



Rural Empowerment  
& Institutional Development



## Khyber Pakhtunkhwa Rural Economic Transformation Project (KP-RETP) Baseline Household Questionnaire

### INFORMED CONSENT:

My name is \_\_\_\_\_, and I am working with REPID. We are conducting a baseline study for the Khyber Pakhtunkhwa – Rural Economic Transformation Project (KP-RETP), funded by IFAD, to address rural poverty and food insecurity across KP. The project focuses on agribusiness development, employment promotion, and capacity building, aiming to enhance livelihoods, food security, and resilience among rural households. This survey seeks to assess the current state of agribusiness, employment opportunities for youth and women, household income levels, farming skills, production costs, and value chains, as well as identify training needs for small-scale farmers. Your participation is vital, and all information shared will be kept strictly confidential and reported in aggregate to protect your identity.

☐ Are you willing to participate in the interview? ☐ Yes ☐ No

### Section 1: Demographic Information

#### GENERAL INFORMATION

|                   |  |               |
|-------------------|--|---------------|
| Date of Interview |  | District:     |
| Village council   |  | Union Council |
| Data collected by |  | Designation:  |

#### RESPONDENT INFORMATION

|                                     |   |      |        |       |                                       |                           |       |
|-------------------------------------|---|------|--------|-------|---------------------------------------|---------------------------|-------|
| Respondent's name                   |   |      |        |       | Respondents contact number (optional) |                           |       |
| Relationship with head of household | <input type="checkbox"/> Head of Household <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> any other (specify)._____ |      |        |       |                                       |                           |       |
| Gender                              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other _____  |      |        |       | Age                                   |                           |       |
| Any Disability                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |        |       | If Yes (specify): _____               |                           |       |
| Household size                      |   |      |        |       |                                       |                           |       |
|                                     | Age group   | Male | Female | Girls | Boy                                   | Persons With Disabilities | Total |
|                                     | 0–5 years   |      |        |       |                                       |                           |       |
|                                     | 6–17 years  |      |        |       |                                       |                           |       |
|                                     | 18–29 years   |      |        |       |                                       |                           |       |
|                                     | 30–40 years   |      |        |       |                                       |                           |       |
|                                     | 41–60 years   |      |        |       |                                       |                           |       |
|                                     | 60 years and above  |      |        |       |                                       |                           |       |
|                                     |   |      |        |       |                                       |                           |       |
| Level of Education:                 | <input type="checkbox"/> Primary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Higher Secondary <input type="checkbox"/> University/Degree <input type="checkbox"/> No formal education    |      |        |       |                                       |                           |       |

### Section 2: Outreach - Services (awareness, communication, utilization, barriers to access).

|   |  |   |
|---|--|---|
| 1 | Are you aware of any development programs or services currently available in your area?<br><i>Hint: Ask this question to all respondents. Look for awareness among both men and women.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No   |
| 2 | If yes, which services are you aware of in your community?   | <input type="checkbox"/> Health<br><input type="checkbox"/> Education<br><input type="checkbox"/> Agribusiness support<br><input type="checkbox"/> Livelihood support<br><input type="checkbox"/> Other (specify) |

