

# **QUESTIONNAIRES**

| PART A. GENERAL INFORMATION   |  |  |  |       |   |  |  |       |  | MALAWI NATIONAL CHILD LABOUR SURVEY |  |       |  |  |                                    |             |                          |  |  |     |    |  |
|---|--|--|--|-------|---|--|--|-------|--|-------------------------------------|--|-------|--|--|------------------------------------|-------------|--------------------------|--|--|-----|----|--|
| REGION:-.....   |  |  |  |       | DISTRICT:-.....                               |  |  |       |  |                                     |  |       |  |  |                                    |             |                          |  |  |     |    |  |
| LOCALITY:-.....   |  |  |  |       | LOCATION OF HOUSEHOLD:-.....                  |  |  |       |  |                                     |  |       |  |  |                                    |             |                          |  |  |     |    |  |
| A1. ENUMERATION AREA CODE   |  |  |  |       | A2. HOUSE/STRUCTURE NUMBER<br>(as in listing) |  |  |       |  | A3. HOUSEHOLD NUMBER                |  |       |  |  | A4. ELIGIBILITY                    |             |                          |  |  | YES | NO |  |
| Region    District    Stratum    EA Number  |  |  |  |       |   |  |  |       |  |                                     |  |       |  |  | Number of persons in the Household |             |                          |  |  |     |    |  |
|   |  |  |  |       |   |  |  |       |  |                                     |  |       |  |  | Number of Children (5-17)          |             |                          |  |  |     |    |  |
|   |  |  |  |       |   |  |  |       |  |                                     |  |       |  |  |                                    |             |                          |  |  |     |    |  |
| A5. INTERVIEWER VISITS  |  |  |  |       |   |  |  |       |  |                                     |  |       |  |  |                                    |             |                          |  |  |     |    |  |
|   |  |  |  | 1     |   |  |  | 2     |  |                                     |  | 3     |  |  |                                    | FINAL VISIT |                          |  |  |     |    |  |
| DATE  |  |  |  | ----- |   |  |  | ----- |  |                                     |  | ----- |  |  |                                    | DAY         |                          |  |  |     |    |  |
| INTERVIEWER'S NAME:   |  |  |  | ----- |   |  |  | ----- |  |                                     |  | ----- |  |  |                                    | MONTH       |                          |  |  |     |    |  |
| SUPERVISOR'S NAME   |  |  |  | ----- |   |  |  | ----- |  |                                     |  | ----- |  |  |                                    | YEAR        |                          |  |  |     |    |  |
|   |  |  |  | ----- |   |  |  | ----- |  |                                     |  | ----- |  |  |                                    | NAME        |                          |  |  |     |    |  |
| A6. RESULT*   |  |  |  | ----- |   |  |  | ----- |  |                                     |  |       |  |  |                                    | RESULT      |                          |  |  |     |    |  |
| NEXT VISIT  |  |  |  | ----- |   |  |  | ----- |  |                                     |  |       |  |  |                                    |             |                          |  |  |     |    |  |
| * RESULT CODES<br>1. Completed<br>2. No Household member at home or no competent respondent<br>3. Entire Household absent for extended period of time<br>4. Postponed<br>5. Refused<br>6. Dwelling vacant or address not a dwelling<br>7. Dwelling destroyed<br>8. Dwelling not found<br>9. Other ..... (Specify) |  |  |  |       |   |  |  |       |  | A7. SUPPLEMENTARY FORM COMPLETED?   |  |       |  |  |                                    |             |                          |  |  |     |    |  |
|   |  |  |  |       |   |  |  |       |  | YES                                 |  |       |  |  |                                    |             | <input type="checkbox"/> |  |  |     |    |  |
|   |  |  |  |       |   |  |  |       |  | NO                                  |  |       |  |  |                                    |             | <input type="checkbox"/> |  |  |     |    |  |

**Section I ADDRESSED TO HEAD OF THE HOUSEHOLD OR ANY RESPONSIBLE MEMBER (CONCERN ALL MEMBERS OF THE HOUSEHOLD LIVING IN THE HOUSEHOLD AT LEAST 4 DAYS A WEEK.**

| Household Members                                       |   | What is (NAME) relationship to head of the household?  | Is (NAME) male or female | Marital status (10+ years)<br>If (NAME) is 10 years or older, what is his/her current marital status?   | How old was (NAME) at his or her last birthday? (Probe)               | ELIGIBILITY   | What is (Name's) nationality?  | To which ethnic group does (NAME) belong?  | What is (Name's) religious affiliation?   |
|---|---|--|--------------------------|---|---|---|--|--|---|
| Person Number of Respondents (circle the respondent no. | Please give me the names of all persons who usually reside in this household for 4 days in a week, begin with Head of the Household.<br><br><i>(INCLUDING CHILDREN WHO ARE AT BOARDING SCHOOL).</i> | 01 Head<br>02 Spouse (Husband/Wife)<br>03 Son<br>04 Daughter<br>05 Brother<br>06 Sister<br>07 Adopted child<br>08 Grandchild<br>09 Daughter-in-law<br>10 Son-in-law<br>11 Grandfather<br>12 Grand ma<br>13 Other Relative<br>14 Non-relative | 1. Male<br>2. Female     | 1. Single and never married<br>2. Married<br>3. Informal union<br>4. Separated<br>5. Divorced<br>6. Widowed<br>7. Other (Specify)<br><br>IF LESS THAN 10 YEARS,<br>N/A=97 | ENTER AGE IN COMPLETED YEARS<br><br>DK= 98<br><br>USE CALENDAR EVENTS | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 – 17 YEARS | Malawian by birth<br>Malawian by Naturalisation<br>Other African<br>White<br>Other (Specify) | 01 Chewa<br>02 Nyanja<br>03 Yao<br>04 Tumbuka<br>05 Lomwe<br>06 Ngonde<br>07 Ngoni<br>08 Sena<br>09 Tonga<br>10 Nyakyusa<br>11 Lambya<br>12 Senga<br>13 Sukwa<br>14 English<br>15 Indian<br>16 Other (Specify) | Catholic<br>CCAP/ Protestant<br>Seventh day<br>Other Christian<br>Islam / Moslem<br>Traditional<br>Hindustan<br>Other (Specify) |
| B01   | B02   | B03  | B04                      | B05   | B06   | B07   | B08  | B09  | B10   |
| 1   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 01  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 2   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 02  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 3   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 03  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 4   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 04  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 5   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 05  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 6   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 06  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 7   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 07  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 8   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 08  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 9   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 09  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |
| 0   |   |  | 1 2                      | 1 2 3 4 5 6 7 97  |   | 10  | 1 2 3 4 5  |  | 1 2 3 4 5 6 7 8   |

| Section 1                    |  |   |  |   |  |   |  |  |   |         |
|------------------------------|--|---|--|---|--|---|--|--|---|---------|
| Person Number of Respondents | Multiple Families Living in the Household (Married or informal union)  |   | Parental Survivorship and residence for persons less than 17 years old                             |   |  |   | Children Living Away from Household/Family   |  |   |         |
|                              | Does the spouse (husband/wife) of (NAME) live in this household?<br>1. Yes>>B12<br>2. No>>B13<br>7. If a person is not married or informal union | If (Name's) husband/wife lives in this household what is his/her name?<br><br>IF NOT RECORD 00<br>RECORD SPOUSE'S LINE NUMBER | Is (Name's) mother alive?<br>Yes<br>No>>Go to B13<br>7. If more than 17 years old<br>8. Don't know | Does the mother of (NAME) live in this household?<br>RECORD MOTHER'S LINE NUMBER<br>00. None<br>07. N/A | Is (Name's) father alive?<br>Yes<br>No>>B17<br>7. N/A<br>8. Don't know | Does the father of (NAME) live in this household?<br>00. None<br>07. N/A<br><br>RECORD FATHER'S LINE NUMBER | If (NAME) is 12 years or older, does s/he have any child living away from this household/family?<br><br>Yes<br>No >>Go to B18<br>7. N/A for less than 12years. | If yes, how many are they?<br><br>PUT 97 for N/A | Does (you or the mother) know where they live?<br><br>Yes, all of them<br>Yes, not all<br>I do not know<br>7. N/A |         |
|                              | B11  | B12   | B13  | B14   | B15  | B16   | B17  | B18  |   | B19     |
| 1                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  |   | 1 2 7  |  |   | 1 2 3 7 |
| 2                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  |   | 1 2 7  |  |   | 1 2 3 7 |
| 3                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  |   | 1 2 7  |  |   | 1 2 3 7 |
| 4                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 5                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 6                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 7                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 8                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 9                            | 1 2 7  | <input type="text"/>  | 1 2 7  | <input type="text"/>  | 1 2 7 8  | <input type="text"/>  | 1 2 7  |  |   | 1 2 3 7 |
| 10                           | 1 2 7  |   | 1 2 7  |   | 1 2 7 8  |   | 1 2 7  |  |   | 1 2 3 7 |

