

SECTION A-1: HOUSEHOLD IDENTIFICATION

A01. COUNTY

.....

A02. SUB COUNTY (DISTRICT)

.....

A03. DIVISION

.....

A04. LOCATION

.....

A05. SUB LOCATION

.....

A06. ENUMERATION AREA (E.A)

.....

A07. CONSTITUENCY

.....

A08. WARD

.....

A09. CLUSTER NUMBER

A10. HOUSEHOLD NUMBER

A11. NAME OF HOUSEHOLD HEAD:

A12. TOTAL PERSONS IN HOUSEHOLD

INTERVIEWER VISITS

VISIT		1				2				3				4				5				FINAL STATUS	
A13.	DATE	__/__/__				__/__/__				__/__/__				__/__/__				__/__/__				__/__/__	
A14	SECTIONS	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> 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RESULTS CODES:

- 01 - COMPLETED
- 02 - PARTIALLY COMPLETE (INCOMPLETE)
- 03 - NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
- 04 - ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 05 - POSTPONED
- 06 - REFUSED

- 07 - DWELLING VACANT OR STRUCTURE NOT A DWELLING
- 08 - DWELLING DESTROYED
- 09 - DWELLING NOT FOUND
- 96 - OTHER _____(SPECIFY)

SECTION A-2: SURVEY STAFF DETAILS

A18

NAME OF INTERVIEWER:

CODE:

A19

NAME OF SUPERVISOR:

CODE:

A20

NAME OF FIELD EDITOR:

CODE:

A21

NAME OF FIELD DATA ENTRY:

CODE:

SECTION A-3: DATA ENTRY

FIELD EDITOR

A22

DATE EDITED:

A23

SECTIONS

A24

SIGNATURE

SUPERVISOR

A25

DATE CHECKED :

A26

SECTIONS

A27

SIGNATURE

1ST DATA ENTRY: (IN THE FIELD)

A28

DATE OF ENTRY :

A29

SECTIONS

A30

SIGNATURE

2ND DATA ENTRY: (AT THE HEADQUARTERS)

A31

DATA ENTRY CLERK :

NAME:

CODE:

A32

DATE OF ENTRY :

SIGNATURE

SECTION A-4 : COMMENTS ON THE QUESTIONNAIRE

SECTION A5: INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

Greetings! My name is I am a research assistant working for the Kenya National Bureau of Statistics (KNBS). The Bureau is conducting a National Household Budget Survey in all the 47 counties.

A total of 24,000 households have been randomly selected to participate in the survey. Your household is one of those selected in this area. The information obtained from the survey will be used for planning at both the national and county level. The information provided by your household will be treated in strict confidence as provided by the law.

I therefore would like to ask you some questions as a responsible member of this household. I would also need you to assist me obtain measurements and obtain some further information from other members of your household. These questions will take some time to complete and therefore I will appreciate your patience.

Do you have any questions you would like me to respond to before we proceed with the interview?

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SECTION I: HOUSING

[ASK THE HOUSEHOLD HEAD OR A KNOWLEDGEABLE HOUSEHOLD MEMBER]

		OWNER OCCUPIER				
I01	I02	I03	I04	I05	I06	I07
What type of the MAIN dwelling does the household live in ?	Does your household own this dwelling (house, flat, shack), do you rent it, or do you live here without pay?	How did HH acquire this dwelling?	Is the HH still servicing the loan?	How much per month is HH spending to service the loan(s) on this dwelling?	How many years ago was this dwelling built? (How old is it?)	If you were to sell this dwelling today, how much would it fetch?
BUNGALOW 01		PURCHASED CASH 01				
FLAT..... 02		PURCHASED LOAN 02	YES..... 1			
MAISONNETTE..... 03	OWNS..... 1	CONSTRUCTED CASH..... 03	NO 2			
SWAHILI..... 04	PAYS RENT/LEASE 2	CONSTRUCTED LOAN..... 04				
SHANTY..... 05	NO RENT, WITH CONSENT OF OWNER 3	PURCHASED CASH & LOAN..... 05	(IF '2' »I06)			
MANYATTA/TRADITIONAL HOUSE..... 06	NO RENT, SQUATTING 4	CONSTRUCTED CASH & LOAN... 06				
OTHER (SPECIFY)..... 96		INHERITED 07			97+ YRS 97	
	(IF '2' »I09) AND (IF '3' OR '4' »I11)	GIFT 08			DK. 98	
		BARTERED 09				
		OTHER (SPECIFY) 96				
		(IF '1', '3', '7', '8', '9', '96' »I06)				
				Kshs	Years	Kshs

OWNER OCCUPIER		RENTERS			
I08	I09	I10	I11	I12	
Estimate the rent the HH would pay per month as rent if they rented the dwelling?	To whom is the rent for the dwelling paid ?	How much per month does HH pay to rent this dwelling?	How many dwelling units does this household occupy?	How many habitable rooms does this HH occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGES)	
(WRITE AND »I11)	NATIONAL GOVERNMENT..... 01 COUNTY GOVERNMENT..... 02 PARASTATAL..... 03 COMPANY DIRECTLY..... 04 COMPANY THROUGH AGENT . 05 INDIVIDUAL DIRECTLY..... 06 INDIVIDUAL THROUGH AGENT 07 OTHER (SPECIFY)..... 96				
Kshs		Kshs		Main Dwelling	Other Dwellings