|    |   |  |
|----|---|--|
| 3  | How did you first learn about these services? (Select all that apply)   | <input type="checkbox"/> Community meetings<br><input type="checkbox"/> Word of mouth<br><input type="checkbox"/> Media (TV, Radio, Newspapers)<br><input type="checkbox"/> Local leader/representatives<br><input type="checkbox"/> NGOs/Community Organizations<br><input type="checkbox"/> Other: |
| 4  | Do you feel that information about available services is shared adequately in your community?<br><i>Hint: Assess the perceived adequacy of communication, especially for marginalized groups.</i> | <input type="checkbox"/> Yes. <input type="checkbox"/> No  |
| 5  | Have you ever participated in community meetings about available services?<br><i>Hint: Understand the community engagement level for both men and women.</i>                                      | <input type="checkbox"/> Yes. <input type="checkbox"/> No  |
| 6  | Which communication channels do you prefer to receive information about services?<br><i>Hint: Look for preferences across gender, especially for women.</i>                                       | <input type="checkbox"/> Community meetings<br><input type="checkbox"/> Word of mouth<br><input type="checkbox"/> Media (TV, Radio, Newspapers)<br><input type="checkbox"/> Flyers or posters<br><input type="checkbox"/> Other:   |
| 7  | How would you rate the effectiveness of these channels in informing you about services?<br><i>Hint: Evaluate the effectiveness of each method, especially among women.</i>                        | <input type="checkbox"/> Very effective<br><input type="checkbox"/> Somewhat effective<br><input type="checkbox"/> Not effective   |
| 8  | Are there any communication channels that you believe are missing in your community?<br><i>Hint: Identify gaps in communication, particularly for underserved groups.</i>                         | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9  | Has anyone in your household accessed any services in the past year?<br><i>Hint: Ask about the entire household to get a complete picture.</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10 | Which specific services did you or your household use in the last year?<br><i>Hint: Identify the key services accessed, focusing on gender participation.</i>                                     | <input type="checkbox"/> Health<br><input type="checkbox"/> Education<br><input type="checkbox"/> Agribusiness support<br><input type="checkbox"/> Livelihood support<br><input type="checkbox"/> Other (specify)  |
| 11 | Were there any barriers that prevented you from accessing these services?<br><i>Hint: Assess potential barriers to access, especially for women or persons with disabilities.</i>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12 | If you faced barriers, which ones were the most significant?<br><i>Hint: Focus on identifying the most common obstacles.</i>  | <input type="checkbox"/> Lack of information<br><input type="checkbox"/> Financial constraints<br><input type="checkbox"/> Physical distance<br><input type="checkbox"/> Cultural barriers<br><input type="checkbox"/> other (specify).....  |
| 13 | Are there any services you would like to access, but currently cannot?<br><i>Hint: Capture gaps in service access, especially for marginalized groups.</i>  | <input type="checkbox"/> Health<br><input type="checkbox"/> Education<br><input type="checkbox"/> Agribusiness support<br><input type="checkbox"/> Livelihood support<br><input type="checkbox"/> Other (specify)  |
| 14 | Do you feel that the services in your community are equally accessible to both men and women?<br><i>Hint: Look for gender-based barriers in access.</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   |
| 15 | Are there any services that are not available to you due to your geographical location?<br><i>Hint: Assess access based on geographical limitations.</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   |
| 16 | If yes, please specify those services?  | <input type="checkbox"/> Health<br><input type="checkbox"/> Education<br><input type="checkbox"/> Agribusiness support<br><input type="checkbox"/> Livelihood support<br><input type="checkbox"/> Other (specify)  |
| 17 | Are services accessible to people with disabilities in your community?<br><i>Hint: Ensure to focus on accessibility for persons with disabilities.</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know   |