| Section II                                      |   | Education and Training of all Persons aged 5 and above                                     |   |  |  |   |  |  |
|---|---|--|---|--|--|---|--|--|
| Transfer Person Number of age 5+ From Section I | Can (NAME) read or write in English language with understanding a short, simple sentence?   | Can (NAME) read or write in Chichewa language with understanding a short, simple sentence? | Formal Schooling  |  |  |   |  |  |
|   | Yes<br>No<br>Do not know<br><br>FOR LESS THAN 5 YEARS<br>N/A=7  | Yes<br>No<br><br>FOR LESS THAN 5 YEARS<br>N/A=7  | Has (NAME) ever attended or is attending school now?<br><br>1. Attending<br>2. Completed school <b>Go to B22</b><br>3. Never attended <b>Go to B23</b><br>4. Dropped out <b>Go to B24</b> | What level is (NAME) attending?<br><br><b>(USE CODE FOR EDUCATION LEVELS AS IN BELOW)</b><br><br>(RECORD A COMPLETED EDUCATION LEVEL)<br><br><b>&gt;&gt;Go to B30</b><br><br>N/A =97 | What is the highest level of education completed?<br><br>(Use code for education levels as shown below)<br><br><b>&gt;&gt;Go to B30</b><br><br>N/A =97 | What were the main reasons why (NAME) is not attending or never attended school?<br><br>(Up to three answers allowed).<br>Still too young<br>School is too far<br>Cannot afford schooling<br>Family does not allow schooling<br>Poor in studies/not interested in school<br>Family does not allow schooling<br>School not considered valuable<br>School not safe<br>Harassment in school<br>To work for pay or help at home, family business or farm.<br>Dropped out for social reasons (e.g. got pregnant)<br>Failed in school and discontinued<br>Completed school << <b>Go to B25 for any answer</b><br>N/A=97 |  | What were the main reasons why (NAME) dropped out of school?<br>(Up to three answers allowed).<br>Still too young<br>School is too far<br>Cannot afford schooling<br>Family does not allow schooling<br>Poor in studies/not interested in school<br>School not considered valuable<br>School not safe<br>Harassment in school<br>To work for pay or help at home, family business or farm.<br>Dropped out for social reasons (e.g. got pregnant)<br>Failed in school and discontinued<br>Completed school << <b>Go to B25 for any answer</b><br>N/A=97 |
|   | B20   | B21  | B22   | B23  | B24  | B25   |  | B26  |
| 1   | 1 2 3 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 2   | 1 2 3 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 3   | 1 2 3 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 4   | 1 2 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 5   | 1 2 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 6   | 1 2 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 7   | 1 2 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 8   | 1 2 7   | 1 2 7  | 1 2 3 4   |  |  |   |  |  |
| 9   | <b>Education Codes</b> Preschool= 00; Standard1 =01; Standard 2=02; Standard 3= 03; Standard 4=04; Standard 5= 05; Standard 6=6; Standard 7= 07; Standard 8 =08; Formal 1=9; Farm 2=10; Form 3=11; Form 4=12; form 5=13; Form 6=14; 1 <sup>st</sup> Year=15; 2 <sup>nd</sup> Year=16; |  |   |  |  |   |  |  |
| 0   |   |  |   |  |  |   |  |  |

**Section II Education and Training of all Persons aged 5 and above ...cont**

| Transfer Person Number of age 5+ From Section I | Was (NAME) Enrolled in school during the last twelve months?                                  | In what class is (NAME) currently enrolled in school?                                   | Has (NAME) Ever repeated a class?  | How many times has (NAME) repeated a class?  | What is the highest level of education completed?   | Vocational and Higher Training  |  |  |   |
|---|---|---|--|--|---|---|--|--|---|
|   | (5 YEARS OR OLDER)<br><br>1.Yes<br>2.No<br><br>FOR LESS THAN 5 YEARS OR NON-DROP OUT<br>N/A=7 | (5 YEARS OR OLDER)<br><br>1.Yes<br>No<br><br>FOR LESS THAN 5 YEARS OR NONDROP-OUT N/A=7 | 1.Yes<br><br>2.No >>Go to B29<br><br><b>NOTE:</b> THIS QUESTION DOES NOT REFER TO 12 MONTHS PERIOD | WRITE NUMBER OF REPEATIONS<br><br>START FROM 00..<br><br>FOR LESS THAN 5 YEARS OR NON-DROP OUT<br>N/A=97 | (USE CODE FOR EDUCATION LEVELS AS SHOWN PREVIOUS PAGE)<br><br>FOR LESS THAN 5 YEARS OR NON-DROP OUT<br>N/A=97 | <b>Has (NAME) ever received any skill training (Since attending formal schooling after/before the first job)?</b><br>1.None<br>2.On-the-job<br>3.Adult literacy<br>4.Certificate after 1-2 years<br>5.Certificate after 2+years<br>6.Formal apprenticeships<br>7.Informal apprenticeship )<br>11.Other specify<br><br>FOR LESS THAN 5 YEARS<br>N/A=97 |  |  | Describe subject of training (e.g. Carpentry, Accountancy, Motor Vehicle Mechanic, Engineering, Nursing<br>N/A=97 |
|   | B27   | B28   | B29  | B30  | B31   | B32   |  |  | B33   |
| 1   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 2   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 3   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 4   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 5   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 6   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 7   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 8   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 9   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |
| 0   | 1 2 7   | 1 2 7   | 1 2 3 4  |  |   |   |  |  |   |

TO AVOID CONFUSING THE HIGHEST LEVEL COMPLETED, TRAINING SHOULD REFER TO COURSES ATTENDED AFTER (COMPLETED, DROP OUT, NEVER ATTENDED) AND THOSE ATTENDING EMPHASE COURSES TAKEN ALONGSIDE NORMAL SCHOOLING OR DURING VACATION. NONE: PROBE TO FINDOUT IF NAME HAS NOT RECEIVED ANY ON- THE- JOB TRAINING



| Section IV                         |   | Activity Status of all Household Members (5 years +) in the last twelve months  |  |      |   |   |  |  |   |
|------------------------------------|---|---|--|------|---|---|--|--|---|
| Person Number (same as Section II) | How many months (NAME) engaged in the work in the last twelve months? | Where did (NAME) carry out the work?  | What was (NAME) employment status?   |      | What was (NAME) employment status in the last twelve months?  | Where did (NAME) carry out the work in the last twelve months?  | How long has (Name) been doing this work? (in years)           | When did (Name) perform this work in the last twelve months?   | Are you involved in any other family work twelve months (on farm or business)?  |
|                                    | THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97        | 1. At his/her family dwelling<br>2. Employer's house<br>3. On the street<br>4. Shop/Market/Kiosk<br>5. Industry/factory<br>6. Plantation/farm/garden<br>7. Construction/Quarrying sites<br>8. Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | 1.Regular paid employee<br>2.Casual paid employee<br>3.Paid worker at piece rate<br>4.Domestic paid worker<br>5.Domestic unpaid worker<br>6.Operate own business<br>7.Unpaid family work<br>9. Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 |      | 1.Regular paid employee<br>2.Casual paid employee<br>3.Paid worker at piece rate<br>4.Domestic paid worker<br>5.Domestic unpaid worker<br>6.Operated own business<br>7.Unpaid family worker<br>8.Other (specify)<br><br><b>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97</b> | 1. At his/her family dwelling<br>2. Employer's house<br>3. On the street<br>4. Shop/Market/Kiosk<br>5. Industry/factory<br>6. Plantation/farm/garden<br>7. Construction/Quarrying sites<br>8. Other (Specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | 1. Permanent (fulltime)<br>2. Temporary (part-time)<br>3. Seasonal when labour is required and outside school time.<br>4. Seasonal regardless of school term<br>5. Only during school vacation<br>6. After school hours<br>7. Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 |
|                                    | B42   | B43   | B44  | CODE | B45   | B46   | B47  | B48  | B49   |
| 1                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 2                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 3                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 4                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 5                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 6                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 7                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 8                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 9                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |
| 0                                  | 1 2 3 4 7   | 1 2 3 7   |  |      |   |   |  |  | 1 2 3 7   |



| V Current Activity Status of all Household Members (5 year +) during the last 7 days |   |   |   |   |  |   |   |  |  |                    |
|--|---|---|---|---|--|---|---|--|--|--------------------|
| Person Number (same as in Section III)   | During the last seven days has name work for salary, account (consultancy) or any paid work for someone else?<br><br>1 Yes worked for salary/wage>>Go to B54<br>2 Yes worked on account>> Go to B54<br>3. Yes worked for someone else<br>4. No<br><br>CIRCLE 7 IF N/A | Since last (DAY OF THE WEEK), did (NAME) do any family work (on farm or in a business)?<br><br>Yes did family work for business Go to B54<br>2. Yes, worked for family farm >>Go to B54<br>No.<br>CIRCLE 7 IF N/A | During the last seven days has (NAME) not even worked for one hour any of the activities Refer to box below<br><br>1 Yes >> Go to 54<br>No<br>CIRCLE 7 IF N/A | Did (NAME) have a job or enterprise or an attachment to a job such as a business, farm, or shop where s/he is temporarily absence?<br><br>1 Yes<br>2. No >>Go to B61<br>CIRCLE 7 IF N/A | Describe briefly the main type of work that (NAME) did?<br><br>CIRCLE 7 IF N/A | Since last (DAY OF THE WEEK) how many hours did (NAME) do this work?<br><br>PLEASE REPORT HOURS PER WEEK<br><br>CIRCLE 7 IF N/A | How many days of the reference week, was (NAME) engaged in the work?<br><br>CIRCLE 7 IF N/A | What was (NAME) employment status?<br><br>Regular paid employee<br>Casual paid employee<br>Paid worker at piece rate<br>Domestic paid worker<br>Domestic unpaid worker<br>Operate own business<br>Unpaid family work<br>Other (specify)<br><br>CIRCLE 7 IF N/A | Where did (NAME) carry out the work?<br><br>1. At his/her family dwelling<br>2. Employer's house<br>3. On the street<br>4. Shop/Market/Kiosk<br>5. Industry/factory<br>6. Plantation/farm/garden<br>7. Construction/Quarrying sites<br>8. Other (specify)<br><br>CIRCLE 7 IF N/A |                    |
|  | B50   | B51   | B52   | B53   | B54  | Code  |   | B57  | B58  | B59                |
| 1  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 2  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 3  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 4  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 5  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 6  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 7  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 8  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 9  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |
| 0  | 1 2 3 4 7   | 1 2 3 7   | 1 2 7   | 1 2 7   |  |   |   |  | 1 2 3 4 5 6 7 8 97   | 1 2 3 4 5 6 7 8 97 |

