

SECTION 2 – DEMOGRAPHICS AND EDUCATION

"I would like to ask you a few questions on the composition of your household" (household is a group of individuals sharing same budget for basic expenses, including food, housing, health and sanitation)

2.1– What is the number of persons living in your household? |_|_|_|

Please list below by first name all the HH members. Start with the HH head, continue with all the HH members over 5 years old, and end with all the children less than 5 years.

Age group	Person ID	Person Name	Is [name] present in the household today? Yes=1 No=2	Age		Sex 1= Male 2= Female	Relationship types (enter code from list) 1=Household head 2=spouse of the head 3=Child of head 4=Parent of head 5=Other relation to head 6=Adopted/fostered child 7=Employee/friend of head/not related	FOR ABOVE 5 YRS	FOR CHILDREN ABOVE 5 YRS AND UNDER 18 YRS	Reason for not attending School (enter code from list) 1= Migrated/ moved from school area 2= School holidays 3= Currently / chronically ill 4= Religious/cultural festivities 5= Weather (rain, floods, storms) 6= Family labor responsibilities 7= lack of money for school fees 8= Teacher absenteeism 9= Too poor to buy school items 10= Other social responsibilities 11= Unruly child/lack of parental control 12= HHd don't see value of schooling 13= No food in the schools 14= No one to take children to school 15= Insecurity 16= No school nearby 17= Others (specify).....
				Main Occupation (enter code from list) 01=Agricultural labor 02=Livestock herding 03=Own farm labor 04=Employed(salaried) 05=Waged labor (Casual) 06=Petty trade 07=Unemployed 08=Student 09=Business person 10= Retired pensioner 11= Retired (no pension) 12=Housewife 13=Domestic help 14=Hunting, gathering 15=Firewood/charcoal 16= Brewing 17=Weaving/basketry 18=Fishing 19=Others (Specify)	Is [NAME] currently attending school? 1 = Yes >> Next Eligible CHILD 2 = No, but currently enrolled 3 = No, dropped out 4=No, has never enrolled					
	2.2	2.3	2.4	2.5a Yrs	2.5b Months	2.6	2.7	2.8	2.9	2.10
HH head	01						1			
Members above 5 yrs	02									
	03									
	04									
	05									
	06									
	07									
	08									
	09									
	10									
	11									
members under 5 yrs	12									
	13									
	14									
	15									
	16									

SECTION 4: MIGRATION/DISPLACEMENT

Now I am going to ask you about recent movements of your entire household or its members from/to one administrative subdivision of the country (such as a province or sub-location) into/ out of another subdivision to take up residence.

<p>4.1 For how long has the household lived in this sub-location?</p> <p><i>(if less than 1 year, write 00 in the field "year" and report the number of months in the field "months")</i></p>	<p>Years <input type="text"/><input type="text"/></p> <p>Months <input type="text"/><input type="text"/><input type="text"/></p> <p><i>If more than 1 year, go to 4.8</i></p>	<p>4.8 Besides new-bornes and short-stay visitors, how many persons joined the household permanently in the last 2-3 years?</p> <p><i>(Record '0' if no one has joined the household, record '0' and go to 4.11)</i></p> <p><i>(short stay visitor= person that remained in the HH less than 1 month)</i></p>	<p>Children <input type="text"/><input type="text"/></p> <p>Adults <input type="text"/><input type="text"/></p>
<p>4.2 Where did the HH move from?</p> <p>1= from another sub-location of the same town 4= from another major town in a different district 2= from another major town in the same district 5=from a rural area in a different district 3= from a rural area in the same district 6= from another country</p>	<p><input type="text"/></p>	<p>4.9 Where did the person(s) come from?</p> <p>1= from another sub-location of the same town 2= from another major town in the same district 3= from a rural area in the same district 4= from another major town in a different district 5=from a rural area in a different district 6= from another country 9= not known</p>	<p>Person 1 <input type="text"/> Person 2 <input type="text"/> Person 3 <input type="text"/> Person 4 <input type="text"/> Person 5 <input type="text"/></p>
<p>4.3 What was the main reason for moving?</p> <p>1= searching for job 5= less exposure to natural hazard 2= searching for better paid jobs 6= better housing conditions 3= better access to roads 7 = searching for food 4= conflicts 8 = other (specify _____)</p>	<p><input type="text"/></p>	<p>4.10 What were the main 2 reasons for moving into the household?</p> <p>1= Displaced by conflict 5= Searching for Jobs 2= Displaced by floods 6= Education 3= Searching for food 7= Marriage 4= Lost livelihood assets 8= Child Adopted 9=Other (Specify _____)</p>	<p>Reason 1 <input type="text"/> Reason 2 <input type="text"/></p>
<p>4.4 Did you bring with you some food items (including seeds, livestock, etc.)</p> <p>1=Yes 2=No >>4.6</p>	<p><input type="text"/></p>	<p>4.11 Besides the deceased and short-stay visitors, how many persons left the household and have been away for more than 6 months?</p> <p><i>(if no one left the household, record '0' and go to the next section)</i></p>	<p>Children <input type="text"/><input type="text"/></p> <p>Adults <input type="text"/><input type="text"/></p>
<p>4.5 If yes, what was brought(tick all that apply)</p> <p>1=Livestock/ Poultry 2=Plant seeds/material (leaves, roots, etc.) 3= Other(specify _____)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>4.12 Where did the member(s) go to?</p> <p><i>Use codes in 4.9 above</i></p>	<p>Person 1 <input type="text"/> Person 2 <input type="text"/> Person 3 <input type="text"/> Person 4 <input type="text"/> Person 5 <input type="text"/></p>
<p>4.6 Do you still receive any food items from your place of origin?</p> <p>1=Yes 2=No >>4.8</p>	<p><input type="text"/></p>	<p>4.13 What were the main reasons for moving out of the household?</p> <p><i>Use codes in 4.10 above</i></p>	<p>Reason 1 <input type="text"/> Reason 2 <input type="text"/></p>
<p>4.7 If yes, how are the food items used?</p> <p>1=Own consumption 4= other (specify _____) 2= Selling / Bartering 3= Both</p>	<p><input type="text"/></p>		

