



SOMALI HEALTH & DEMOGRAPHIC SURVEY
2017-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE	DIST CODE	EA CODE		HH SERIAL NO.				INTERVIEWER NO.					

NEVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																				
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<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED</p>																				
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px; text-align: center;">0</td><td style="width: 25px; height: 20px; text-align: center;">1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>											
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LANGUAGE OF QUESTIONNAIRE**	ENGLISH		<p>**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE _____ SPECIFY 02 SOMALI</p>																	
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1
↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: KORANIC, <input type="checkbox"/> PRIMARY OR SECONDARY ↓	HIGHER <input type="checkbox"/> →	110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ (SPECIFY LANGUAGE) 4 BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 111	
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	
114	Do you use a mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 201
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 201
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
201	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 218																
202	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected spouse who has no other relations?	YES 1 NO 2 DON'T KNOW 8																	
203	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
205	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
206	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
207	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
208	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY..	1	2	8	b) DURING DELIVERY.....	1	2	8	c) BREASTFEEDING	1	2	8	
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209	CHECK 208: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → </div>		→ 211																
210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8																	

SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
218	<p>CHECK 201:</p> <p>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>																																													
219	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																													
220	<p>Have you received the following immunizations?</p> <p>a) Flu (Influenza)?</p> <p>b) Tetanus, diphtheria, pertussis?</p> <p>c) HPV (Human papillomavirus)?</p> <p>d) Meningococcal?</p> <p>e) Pneumococcal?</p> <p>f) Hepatitis A</p> <p>g) Hepatitis B</p> <p>h) Polio?</p> <p>i) Measles</p> <p>j) Chickenpox (varicella)</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) FLU</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TDAP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) HPV</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) MENINGITIS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) PNEUMONIA</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) HEPATITIS A</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) HEPATITIS E</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) POLIO</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) MEASLES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) CHICKENPOX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLU	1	2	8	b) TDAP	1	2	8	c) HPV	1	2	8	b) MENINGITIS	1	2	8	c) PNEUMONIA	1	2	8	c) HEPATITIS A	1	2	8	c) HEPATITIS E	1	2	8	c) POLIO	1	2	8	c) MEASLES	1	2	8	c) CHICKENPOX	1	2	8	
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SECTION 3. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 303
302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 401
303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 308
304	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
305	Please describe what was exactly done		
		YES NO DK	
	a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris	TYPE I 1 2 8	
	b) Excision of the clitoris with partial or total excision of the labia minora	TYPE II 1 2 8	
	c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening	TYPE III 1 2 8	
	d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.	TYPE IV 1 2 8	
306	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
	IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
307	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
308	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
309	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	
310	If you get married and give birth to girls in the future, would you want them to be circumcized?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	

SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
401	<p>Now I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean:</p> <p>a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Denial of inheritance? k) Other</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ABUSE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HH DECISIOI.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDREN DECISIC....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EDU DENIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORCED MARRIAG....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RAPE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX HARASSMENT....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INHERITANCE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	ABUSE	1	2	8	HH DECISIOI.....	1	2	8	CHILDREN DECISIC....	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAG....	1	2	8	RAPE	1	2	8	SEX HARASSMENT....	1	2	8	INHERITANCE	1	2	8	OTHER _____	1	2		(SPECIFY)				
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(SPECIFY)																																																							
402	<p>Who is the person who commits the most violent acts against women?</p>	<p>HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHEI..... C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F IN-LAWS G TEACHER H EMPLOYER/SOMEONE AT WOR.... I POLICE/SOLDIER J</p> <p>OTHER _____ K (SPECIFY)</p>																																																					
403	<p>Where is the place with most violent acts?</p>	<p>AT HOME 1 WORKPLACI..... 2 STREET 3 SCHOOL 4 WATER POINT 5 RURAL/GRAZING AREAS 6</p> <p>OTHER _____ 96 (SPECIFY)</p>																																																					
404	<p>Does any form of violence cause damage?</p>	<p>YES 1 NO 2</p>	→ 406																																																				
405	<p>What is the most serious damage caused by violence?</p>	<p>PHYSICAL 1 PSYCHOLOGICAL 2</p> <p>OTHER _____ 96 (SPECIFY)</p>																																																					
406	<p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? f) If she does not respect his family?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. OTHER HH DUTIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WASTE RESOURCES ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT RESP. FAMILY....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	NEGL. OTHER HH DUTIES	1	2	8	ARGUES	1	2	8	WASTE RESOURCES ..	1	2	8	NOT RESP. FAMILY....	1	2	8																									
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407	<p>A. Has anyone ever done any of the following things to you, while you were at the water point, grazing areas, at the school, at the house, at work, ETC :</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																					
	<p>a) was slapped, pushed, shaken, or thrown something at?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1	→ 1	2	3	NO 2																																												
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	<p>b) twisted your arm or pulled your hair?</p> <p>YES 1 NO 2</p> <p>c) punched you with fist or with something that could hurt you?</p> <p>YES 1 NO 2</p> <p>d) kicked, dragged, or beat you up?</p> <p>YES 1 NO 2</p> <p>e) choked or burned you on purpose?</p> <p>YES 1 NO 2</p> <p>f) threatened or attacked you with a knife, gun, or other weapon?</p> <p>YES 1 NO 2</p>	<p>↓</p> <p>→</p> <p>↓</p> <p>→</p> <p>↓</p> <p>→</p> <p>↓</p> <p>→</p> <p>↓</p> <p>→</p>	<p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>	
408	<p>CHECK 407 a-f:</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p> <p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>ALL 'NO' <input type="checkbox"/></p>	<p>→</p>	<p>501</p> <p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>NIECE/NEPHEW D</p> <p>OTHER RELATIVE E</p> <p>NEIGHBOUR H</p> <p>TEACHER I</p> <p>EMPLOYER/SOMEONE AT WOR J</p> <p>POLICE/SOLDIER K</p> <p>MILITIA/GANGS L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
409	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>			<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>

SECTION 5. ILLEGAL MIGRATION (TAHRIB)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	Now, I would like to discuss illegal immigration among the youth in your community and its impact. Have you ever tried to migrate to another country using illegal means?	YES 1 NO 2	→ 507								
502	Did you reach your desired desination?	YES 1 NO 2	→ 504								
503	What means of transportation did you use to reach your destination during your last such attempt?	ON FOOT 1 LAND TRANSPORT 2 AIR TRANSPOR 3 MARITIME TRANSPOR 4									
504	Did you experience any violence on your way?	YES 1 NO 2	→ 506								
505	What kind of violence did you experience?	PHYSICAL VIOLENCE 1 SEXUAL VIOLENCE 2 CAPTIVITY 3 RANSOM DEMAND 4 ROBBERY 5 VERBAL ABUSE 6 WATER STORMS/WAVES 7 OTHER _____ 96 (SPECIFY)									
506	What motivated you to take the decision to migrate?	UNEMPLOYMENT 1 LOW PAY/INCOME SEARCH FOR BETTER OPPORTUNITIES 2 POOR QUALITY OF EDUCATION 3 INSECURITY 4 POVERTY 5 HOPELESSNESS 6 LONELINESS 7 INEQUALITY/SOCIAL EXCLUSIOI 8 PEER INFLUENCE 9 SOCIAL MEDIA INTERACTIONS/ POSTS 10 OTHER _____ 96 (SPECIFY)									
507	Do you know any of your peers who lost their lives due to illegal migration?	YES 1 NO 2									
508	What can be done to address the problem of illegal migration/tahrrib?	JOB CREATION 1 BETTER PAYING JOBS 2 BUSINESS OPPORTUNITIES 3 GRANTS & CREDIT FACILITIE 4 AWARENESS CREATION 5 STATE RECONSTRUCTIO 6 LAW ENFORCEMENT 7 OTHER _____ 96 (SPECIFY)									
509	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" data-bbox="1187 1749 1304 1791"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1187 1791 1304 1833"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