**Section V** Current Activity Status of all Children (5-17 years) in the last twelve months Cont...

|   | When did (NAME) perform this work in the last seven days?<br><br>1. Permanent (full time)<br>2. Temporary (part time)<br>3. Seasonal when labour is required and outside school.<br>4. Seasonal regardless of school term.<br>5. Only during school vacation.<br>6. After school hours<br>7. Other (specify)<br>CIRCLE 97 IF N/A<br><br>DK=8 | Are you involved in any other family work (on farm or business)?<br><br>1. Yes<br>2. No Go to | How many hours did (NAME) spend on this job per day during the reference week?<br><br>CIRCLE 97 IF NOT N/A | HOUSE KEEPING ACTIVITIES   |   |  |   |
|---|--|---|--|--|---|--|---|
|   |  |   |  | Since last (DAY OF WEEK), did you help with household chores such as cooking, shopping, cleaning, washing clothes, etc.?<br><br>1. Yes<br>2. No >Go to B67 | How many days since last (DAY OF WEEK) were you engaged in these activities?<br><br>CIRCLE 97 IF N/A<br>DK=98 | What is the actual number of hours spent on these activities per day for the reference week?<br><br>CIRCLE 97 IF N/A | When do you carry out these activities?<br><br>1. During the day<br>2. Day and evening<br>3. After school<br>4. Before School<br>5. Before and After School<br><br>For N/A circle 7 |
|   | B60  | B61   | B62  | B63  | B64   | B65  | B66   |
| 1 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 2 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 3 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 4 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 5 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 6 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 7 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 8 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |
| 9 | 1 2 3 4 5 6 7 8 97   | 1 2   | 12 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 7   |

| Section VI Health and Safety Issues of All Children (5-17) Illness |   |   |  |   |   |  |  |                      |
|--|---|---|--|---|---|--|--|----------------------|
| Transfer Person Number of all children aged 5-17 from Section      | Has (NAME) suffered from any injuries in the last 12 months?<br><br>Yes<br>No >>Go to B74<br>I do not know>>Go to B74 | Where was (NAME) when he/ she got injured the most seriously in the last twelve months?<br>Home not working<br>Home working<br>Workplace away from home<br>School<br>Other (specify)<br>CIRCLE 7 IF N/A | How many times did (NAME) suffer from injuries in the last twelve months?<br><br>Never<br>Once or twice<br>3 to 5 times<br>More than 5 times<br>Cannot remember<br><br>CIRCLE 7 IF N/A | In your opinion, is (NAME) prone to injury and why in the last twelve months?<br><br>Yes, due to work<br>Yes, because of poor living conditions<br>No<br>4. Cannot tell | Recalling the most recent injury, what was (NAME) doing? Describe the activity.<br><br>USE ISCO CODES WHEN YOU CAN!<br>FOR N/A PUT 9997 | How serious was (NAME) most recent injury?<br>Not serious and did not need medical treatment<br>Hospitalised<br>Permanently disabled<br>Prevented from work permanently<br>Stopped work temporarily<br>Changed jobs<br>Stopped schooling temporarily<br>Prevented from schooling permanently<br>9. Other (specify)<br><br>CIRCLE 97 IF N/A |  |                      |
|  | B67   | B68   | B70  | B71   | B72   | Code   |  | B73                  |
| 1  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 2  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 3  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 4  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 5  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 6  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 7  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 8  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |
| 9  | 1 2 3   | 1 2 3 4 5 7   | 1 2 3 4 5 7  | 1 2 3 4 7   |   |  |  | 1 2 3 4 5 6 7 8 9 97 |

| Section VI  |  | Health and safety Issues about All Children (10-17).....cont                       |  |   |      |  |  |
|---|--|--|--|---|------|--|--|
| Transfer Person Number of all children aged 5-17. | Have you fallen ill in the last 12 months? | How often were you ill in the last twelve months?                                  | How serious was the most illness that you suffered in the last twelve months?  | Recalling the most recent sickness in last twelve months, what were you doing? Describe the activity. |      |  |  |
|   | Yes<br>No >> <b>Go to B78</b>              | Never<br>Once to twice<br>3 to 5 times<br>More than 5 times<br><br>CIRCLE 7 IF N/A | Not serious and did not need medical treatment<br>Hospitalised<br>Permanently disabled<br>Prevented from work permanently<br>Stopped work temporarily<br>Changed jobs<br>Stopped schooling temporarily<br>Prevented from schooling permanently<br>Other (specify)<br><br>FOR N/A CIRCLE 97 | USE ISCO CODES WHEN YOU CAN!<br><br>FOR N/A PUT 9997  |      |  |  |
|   | B74  | B75  | B76  | B77   | Code |  |  |
| 1   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 2   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 3   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 4   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 5   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 6   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 7   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |
| 8   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |

| Section VII Perceptions of Parents/Guardians about children (5-17) (both in household and away) |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| Transfer Person Number of children aged 5-17.   | What would you prefer (NAME) to be doing at this time?<br><br>Attend school<br>Work for income<br>Attend school and assist family<br>4.Work for income and assist at home >> <b>Go to B87</b><br>Other (Specify)>> <b>Go to B87</b> | If Code 1 in B77, how would you prefer for (NAME) to be studying?<br><br><b>1. Go to school full time</b><br><b>2. Complete primary level</b><br><b>3. Complete secondary level</b><br><b>4. Complete University</b><br><b>5. Go to school part- time and work for income</b> | What problems would you perceive in working child? (Multiple answers)<br><br>Sickly/poor health<br>Poor grades in school<br>Physical abuse<br>Emotional abuse<br>Sexual abuse<br>None | What would be the main reason for letting (NAME) work?<br><br>Supplement family income<br>Pay outstanding family debt<br>Help in<br>Learn skills<br>Schooling is irrelevant<br>School too far<br>Cannot afford household enterprise school fees<br>Child not interested in school<br>To replace adult who is working away from home<br>10.For socialisation | If (NAME) stops working, what will happen?<br><br>Household living standard will fall<br>Household will not afford to live<br>Household enterprise cannot operate fully since labour not affordable<br>S/he will lose the skills being learnt<br>Nothing will happen<br><br>CIRCLE 7 IF N/A | <b>In your opinion, what kind of support would be required to address the problems faced by working children?</b><br><br>(WRITE DOWN IN BRIEF THREE MOST IMPORTANT ONES FROM WHAT THE RESPONDENT SAYS) |
|   | B85   | B86   | B87   | B88   | B89   | B90  |
| 1   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   | 1.   |
| 2   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |
| 3   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |
| 4   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   | 2.   |
| 5   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |
| 6   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   | 3  |
| 7   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |
| 8   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   | 4  |
| 9   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |
| 0   | 1 2 3 4 5   | 1 2 3 4 5 7   | 1 2 3 4 5 6   |   | 1 2 3 4 5   |  |

| Section VIII About Children who are Living Away from Household/Family                  |   |   |  |   |  |   |  |  |  |      |       |  |
|--|---|---|--|---|--|---|--|--|--|------|-------|--|
| List here the first names of persons living away as reported in Section I (A9 and A10) | Is (NAME) Male of Female?<br><br><b>Male</b><br><b>Female</b><br><br><b>CIRCLE 7 IF N/A</b> | What were the main reasons why (NAME) is living away?<br><br><b>Job transfer</b><br><b>Arranged job</b><br><b>Looking for paid job</b><br><b>Join spouse or family</b><br><b>Attend school or training</b><br><b>Ran away from home</b><br><b>Living with father or mother</b><br><b>Stay with relatives</b><br><b>Other (specify)</b><br><b>CIRCLE 97 IF N/A</b> | What does (NAME) do where s/he is now?<br><br><b>Working for someone</b><br><b>Working independently</b><br><b>Attending school or training institution</b><br><b>Working and attending school</b><br><b>I do not know</b><br><b>CIRCLE 7 IF N/A</b> | Does (NAME) get in touch with this household Family in the last twelve months?<br><br>Yes<br>No >> <b>Go to B96</b> | How long ago did s/he contact this household? (in months)<br><br>PUT 97 IF N/A | Awareness About Child Workers Recruitment   |  |  |  |      |       |  |
|  |   |   |  |   |  | Are you aware of instances in your area where children are being recruited to work?<br><br>Yes<br>No >> <b>Go to B102</b> | Who mainly carries out the recruitment?<br><br>Licensed agent<br>Relatives<br>Friends<br>Do not know the identity<br>CIRCLE 7 IF N/A | Do you know what kind of work they will do? If yes, what kind of work?<br><br>Yes<br>No<br>USE ISCO CODES WHEN YOU CAN!<br>PUT 9997 IF N/A & 0000 IF NO. | Do you know where they are brought or taken?<br><br>Yes<br>No >> <b>Go to B101</b> | Code |       | If Yes, where?<br><br>Within the village<br>Other villages but within the district.<br>Other district within the region<br>Other regions<br>Outside the country<br>I do not know<br><br>PUT 7 IF N/A |
|  | B91   | B92   | B93  | B94   | B95  | B96   | B97  | B98  | Code   |      | B99   | B100   |
| 1  | 1 2 7   | 1 2 3 4 5 6 7 8 9 97  | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 2  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 3  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 4  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 5  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 6  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 7  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 8  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |
| 9  | 1 2 7   | 1 2 3 4 5 6 7 8 9   | 1 2 3 4 5 7  | 1 2   | <input type="text"/>   | 1 2   | 1 2 3 4 7  | 1 2  |  |      | 1 2 7 |  |

| PART C   |  |  |  |  |  |  |  | Housing and Household Characteristics  |  |  |  |  |          |  |  |  |  |   |               |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|---|---------------|--|--|--|--|--|--|--|
| In what type of dwelling does the household live?<br><br><b>Burnt brick, concrete floor with iron sheet roof</b><br><b>Mud brick, concrete floor with iron sheets</b><br><b>Mud brick with iron sheets</b><br><b>Mud brick thatched by grass</b><br><b>Improvised house/ Hut</b><br><b>Other (Specify)</b> |  |  |  |  |  |  |  | What is the ownership status of this dwelling?<br><br><b>Owned by household</b><br><b>Provided free by employer</b><br><b>Provided free by owner</b><br><b>Rented from private owner</b><br><b>Rented from Govt/Public owner</b><br><b>Subsidised by employer</b><br><b>7. Other (specify)</b> |  |  |  | If rented, please indicate the amount per month.   |          |  |  | <b>How many rooms does the household occupy?</b> |  | <b>Are there any of these facilities available to the household?</b><br><br>Inside house and exclusive<br>Inside house and shared<br>Outside house and exclusive<br>Outside house and shared<br>Not available |               |  | <b>What is the main source of heating?</b><br><br>Wood<br>Charcoal<br>Kerosene<br>Gas<br>Electricity<br>Solar<br>Other (specify) |  | <b>What is the main source of drinking water?</b><br><br>Pipe-borne inside house<br>Pipe-borne outside house<br>Tanker service<br>River/stream<br>Bore-hole<br>Well<br>Dug out/pond/ river |  | <b>What is the main source of lighting?</b><br><br>1. Kerosene<br>2. Electricity<br>3. Gas lamp<br>4. Solar energy<br>5. Other (specify) |  |
| C01  |  |  |  |  |  |  |  | C02  |  |  |  | C03  |          |  |  | C04  |  | C05   |               |  | C06  |  | C07  |  | C08  |  |
| 1 2 3 4 5 6  |  |  |  |  |  |  |  | 1 2 3 4 5 6 7  |  |  |  |  |          |  |  |  |  |   |               |  |  |  |  |  |  |  |
| Does your household own the following? (More than one answer acceptable and write down the number of items in the box)<br>Televisions<br>Refrigerators<br>Cars<br>Motor-bikes<br>Bicycles<br>Radios<br>Telephones<br>None  |  |  |  |  |  |  |  | Has this household ever changed the usual district of residence?<br><br>Yes<br>No  |  |  |  | If Yes in which district/locality was the last district of residence?<br><br><i>Use District/Locality Code as applicable</i> |          | If _____ has _____ that was _____ in reason of _____ g<br>this household been in the present district of residence? (in years) |  |  | or changing to the present district of residence?<br>Job transfer<br>Found a job<br>Looking for job<br>Looking for better agricultural land<br>Schooling/training<br>Other (specify) |   |               | <b>What is _____ n activity fro _____ h the household derived its income during the last 12 months?</b><br>Regular wage employment<br>Self-employment (agricultural)<br>Self-employment (non-agricultural)<br>Agricultural labour<br>Other casual labour<br>Pensions, Dividends, interest , etc<br>Other (specify) |  |  |  |  |  |  |
| C09  |  |  |  |  |  |  |  | C10  |  |  |  | C11  |          | C12  |  |  | C13  |   | C14           |  |  |  |  |  |  |  |
| 1 2 3 4 5 6 7 8  |  |  |  |  |  |  |  | 1 2  |  |  |  |  |          |  |  |  | 1 2 3 4 5 6  |   | 1 2 3 4 5 6 7 |  |  |  |  |  |  |  |
| <b>What is the total estimated household income?</b>   |  |  |  |  |  |  |  | <b>What is the total monthly household ex</b>  |  |  |  |  |          |  |  |  |  |   |               |  |  |  |  |  |  |  |
| C15  |  |  |  |  |  |  |  | C16  |  |  |  |  |          |  |  |  |  |   |               |  |  |  |  |  |  |  |
| In Cash<br>MK _____  |  |  |  |  |  |  |  | Direct In cash   |  |  |  |  | MK _____ |  |  |  |  |   |               |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | Indirect through production for own consumption  |  |  |  |  | MK _____ |  |  |  |  |   |               |  |  |  |  |  |  |  |