SECTION 5: HH FOOD CONSUMPTION

5.1 I would like you to think about the last 7 days. **Was the household consumption of the last 7 days different from usual?**

- 1= same (>> skip 5.1a and 5.1b and go to 5.2)
- 2= Better (>> 5.1a and then the table)
- 3= Worse (>>5.1b and then the table)

5.1a **IF the consumption in the last 7 days is BETTER, why?** Tick all that apply

- 1. Increased income / new employment opportunities.....
- 2. Religious reasons
- 3. Increased agric and livestock output.....
- 4. Weddings / funerals
- 5. Other (specify _____)

5.1b **IF the consumption in the last 7 days is WORSE, why?** Tick all that apply

- 1. Decreased income / loss of employment.....
- 2. Recent human shocks (death / illness of HH member)
- 3. Natural disasters /crop loss.....
- 4. Food price increase
- 5. Other (specify _____)

Fill in the table below indicating total consumption of food item and contribution by source. Recall period is 7 days

C O D E	Commodity	Number of days food (group) was eaten over last 7 days (from 0 to 7)	Total quantity consumed during the last 7 days	Unit of measure (see codes)	% from purchase	% from prod	% from hunting, gathering, fishing	% in exchange for labor / items	% from gifts/food aid	% from other sources	Total	Has the main source of this food changed from the usual?	If yes, what is the usual source
												1=Yes 2=No	
5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11	5.12		5.13	5.14
01	Maize flour										100%		
02	Other Cereals										100%		
03	Tubers, roots, plantains										100%		
04	Legumes, nuts, seeds										100%		
05	Red/Orange Vegetables										100%		
06	Dark green Vegetables										100%		
07	Red/Orange Fruits (mango, papaya, etc.)										100%		
08	Vitamin C fruits (orange, lemon, lime, guavas, pineapples, etc.)										100%		
09	Meat										100%		
10	Fish										100%		

UNIT OF QUANTITY CODES (5.6)

Kilograms = 01	50 Kg bag = 07	Pakacha = 13	Cup(250 ml) = 19
Grams = 02	90 Kg bag = 08	Gorogoro = 14	Glass (200 ml) = 20
Litres = 03	Debe = 09	¼ Kg tin = 15	Bunch = 21
Mililitres = 04	Table spoon = 10	½ Kg tin = 16	Heap = 22
5 Kg bag = 05	Piece/Number = 11	1 kg tin = 17	Other (specify) = 23
25 Kg bag = 06	Handful = 12	Bowl = 18	

CODES FOR 5.14 (MAIN FOOD SOURCE)