|   |  |   |                  |                                |
|---|--|---|------------------|--------------------------------|
| 18  | Is transportation a barrier to accessing services for you?<br><i>Hint: Focus on transportation issues, especially for rural areas.</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |                                |
| 19  | Do you think there are cultural or social barriers that prevent people from accessing services?<br><i>Hint: Investigate cultural and social barriers, especially for women and minorities.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know  |                  |                                |
| 20  | If yes, what are those barriers?   |   |                  |                                |
| <b>Section 3: Poverty Reduction and Income Improvement:</b> |  |   |                  |                                |
| 21  | What are the primary sources of income for your household? (Select all that apply)   | <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Livestock<br><input type="checkbox"/> Small business<br><input type="checkbox"/> Daily wage labor<br><input type="checkbox"/> Other (please specify)   |                  |                                |
| 22  | If agriculture, <b>How much land you owned?</b><br><b>Please response in acres</b>   | Own   | Agriculture land | Uncultivated agricultural land |
|   |  |   |                  |                                |
|   |  | Rented  | Agriculture land | Uncultivated agricultural land |
|   |  |   |                  |                                |
| 23  | What is the monthly/annual income of your household?   |   |                  |                                |
| 24  | What proportion of your household's income came from agriculture or related products?  |   |                  |                                |
| 25  | Are there other sources of income, such as remittances, jobs or support from relatives etc.?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |                                |
| 26  | If Yes, please specify what are the other sources.   |   |                  |                                |
| 27  | What proportion of your household's income came from other sources.<br><i>Hint: Identify any external financial support, including for women-headed households.</i>                            |   |                  |                                |
| 28  | How do you sell your agricultural products.  | <input type="checkbox"/> Directly<br><input type="checkbox"/> Middleman<br><input type="checkbox"/> Farmer Organization<br><input type="checkbox"/> other (specify). _____  |                  |                                |
| 29  | What are the barriers in selling your products?  | <input type="checkbox"/> lack of market awareness<br><input type="checkbox"/> transportation<br><input type="checkbox"/> market fluctuation<br><input type="checkbox"/> high inputs cost<br><input type="checkbox"/> lack of govt: regulations<br><input type="checkbox"/> other (specify). _____ |                  |                                |
| 30  | How stable is your household income throughout the year?<br><i>Hint: Understand income stability, focusing on seasonal or irregular income sources.</i>  | <input type="checkbox"/> Very stable<br><input type="checkbox"/> Somewhat stable<br><input type="checkbox"/> Not stable   |                  |                                |
| 31  | If somewhat or not stable what are the reasons/primary challenges?   |   |                  |                                |
| 32  | Do you rely on external sources of income (e.g., loans, support from relatives)?<br><i>Hint: Determine if external financial support is common in the community.</i>                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |                                |
| 33  | If yes, what are these external sources of income.   |   |                  |                                |

|   |  |  |  |
|---|--|--|--|
| 34  | Are there sufficient income opportunities in your area?<br><i>Hint: Understand the availability of opportunities for both men and women in the community.</i>                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 35  | If yes, what are these opportunities?  |  |  |
| 36  | What skills do men or women of your household possess?   |  | <input type="checkbox"/> Farming<br><input type="checkbox"/> Food processing<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Shop keeping<br><input type="checkbox"/> Construction/ contracting<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Home-based activity tailoring<br><input type="checkbox"/> Home-based activity (handicraft)<br><input type="checkbox"/> Home-based activity (embroidery )<br><input type="checkbox"/> Other (Specify)_____ |
| 37  | Are you able to use these skills to generate income  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 38  | If yes, mention the skill and per month/year income generated from it?   | <input type="checkbox"/> Farming<br><input type="checkbox"/> Food processing<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Shop keeping<br><input type="checkbox"/> Construction/ contracting<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Home-based activity tailoring<br><input type="checkbox"/> Home-based activity (handicraft)<br><input type="checkbox"/> Home-based activity (embroidery )<br><input type="checkbox"/> Other (Specify)_____ | Farming: Rs:_____<br>Food processing: Rs:_____<br>Masonry: Rs:_____<br>Shop keeping: : Rs:_____<br>Construction/ contracting: : Rs: _____<br>Transportation(driving): : Rs:_____<br>Home-based activity tailoring: Rs:_____<br>Home-based activity (handicraft): Rs:_____<br>Home-based activity (embroidery ):Rs:_____<br>Other (Specify)_____  |
| 39  | Are there any vocational training programs available in your area?<br><i>Hint: Explore available training programs, especially for women and marginalized groups.</i>                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 40  | If yes, please specify/list the available programs?  |  |  |
| 41  | Have you or anyone in your household ever attended a vocational training program?<br><i>Hint: Focus on training participation by both men and women.</i>   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 42  | Do you think vocational training programs are useful for improving your household's income?<br><i>Hint: Assess the perceived value of training for economic empowerment.</i>                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 43  | What types of vocational training would be most beneficial to you?<br><i>Hint: Understand what types of training are in demand in the community.</i>   |  | <input type="checkbox"/> Tailoring<br><input type="checkbox"/> embroidery<br><input type="checkbox"/> mobile repair<br><input type="checkbox"/> auto works (cycle, bike, car)<br><input type="checkbox"/> Digital skills<br><input type="checkbox"/> other (specify). _____  |
| 44  | What barriers prevent people from attending vocational training programs in your area?<br><i>Hint: Look for barriers that might affect participation, especially for women.</i>                    |  |  |
| <b>Section 4: Community Participation and Governance:</b> |  |  |  |
| 45  | Are you involved in any community or local decision-making processes?<br><i>Hint for enumerators: Pay attention to whether women or marginalized groups have a voice in local decision-making.</i> |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 46  | If yes, how you are engaged?   |  | <input type="checkbox"/> community meeting<br><input type="checkbox"/> member of community structure<br><input type="checkbox"/> events  |

