



Health Results Based Financing Impact Evaluation

Lesotho

2015

IDENTIFIER	
CENSUS AREA NUMBER	HOUSEHOLD NUMBER

HOUSEHOLD QUESTIONNAIRE

GEOGRAPHICAL LOCATION										
District			Village			Health Center				
GPS COORDINATES OF DWELLING										
LATITUDE (NORTH):						ALTITUDE (METERS):				
LONGITUDE (EAST):										
INTERVIEWER AND VISITS						LANGUAGE USED				
NAME: _____ CODE: <input type="text"/>						...BY THE INTERVIEWER? <input type="text"/> ... BY THE RESPONDENT? <input type="text"/>				
VISIT # 1: DAY MONTH YEAR						RESULT OF THE INTERVIEW: <input type="text"/>				
VISIT # 2: DAY MONTH YEAR						INTERVIEW DONE 01				
						PARTIALLY COMPLETED 02				
VISIT # 3: DAY MONTH YEAR						REGISTERED PERSON REFUSED INTERVIEW 03				
						HOUSEHOLD MEMBERS NOT PRESENT 04				
						HOUSEHOLD VACATED 05				
						HOUSE ADDRESS NOT FOUND 06				
						HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW 07				
						OTHER, SPECIFY: _____ 96				
SUPERVISOR										
NAME: _____ CODE: <input type="text"/>						DAY MONTH YEAR				
DATA ENTRY OPERATOR										
NAME: _____ CODE: <input type="text"/>						DAY MONTH YEAR				
						CONTROL INFORMATION				
						NUMBER OF HOUSEHOLD MEMBERS <input type="text"/>				

ID CODE	(1.01)	(1.02)	(1.03)		ELIGIBILITY						
	Please give me the names of the persons who live in your household. INTERVIEWER: CONSULT YOUR SUPERVISOR FOR THE DEFINITION OF HOUSEHOLD AND HOUSEHOLD MEMBERS WRITE THE FIRST NAME AND THEN THE SURNAME START THE LIST WITH THE HEAD OF THE HOUSEHOLD	GENDER	COPY AGE FROM (1.12) (IF <5 YEARS OLD, ALSO WRITE DOWN MONTHS)		(1.04) Circle ID of Head of Household	(1.05) Circle ID of Selected Woman 1 (at least one birth or pregnancy in past two years)	(1.06) Circle ID of All Children under 5 years old of Selected Woman 1	(1.07) Circle ID of Selected Woman 2 (adolescent girl aged 14-16 years)	(1.08) Circle ID of All Children under 5 years old of Selected Woman 2		
										MALE	1
										FEMALE	2
	NAME		YEARS	MONTHS							
01					01	01	01	01	01		
02					02	02	02	02	02		
03					03	03	03	03	03		
04					04	04	04	04	04		
05					05	05	05	05	05		
06					06	06	06	06	06		
07					07	07	07	07	07		
08					08	08	08	08	08		
09					09	09	09	09	09		
10					10	10	10	10	10		
11					11	11	11	11	11		
12					12	12	12	12	12		
13					13	13	13	13	13		
14					14	14	14	14	14		
15					15	15	15	15	15		

1 Household Roster

SUBJECT: ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.09)	(1.10)			(1.11)		(1.12)	(1.13)			FATHER		MOTHER	
	What is [NAME]'s relationship to the head of the household?	What is [NAME]'s date of birth?			How old is [NAME]?		What is [NAME]'s current marital status?	SPOUSE'S ID CODE			(1.14)	(1.15)	(1.16)	(1.17)
	HEAD OF HOUSEHOLD 01 SPOUSE (WIFE/HUSBAND) 02 OWN SON / DAUGHTER 03 STEP SON/DAUGHTER 04 SON/DAUGHTER IN-LAW 05 GRANDCHILD 06 BROTHER/SISTER 07 PARENT 08 PARENT-IN-LAW 09 NIECE/NEPHEW 10 OTHER RELATIVE 11 DOMESTIC HELP 12 OTHER NON-RELATIVE 13 CO-WIFE 14 OTHER, SPECIFY: 96	IF RESPONDENT DOES NOT KNOW DAY OR MONTH, WRITE 'DK'. IF DOES NOT KNOW YEAR, PROBE USING TABLE OF EVENTS			IF <5 YEARS OLD, ALSO COLLECT MONTHS) ALSO WRITE [NAME]'S AGE ON THE FLAP IF YOUNGER THAN 12 YEARS ▶ (1.14)		NEVER MARRIED 1 ▶ (1.14) MONOGAMOUSLY MARRIED 2 POLYGAMOUSLY MARRIED 3 CIVIL UNION 4 DIVORCED / SEPARATED 5 ▶ (1.14) WIDOWED 6 ▶ (1.14)	IF SPOUSE IS NOT A HOUSEHOLD MEMBER, CODE 98 LIST IN ORDER OF RANK			Does [NAME] 's father live in this household?	COPY THE ID CODE OF THE FATHER	Does [NAME] 's mother live in this household?	COPY THE ID CODE OF THE MOTHER
		A.	B.	C.	A.	B.		ID1	ID2	ID3	YES 1 NO 2 ▶ (1.16) DIED 3 ▶ (1.16)		YES 1 NO 2 ▶ (1.18) DIED 3 ▶ (1.18)	
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														