- 1=Purchases
- 2=Own production
- 3=Gathering, hunting, Fishing
- 4=Exchange/Barter
- 5=Gifts/Food aid

Commodity code	Commodity	Number of days food (group) was eaten over last 7 days (from 0 to 7)	Total quantity consumed during the last 7 days	Unit of measure (see codes)	% from purchase	% from prod	% from hunting, gathering, fishing	% in exchange for labor / items	% from gifts/food aid	% from other sources	Total	Has the main source of this food changed from the usual?	If yes, what is the usual source
												1=Yes 2=No	
5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11	5.12		5.13	5.14
11	Milk & Milk products	<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"/>	100%		
12	Eggs	<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"/>	100%		
13	Sugar/sugar products (sugar, sodas, artificial juices, sweets)	<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"/>	100%		
14	Oils and Fats	<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"/>	100%		
15	Salt and spices	<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"/>	100%		
16	Other condiments (ketchup, mayonnaise, beef cubes, royco, etc.)	<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"/>	100%		
17	Livestock Blood	<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"/>	100%		
18	Other(specify) _____	<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"/>	100%		
UNIT OF QUANTITY CODES (5.6)								CODES FOR 5.14 (MAIN FOOD SOURCE)					
Kilograms = 01		50 Kg bag = 07		Pakacha = 13		Cup(250 ml) = 19		1=Purchases					
Grams = 02		90 Kg bag = 08		Gorogoro = 14		Glass (200 ml) = 20		2=Own production					
Litres = 03		Debe = 09		¼ Kg tin = 15		Bunch = 21		3=Gathering, hunting, Fishing					
Millilitres = 04		Table spoon = 10		½ Kg tin = 16		Heap = 22		4=Exchange/Barter					
5 Kg bag = 05		Piece/Number = 11		1 kg tin = 17		Other (specify) = 23		5=Gifts/Food aid					
25 Kg bag = 06		Handful = 12		Bowl = 18									

SECTION 6: FORMAL FOOD AID AND OTHER SUPPORT PROGRAMMES

6.1. Has the household received any formal food aid during the last 12 months? (eg., from church, UN, NGOs, etc.)

- 1= Yes
 2=No >> 6.6

If YES in 6.1 above, indicate all the food aid received by the household from all organizations over the past 12 months.
 The food received should not include gifts or remittances.

Item code	Food item	Quantity received by HH over the past 12 months	6.5 Using proportional piling, please indicate how much of the total food aid is used for...	
6.2	6.3	6.4		
01	Maize (kg)		6.5.1. consumption	
02	Other Cereals (kg)		6.5.2. sold / exchanged	
03	Pulses (kg)		6.5.3. given to relatives / poor	
04	Vegetables Oil (lts)		6.5.4. brew liquors	
05	Porridge flour (kg)		6.5.5. spoilt / stolen	
06	Con Soya Blend (CSB) (kg)		Total	100%
07	Other (spec. _____)			

6.6 During the past 6 months, did you or any member of the household access any of the following programs?

(tick all that apply)

1. Youth Development Fund	
2. Bursary Fund	
3. Higher Education Loan	
4. Constituency Development Fund (CDF)	
5. Women Development Fund	
6. Women Enterprise Fund	
7. Agriculture Extension Services	
8. Livestock restocking / destocking programme	
9. Local Authority Transfer Fund (LATF)	
10. Work for Youth (Kazi kwa vijana)	
11. OVC programme	
12. Older people programme	
13. Others (specify _____)	