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|  |   | <input type="checkbox"/> other (specify). _____  |
| 47   | Are you aware of any formal community structures that exist in your community (CBO, Farmers Committee, PFO etc.)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 48   | If yes, please specify what type of community structure exist?  | <input type="checkbox"/> CBO<br><input type="checkbox"/> Farmers Committee<br><input type="checkbox"/> PFO<br><input type="checkbox"/> other (specify). _____  |
| 49   | How often do you participate in community meetings or discussions?<br><i>Hint: Look for patterns in participation, particularly any barriers preventing women from engaging.</i>  | <input type="checkbox"/> regularly<br><input type="checkbox"/> occasionally<br><input type="checkbox"/> Never  |
| 50   | Do you feel that your voice is heard in community decision-making?<br><i>Hint for enumerators: Determine if women or minority groups feel excluded from decision-making processes.</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 51   | Do you think community leaders or local authorities consider your needs in decision-making processes?<br><i>Hint for enumerators: Explore if marginalized groups, especially women and children, are considered in decisions.</i>                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 52   | How satisfied are you with the level of participation allowed in local decision-making processes?<br><i>Hint for enumerators: Focus on how different groups feel about their participation, particularly women or other marginalized populations.</i>             | <input type="checkbox"/> Very satisfied<br><input type="checkbox"/> Somewhat satisfied<br><input type="checkbox"/> Not satisfied   |
| 53   | What challenges or barriers prevent you from engaging with local authorities or service providers to express your opinions or needs?  | <input type="checkbox"/> Lack of access<br><input type="checkbox"/> Lack of awareness<br><input type="checkbox"/> distance<br><input type="checkbox"/> Transportation cost<br><input type="checkbox"/> No action of previous meetings<br><input type="checkbox"/> other (specify). _____   |
| 54   | Do you agree that community participation is important in influencing local decisions?<br><i>Hint: Understand the influence level in local decision making and their willingness</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Section 5: Food Security and Nutrition:</b> |   |  |
| 55   | How many meals does your household consume daily on average?<br><b>Hint:</b> Assess the basic food security of the household, paying special attention to vulnerable groups like children and elderly.  | <input type="checkbox"/> One<br><input type="checkbox"/> Two<br><input type="checkbox"/> Three or more   |
| 56   | Can you list all the foods or food groups you consumed yesterday from morning until night (24 hours recall)?" (Purpose: This helps categorize the foods consumed into standard food groups used for MDDW, e.g., grains, fruits, vegetables, dairy, protein, etc.) | <input type="checkbox"/> Fruits<br><input type="checkbox"/> Vegetables<br><input type="checkbox"/> Grains<br><input type="checkbox"/> Proteins<br><input type="checkbox"/> Dairy<br><input type="checkbox"/> Fats and Oils<br><input type="checkbox"/> Sugars and Sweets<br><input type="checkbox"/> Spices and Condiments<br><input type="checkbox"/> Beverages |
| 57   | How often does your household consume the above food groups?  | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Rarely   |
| 58   | What percentage of your household's income is consumed in purchasing nutritious food?   | <input type="checkbox"/> 10 to 20%<br><input type="checkbox"/> 30 to 40%<br><input type="checkbox"/> 50 to 60%<br><input type="checkbox"/> other (specify) _____   |

