Don't know/refused	88	

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No.	Questions	Coding Categories	SKIP
406.	Antiretrovirals (ARVs) are medications that reduce the multiplication of the virus in an HIV-infected person and make it possible for them to live longer with HIV. Has [NAME] ever taken ARVs, that is, antiretroviral medications to treat (his/her) HIV infection?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 501.
407.	Is [NAME] currently taking ARVs, that is, antiretroviral medications? By currently, I mean that [NAME] may have missed some doses but is still taking ARVs?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 501.
408.	When did [NAME] start taking ARVs? Estimate month and year.	<div>Month Year</div> <div>[] []</div>	
409.	Has [NAME] taken ARVs during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
410.	Has [NAME] ever missed an appointment for a blood test, or to pick up (his/her) medication during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
411.	Has [NAME] ever stopped taking antiretroviral drugs since (he/she) started taking them during the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 501.
412.	What are the reasons why [NAME] stopped taking antiretroviral drugs? Circle all responses mentioned.	<div>They made him/her sick 1</div> <div>They did not work 2</div> <div>I could not afford them 3</div> <div>Distance to get them is far 4</div> <div>He/she was feeling better and did not need them 5</div> <div>A doctor/nurse told him/her to stop taking them 6</div>	

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No.	Questions	Coding Categories	SKIP
		The pharmacy ran out of medicine 7 Other (specify) 66	
413.	People sometimes forget to take their ARVs. In the past 30 days, how many days has [NAME] missed taking any of (his/her) ARV pills? Code "00" if None	[__ __] Number of days Don't know/refused 88	

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SECTION 5: PROGRAM SERVICES RECEIVED

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

No.	Questions	Coding Categories	SKIP
501.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
		Y N DK	
01.	Individual health insurance coverage or health access card	1 2 8	
02.	Family health insurance coverage or health access card	1 2 8	
03.	Insecticide-treated mosquito net	1 2 8	
04.	HIV treatment literacy	1 2 8	
05.	Counseling and HIV disclosure support	1 2 8	
06.	<p>HIV adherence support</p> <p>Define adherence as necessary: Adherence means that the patient is taking drugs correctly. It involves taking the right drug, in the right dose, with the right frequency, at the right time. It also means that the patient attended all scheduled clinic appointments, lab tests, and prescription refills.</p> <p>Provide examples as necessary: Examples of adherence support include visits from health workers to discuss treatment adherence, education and advice about tools to increase adherence, and referral to support services as needed.</p>	1 2 8	
07.	Completed a referral for or was facilitated to obtain HIV testing services	1 2 8	
08.	Completed a referral for or was facilitated to obtain HIV testing for infant at 4–6 weeks of age	1 2 8	
09.	Completed a referral for or was facilitated to obtain testing for tuberculosis	1 2 8	

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No.	Questions	Coding Categories	SKIP
501.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
010.	Completed a referral for or was facilitated to obtain CD4 and viral load testing	1 2 8	
011.	Completed a referral for or was facilitated to obtain HIV treatment and care	1 2 8	
012.	Completed a referral for or was facilitated to obtain treatment for an HIV-related opportunistic infection such as tuberculosis, hepatitis B, or hepatitis C	1 2 8	
013.	Completed a referral for or was facilitated to obtain treatment for sexually transmitted infection(s) such as hepatitis B, herpes, genital warts, chlamydia, gonorrhea, or syphilis	1 2 8	
014.	Completed a referral for or was facilitated to obtain routine healthcare	1 2 8	
015.	Completed a referral for or was facilitated to obtain emergency healthcare	1 2 8	
016.	Structured support group for people living with HIV	1 2 8	
017.	Supplementary or therapeutic foods based on moderate or severe acute malnutrition status (per assessment, e.g., mid-upper arm circumference) for child under 5	1 2 8	CHILD <5 ONLY
018.	Completed a referral for or was facilitated to obtain immunization for child under 5	1 2 8	CHILD <5 ONLY
019.	Regularly tracked developmental milestones in child under 5	1 2 8	CHILD <5 ONLY
020.	Completed referrals for developmental support for child under 5	1 2 8	CHILD <5 ONLY
021.	Household hygiene counseling and messaging on water, hygiene, and sanitation	1 2 8	

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501.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
022.	Safety plan [as defined in context]	1 2 8	
023.	Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect	1 2 8	
024.	Structured psychosocial support related to family conflict mitigation and family relationships	1 2 8	
025.	Post-violence trauma-informed counseling from a trained provider	1 2 8	
026.	Completed a referral for or was facilitated to obtain post-violence medical care	1 2 8	
027.	Session with a child protection officer, the police, or other local child protection authority	1 2 8	
028.	Project-filed report of suspected abuse to a child protection office, the police, or other local authority	1 2 8	
029.	Emergency shelter/care facility	1 2 8	
030.	Kinship care placement and monitoring for child	1 2 8	
031.	Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation	1 2 8	
032.	Participated in an early childhood intervention with a trained provider, such as [include list of context specific interventions]	1 2 8	
033.	Participated in a parenting intervention to prevent and reduce violence and/or sexual risk of their children, such as [include list of context-specific interventions]	1 2 8	

MEASURE Evaluation: Questionnaire for Children (Ages 0 to 9) of Female Sex Workers (Administered to the FSW Caregiver), Version 1.0

No.	Questions	Coding Categories	SKIP
501.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you and/or your child(ren) received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
034.	Received regular assistance/support with homework (e.g., homework club participation)	1 2 8	
035.	Received a school uniform, books, or other materials	1 2 8	
036.	Received bursary, tuition, school fees, or fee exemption	1 2 8	
037.	Received assistance for reenrollment (i.e., for dropouts or teen mothers)	1 2 8	
038.	Legal & other administrative fees related to guardianship, civil registration, or inheritance	1 2 8	
039.	Succession plan to ensure inheritance and financial security of family members	1 2 8	
040.	Cash transfer or another social grant	1 2 8	
041.	Short-term emergency cash support	1 2 8	
042.	Evidenced-based food security intervention	1 2 8	
043.	<p>Regularly participated in a <u>market-linked</u> economic strengthening activity, such as:</p> <ul style="list-style-type: none"> a. financial literacy training b. business skills training c. entrepreneurship training and support d. agribusiness training e. women's economic empowerment f. savings groups g. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.) h. numeracy training i. soft skills training (job readiness, borrower training, career planning, etc.) 	1 2 8	

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	j. small business support (business planning, market linkages, etc.)		
044.	Safe shelter-related repair or construction	1 2 8	

—END OF SECTION—

I have come to the end of my questions.

016.	<p>Is there anything you would like to add or ask us?</p> <p>Record questions or comments.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Thank you for participating in this interview!

017.	<p>END TIME</p> <p>[_]:[_]:[_]</p>
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