SECTION 7: FOOD SHORTAGE AND COPING STRATEGIES

7.1	When did your household have difficulties getting enough food to eat during the past 12 months? <i>Tick all that apply</i>												
	7.1a Sept 09	7.1b Oct 09	7.1c Nov 09	7.1d Dec 09	7.1e Jan 10	7.1f Feb 10	7.1g March 10	7.1h April 10	7.1i May 10	7.1j June 10	7.1k July 10	7.1l Aug 10	7.1m All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	How many HH members have eaten food prepared outside during the last 7 days? <i>(if nobody, write '0'. Check that the number is equal or lower to the number of HH members)</i>												
Codes	Coping strategies					In the previous month, which coping strategies has the household employed, at the peak of food stress? <i>(Tick all the strategies employed by the HH)</i>		<i>(to be asked only for the ticked strategies)</i> How many days? (from 1 to 30)		<i>(to be asked only for the ticked strategies)</i> Using a scale from 1 to 5, estimate the level of severity of the strategy 1=normally 2=mainly during lean season 3=during hardship period 4=during extreme hardship 5=never do it			
7.3	7.4					7.5		7.6		7.7			
a.	Reduction in the number of meals per day					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
b.	Skip food consumption for an entire day					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
c.	Reduction in size of meals					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
d.	Restrict adult consumption to allow more for kids					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
e.	Feed working members at expense of non-working					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
f.	Swapped consumption to less preferred or cheaper foods					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
g.	Borrow food from a friend or relative					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
h.	Purchase food on credit					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
i.	Consume wild foods					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
j.	Consume immature crop / seed stock					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
k.	Consume toxic/taboo foods					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
l.	Send household members to eat elsewhere					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
m.	Withdraw child(ren) from school					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
n.	Send children to school to get the food					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
o.	Begging or engaging in degrading jobs					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
p.	Individual migration out of the area					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
q.	Household migration out of the area					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
r.	Sale of farm implements					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
s.	Sale of milking livestock					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
t.	Sale of household goods					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
u.	Disintegration of families					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
w.	Purchase food cooked from the streets					<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

SECTION 8A: FOOD EXPENDITURES (AND OTHER SHORT TERM EXPENDITURES)

Commodity code	Commodity	In the past MONTH, how much money have you spent in cash, credit, exchange on each of the following items? <i>If goods have been exchanged please consider the value in local currency from local market</i>	How often does your household purchase [COMMODITY]? 1=Daily 2=Weekly 3=Monthly 4= Very rarely	Unit of purchase during the last purchase <i>Use unit codes aside the table</i>	Current price per unit of purchase (Kshs)	Has price increased this year compared to last year? 1=Yes 2=No	Rank the 3 commodities most affected by the increase in prices in order of importance	Units of purchase		
								8.1	8.2	8.3
01	Maize Grain								Kilograms	01
02	Maize Meal								Grams	02
03	Rice								Litres	03
04	Sorghum								Mililitres	04
05	Millet								5 Kg bag	05
06	Wheat Flour								25 Kg bag	06
07	Bread								50 Kg bag	07
08	Beans/Pulses								90Kg Bag	08
09	Roots and Tubers								Debe	09
10	Vegetables								Table spoon	10
11	Fruit								Piece/Numbe	11
12	Fish								Handful	12
13	Beef								Pakacha	13
14	Mutton								Gorogoro	14
15	Goat Meat								¼ Kg tin	15
16	Pork								½ Kg tin	16
17	Milk								1 kg tin	17
18	Sugar								Bowl	18
19	Tea Leaves								Cup	19
20	Eggs								Glass	20
21	Salt and spices								Other	21
22	Oils and Fats									
23	Food prepared outside									
24	Tobacco / alcohol / qat									
25	Soap/personal hygiene									
26	Transport/fuel									
27	Communication (airtime)									
28	Cooking fuel									

SECTION 8B: NON-FOOD EXPENDITURE (LAST 6 MONTHS)

item codes	items	During the last six (6) months, how much money was spent by the household on [ITEM]?	Has the household expenditure on [ITEM] changed this year? 1=Yes, increased 2= Yes, reduced 3= No, Remained the same										
8.9	8.10	8.11	8.12										
01	Health care												
02	Education (ie., school fees, uniforms, etc.)												
03	Remittances / gifts to help out relatives and friends												
04	Entertainment, Ceremonies												
05	Clothes, shoes												
06	Housing (rent, repairs, construction, maintenance)												
07	Utilities (electricity, water, gas)												
08	Repayment of debts												
09	Farming equipment (tools, seeds, etc) and exp. for animals.												
10	Fines/taxes												
11	Hiring labour												
12	Business inputs/development												
13	Other (specify: _____)												
14	Other (specify: _____)												
15	Other (specify: _____)												
8.13 Overall have the HH food expenditures increased during the year? 1=yes 2=no (>> 8.17)			<input type="checkbox"/>										
8.14 If yes, has the food price increase caused a decline in consumption of non food items? 1=yes 2=no (>>8.17)			<input type="checkbox"/>										
If yes, mention the 3 non-food commodities that were more seriously affected by the increase in food expenditure and quantify the reduction in %	8.15 Items whose purchase decreased due to the food price increase <i>(Use codes below)</i>		8.16 Give an estimate of the % reduction in consumption of these items <i>(Between 1% and 100%)</i>										
	8.15a 1 st	<input type="text"/>	8.16a <input type="text"/>										
	8.15b 2 nd	<input type="text"/>	8.16b <input type="text"/>										
	8.15c 3 rd	<input type="text"/>	8.16c <input type="text"/>										
	1=health 2=education 3=remittance 4 entertainment/ceremonies 5=clothing 6= housing	7=utilities 8=repayment of debts 9=farming/livestock equipment 10=finances / taxes 11=hiring labor 12=business input / development											
8.17	During which months did your household have the highest total expenditures the past 12 months <i>(compare with the average and tick the THREE months with the highest expenditures)</i>												
	8.17a	8.17b	8.17c	8.17d	8.17e	8.17f	8.17g	8.17h	8.17i	8.17j	8.17k	8.17l	8.17m
	Sept 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	March 10	April 10	May 10	June 10	July 10	Aug 10	All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: MAIN SOURCES OF INCOME