| PART D   | Household Socio-Economic Status  |   |  |
|--|--|---|--|
| <p><b>Has the household faced any of the following economic shocks in the last two years? (Multiple Answers)</b></p>   | <p><b>If Code 1 to 5 and 7 in D01, how did the household respond to this situation? (Up to 3 answers accepted)</b></p> <p><i>Code 1 to 3 &gt;&gt;&gt; Go to D02</i></p> <p><i>Code 4 to 5 &gt;&gt;Go to D04</i></p> <p><i>Code 6 &gt;&gt; Go to D05</i></p> <p><i>Code 7 to 10 &gt;&gt; Go to Part E</i></p>   | <p><b>If Code 1 to 3 in D02, what is the repayment arrangement?</b></p>   | <p><b>If you are providing labour to the creditor, are children also involved?</b></p> |
| D01  | D02  | D03   | D04  |
| <p><b>Death of a household member/income earner</b><br/>           Illness/injuries that prevented person from usual work<br/>           Crop failure<br/>           Flood or drought<br/>           Loss or destruction of property<br/>           None<br/> <b>7. Other (Specify)_____</b></p> | <p><b>Borrowed money from bank or other institutions</b><br/>           Borrowed money from friend/relatives<br/>           Borrowed money from non-relatives<br/>           Sending children to work and continue school<br/>           Sending children to work and stopped school<br/>           Took children away from school as could not afford<br/>           Increased used of children in household work<br/>           Selling property<br/>           Reduce household expenditures<br/>           Other (specify)</p> | <p><b>Charity (no repayment)</b><br/>           Raise the money from own sources and pay within agreed period.<br/>           Provide direct labour for specified period<br/>           Other (specify)</p> | <p>Yes, all the time<br/>           Yes, only in their free time<br/>           No</p> |
| 1 2 3 4 5 6 7  | 1 2 3 4 5 6 7 8 9 10   | 1 2 3 4   | 1 2 3  |
| D05  |  |   |  |
| <p><b>If children were withdrawn from school do you intend to send them back after situation improves?</b></p> <p>Yes<br/>           No<br/>           Do not know</p>   | <p><b>END OF INTERVIEW WITH HEAD OF THE HOUSEHOLD</b></p>  |   |  |
| 1 2 3  |  |   |  |

**PART E: INTERVIEW WITH CHILDREN**

**(It may be advisable to talk to children aged 5-10 in the presence of their mothers or elder sister)**

| Section III                        |   | Activity Status of all Household Members (5 -17years) in the last twelve months  |   |  |  |  |  |  |   |       |
|------------------------------------|---|--|---|--|--|--|--|--|---|-------|
| Person Number (same as Section II) | During the last twelve month has name work for salary, account (consultancy) or any paid work for someone else?<br><br>1 Yes worked for Salary/wage>>Go ToE03<br>2 Yes worked on account Go to E03<br>3. Yes worked for someone elseE03<br>4. No<br>If N/A circle 7 | At any time during the last 12 months, did (NAME) do any family work (on farm or in a business)?<br><br>Yes, worked for someone else<br>2. Yes, worked in family farm or business<br>No>> Go to E09<br>If N/A circle 7 | Describe briefly the main type of work that (NAME) did In the last twelve months?<br><br>USE LIST OF ACTIVITIES CODES BELOW E.G. HARVESTING MAIZE, MINING, CONSTRUCTION, BAKERY IN ACCORDANCE TO THE INTERNATIONAL STANDARD CLASSIFICATION OF INDUSTRY (ISIC)<br><br>PUT 9997 for N/A | What was the total duration, in months, during which (NAME) was engaged in these activities?<br><br>N/A=97 | What was (NAME) employment status in the last twelve months?<br><br>Regular paid employee<br>Casual paid employee<br>Paid worker at piece rate<br>Domestic paid worker<br>Domestic unpaid worker<br>Operated own business<br>Unpaid family worker<br>Other (specify)<br><br>N/A=97 | Where did (NAME) carry out the work in the last twelve months?<br><br>At his/her family dwelling<br>Employer's house<br>On the street<br>Shop/Market/Kiosk<br>Industry/factory<br>Plantation/farm/garden<br>7. Family's Farm<br>8. Construction/ Quarrying sites<br>9. Other (Specify)<br><br>N/A=97 | How long has (Name) been doing this work? (in years)<br><br>N/A=97 | When did (Name) perform this work?<br>Permanent (fulltime)<br>Temporary (part-time)<br>Seasonal when labour is required and outside school time.<br>Seasonal regardless of school term<br>Only during school vacation<br>After school hours<br>.<br>7. Other (specify)<br><br>N/A=97 | Did (Name) help with household chores such as cooking, shopping, cleaning, washing clothes, fetching water, etc. in the last twelve months?<br>Yes<br>No<br>I do not know |       |
| Code                               | E01   | E02  | E03   | CODE   | E04  | E05  | E06  | E07  | E08   | E09   |
| 1                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 2                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 3                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 4                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 5                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 6                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 7                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 8                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 9                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |
| 0                                  | 1 2 3 4 7   | 1 2 3 7  |   |  |  |  |  |  |   | 1 2 3 |

| Section IV                         |   | Activity Status of all Household Members (5-17 years) in the last twelve months  |   |      |   |   |  |   |   |
|------------------------------------|---|--|---|------|---|---|--|---|---|
| Person Number (same as Section II) | How many months (NAME) engaged in the work in the last twelve months? | Where did (NAME) carry out the work?   | What was (NAME) employment status?  |      | What was (NAME) employment status in the last twelve months?  | Where did (NAME) carry out the work in the last twelve months?  | How long has (Name) been doing this work? (in years)           | When did (Name) perform this work in the last twelve months?  | Are you involved in any other family work twelve months (on farm or business)?    |
|                                    | THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97        | At his/her family dwelling<br>Employer's house<br>On the street<br>Shop/Market/Kio-sk<br>Industry/factory<br>Plantation/farm/garden<br>Construction/Quarrying sites<br>Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | 1.Regular paid employee<br>2.Casual paid employee<br>3.Paid worker at piece rate<br>4.Domestic paid worker<br>5.Domestic unpaid worker<br>6.Operate own business<br>7.Unpaid family work<br>8.Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 |      | 1.Regular paid employee<br>2.Casual paid employee<br>3.Paid worker at piece rate<br>4.Domestic paid worker<br>5.Domestic unpaid worker<br>6.Operated own business<br>7.Unpaid family worker<br>8.Other (specify)<br><br><b>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97</b> | At his/her family dwelling<br>Employer's house<br>On the street<br>Shop/Market/Kiosk<br>Industry/factory<br>Plantation/farm/garden<br>Construction/Quarrying sites<br>Other (Specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | 1. Permanent (fulltime)<br>2. Temporary (part-time)<br>3. Seasonal when labour is required and outside school time.<br>4. Seasonal regardless of school term<br>5. Only during school vacation<br>6. After school hours<br>7. Other (specify)<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS PUT N/A=97 | Yes<br>No<br><br>THOSE THAT DID NOT DO ANY WORK OR LESS THAN 5 YEARS CIRCLE N/A=7 |
|                                    | E10   | E11  | E12   | CODE | E13   | E14   | E15  | E16   | E17   |
| 1                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 2                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 3                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 4                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 5                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 6                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 7                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 8                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 9                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |
| 0                                  | 1 2 3 4 7   | 1 2 3 7  |   |      |   |   |  |   | 1 2 3 7   |