|  |  |  |
|--|--|--|
| 59   | In the last week, were there days when you did not have access to a variety of foods   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 60   | Are there any community programs focused on improving nutrition or food security?<br><b>Hint:</b> Identify existing programs that target nutrition and food security, especially for women and children. | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 61   | If yes, please list the programs   |  |
| 62   | Have you or your household received any support, awareness sessions or training on food and nutrition security?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 63   | If yes, What changes have you noticed in your household's food choices and eating habits after receiving the training?   | <input type="checkbox"/> Reduction in Processed and Sugary Foods<br><input type="checkbox"/> Healthier Meal Planning and Portion Control<br><input type="checkbox"/> Increased Consumption of Fruits and Vegetables<br><input type="checkbox"/> Support not received |
| 64   | What are the challenges in accessing nutritious food at the household level?<br><b>Hint:</b> Check if there are barriers to accessing healthy food, particularly for vulnerable groups.                  | <input type="checkbox"/> Lack of awareness<br><input type="checkbox"/> Price hikes<br><input type="checkbox"/> Distance from market<br><input type="checkbox"/> Weather constraints<br><input type="checkbox"/> Dairy  |
| <b>Section 6: Public Private Producer Partnership:</b> |  |  |
| 65   | Are you aware of any partnerships between public, private, and producer entities in your community?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 66   | Are you aware of any government programs or initiatives supporting producers in your area? <b>Hint:</b> Assess awareness of public sector involvement.   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 67   | If yes, Have you received support or services from public sector organizations in the past year? <b>Hint:</b> Evaluate access to public sector resources.  | <input type="checkbox"/> Yes, frequently<br><input type="checkbox"/> Occasionally<br><input type="checkbox"/> Never  |
| 68   | How effective do you find the government's support in addressing producer needs? Measure satisfaction with public sector interventions.  | <input type="checkbox"/> Very effective,<br><input type="checkbox"/> Effective,<br><input type="checkbox"/> Neutral,<br><input type="checkbox"/> Ineffective   |
| 69   | Have you participated in any training or capacity-building sessions organized by the government?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 70   | If yes, please list down training names?   |  |
| 71   | What additional support would you like to receive from the government?   |  |
| 72   | Are you aware of any partnerships between producers and private companies in your area?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 73   | Have you received any financial or technical support from private sector organizations?  | <input type="checkbox"/> Yes, frequently<br><input type="checkbox"/> Occasionally<br><input type="checkbox"/> Never  |
| 74   | Do private companies help market your products or services?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 75   | Do you feel private sector organizations provide fair terms in partnerships?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 76   | How can private companies better support producers like you?   |  |
| 77   | Are you part of any producer organization (e.g., cooperatives, associations, PFO, etc.)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 78   | Do producers in your community share resources (e.g., equipment, market spaces)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 79   | What are the key skills or knowledge areas producers lack in your community?   |  |