List the main sources of cash income for the household during the period 2009/10 <i>(enter activity code, limit to the MAIN FOUR ACTIVITIES)</i>		Using <u>proportional piling</u> , estimate the relative contribution to total income of each source (%)	Avg monthly income in 2009 (Kshs)	Highest monthly income in 2009 (Kshs)	Lowest monthly income in 2009 (Kshs)	Compared with 2009, Is the average monthly income in 2010...	Compared with 2009, Is the highest monthly income in 2010...	Compared with 2009, Is the lowest monthly income in 2010..	
	9.1 code	9.2 description	9.3	9.4	9.5	9.6	9.7	9.8	9.9
1 st									
2 nd									
3 rd									
4 th									
TOTAL			100%						

Activity code for 9.1

1	Casual Waged labor	8	Remittance and Gifts	15	Livestock Production (including meat, milk, hides, skins, and by products)
2	Formal Waged Labor -public (salaried)	9	Begging	16	Poultry Production - meat and eggs
3	Formal Waged Labor – private (salaried)	10	Borrowing	17	Cash Crop Production
4	Shop owner, commerce / trade	11	Domestic work	18	Food Crop Production (including home gardening)
5	Small /Own business - crafts, artisan	12	Pension	19	Firewood collection/charcoal burning
6	Renting out rooms / apartment	13	Brewing local liquor	20	Other(specify)
7	Petty Trading/street vending	14	Hunting and Gathering	21	Other(specify)

9.10 Was the total household income the same each month in 2009?

- 1= Yes >> next section
- 2=No, it changed >> fill the table below

In this table, tick the THREE months when the highest and lowest total income in 2009

9.11 Highest Income	9.11a Jan	9.11b Feb	9.11c Mar	9.11d Apr	9.11e May	9.11f Jun	9.11g Jul	9.11h Aug	9.11i Sep	9.11j Oct	9.11k Nov	9.11l Dec
		<input type="checkbox"/>										
9.12 Lowest Income	9.12a Jan	9.12b Feb	9.12c Mar	9.12d Apr	9.12e May	9.12f Jun	9.12g Jul	9.12h Aug	9.12i Sep	9.12j Oct	9.12k Nov	9.12l Dec
		<input type="checkbox"/>										

SECTION 10A: URBAN AGRICULTURE

10.1	Do you produce any food in your current location (including vegetables, chicken eggs, Milk...)? Yes=1 No= 2 >> 10.3	<input type="checkbox"/>
10.2	If Yes, what do you produce it for? 1 Own consumption 2 Selling 3 Both	<input type="checkbox"/>
10.3	Does your household have access to the land for production? 1 Yes, Within the yard 2 Yes, Open spaces in the area/neighborhood 3 Yes, Open spaces outside the area/neighborhood 4 No>> 10.5	<input type="checkbox"/>
10.4	Is the land legally or officially allocated? Yes=1 No=2	<input type="checkbox"/>
10.5	If No , How do you produce food (including vegetables, chicken eggs. Milk...)? 1 Roof garden 2 No space technologies (sack, mound, others) 3 In the house 4 Other (specify _____) 5 NA (No cultivation by household) (>> 10.13)	<input type="checkbox"/>

SECTION 10B: CROP AND LIVESTOCK PRODUCTION

	Item code	Item	Quantity produced during the LAST AGRICULTURAL SEASON				
			Acreage Planted (As estimated)	Total output		Proportion sold (%)	Proportion consumed (%)
				Quantity	Unit		
	10.6	10.7	10.8	10.9	10.10	10.11	10.12
CROPS	01	Maize					
	02	Other Cereals					
	03	Cassava					
	04	Yams					
	05	Arrow roots					
	06	Beans/Pulses					
	07	Vegetables					
	08	Fruits					
	09	Sweet potatoes					
	10	Other(specify)					