1 Household Roster

ID CODE	(1.18)	(1.19)	(1.20)	(1.21)	(1.22)	(1.23)		(1.24)
	What is [NAME]'s religion?	What is [NAME]'s ethnicity?	Has [NAME] been away from the household for more than 6 months in the last 12 months?	For how many months during the past 12 months has [NAME] been away?	Can [NAME] read and write?	What is the highest level of education that [NAME] attended, and how many years (or grades) of school have [NAME] completed within that level?		In the last 12 months, what was [NAME]'s employment status? IF [NAME] IS LESS THAN 12 YEARS RECORD "00"
	ROMAN CATHOLIC 01	BASOTHO 01	YES 1 NO 2 ▶ (1.22)	MONTHS	YES 1 NO 2	No school	00	SUBSISTENCE AGRICULTURE 01
	LESOTHO EVANGELICAL 02					Preschool	01	WAGE EMPLOYEE 02
	ANGLICAN 03					Primary School (STD 1-7)	02	PIECE WORK 03
	PENTECOSTAL 04					Junior Secondary School (FORM A-C)	03	SELF-EMPLOYED / OWN BUSINESS 04
	NONE 05					High School (FORM D-E)	04	MEMBER OF A PRODUCER'S COOPERATIVE 05
						Technical Secondary School (FORM A-C)	05	CONTRIBUTING FAMILY WORKER 06
	OTHER CHRISTIAN 95					Teacher Training/Education in Technical Subjects (YEAR 1-3)	06	OTHER WORKER 07
	OTHER, SPECIFY: 96	OTHER, SPECIFY: 96				University Education	07	LOOKING FOR WORK (UNEMPLOYED) 08
						Other, specify:	96	CAPABLE BUT NOT LOOKING FOR WORK 09
								NOT WORKING (FULL TIME STUDENT) 10
						HOMEMAKER / HOUSEWIFE 11		
							NOT WORKING (RETIRED) 12	
							NOT WORKING (TOO OLD) 13	
							NOT WORKING (TOO SICK) 14	
							NOT WORKING (TOOK CARE OF A SICK HOUSEHOLD MEMBER) 15	
						LEVEL	GRADE	OTHER, SPECIFY: 96
01								
02								
03								
04								
05								
06								
07								
08								
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10								
11								
12								
13								
14								
15								

2 Housing

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

Nr.	Question	CODE	SKIP	RESPONSE
DWELLING				
(2.01)	What is the type of your dwelling?	TRADITIONAL HUT	01	
		IMPROVED TRADITIONAL HUT	02	
		RONDAVEL	03	
		MODERN HOUSE	04	
		OTHER, SPECIFY:	96	
(2.02)	What is the main material used for the walls?	BRICKS OR BLOCKS	01	
		ASBESTOS	02	
		CORRUGATED IRON / METAL	03	
		PLASTIC	04	
		POLES / REED	05	
		TILES / SLATES	06	
		THATCH / GRASS	07	
		WOOD / BAMBOO	08	
		EARTH / MUD	09	
		CONCRETE (CEMENT)	10	
		COVERED CONCRETE	11	
		CARDBOARD	12	
(2.03)	What is the main material used for the rooftop?	BRICKS OR BLOCKS	01	
		ASBESTOS	02	
		CORRUGATED IRON / METAL	03	
		PLASTIC	04	
		POLES / REED	05	
		TILES / SLATES	06	
		THATCH / GRASS	07	
		WOOD / BAMBOO	08	
		EARTH / MUD	09	
		CONCRETE (CEMENT)	10	
		COVERED CONCRETE	11	
		CARDBOARD	12	
(2.04)	What is the main material used for the floor?	OTHER, SPECIFY:	96	
		BRICKS OR BLOCKS	01	
		ASBESTOS	02	
		PLASTIC	03	
		TILES / SLATES	04	
		WOOD / BAMBOO	05	
		EARTH / MUD	06	
		CONCRETE (CEMENT)	07	
		COVERED CONCRETE	08	
(2.05)	What is the ownership status of your dwelling? (READ ALL OPTIONS ALOUD)	Owner occupied dwelling - with mortgages	01 ► (2.07)	
		Owner occupied dwelling - without mortgages	02 ► (2.07)	
		Rented (not tied to the job)	03	
		Rented (tied to the job)	04	
		Rent free (owned by government employer)	05 ► (2.07)	
		Rent free (owned by private employer)	06 ► (2.07)	
		Rent free (owned by municipality/govt)	07 ► (2.07)	
		Rent free (owned by family)	08 ► (2.07)	
		Rent free (other owner)	09 ► (2.07)	
		Temporary housing	10 ► (2.07)	
		Squatting	11 ► (2.07)	
		Other, specify:	96 ► (2.07)	