|   |   |   |
|---|---|---|
| 80  | Do you feel producers are adequately represented in partnerships with the public and private sectors?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 81  | What additional support or opportunities do you think producers need to thrive?   |   |
| 82  | Do you think collaborations between public, private, and producer organizations benefit your community?                 | <input type="checkbox"/> Yes, greatly,<br><input type="checkbox"/> Somewhat,<br><input type="checkbox"/> Not at all   |
| 83  | What challenges do you see in establishing or maintaining partnerships among public, private, and producer entities?    |   |
| 84  | What would make partnerships between public, private, and producer entities more effective?                             |   |
| <b>Section 7: Climate Change &amp; Environment:</b> |   |   |
| 85  | Do you use any climate-resilient farming techniques (e.g., crop rotation, drought-resistant seeds, irrigation systems)? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 86  | If Yes, Please specify  | <input type="checkbox"/> Crop rotation<br><input type="checkbox"/> Use of drought-resistant seeds<br><input type="checkbox"/> Irrigation systems (e.g., drip irrigation, sprinkler systems)<br><input type="checkbox"/> Soil management practices (e.g., mulching, cover cropping)<br><input type="checkbox"/> Agroforestry<br><input type="checkbox"/> Integrated pest management<br><input type="checkbox"/> Others (please specify):   |
| 87  | Are you aware of climate/environmental risks affecting your farming practices?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 88  | If Yes, which of the following risks are you aware of?  | <input type="checkbox"/> Drought<br><input type="checkbox"/> Flooding<br><input type="checkbox"/> Erratic rainfall<br><input type="checkbox"/> Soil degradation<br><input type="checkbox"/> Pests and diseases<br><input type="checkbox"/> Rising temperatures<br><input type="checkbox"/> Water scarcity<br><input type="checkbox"/> Others (please specify):  |
| 89  | What steps do you take to mitigate climate risks (e.g., soil management, water conservation)?                           | <input type="checkbox"/> Crop rotation<br><input type="checkbox"/> Use of drought-resistant seeds<br><input type="checkbox"/> Water conservation techniques (e.g., rainwater harvesting, drip irrigation)<br><input type="checkbox"/> Soil management practices (e.g., mulching, cover cropping)<br><input type="checkbox"/> Diversifying crops<br><input type="checkbox"/> Agroforestry<br><input type="checkbox"/> Building or maintaining flood protection measures<br><input type="checkbox"/> Integrated pest management<br><input type="checkbox"/> Others (please specify):<br><input type="checkbox"/> None |
| 90  | Do you have access to information or services related to climate risk management?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 91  | If Yes, what is the source of the information or services? (Select all that apply):                                     | <input type="checkbox"/> Government agencies<br><input type="checkbox"/> NGOs/Development organizations<br><input type="checkbox"/> Private sector<br><input type="checkbox"/> Farmer groups or cooperatives<br><input type="checkbox"/> Research institutions<br><input type="checkbox"/> Media (e.g., TV, radio, newspapers)<br><input type="checkbox"/> Digital platforms (e.g., apps, websites, social media)   |



|     |  |  |
|-----|--|--|
|     |  | <input type="checkbox"/> Community meetings or local leaders<br><input type="checkbox"/> Others (please specify):  |
| 92  | If Yes, what type of services do you access? (Select all that apply):          | <input type="checkbox"/> Weather forecasts<br><input type="checkbox"/> Climate risk advisory<br><input type="checkbox"/> Early warning systems<br><input type="checkbox"/> Training programs<br><input type="checkbox"/> Financial services (e.g., climate insurance, loans)<br><input type="checkbox"/> Agricultural inputs (e.g., seeds, fertilizers)<br><input type="checkbox"/> Technology or equipment for climate resilience<br><input type="checkbox"/> Others (please specify):  |
| 93  | Do you face any barriers in adopting climate-resilient practices?              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 94  | If Yes, which of the following barriers do you face? (Select all that apply):  | <input type="checkbox"/> Lack of financial resources<br><input type="checkbox"/> Limited access to information or training<br><input type="checkbox"/> Unavailability of climate-resilient inputs (e.g., seeds, equipment)<br><input type="checkbox"/> Lack of access to credit or loans<br><input type="checkbox"/> Insufficient government support<br><input type="checkbox"/> Limited access to technology or infrastructure<br><input type="checkbox"/> Social or cultural constraints<br><input type="checkbox"/> Lack of awareness about climate-resilient practices<br><input type="checkbox"/> Uncertainty about the effectiveness of these practices<br><input type="checkbox"/> Others (please specify): |
| 95  | Are you part of any farmer group or institution?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 96  | If yes, does your group provide support for managing climate-related risks?    | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 97  | If Yes, what type of support does your group provide? (Select all that apply): | <input type="checkbox"/> Training and capacity-building programs<br><input type="checkbox"/> Financial support (e.g., grants, loans)<br><input type="checkbox"/> Provision of climate-resilient seeds and inputs<br><input type="checkbox"/> Access to technology or equipment<br><input type="checkbox"/> Dissemination of climate risk information or advisories<br><input type="checkbox"/> Development of early warning systems<br><input type="checkbox"/> Community-level planning and resource mobilization<br><input type="checkbox"/> Policy advocacy and lobbying for climate action<br><input type="checkbox"/> Others (please specify):  |
| 98  | Have you received any institutional support for climate adaptation measures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 99  | If Yes, which institution provided the support? (Select all that apply):       | <input type="checkbox"/> Government agencies<br><input type="checkbox"/> NGOs/Development organizations<br><input type="checkbox"/> Private sector<br><input type="checkbox"/> Research institutions<br><input type="checkbox"/> Farmer groups or cooperatives<br><input type="checkbox"/> International organizations<br><input type="checkbox"/> Others (please specify):  |
| 100 | What type of support did you received? (Select all that apply):                | <input type="checkbox"/> Financial support (e.g., grants, subsidies, loans)<br><input type="checkbox"/> Training and capacity-building<br><input type="checkbox"/> Provision of climate-resilient seeds or inputs  |