Units of quantity for 10.10

Kilograms	= 01	Debe	= 06	Pakacha	= 11
5 Kg bag	= 02	¼ Kg tin	= 07	Gorogoro	= 12
25 Kg bag	= 03	½ Kg tin	= 08	Bowl	= 13
50 Kg bag	= 04	1 kg tin	= 09	Other (specify)	= 14
90 Kg bag	= 05	Piece/Number	= 10		

LIVESTOCK	Item code	Item	Number of animals Currently owned	Number consumed Last 6 months	Number sold last 6 months
	10.13	10.14	10.15	10.16	10.17
	01	Cattle (number)			
	02	Goat (number)			
	03	Sheep (number)			
	04	Poultry (number)			
	05	Camels (number)			
	06	Pigs (number)			
07	Other: Specify _____				

SECTION 10B (CONT'D): CROP AND LIVESTOCK PRODUCTION

LIVESTOCK PRODUCTS	Item Code	Item	Number of animals currently producing [ITEM]	Quantity per animal Last 7 days
	10.18	10.19	10.20	10.21
	01	Milk (liters per cow / goat / camel)		
	02	Eggs (number per hen)		
	03	Butter Fat and ghee (liters)		
	04	Meat (kg per cow / goat / camel)		
		Other (spec.: _____)		

SECTION 10C: CONSTRAINTS TO CROP AND LIVESTOCK PRODUCTION

	What are the main constraints you face in CROP production? (see codes)	What are the main constraints you face in LIVESTOCK production? (see codes)
	10.22	10.23
a. 1st constraint	__ __	__ __
b. 2nd constraint	__ __	__ __
c. 3rd constraint	__ __	__ __
	Constraints codes for 10.22 1=poor seeds, 2=poor soils, 3=pests/diseases, 4=inadequate labor, 5=adverse climatic conditions (eg., irregular rains, floods, etc.) 6=soil erosion, 7=lack of support services 8= High cost of inputs 9=insecurity/theft, 9= Land wrangles, 10= Harassment by municipal council, 11=Other (specify)	Constraints codes for 10.23 1= poor breeds 2= parasites/diseases 3=inadequate labour 4=poor pasture/feeds 5 = insufficient water 6 = lack of land 7=lack of support service 8= High cost of inputs 9=insecurity/theft 10= Adverse climatic conditions 11= Land wrangles 12= Harassment by municipal council 13=Other (specify)