| Section IV                             |   | Current Activity Status of all Household Members (5 year +) during the last 7 days  |  |  |  |      |  |  |  |  |   |   |
|--|---|---|--|--|--|------|--|--|--|--|---|---|
| Person Number (same as in Section III) | During the last seven days has name work for salary, account (consultancy) or any paid work for someone else?<br><br>1 Yes worked for salary/wage>>Go to E22<br>2 Yes worked on account>> Go to E23<br>3. Yes worked for someone else<br>4. No<br><br>CIRCLE 7 IF N/A | Since last (DAY OF THE WEEK), did (NAME) do any family work (on farm or in a business)?<br><br>Yes did family work for business Go to E22<br>2. Yes, worked for family farm >>Go to E22<br>No.<br>CIRCLE 7 IF N/A | During the last seven days has (NAME) not even worked for one hour any of the activities Refer to box below<br><br>1 Yes >> Go to E22<br>No<br>CIRCLE 7 IF N/A | Did (NAME) have a job or enterprise or an attachment to a job such as a business, farm, or shop where s/he is temporarily absent?<br><br>1 Yes<br>2. No >>Go to E30<br>CIRCLE 7 IF N/A | Describe briefly the main type of work that (NAME) did?<br><br>CIRCLE 7 IF N/A | Code |  |  | Since last (DAY OF THE WEEK) how many hours did (NAME) do this work?<br><br>PLEASE REPORT HOURS PER WEEK<br><br>PUT 7 IF N/A | How many days of the reference week, was (NAME) engaged in the work?<br><br>PUT 7 IF N/A | What was (NAME) employment status?<br><br>1.Regular paid employee<br>2.Casual paid employee<br>3.Paid worker at piece rate<br>4.Domestic paid worker<br>5.Domestic unpaid worker<br>6.Operate own business<br>7.Unpaid family work<br>8.Other (specify)<br><br>CIRCLE 97 IF N/A | Where did (NAME) carry out the work?<br><br>1.At his/her family dwelling<br>2.Employer's house<br>3.On the street<br>4.Shop/Market/Kiosk<br>5.Industry/factory<br>6.Plantation/farm/garden<br>7.Construction/Quarrying sites<br>8.Other (specify)<br><br>CIRCLE 97 IF N/A |
|  | E18   | E19   | E20  | E21  | E22  | Code |  |  | E23  | E24  | E25   | E26   |
| 1                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 2                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 3                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 4                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 5                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 6                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 7                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 8                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 9                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |
| 0                                      | 1 2 3 4 7   | 1 2 3 7   | 1 2 7  | 1 2 7  |  |      |  |  |  |  | 1 2 3 4 5 6 7 8 97  | 1 2 3 4 5 6 7 8 97  |

| Current Activity Status of all Children (5-17 years) in the last twelve months Cont... |   |  |   |  |  |   |   |
|--|---|--|---|--|--|---|---|
| on III   |   |  |   |  |  |   |   |
|  | <b>When did (NAME) perform this work in the last seven days?</b><br>1. Permanent (full time)<br>2. Temporary (part time)<br>3. Seasonal when labour is required and outside school.<br>4. Seasonal regardless of school term.<br>5. Only during school vacation.<br>6. After school hours<br>7. Other (specify)<br>CIRCLE 97 IF N/A<br>DK=8 | <b>Are you involved in any other family work (on farm or business)?</b><br><br>1. Yes<br><br>2. No >>Go to E30 | <b>How many hours did (NAME) spend on this job per day during the reference week?</b><br><br>CIRCLE 97 IF NOT N/A | <b>HOUSE KEEPING ACTIVITIES</b>  |  |   |   |
|  |   |  |   | Since last (DAY OF WEEK), did you help with household chores such as cooking, shopping, cleaning, washing clothes, etc.?<br><br>1. Yes<br><br>2. No >Go to B67 | <b>How many days since last (DAY OF WEEK) were you engaged in these activities?</b><br><br>CIRCLE 97 IF N/A<br>DK=98 | <b>What is the actual number of hours spent on these activities per day for the reference week?</b><br><br>CIRCLE 97 IF N/A | When do you carry out these activities?<br><br>During the day<br>Day and evening<br>After school<br>Before School<br>Before and After School<br><br>For N/A circle 97 |
|  | E27   | E28  | E29   | E30  | E31  | E32   | E33   |
| 1  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 2  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 3  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 4  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 5  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 6  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 7  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 8  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 9  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |
| 0  | 1 2 3 4 5 6 7 8 97  | 1 2  | 1 2 3 4 5 6 7 8 9 10 11 97  | 1 2  | 1 2 3 4 5 6 7 97   | 1 2 3 4 5 6 7 97  | 1 2 3 4 5 7 8 97  |

| Section IV   | Earnings and Mode of Payment (Paid Employees ONLY) |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Transfer Person<br>Numbers of all<br>Children aged<br>5-17 years who<br>reported as paid<br>employees in<br><b>E01</b> | <b>What is the mode of payment?</b>                | <b>What was the amount paid to you for the last pay period?</b> | Did you get payment in-kind in the form of the following?<br><br>Food<br>Cloth<br>Shelter<br>Transport | Do you give part or all your earnings to your parents/ guardians or other relatives?<br><br>Yes, all directly through employer<br>Yes, all by myself<br>Yes, part through the employer<br>Yes, part by self<br>No.>> <b>Go to E40</b><br><br>CIRCLE 7 IF N/A | <b>How did you spend your earnings?</b><br><br>Paid my school fees<br>Bought school needs<br>Bought household needs<br>Met personal needs<br>Met brothers/sisters needs<br>Saved part of it<br><br>CIRCLE 7 IF N/A | If you save part or all earnings, what was the main reason?<br><br>Do not save any earnings<br>Start own business<br>Go to school<br>Learn a trade<br>Buy something better for self<br>Other (specify) |
|  | E34  | E35   | E36  | E37  | E38  | E39  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |
|  | 1 2 3 4 5 6  |   | 1 2 3 4  | 1 2 3 4 5 6 7  | 1 2 3 4 5 6  | 1 2 3 4 5 7  |

**Section V**

**Health and safety Issues about All Children (10-17)**

| Transfer Person Number of all children aged 5-17. | Have you fallen ill in the last 12 months? | How often were you ill in the last twelve months?                                  | How serious was the most illness that you suffered in the last twelve months?  | Recalling the most recent sickness in last twelve months, what were you doing? Describe the activity. |      |  |  |  |
|---|--|--|--|---|------|--|--|--|
|   | Yes<br>No >> <b>Go to E44</b>              | Never<br>Once to twice<br>3 to 5 times<br>More than 5 times<br><br>CIRCLE 7 IF N/A | 1 Not serious and did not need medical treatment<br>2 Hospitalised<br>3 Permanently disabled<br>4 Prevented from work permanently<br>5 Stopped work temporarily<br>6 Changed jobs<br>7 Stopped schooling temporarily<br>8 Prevented from schooling permanently<br>9 Other (specify)<br><br>FOR N/A CIRCLE 97 | USE ISCO CODES WHEN YOU CAN!<br><br>FOR N/A PUT 9997  |      |  |  |  |
|   | E40  | E41  | E42  | E43   | Code |  |  |  |
| 1   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 2   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 3   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 4   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 5   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 6   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 7   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 8   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 9   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |
| 0   | 1 2  | 1 2 3 4 7  | 1 2 3 4 5 6 7 8 9 97   |   |      |  |  |  |

| Section V   |  | Health and safety Issues about All Children (5-17)  |   |   |  |  |  |  |   |           |
|---|--|---|---|---|--|--|--|--|---|-----------|
| Transfer Person Number of all children aged 5-17. | Have you been injured in the last 12 months?<br>1. Yes<br>2. No >>ToE51<br>CIRCLE 7 IF N/A | How often were you injured?<br>1. Frequently<br>2. Seldom<br>3. Rarely<br>4. Cannot remember<br><br>CIRCLE 7 IF N/A | How serious was the most recent injury that you suffered in the last twelve months?<br>1. Not serious and did not need medical treatment<br>2. Hospitalised<br>3. Permanently disabled<br>4. Prevented from work permanently<br>5. Stopped work temporarily<br>6. Changed jobs<br>7. Stopped schooling temporarily<br>8. Prevented from schooling permanently<br>9. Other (specify)<br><br>CIRCLE 97 IF N/A | Recalling the most recent injury or sickness, what was (NAME) doing? Describe the activity.<br><br>CIRCLE 9997 IF N/A | Do you often have to carry heavy physical work?<br><br>Always/often<br>Sometimes<br>Selfdom/Rare |  |  | Have you ever operated machine/equipment in any activity you are involved?<br><br>Yes<br>No<br>I cannot recall | Are you exposed to any hazardous matter when working or carrying out your activities, and what form of hazards?<br><br>1. None<br>2. Dust, fumes, gas (oxygen, ammonia)<br>3. Noise<br>4. Temperature/humidity<br>5. Radiation<br>6. Parasites (e.g. drinking water infected with amoeba) |           |
|   | E44  | E45   | B46   | E47   | Code   |  |  | E48  | E49   | E50       |
| 1   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 2   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 3   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 4   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 5   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 6   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 7   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 8   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 9   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |
| 0   | 1 2 3 7  | 1 2 3 4 7   | 1 2 3 4 5 6 7 8 97  |   |  |  |  | 1 2 3  | 1 2 3   | 1 2 3 4 5 |

| Section VI   | Future Intentions of All Children (5-17)   |   |   |   |   |   |   |   |   |    |  |   |   |   |   |   |   |   |   |    |                  |
|--|--|---|---|---|---|---|---|---|---|----|--|---|---|---|---|---|---|---|---|----|------------------|
| Transfer Person Number of children aged 5-17 begin with those reported working and then non-working ones | NOW  |   |   |   |   |   |   |   |   |    | IN FUTURE (5 YEARS)  |   |   |   |   |   |   |   |   |    |                  |
|  | Go to school<br>Work for income full-time<br>Help full-time in household enterprise<br>Work full-time in household chores<br>Go to school part-time and work part-time<br>Part-time household enterprise or business<br>Part-time household chores<br>Complete education/training and start work<br>Learn a trade/skill<br>I do not know |   |   |   |   |   |   |   |   |    | Go to school<br>Work for income full-time<br>Help full-time in household enterprise<br>Work full-time in household chores<br>Go to school part-time and work part-time<br>Part-time household enterprise or business<br>Part-time household chores<br>Complete education/training and start work<br>Learn a trade/skill<br>I do not know |   |   |   |   |   |   |   |   |    |                  |
|  | E51  |   |   |   |   |   |   |   |   |    | E52  |   |   |   |   |   |   |   |   |    |                  |
| Working Children   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
| Non-working Children   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | END OF INTERVIEW |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |
|  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                  |

**Strictly confidential**

NATIONAL STATISTICAL OFFICE

**Questionnaire no...**

**NATIONAL CHILD LABOUR SURVEY-STREET KIDS QUESTIONNAIRE**

Conducted jointly by National Statistical Office and Ministry of Labour and Vocational Training. This survey is being conducted under the authority of 1967 ACT.