(2.06)	How much rent are you charged?	MONTHLY	01	
		EVERY 3 MONTHS	02	
	INTERVIEWER: RECORD UNIT AND AMOUNT	EVERY 6 MONTHS	03	
		ANNUALLY	04	
	A) Unit	WEEKLY	05	
		BI-WEEKLY	06	
		OTHER, SPECIFY:	96	
	B) Amount	MALOTI		
(2.07)	How many rooms does your dwelling have? (INCLUDE ROOMS OUTSIDE THE MAIN DWELLING, DO NOT INCLUDE KITCHEN AND BATHROOMS)	NUMBER		
DRINKING WATER & TOILET FACILITIES				
(2.08)	What is your household's main source for drinking water?	PIPED INTO DWELLING	01	
		PIPED INTO YARD/PLOT	02	
		PUBLIC TAP/STANDPIPE	03	
		TUBEWELL/BOREHOLE	04	
		PROTECTED WELL	05	
		UNPROTECTED WELL	06	
		PROTECTED SPRING	07	
		UNPROTECTED SPRING	08	
		RAINWATER	09	
		TANKER TRUCK	10	
		CART WITH SMALL TANK	11	
		SURFACE WATER / PUDDLES	12	
		BOTTLED WATER	13	
		LAKE	14	
		RIVER/STREAM	15	
	OTHER, SPECIFY:	96		
(2.09)	How long does it take you to go to this source on foot? (ONE WAY ONLY) INTERVIEWER: IF INSIDE THE DWELLING WRITE "00"	MINUTES		
(2.10)	How do you treat your drinking water?	NO TREATMENT	00	
		BOIL	01	
		ADD CHLORINE	02	
		ADD IODINE	03	
		STRAINED THROUGH CLOTH	04	
		FILTER (CERAMIC, SAND OR OTHER)	05	
		OTHER, SPECIFY:	96	
(2.11)	What type of toilet facility do your household members use at home?	FLUSH TO PIPED SEWER	01	
		FLUSH TO SEPTIC	02	
		FLUSH TO PIT LATRINE	03	
		FLUSH TO OTHER	04	
		VENTILATED PIT LATRINE	05	
		PIT LATRINE WITH SLAB	06	
		PIT LATRINE WITHOUT SLAB	07	
		COMPOSTING TOILET	08	
		BUCKET	09	
		HANGING TOILET	10	
		NO FACILITIES (USING BUSH)	11	
	OTHER, SPECIFY:	96		
(2.12)	How many other households does your household share the toilet facility with?	NUMBER		
(2.13)	How do you mainly deal with the household's refuse / rubbish?	REFUSE COLLECTED	01	
		THROW INTO A PIT	02	
		BURY	03	
		BURN	04	
		THROW ONTO STREET OR PUBLIC AREA	05	
		OTHER, SPECIFY:	96	

ENERGY			
(2.14)	What is the main source of energy used for cooking?	KEROSINE / PARAFFIN	01
		GAS	02
		ELECTRICITY FROM GRID	03
		ELECTRICITY FROM GENERATOR	04
		ELECTRICITY FROM SOLAR PANEL	05
		DIESEL	06
		WOOD	07
		CHARCOAL	08
		COAL	09
		ANIMAL DUNG	10
		CROPS OR OTHER AGRICULTURAL WASTE	11
		SHRUBS AND STRAW	12
		OTHER, SPECIFY:	96
(2.15)	What is the main source of energy used for heating?	KEROSINE / PARAFFIN	01
		GAS	02
		ELECTRICITY FROM GRID	03
		ELECTRICITY FROM GENERATOR	04
		ELECTRICITY FROM SOLAR PANEL	05
		DIESEL	06
		WOOD	07
		CHARCOAL	08
		COAL	09
		ANIMAL DUNG	10
		CROPS OR OTHER AGRICULTURAL WASTE	11
		SHRUBS AND STRAW	12
		OTHER, SPECIFY:	96