SECTION 11: HOUSING CHARACTERISTICS AND ASSETS					
11.1	Main Material of the Floor		1 = NATURAL/TRADITIONAL MATERIALS (<i>Earth/Sand/Mud; Mud mixed with dung</i>) 2 = RUDIMENTARY INFORMAL MATERIALS (<i>Coarse wood planks, Palm/bamboo</i>) 3 = FORMAL COMMERCIAL BUILDING MATERIALS (<i>Parquet or polished wood, Ceramic tiles, Cement, terrazzo</i>)		<input type="checkbox"/>
11.2	Main Material of the Roof		1 = NATURAL/TRADITIONAL MATERIALS (<i>Grass/thatch/palm leaf, Discarded recycled material/plastic</i>) 2 = RUDIMENTARY INFORMAL MATERIALS (<i>Coarse wooden planks, Plain tin sheets/mabati, Rustic mat, Palm/bamboo</i>) 3 = FORMAL COMMERCIAL BUILDING MATERIALS (<i>Corrugated iron sheets/mabati, Asbestos sheets, Concrete/cement, Roof tiles</i>)		<input type="checkbox"/>
11.3	Main Material of the Wall		1 = NATURAL/TRADITIONAL MATERIALS (<i>Mud/dirt and wattle, Discarded recycled materials, Grass/thatch/bamboo/makuti, Cane/palm/trunks</i>) 2 = RUDIMENTARY INFORMAL MATERIALS (<i>Coarse wooden planks, Tin sheets/mabati, Stones with mud, Bamboo with mud, Wood, Clay bricks</i>) 3 = FORMAL COMMERCIAL BUILDING MATERIALS (<i>Cut stone blocks, Cement blocks, Clay bricks, Concrete/cement, Finished wood/wood planks/shingles, Corrugated iron sheets/mabati, Stones with lime/cement</i>)		<input type="checkbox"/>
11.4	OBSERVATION: DWELLING LOCATED IN, ON, OR NEAR: <i>Tick all that apply</i>		1 = Landslide area 2 = Flood plain or flood-prone area.. 3 = River bank..... 4 = Steep hill/slopes..... 5 = Garbage mountain/pile..... 6 = Industrial pollution area..... 7 = Railroad..... 8 = Power plant..... 9 = Flyover..... 10 = Other (specify) ..		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11.5	HOW MANY HABITABLE ROOMS ARE THERE IN THIS DWELLING?				<input type="text"/>
Do not include a separate kitchen, bathroom, hallways.					
11.6 Does the household own one of the following assets? (in working condition only) 0= No / 1= Yes					
11.6.a	Bed frame (wood, metal)	<input type="checkbox"/>	11.6.l	Mosquito net	<input type="checkbox"/>
11.6.b	Sponge mattress	<input type="checkbox"/>	11.6.m	Wheel barrow	<input type="checkbox"/>
11.6.c	Table/chairs	<input type="checkbox"/>	11.6.n	Bicycle	<input type="checkbox"/>
11.6.d	Radio	<input type="checkbox"/>	11.6.o	Motorcycle/motorbike	<input type="checkbox"/>
11.6.e	Television	<input type="checkbox"/>	11.6.p	Car, taxi	<input type="checkbox"/>
11.6.f	Generator	<input type="checkbox"/>	11.6.q	Seeds for planting	<input type="checkbox"/>
11.6.g	Cell phone	<input type="checkbox"/>	11.6.r	Agriculture tools (cutlass, hoe, spade, etc.)	<input type="checkbox"/>
11.6.h	Stove	<input type="checkbox"/>	11.6.s	Buildings for rent	<input type="checkbox"/>
11.6.i	Pressing iron	<input type="checkbox"/>	11.6.t	Fishing tools (net, fish basket, knife, etc.)	<input type="checkbox"/>
11.6.j	Cooler/Ice box/refrigerator	<input type="checkbox"/>	11.6.u	Cash, other savings (jewellery, etc.)	<input type="checkbox"/>
11.6.k	Cupboard, dresser	<input type="checkbox"/>	11.6.v	Bank account	<input type="checkbox"/>

SECTION 13: HEALTH AND NUTRITION ASSESSMENT

SECTION 13A: IDENTIFICATION AND ANTHROPOMETRICS

FILL IN FOR ALL THE CHILDREN 0-59 MONTHS							Measure ONLY the children aged 6-59 months					
Child code	Child Name	Child ID from the roster <i>copy here the ID of the kid as it is in the roster</i>	Sex 1=Male 2=Female	If birth card or birth certificate are available copy the date of birth (dd/mm/yyyy)			If birth card / certificate not available assist the mother/caretaker to estimate the age in months	Weight (to the nearest 0.1kgs)	Height (to the nearest 0.1cm)	Method of measurement 1=lying 2=standing <i>children under 85 cm to be measured lying</i>	Bilateral Oedema 1=Yes 2=No	MUAC (cm)
				13.5a day	13.5b month	13.5c year						
13.1	13.2	13.3	13.4	13.5			13.6	13.7	13.8	13.9	13.10	13.11
1	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
2	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
3	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
4	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
5	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
6	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
7	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
8	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
9	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _
10	_____	_	_	_ _	_ _	_ _ _ _	_ _	_ _ .> _	_ _ _ .> _	_	_	_ _ .> _

13B: IMMUNIZATION COVERAGE

list all the children recorded in 13.2. Follow the same order !		FILL FOR ALL THE CHILDREN 0-59 MONTHS							
Child code	Child Name	Has child received BCG (TB vaccine)? 1=Yes (card) 2=Yes (recall) 3=Yes (scar) 4=No 5=Don't Know	Has child received Pentavalent 1 and OPV 1? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	Has child received Pentavalent 2 and OPV 2? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	Has child received Pentavalent 3 and OPV 3? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	Has child received measles immunization? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	Has child received de-worming medicine in last 6 months? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	Has child received vitamin A supplement in last 12 months? 1=Yes (card) 2=Yes (recall) 3=No 4=Don't Know	If child has received vitamin A supplements, how many times have they received in the last 12 months? 1= once 2= Twice 3= More than twice
13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20	13.21
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: FEEDING PATTERN