**INSTRUCTIONS: Fill out every questions and where not applicable use code 99**

|  |
|--|
|  |
|--|

PART A

|               |
|---------------|
| C 1. District |
|---------------|

C 2. Location

|   |                 |                 |         |          |  |
|---|-----------------|-----------------|---------|----------|--|
| <p>C 3 . Interview status</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Accepted</td> <td style="width: 50%;">3.Not turned up</td> </tr> <tr> <td>Refusal</td> <td>4. Other</td> </tr> </table> | Accepted        | 3.Not turned up | Refusal | 4. Other |  |
| Accepted  | 3.Not turned up |                 |         |          |  |
| Refusal   | 4. Other        |                 |         |          |  |

|  |  |
|--|--|
| <p>C 4. Data collection</p> <p>Interviewer's name.....Date...../...../.....</p> <p>Time started.....Hrs. Time ended.....HRS</p> <p>Supervisor's name.....</p> <p>Date checked...../...../.....</p> |  |
|--|--|

|   | <b>SECTION1.SOCIAL AND DEMOGRAPHIC CHARACTERISTICS</b>     |  |
|---|--|--|
| 1 | What is your name?.....                                    |  |
| 2 | How old are you ?.....(in complete years)                  |  |
| 3 | Sex<br>1.Male 2.Female                                     |  |
| 4 | How many children are there in your nuclear family?        |  |
| 5 | How many children from your family are in the street?..... |  |
| 6 | Position of the child in the family?                       |  |
| 7 | Are any of your parent(s) alive?                           |  |

|    |   |   |
|----|---|---|
| 8  | What is the mother doing?<br>working<br>Unemployed but able to work<br>Disabled and can not work<br>Begging<br>Living alone                           |   |
| 9  | What is father doing<br>working<br>Unemployed but able to work<br>Disabled and can not work<br>Begging<br>Living alone                                |   |
| 10 | Where do you parent(s) guardian live?<br>Same location with me<br>within the town<br>same region<br>Another region<br>outside Malawi<br>on the street |   |
| 11 | Whom were you living with before going to the street?<br>Alone<br>Father<br>Mother<br>Mother and step father  | 5.Step father<br>6.Both parents<br>7.Relatives<br>8.Father and step mother<br>9.Step mother |



**Section II: School attendance**

|     |   |     |
|-----|---|-----|
| 18  | Have you ever been to school?<br>1. Yes<br>2. No _____ →  | Q22 |
| 19  | Are you attending school now?<br>Yes<br>No. _____ →   | Q22 |
| 20. | Did you go to school last week ?<br>1. Yes<br>2.No. _____ →   | Q22 |
| 21  | For how many days did you miss school last week?<br>1. One day 5. Five days<br>2. Two days<br>3. Three days<br>4. Four days |     |

### Section III: Working Conditions

|     |  |       |
|-----|--|-------|
| 22. | Have you work before?<br>Yes<br>No   |       |
| 23. | Are you working now?<br>yes<br>No.   |       |
| 24. | What were you actually doing last week?<br>Household chores<br>Self-employment<br>looking for paid work<br>Unpaid job (on training)<br>Begging | → Q34 |
| 25. | When did you start working for the first time?<br>1.1-3 months<br>2.4-6 monhs<br>7-12 months<br>13 months or more                              |       |
| 26. | How is the environment of your working place?<br>Crowded<br>Poor ventilation<br>Poor lighting<br>All above<br>Other specify                    |       |
| 27. | Do you think you are receiving equal pay with adults on similar jobs?<br><br>1.Yes<br>2.No<br>3.I do not know                                  |       |
| 28. | Can you explain by giving an example to Q27?   |       |
| 29. | What is the nature of your job (Occupation)  |       |

|     |   |  |
|-----|---|--|
| 30. | How many days did you work during the past week?  |  |
| 31. | How many hours per day?   |  |
| 32. | How are you paid?<br>Piece rate      5. Fortnightly<br>Hourly rate    6..Monthly<br>Daily<br>Weekly                                       |  |
| 33. | What was the a mount paid to you last pay period?<br>1.Cash.....<br>2.Food<br>3.Cloth<br>4.Shelter<br>5.Transport<br>6.Other              |  |
| 34. | Do you save any part oof your earnings?<br>Yes, regularly<br>Yes, occasionally<br>No.   |  |
| 35. | What is the main reason for saving ?<br>1.Start own business<br>2.Go to school<br>3.Learn trade<br>4.Travel abroad<br>5. Other            |  |
| 36. | How do you spend your money?<br>Give it all to parents or guardian<br>Spend it as I wish<br>Give part of it to parents /guardian<br>Other |  |

### Section IV: Health and safety

|     |  |       |
|-----|--|-------|
| 37. | Did you ever fall sick in the last twelve months?<br>1. Yes<br>2. No _____   | → Q43 |
| 38. | Where were you sick?<br>Home not working<br>Home at work<br>Work place away from home<br>School<br>Other   |       |
| 39. | How serious was the recent sickness?<br>1.Prevented from work permanently    5.Changed jobs<br>2.Stopped work temporarily                6.Stopped schooling<br>3.Did not need medical treatment        7.Not seriously<br>4.Hospitalised  |       |
| 40. | How often did you get ill?   |       |
| 41. | What was the nature of your most serious illness?<br>1.Skin disease (skin allergy, eczema, etc)<br>2.Body aches<br>3.Eye strain eye sight impairment<br>4.Hearing impairment<br>5.Respiratory (e.g. Asthma, TB, Pneumonia etc)<br>6.Gastro intestinal (Ulcer,)   |       |
| 42. | Which treatment did you receive?<br>First aid    5.Herbal<br>Self medication                                    6.Spiritual healer<br>Doctor/nurse                                        7.Fetish/Witch doctor<br>Chemist/drug store                                8. None |       |
| 43. | Did you ever get injured in the last twelve months?<br>1. Yes<br>2. No _____   | → Q49 |

|     |   |       |
|-----|---|-------|
| 44. | Where were you injured?<br>Home not working<br>Home at work<br>Work place away from home<br>School<br>Other   |       |
| 45. | How serious was the recent injury?<br>1.Prevented from work permanently 5.Changed jobs<br>2.Stopped work temporarily 6.Stopped schooling<br>3.Did not need medical treatment 7.Not seriously<br>4.Hospitalised            |       |
| 46. | How often did you get injured?  |       |
| 47. | What was the nature of your most serious injury?<br>1.Contusions,bruises,haematoma,abrasion<br>2.Cuts /Wounds/Punctures<br>3.Amputation,loss of body parts<br>4.Crushing injuries<br>5.Dislocations,fractures and sprains |       |
| 48. | Which treatment did you receive?<br>First aid 5.Herbal<br>Self medication 6.Spiritual healer<br>Doctor/nurse 7.Fetish/Witch doctor<br>Chemist/drug store 8. None  |       |
| 49  | How often did you do heavy work ?<br>1.Always<br>2.Sometimes<br>3.Seldom/never  |       |
| 50  | Have you ever operated any machine/equipment in your work ?<br>1.Always<br>2.Sometimes<br>3.never   | → Q54 |
| 51. | Which ones ?<br>1.power press other hydraulic pressure<br>2.Milling machine used in metal trades<br>3.Circular saw<br>4.Plate printing machine<br>5. Other  |       |

## SECTION IV: Health and Safety

|            |  |                                     |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
|------------|--|-------------------------------------|----------------------|----------|---------|---------|--------------------------|------------|-------------------------|-------------------------|----------|-------------|-------------------------------------|--|----------------|--------------------------|--|-----------------------|--|--|
| 52.        | What protective gear do you use to protect yourself in your work place?<br>Safety helmet/hair caps<br>Goggles/Spectacles<br>Glove<br>Ear plug and Ear muffs<br>Safety shoes/boots<br>Respiratory<br>Face shield<br>Overall/ apron<br>Protective clothing<br>. Life vest  |                                     |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 53.        | if you use any of the above who provides them?<br>1.Employer<br>2.Parent<br>3.Self<br>4.Other  |                                     |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 54.        | Do your job expose you to hazardous environment?<br>Yes<br>No. _____   | → <b>Q56</b>                        |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 55.        | What exactly are you exposed to?<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Biological</td> <td style="width: 33%;">Physical environment</td> <td style="width: 33%;">Chemical</td> </tr> <tr> <td>1.Viral</td> <td>4.Noise</td> <td>9. Dust(Silica, sawdust)</td> </tr> <tr> <td>2.Bacteria</td> <td>5. Temperature/humidity</td> <td>10.Liquid(Oil ,mercury)</td> </tr> <tr> <td>3.Fungal</td> <td>6. Pressure</td> <td>11.Mists/fumes(paint, insecticides)</td> </tr> <tr> <td></td> <td>7.illumination</td> <td>12.Gas (oxygen, Ammonia)</td> </tr> <tr> <td></td> <td>8.Radiation/Microwave</td> <td></td> </tr> </table> | Biological                          | Physical environment | Chemical | 1.Viral | 4.Noise | 9. Dust(Silica, sawdust) | 2.Bacteria | 5. Temperature/humidity | 10.Liquid(Oil ,mercury) | 3.Fungal | 6. Pressure | 11.Mists/fumes(paint, insecticides) |  | 7.illumination | 12.Gas (oxygen, Ammonia) |  | 8.Radiation/Microwave |  |  |
| Biological | Physical environment   | Chemical                            |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 1.Viral    | 4.Noise  | 9. Dust(Silica, sawdust)            |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 2.Bacteria | 5. Temperature/humidity  | 10.Liquid(Oil ,mercury)             |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
| 3.Fungal   | 6. Pressure  | 11.Mists/fumes(paint, insecticides) |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
|            | 7.illumination   | 12.Gas (oxygen, Ammonia)            |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |
|            | 8.Radiation/Microwave  |                                     |                      |          |         |         |                          |            |                         |                         |          |             |                                     |  |                |                          |  |                       |  |  |

|     |   |            |
|-----|---|------------|
| 56. | Do you know any friends who use illicit drugs?<br>1.Yes<br>2.No   | <b>Q60</b> |
| 57. | What type of illicit drugs ?<br>marijuana<br>Mandrax<br>Other   |            |
| 58. | Why do you think they take drugs?<br>1.Peer pressure<br>2.To get high<br>3.To forget pressing problems<br>4.Other                                   |            |
| 59. | Do you know who normally supplies the drugs?<br>1.Bigger boys<br>2.Petrol attendants<br>Charcoal sellers<br>Curios vendors<br>Ordinary folks<br>No. |            |
| 60. | Do you take alcohol?<br>1.Yes<br>2.No   |            |