3 Household Assets

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

Part A: Durable Goods

DURABLE GOOD CODE	DURABLE GOOD	(3.01) How many [DURABLE GOOD]s does your household own?	(3.02) If you were to sell your [DURABLE GOOD] today, how much money could you get for it?
		ONLY INCLUDE FUNCTIONING ASSETS IF NONE WRITE ZERO AND ► NEXT DURABLE	IF MORE THAN ONE, ASK FOR THE TOTAL VALUE OF ALL ITEMS
		NUMBER	Maloti
a	Radio/CD/cassette player		
b	Television		
c	Clothes iron		
d	Electric stove		
e	Gas stove		
f	Paraffin lamp		
g	Bed		
h	Mattress		
i	Cameras		
j	Refrigerator / freezer		
k	Dishwashers		
l	Fans		
m	Sewing machine		
n	Table (for dining)		
o	Sofa		
p	Land line telephone		
q	Mobile / Telephone		
r	Motorcycle		
s	Bicycle		
t	Truck or car		
u	Wheelbarrow		
v	Plough		
x	Hoes / harrows / axes		

Part B: Land Ownership and Livestock

(3.03) Does your household own the land plot on which this dwelling is built?

YES 1
NO 2 ► (3.05)

(3.04) What is the size of this plot? AREA UNIT:

AREA UNIT: SIZE:

SQUARE METER 1 HECTARE 3
ACRE 2

(3.05) Does your household own any land (or other land besides this residence)?

YES 1
NO 2 ► (3.08)

(3.06) How much land does your household own in total? AREA UNIT:

AREA UNIT: SIZE:

SQUARE METER 1 HECTARE 3
ACRE 2

(3.07) If you were to sell the land you own, how much do you think you would receive for it?

Maloti:

ANIMAL CODE	ANIMAL	(3.08) How many [ANIMAL]s does your household own?	(3.09) If you were to sell your [ANIMAL] today, how much money could you get for it?
		IF NONE WRITE ZERO ► NEXT ANIMAL	IF MORE THAN ONE, ASK FOR THE TOTAL VALUE OF ALL ITEMS
		NUMBER	Maloti
a	Cattle		
b	Goats		
c	Sheep		
d	Pigs		
e	Poultry (chicken, ducks, turkeys, etc.)		
f	Game		
g	Donkey		
h	Horse		
i	Oxen		
j	Other animals, specify		

3 Household Assets

Part C: Health Related Financial Shocks

(3.10) In the past 12 months, did you have any health expenditures that were higher than you could afford with your usual income?

YES 1
NO 2 ► NEXT SECTION

(3.11) In the last 12 months, did anyone in your household have to sell any land, buildings, farm equipment, livestock, food reserves or other possessions in order to pay for health care?

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES 1
NO 2 ► (3.14)

(3.12)	(3.13)
Did you have to sell [ASSET]?	How much money did you get for these in total?
YES 1	
NO 2 ► NEXT	AMOUNT IN MALOTI

1	Land		
2	Buildings		
3	Farm equipment		
4	Livestock		
5	Other possessions		

(3.14) In the last 12 months, did anyone in your household have to borrow money in order to pay for health care? Borrowing money is when you are expected to give the money back after some time.

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES 1
NO 2 ► (3.17)

(3.15) How much money did you borrow in total over the last 12 months?

AMOUNT IN MALOTI:

(3.16) As of today, how much money do you still need to pay back?

AMOUNT IN MALOTI:

(3.17) In the last 12 months, did anyone in your household receive money as a gift, to help pay for health care? This includes assistance from your community to your household to help pay for bills, gifts from family outside of your household, and other gifts to help pay for health care.

YES 1
NO 2 ► (3.19)

(3.18) How much money did you receive in total over the last 12 months?

AMOUNT IN MALOTI:

(3.19) At this time, how much money do you still owe on health care bills?

WRITE ZERO IF NOTHING

AMOUNT IN MALOTI:

4 Other Sources of Income

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

Now I would like to ask you some questions on other sources of income for your household, apart from payment for work.