Make every effort to speak with the mother. If she is not available, speak with the primary caregiver responsible for feeding of the child.

list all the children recorded in 13.2. Follow the same order ! **ASK ONLY TO CHILDREN AGED 0-23 MONTHS**

Child code	Child Name	Did you ever breastfeed [Name]?	If No, why	If yes, How soon after birth did you put [Name] on the breast?	During the first 3 days after delivery, did you give [Name] the fluid/liquid that came from your breasts?	In the first 3 days after delivery, was [Name] given anything to drink other than breast milk?	Are you still breastfeeding [Name]?
		1= Yes (go to 14.5) 2= No 3= Don't know	See code below <i>(after this question go to the next child)</i>	See codes below	1= Yes, 2= No, 3= Don't know	See Codes below	1= Yes 2= No
14.1	14.2	14.3	14.4	14.5	14.6	14.7	14.8
1	_____						
2	_____						
3	_____						
4	_____						
5	_____						
6	_____						
7	_____						
8	_____						
9	_____						
10	_____						
Question 14.4 codes 1= No milk 2= did not want to breast feed 3= traditional beliefs (child will die) 4= had to go back to work 5 = Mother with chronic illness 6 = other (specify _____)				Question 14.5 codes 1= within one hour 2= less than 24 hours 3= less than 3 days 4= more than 3 days 5= does not know		Question 14.7 codes 1= Plain water 2= Sugar water or glucose water 3= powdered milk or fresh milk 4= infant formula (<i>Mamex, Nan</i>) 5= Gripe water 6= nothing given 7= Other (specify: _____)	

YESTERDAY, during the day and the night, did [Name] receive any of the following fluids?

List all the children under five in the household by following the same order as in section 13.A. Then, **ONLY** for the **CHILDREN AGED 0-23 MONTHS**, ask the mother /caregiver to mention all fluids given to the child

list all the children recorded in 13.2. Follow the same order !		ASK ONLY TO CHILDREN AGED 0-23 MONTHS							
Child code	Child Name	Breast milk 1= Yes 2=No	Infant formula (Mamex, Nan) 1= Yes 2=No	Other milks: animal milk, reconstituted powdered milk, (Halwa, Hayat, Coast), sour milk 1= Yes 2=no	Sweetened flavored juices (Quencher, Zeitun, Altuza, Mushakil, vimto, Ananas, savannah,) Soda 1= Yes 2=No	ORS 1= Yes 2=No	Tea/Coffee 1= Yes 2=No	Plain water 1= Yes 2=No	Thin porridge 1= Yes 2=No
14.9	14.10	14.11	14.12	14.13	14.14	14.15	14.16	14.17	14.18
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I will ask you about what solid/ semi solid foods the children between 0 and 23 months ate yesterday during the day and the night.

List all the children under five in the household by following the same order as in section 13.A. Then, ONLY for the CHILDREN AGED 0-23 MONTHS, ask the mother /caregiver to mention all foods given to the child and record as mentioned in the appropriate category.

list all the children recorded in 13.2. Follow the same order !		ASK ONLY TO CHILDREN AGED 0-23 MONTHS										
Child code	Child Name	Eggs 1= Yes 2=No	Porridge 1= Yes 2=No	Flesh Meats (Chicken, Beef, Goat, Kidney, Liver, Mutton, Camel, Fish) 1= Yes 2=No	Legumes and Nuts (Beans, Groundnuts, Cowpeas, Lentils, Green Grams) 1= Yes 2=No	Dairy Products (Milk, cheese, ghee) 1= Yes 2=No	Grains, Roots & Tubers (Pasta, rice, bread, potatoes, biscuits, mandazi, chapatti, anjera, ugali) 1= Yes 2=No	Vitamin A Rich fruits & Vegetables (Pawpaw, melon, sukuma wiki, carrots, cowpea leaves, spinach, avocado) 1= Yes 2=No	Other Fruits and Vegetables (Onions, tomatoes, cabbage, oranges, bananas, Okra) 1= Yes 2=No	Vitamins, Mineral Supplements, Pumpkin Nut 1= Yes 2=No	Oil, fats, (Zeitun sim sim, camel fat) 1= Yes 2=No	Yesterday (During the day and at night). how many times did you feed [Name] solid and semi-solid foods to make the child full?
14.19	14.20	14.21	14.22	14.23	14.24	14.25	14.26	14.27	14.28	14.29	14.30	14.31
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>