## Section V: STIs and HIV Awareness

|     |   |     |
|-----|---|-----|
| 61. | Have you heard about sexual transmitted diseases?<br>Yes<br>No.   |     |
| 62. | Have you heard HIV/AIDS?<br>1.Yes<br>2.No.  | Q64 |
| 63. | Do you know modes of HIV/AID transmission?<br>1Blood transfusion<br>2.Un protected sex<br>3.Mother to child<br>4. No          |     |
| 64. | Do you have a boyfriend /girl friend?<br>Yes<br>No.   |     |

**Section VII: Problems Faced by street kids and Government interventions**

|     |  |  |
|-----|--|--|
| 65. | What is your worst moment on the Street?<br>1.Harassment from the police<br>2.Harassment from bigger children<br>3.Harassment from public<br>4.Other   |  |
| 66. | Have you ever been to rehabilitation Centres for street children?<br>Yes<br>No.  |  |
| 67. | Which ones ?   |  |
| 68. | Would you prefer to be at a rehabilitation Centre?<br>1.Yes<br>2.No.   |  |
| 69. | How can government or NGOs help to get you off street?   |  |
| 70. | If given a chance, what would you like to do now and in future?<br>1.Go to school full time      5. Go to school part time and work part time<br>2.Work for income full time    6.Part time in family business<br>3.Help full time in family business 7.Prt time in housekeeping activities<br>4.Work full time in housekeeping activities 8.Learn trade |  |
| 71. | What type of support will need?  |  |

CHILDPROSTITUTION SURVEYFOR USE WITH ADULT TARGET GROUP AGED 10-17

- 001 QUESTIONNAIRE IDENTIFICATION NUMBER
- 002 CITY\_\_\_\_\_ (provide locally appropriate category)
- 003 REGION\_\_\_\_\_ (provide locally appropriate category)
- 004 SITE\_\_\_\_\_ (provide locally appropriate category)

**Introduction:** My name is .....I haven been approached by **NATIONAL STATISTICAL OFFICE** to participate in Child Prostitution Survey We are interviewing young people between the ages of 10 to 17 years in ..... in order to find out living conditions of child sex workers. Apart from participating in this survey in this, I am also a representative of a network of NGOs in ..... whose main aim is to check child trafficking as well as to provide counseling to the youth that are involved in prostitution and it is my duty to know each and every person in ..... who is involved in sex work so that we can work together in designing programmes that could help in combating child prostitution .

I am going to ask you some very personal questions that, I know you will find it embarrassing to answer.However,your honest answers to these questions will help us better understand what people think, say and do about certain behaviour. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any information you tell me. We would greatly appreciate your help in responding to This survey. The interview will take about 60 minutes.

**Interview**

|        |  |
|--------|--|
| DATE   | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| RESULT | <input type="text"/> <input type="text"/> <input type="text"/>     |

RESULTS CODE: COMPLETED: 01;REFUSED 02; PARTIALLY COMPLETED 03;

CHECKED BY SUPERVISOR: Signature

DATE / /

| No: | QUESTIONS AND FILTERS   | CODING CATEGORIES   | OPTIONS  | SKIP TO |
|-----|---|---|--|---------|
| Q1. | In what month and year were you born?   | Month<br>Don't Know month<br>No response<br>Year<br>Don't Know month<br>No response   | <input type="text"/><br>98<br>99<br><input type="text"/><br>98<br>99 |         |
| Q2  | How old were you at your last birthday?<br><br><b>COMPARE AND CORRECT QUESTION ONE IF NEED BE</b> | Age in completed years<br>Don't Know<br>No response<br>ESTIMATE BEST ANSWER   | <input type="text"/><br>98<br>99                                     |         |
| Q3  | Sex   | Male--01<br>Female--02  | <input type="text"/><br><input type="text"/>                         |         |
| Q4  | How many children are in your family?   | Number  | <input type="text"/>   |         |
| Q5  | How many children in your family are involved in prostitution?                                    | Number  | <input type="text"/>   |         |
| Q6  | What position are you in your family?   | Number  | <input type="text"/>   |         |
| Q7  | Are you supporting any one?<br><b>(Not friends but some one related to him/her)</b>               | Brother/sisters...01<br>Children...02<br>Parents...03<br>Others...04<br>No...05   | <input type="text"/><br>→  | Q9      |
| Q8  | How many people are you supporting  | Number  | <input type="text"/>   |         |
| Q9  | Where do your parents live?<br><b>(Please probe whereabouts of both parents)</b>                  | Yes, both are alive --01<br>No, mother is alive---02<br>No, father is alive---03<br>Don't Know, where father is--04<br>Don't know where mother is-05<br>No both died--06                          | 1111<br><input type="text"/><br>→                                    | Q11     |
| Q10 | Are your parents still married?   | Yes---01<br>No---02   | <input type="text"/>   |         |
| Q11 | What is/are the parent(s) doing at present?   | Father working-----01<br>Father unemployed but able to work--02<br>Father disabled and unable to work---03<br>Mother working....04<br>House wife---05<br>Mother disabled and unable to work....06 | <input type="text"/>   |         |
| Q12 | Where does your next nearest parent live at present?  | Same location with me....01<br>Within town....02<br>Same region...03  | <input type="text"/>   |         |

|     |   |   |  |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|--|
|     |   | Another region...04<br>Outside Malawi...05  |  |  |  |  |  |  |  |  |
| Q13 | Where were you born?  | same location am living.01<br>Same town...02<br>Same region...03<br>Another region.04<br>Outside...05   | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q14 | Where did you starting earn a living as a sex worker?                                   | same location am living.01<br>Same town...02<br>Same region...03<br>Another region.04<br>Outside...05   | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q15 | How long have you lived here?<br><b>(NAME THE COMUNITY/TOWN/NEIGHB OURHOOD/VILLAGE)</b> | Number  | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q16 | Where else did you go before coming to this community?                                  | Write the areas mentioned   |  |  |  |  |  |  |  |  |
| Q17 | What were you doing just before start working as sex worker?                            | School...01<br>Business...02<br>Employed....03<br>Unemployed...04<br>Married....05  | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q18 | What happened to you so that you started working as a sex worker?                       | Duped by some one who was offering me an honest job which turn out be sex work...01<br>Join group of friends who were working as sex workers...02<br>Divorce...03<br>Death of Guardian.04 | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q19 | For how long have you been engaged in sex trade?  | Months<br><br>Years   | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table><br><table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q20 | Who introduced you to sex trade?  | Peer groups...01<br>Father...02<br>Mother....03<br>Mother's boyfriend...04<br>Other relatives...05<br>Alone/myself....06<br>Duped(to be employed as sex Worker..07                        | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q21 | Whom were you living with before starting working as sex worker?                        | Alone...01<br>Father alone.... 02<br>Mother alone...03<br>Both parents...04<br>With friends.... 05<br>Relative...06   | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
| Q22 | Whom do you live with now?  | Alone...01<br>Father alone.... 02<br>Mother alone...03<br>Both parents...04   | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |

|     |   |   |   |            |
|-----|---|---|---|------------|
|     |   | With friends... 05<br>Relative...06   |   |            |
| Q23 | Where do you normally meet your clients?  | Rest house...01<br>At my house...02<br>At night club.03<br>At my friend's place...04  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q24 | Are your parents aware of what you are doing?   | Yes...01<br>No... 02  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q25 | What are their reactions?   | Shocked...01<br>Indifferent...02<br>Encourages me to leave prostitution....03<br>Other (specify)...04                         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q26 | Given a chance will you be willing to go back to them?  | Yes..01<br>No..02   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q27 | Who is responsible for payment of your accommodation?   | Myself...01<br>Myself and a group of friends..02<br>Boy friends/Sugar mummies..03<br>Queen mothers...04                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q28 | Are you a member of an informal (girls or Boys) group?<br><b>(Explain that such kind of groupings are not formally established but they are there to meet certain factions like organizing cooking, Payment of rent or to facilitate as a contacting point with possible clients)</b> | Yes..01<br>No...02  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →      | Q32        |
| Q29 | What is the purpose of your group?  | To organize contributions towards food or accommodation...01<br>To provide a link between the clients and group members ...02 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q30 | How many members are in your group?   |   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q31 | Who is the force behind the group?  | One of our friends..01<br>Nobody...02<br>Owner of rest houses/bar/living quarters...03  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q32 | Are you currently attending school?   | Yes...01<br>No....02<br>Never attended..03  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →<br>→ | Q34<br>Q36 |
| Q33 | In which class are you attending?   | Std 1-4=01<br>Std5-8=2<br>Form1-2 =03<br>Form3-4=04   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q34 | Do you have any intentions to go back to school in future?  | Yes...01<br>No...02   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |
| Q35 | What is the highest level of school attained?   | Std 1-4=1<br>Std5-8=2<br>Form1-2 =3<br>Form3-4=4  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>        |            |