SOURCE OF INCOME CODE		(4.01)	(4.02)
		In the past 12 months, did any member of your household receive income from [SOURCE OF INCOME]?	In the past 12 months, how much did your household receive from [SOURCE OF INCOME]?
		YES 1	
		NO 2 ▶ NEXT SOURCE	DON'T KNOW 96
	SOURCE OF INCOME		MALOTI
01	Interest or investment income		
02	Renting a building and/or land to others		
03	Renting equipment / vehicles / machinery to others		
04	Renting animals to others		
05	Scholarships for study or training		
06	Child Grant Program		
07	Orphans & Vulnerable Children (OVC) bursery		
08	Tertiary bursery		
09	Public Assistance		
10	Old Age Pension		
11	Civil Servant Pension		
12	South African Pension		
13	Assistance from community groups, NGOs, churches, etc.		
14	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>within</u> Lesotho (for weddings, funerals, school fees, etc?)		
15	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>outside</u> Lesotho (for weddings, funerals, school fees, etc?)		
16	Inheritance		
96	Other income not from work, specify		

5 Mortality

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(5.01) Has there been a death of any adult, child or infant living in this household in the past 12 months?

YES 1
NO 2

(5.02) In the past 12 months, has there been any baby who cried or showed signs of life but only survived a few hours or days?

YES 1 TREAT ANY SUCH BABY AS A DECEASED HOUSEHOLD MEMBER
NO 2

(5.03) How many household members died in the past 12 months?

IF ZERO, RECORD "0" AND ► (16.01)

NUMBER:

Please tell me the names of those household members that passed away in the past 12 months, starting with the most recent death. RECORD MOST RECENT DEATH FIRST, FOLLOWED BY PREVIOUS DEATH

DECEASED CODE	NAME OF THE DECEASED	(5.04)		(5.05)	(5.06)		(5.07)		(5.08)		(5.09)
		What was the date of death?		What was the gender of the deceased?	How old was [HE/SHE] when [HE/SHE] passed away?	What was the cause of death?		Where did [HE/SHE] die?		What was the relationship of the deceased to the current head of household?	
		MONTH	YEAR	MALE 01 FEMALE 02							
						NUMBER	CODE				
							BIRTH TRAUMA 01				
							CONGENITAL ANOMALIES 02				
							SICKLE CELL 03				
							MEASLES 04				
							MALNUTRITION 05				SPOUSE (WIFE/HUSBAND) 02
							DIARRHEA 06	AT HOME 01			OWN SON / DAUGHTER 03
							PNEUMONIA 07	IN ANOTHER HOME 02			STEP SON/DAUGHTER 04
							TUBERCULOSIS 08				SON/DAUGHTER IN-LAW 05
							AIDS 09	IN THE STREET 03			GRANDCHILD 06
							ACCIDENT 10	IN A CLINIC OR A HEALTH CENTER 04			BROTHER/SISTER 07
							VIOLENCE 11				PARENT 08
							STROKE 12	IN A HOSPITAL 05			PARENT-IN-LAW 09
							CANCER 13				NIECE/NEPHEW 10
							HEART DISEASE 14	OTHER, specify: 96			OTHER RELATIVE 11
							OLD AGE 15				DOMESTIC HELP 12
							UNKNOWN 16				OTHER NON-RELATIVE 13
							OTHER, SPECIFY: 96				OTHER, SPECIFY: 96
01											
02											
03											
04											
05											
06											

16 Contact Information

	(16.01) Could you give me the names of the household members that have a cellphone? RECORD ID CODE AND NAME		(16.02) Could you please give me your cellphone number, so that we can contact you again if we need to?
	NAME	ID CODE	CELLPHONE NUMBER
1			
2			
3			

INTERVIEWER: IF THEY PROVIDE LESS THAN 3 NUMBERS IN (16.02) THEN ASK FOR:

Could you also give us the cellphone numbers of at least two other family members, relatives, or friends of your household? If we need to contact you again and your cellphone number does not work, we would call them to ask how you can be located.

	(16.03)	(16.04)	(16.05)
	NAME	CELLPHONE NUMBER	RELATIONSHIP TO HEAD
1			
2			
3			
4			
5			

RELATIONSHIP CODES

RELATIVE 1

FRIEND 2

NEIGHBOR 3

THANK THE HOUSHOLD MEMBERS

WRITE DOWN A DETAILED DESCRIPTION OF HOW TO FIND THE HOUSEHOLD, STARTING FROM AN EASILY RECOGNIZABLE LANDMARK:

Interview notes

PLEASE WRITE DOWN YOUR NOTES (IF ANY) PER RESPONDENT

01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
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15	