|     |  |   |
|-----|--|---|
|     |  | <input type="checkbox"/> Access to technology or equipment<br><input type="checkbox"/> Climate risk advisories or information<br><input type="checkbox"/> Infrastructure development (e.g., irrigation systems, flood protection)<br><input type="checkbox"/> Others (please specify):  |
| 101 | What gaps do you observe in institutional support for managing climate/environment risks?                                      | <input type="checkbox"/> Lack of funding<br><input type="checkbox"/> Insufficient technical expertise<br><input type="checkbox"/> Weak policy enforcement<br><input type="checkbox"/> Limited inter-agency coordination<br><input type="checkbox"/> Inadequate data collection and monitoring<br><input type="checkbox"/> Lack of community involvement<br><input type="checkbox"/> Other (please specify)  |
| 102 | Did you or anyone in the household receive any training or advice on the management of climate-related risks from any project? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 103 | if yes, which of the following sources provided the training or advice? (Select all that apply)                                | <input type="checkbox"/> Government agencies<br><input type="checkbox"/> NGOs/Development organizations<br><input type="checkbox"/> Private sector<br><input type="checkbox"/> Farmer groups or cooperatives<br><input type="checkbox"/> Research institutions<br><input type="checkbox"/> Others (please specify):   |
| 104 | please specify the types of training or advice you or anyone in your household received.                                       | <input type="checkbox"/> Crop diversification<br><input type="checkbox"/> Water management techniques<br><input type="checkbox"/> Soil health and conservation<br><input type="checkbox"/> Pest and disease management<br><input type="checkbox"/> Climate-smart agriculture practices<br><input type="checkbox"/> Financial planning and risk management<br><input type="checkbox"/> Early warning systems<br><input type="checkbox"/> Other (please specify):   |
| 105 | What skills or training do you think would help improve your climate resilient farming?  | <input type="checkbox"/> Crop diversification<br><input type="checkbox"/> Water management techniques<br><input type="checkbox"/> Soil health and conservation<br><input type="checkbox"/> Pest and disease management<br><input type="checkbox"/> Climate-smart agriculture practices<br><input type="checkbox"/> Financial planning and risk management<br><input type="checkbox"/> Early warning systems<br><input type="checkbox"/> Other (please specify)  |
| 106 | What gaps do you perceive in current efforts to support farmers in managing climate risks?                                     | <input type="checkbox"/> Lack of access to climate information and forecasts<br><input type="checkbox"/> Inadequate financial support and insurance options<br><input type="checkbox"/> Insufficient training and capacity-building programs<br><input type="checkbox"/> Limited access to resilient seeds and technologies<br><input type="checkbox"/> Poor infrastructure for water management<br><input type="checkbox"/> Limited government policies or incentives<br><input type="checkbox"/> Other (please specify) |