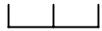
|     |   |   |  |       |
|-----|---|---|--|-------|
| Q36 | Have you got any working experience that you can utilise for a job opening?                                     | Yes..01<br>No...02  | <input type="text"/><br><input type="text"/>                         | → Q38 |
| Q37 | What was your job entailed?   |   | <input type="text"/><br><input type="text"/><br><input type="text"/> |       |
| Q38 | Given a chance what job- skill training would you like to acquire with some assistance from government or NGOs? |   | <input type="text"/><br><input type="text"/>                         |       |
| Q39 | How much do you earn from sex trade per month?  | NUMBER  |  |       |
| Q40 | Do you have a steady boyfriend/ girlfriend?<br><b>(Apart from the men that you pick from time to time)</b>      | Yes...1<br>No...2   | <input type="text"/><br><input type="text"/>                         | → Q44 |
| Q41 | Does the boyfriend/girlfriend responsible for your up keeping?  | Yes..1<br>No..2   | <input type="text"/><br><input type="text"/>                         | → Q43 |
| Q42 | How much does he provide per month?   |   |  |       |
| Q43 | Why don't confined yourself to your boyfriend only?   | Need more money than he gives me..1<br>He knows what I do and he does not mind..2<br>Iam not one-man woman..3 | <input type="text"/><br><input type="text"/>                         |       |
| Q44 | How do clients give money to you?   | Directly thru me..1<br>Indirectly thru bar/living quarters' owner...2<br>indirectly thru friends..3           | <input type="text"/><br><input type="text"/>                         |       |
| Q45 | Are you running any business?   | Yes....1<br>No....2   | <input type="text"/><br><input type="text"/>                         | → Q51 |
| Q46 | What type of business   |   | <input type="text"/><br><input type="text"/><br><input type="text"/> |       |
| Q47 | How much do you earn from the business  | NUMBER  |  |       |
| Q48 | Have you had a chance of accessing a loan from micro financing?   | Yes...1<br>No....2  | <input type="text"/><br><input type="text"/>                         | → Q51 |
| Q49 | How much was the loan?  | NUMBER  |  |       |
| Q50 | What difficulty did you face to re-pay the loan?  |   | <input type="text"/><br><input type="text"/>                         |       |

|   |   |  |  |       |
|---|---|--|--|-------|
| <p>IN THIS SECTION I WOULD LIKE TO ASK YOU FEW QUESTIONS ABOUT USE OF DRUGS AND YOUR KNOWLEDGE ON HIV/ AIDS PANDEMIC. LATER WE WOULD LIKE TO QUESTIONS RELATING TO TOUR SEXUAL BEHAVIOUR .AT THIS MOMENT I WOULD LIKE TO THANK YOU FOR COOPERATION YOU HAVE SHOWN SO FAR.MAY I REMIND YOU THAT THE QUESTIONS I HAVE..(I WILL) ASKED (ASK) YOU WILL NOT BE DILVUGED TO ANY ONE AND THE ANSWERS COLLECTED WILL BE AGREGATED IN A SUCH A WAY THAT THE IDENTITY OF A RESPONDENTS WILL NOT BE REVEALED.SO IAM ASKING YOU TO THINK CAREFULLY BEFORE YOU PROVIDE ANY ANSWER AND PROVIDE ANSWER THAT ARE TRUE.IF YOU ARE IN DOUBT PLEASE MAKE ME REPEAT THE QUESTION.</p> |   |  |  |       |
| Q51   | Do you know any sex worker Who use drugs (Whom you are in close contract)     | Yes a close friend.... 01<br>Yes not so close to me ...02<br>No, I do not know anybody who does...03                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | → Q54 |
| Q52   | Which type of drugs do s/he normally use?                                     | Marijuana...01<br>Madrax...02<br>Other..03   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |
| Q53   | What are some of the reasons they take drugs?                                 | Peer pressure..01<br>To get high...02<br>To forget prombles..03<br>To be bold to cheating clients / or trespassers..04 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |
| Q54   | Do you take alcohol ?   | Yes...1<br>No...2  | →  | → Q61 |
| Q55   | How many bottles of beer would you managed to take in a single night?         | Number   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |
| Q56   | How many clients have you had in the last 30 days?                            | Number<br>00   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | → Q62 |
| Q57   | How many were paying for the Services immediately? Commercials                | <b>Here we are interested in a Commercial partner whom the respondent sold sex.</b>                                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |
| Q58   | The last time you had sex with a commercial-sex partner did you use a condom? | Yes...1<br>No...2  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | → Q62 |
| Q59   | Who decided to use condom?  | Myself ...01<br>My partner..02<br>Joint decision...03<br>Do not know..04<br>No response...09                           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |
| Q60   | <b>How often do you use condom with commercial-sex partners?</b>              | Every time...01<br>Almost every time...02  |  |       |

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|     |  | Sometime...03<br>Do not know..04<br>No response...05  |               |     |
| Q61 | <b>Do you get offers for extra money not to use condom from commercial partners?</b>   | Yes....1<br>NO....2   |               |     |
| Q62 | How many are regular partners that are normally supporting he/her on a continuous basis?<br>Regulars:<br><b>Here we are looking at a more stable relationship that may involve some commitment although the client is aware that his part is involved with men/women on a commercial basis</b> |   | □□□           |     |
| Q63 | The last time you had sex with a regular-sex partner did you use a condom?   | Yes...1<br>No...2   | □□□<br>—————→ | Q65 |
| Q64 | Who decided to use condom with this regular-sex partner?   |   | □□□           |     |
| Q65 | <b>How often do you use condom with this regular-sex partner?</b>  |   |               |     |
| Q66 | Have you ever heard of disease that can be transmitted thru sexual intercourse?  | YES..01<br>N O...02<br>No response..09  | □□□<br>—————→ | Q71 |
| Q67 | <b>Can you describe any symptoms of STDs in women?</b><br>DO NOT READ OUT THE SYMPTOMS<br><b>CIRCLE 1 FOR ALL MENTIONED.</b><br><b>CIRCLE 2 FOR ALL NOT MENTIONED.</b><br><br>MORE THAN ONE ANSWER IS POSSIBLE   | YES NO<br>ABDOMINAL PAIN 01 02<br>GENITAL DISCHARGE 01 02<br>FOUL SMELLING DISCHARGE 01 02<br>BURNING PAIN ON URINATION 01 02<br>GENITAL ULCERS/SORES 01 02<br>SWELLING IN GROIN AREA 01 02<br>ITCHING 01 02<br>OTHER_____ 01 02<br>NO RESPONSE 01 02 | □□□           |     |
| Q68 | <b>Can you describe any symptoms of STDs in women?</b><br>DO NOT READ OUT THE SYMPTOMS<br><b>CIRCLE 1 FOR ALL MENTIONED.</b><br><b>CIRCLE 2 FOR ALL NOT MENTIONED.</b><br><br>MORE THAN ONE ANSWER IS POSSIBLE.  | YES NO<br>GENITAL DISCHARGE 01 02<br>BURNING PAIN ON URINATION 01 02<br>GENITAL ULCERS/SORES 01 02<br>SWELLING IN GROIN AREA 01 02<br>OTHER_____ 01 02<br>NO RESPONSE 01 02   | □□□           |     |
| Q69 | <b>Have you had a genital discharge during the last 12</b>   | YES..01<br>NO..02   |               |     |

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|     | <b>months</b>  | Do not know...03<br>No response..09                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q70 | <b>Have you had a genital ulcer/sole during the past 12 months?</b>  | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q71 | <b>Have you ever heard of HIV or disease called AIDS</b>   | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Q91 |
| Q72 | <b>Do you know anyone who is Infected with HIV or who has died of AIDS</b>   | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q73 | Can people protect themselves from HIV the virus that cause AIDS by using condom correctly every time they have sex? | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q74 | Can a person get HIV from mosquito bites?  | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q75 | <b>Can people protect themselves from HIV by having one uninfected faithful sex partner?</b>                         | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q76 | Can people protect themselves from the HIV virus by abstaining from sexual intercourse?                              | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q77 | Can a person get HIV by sharing a meal with someone Who is infected?   | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q78 | Can a person get HIV by getting injections with a needle that was used by someone else?                              | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q79 | <b>Do you think that a healthy-looking person can be infected With the virus that causes HIV?</b>                    | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q80 | <b>Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn baby?</b>                         | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q81 | <b>What can a pregnant woman do to reduce the risk of transmission to her unborn child?</b>                          | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q82 | <b>Can a woman with HIV or AIDS transmit the virus through her new child through breastfeeding?</b>                  | YES..01<br>NO..02<br>Do not know...03<br>No response..09 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |     |
| Q83 | <b>Is it possible in your community</b>  | YES..01  |  |     |

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|     | <b>for someone to get a confidential test to find out if they are infected with HIV?<br/>BY CONFIDENTIAL, I MEAN NO-ONE WILL KNOW THE RESULTS IF YOU DO NOT WANT THEM TO KNOW IT</b>                                     | NO..02<br>Do not know...03<br>No response..09  |  |     |
| Q84 | <b>I do not want to know the result but have you ever had an HIV test?</b>   | YES..01<br>NO..02<br>Do not know...03<br>No response 09  |  | Q87 |
| Q85 | <b>Please do not tell me the results, but did you find out the result of your test?</b>  | Yes..01<br>No...02   |  |     |
| Q86 | <b>When did you have your most recent HIV test?</b>  | Within the past year..01<br>Between 1-2 years..02<br>Between 2-4 years...03<br>More than 4years ago..04<br>Do not know..05<br>No response...06 |  |     |
| Q87 | <b>During the past month how often have you listened to radio? Would you say..Read out</b>   | Every time ...01<br>Almost every time..02<br>Sometimes...03<br>Never...04<br>Do not know..05<br>No response..06                                |  |     |
| Q88 | <b>During the past month how often have you watched television? Would you say?.Read out</b>  | Every time ...01<br>Almost every time ..02<br>Sometimes...03<br>Never...04<br>Do not know..05<br>No response..06                               |  |     |
| Q89 | <b>In the last 12 months have you watched or heard about HIV messages:<br/>On the radio?<br/>On the television?<br/>In a newspaper or Magazine<br/>On a poster?<br/>On clothing?<br/>In a drama ?<br/>Through music?</b> | Yes No<br>02<br>02<br>02<br>02<br>02<br>02<br>01 02  |  |     |
| Q90 | <b>What is the your main source of information on issues relating to HIV/AIDS?</b>   | Peer educators..01<br>Parents...02<br>Other relatives...03<br>Older sex workers...04<br>Through media.....05                                   |  |     |
| Q91 | <b>Have you ever heard of a female condom?<br/>(Show a sample of one ?)</b>  | YES..01<br>NO..02<br>Do not know...03  |  |     |

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|     |  | No response 09  |   |     |
| Q92 | <b>Have you ever used a female condom?</b>   | YES..01<br>NO..02<br>Do not know...03<br>No response 09   |    | Q96 |
| Q93 | <b>Can you give me reasons why you are not using female condoms?</b>   | Not available ..01<br>Too expensive...02<br>Partner objected...03<br>Used other conceptive..04<br>I do not think the female condom is necessary..05<br>other..06<br>Do not know..07<br>No response...08             |    |     |
| Q94 | <b>Do you know any place or person where you can obtain female condoms?</b>  | YES..01<br>NO..02<br>Do not know...03<br>No response 09   |    | Q96 |
| Q95 | <b>Which (other) places or persons know where you can obtain female condoms?</b><br>PROBE AND OBTAIN ALL ANSWER              | Shop..01<br>Pharmacy..02<br>Market..03<br>Clinic..04<br>Public Hospital..05<br>Family planning Centre..06<br>Bar/guest house/hotel..07<br>Peer edeucator/outreach..08<br>Friend..09<br>Other..10<br>No response..99 |    |     |
| Q96 | <b>What type of programmes should the government and NGOs put in place to stop young people from working as sex workers?</b> |   |  |     |