SECTION I: Cont'd

I13	I14	I15	I16
What is the predominant wall material of the [MAIN] dwelling unit?	What is the predominant roof material of the [MAIN] dwelling unit?	What is the predominant floor material of the [MAIN] dwelling unit?	What is the [MAIN] type of appliance used for cooking?
NATURAL WALLS NO WALLS..... 01 CANE/PALM/TRUNKS..... 02 GRASS/REEDS..... 03 MUD/COW DUNG..... 04 RUDIMENTARY WALLS BAMBOO WITH MUD 05 STONE WITH MUD..... 06 UNCOVERED ADOBE 07 PLYWOOD..... 08 CARDBOARD..... 09 REUSED WOOD..... 10 CORRUGATED IRON SHEETS.... 11 FINISHED WALLS CEMENT 12 STONE WITH LIME/CEMENT 13 BRICKS..... 14 CEMENT BLOCKS..... 15 COVERED ADOBE 16 WOOD PLANKS/SHINGLES..... 17 OTHER..... 96	NATURAL ROOFING GRASS / THATCH / MAKUTI..... 01 DUNG / MUD 02 RUDIMENTARY ROOFING CORRUGATED IRON SHEETS.... 03 TIN CANS 04 FINISHED ROOFING ASBESTOS SHEET 05 CONCRETE 06 TILES 07 OTHER..... 96	NATURAL FLOOR EARTH/SAND..... 01 DUNG 02 RUDIMENTARY FLOOR WOOD PLANKS/SHINGLES..... 03 PALM/BAMBOO 04 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 05 VINYL OR ASPHALT STRIPS 06 CERAMIC TILES 07 CEMENT 08 CARPET 09 OTHER 96	TRADITIONAL STONE FIRE 01 IMPROVED TRADITIONAL STONE FIRE ... 02 ORDINARY JIKO..... 03 IMPROVED JIKO 04 KEROSENE STOVE..... 05 GAS COOKER 06 ELECTRIC COOKER..... 07 ELECTRIC/GAS COOKER 08 OTHER (SPECIFY)..... 96

[ASK THE HOUSEHOLD HEAD OR KNOWLEDGEABLE HOUSEHOLD MEMBER]

J01		J02	J03	J04			J05	J06
What is the <u>main</u> source of <u>water</u> for your household over the past 1 year for?		On average, how long does it take to go there, get drinking water and come back?	How many times does your household usually fetch drinking water?	Who usually goes to this source to fetch the drinking water for your household?			What is the average distance to the source of the drinking water in kilometres?	In which season do you use this source for your Drinking water?
PIPED WATER PIPED INTO DWELLING 01 PIPED INTO PLOT/YARD 02 PUBLIC TAP/STAND PIPE 03 TUBEWELL/BOREHOLE WITH PUMP 04 DUG WELL PROTECTED WELL 05 UNPROTECTED WELL 06 WATER FROM SPRING PROTECTED SPRING 07 OTHER (SPECIFY) 96 (IF '14' » J09) (IF '1' » J06)		UNPROTECTED SPRING..... 08 RAIN WATER COLLECTION 09 VENDORS TANKERS-TRUCK 10 CART WITH SMALL TANK/DRUM/BUCKETS 11 BICYCLES WITH BUCKETS 12 SURFACE WATER RIVER, STREAM, POND, DAM, LAKE, CANAL, IRRIGATION CHANNEL..... 13 BOTTLED WATER 14 OTHER (SPECIFY) 96 (IF '14' » J09) (IF '1' » J06)	GIVE TIME IN MINUTES IF IN DWELLING, CODE 000	UNIT PER DAY..... 1 PER WEEK...2 PER MONTH. 3 PER YEAR... 4	INSERT LINE NUMBER FROM HH ROSTER IF NON-HH MEMBER, CODE 99 UPTO THREE MULTIPLE RESPONSES	IF WITHIN HH/COMPOUND CODE 000	ALL YEAR 1 ONLY DRY SEASON..... 2 ONLY RAINY SEASON... 3 (IF '1' » J08)	
Drinking		Other Domestic Uses	Frequency	Unit	1	2	3	Kilometres

J07	J08	J09
In the other seasons, what is your main source of Drinking water? (USE CODES FOR J01)	What do you usually do to make the water safe to drink? NOTHING A BOIL B ADD BLEACH/CHLORINE (WATERGUARD, AQUAGUARD, ETC)..... C SIEVE THROUGH A CLOTH D USE WATER FILTER (CERAMIC, SAND, COMPOSITE, e.t.c).... E SOLAR DISINFENCTION F LET IT STAND AND SETTLE G OTHER (SPECIFY)..... X DON'T KNOW Z	What was the total volume of water used by your household last month ? (IF NONE, CODE 00000)
	<div>1ST</div> <div>2ND</div> <div>3RD</div>	Litres

SANITATION

J10	J11	J12	J13	J14	J15	J16
What kind of toilet facility does your household usually use?	Do you share this toilet facility with other households?	How many households use this toilet facility?	Is there a place for hand washing in or near the toilet facility?	How does this household primarily dispose of household solid waste that is not composited (in the garden), recycled or fed to animals?	How often is household waste collected?	Estimate the amount of household waste you dispose of each week i.e. 7 days (include food waste, plastics, paper, tins, etc)
FLUSH/POUR FLUSH					(NOTE: APPLICABLE TO CODES '1', '2', and '3' IN QUESTION J14)	
FLUSH TO PIPED SEWER SYSTEM 11	YES..... 1			COLLECTED BY COUNTY GOVERNMENT..... 01		
FLUSH TO SEPTIC TANK 12	NO..... 2			COLLECTED BY COMMUNITY ASSOCIATION..... 02		
FLUSH TO PIT (LATRINE) 13			YES..... 1	COLLECTED BY PRIVATE COMPANY..... 03		
FLUSH TO SOMEWHERE ELSE 14			NO..... 2	DUMPED IN THE COMPOUND 04	DAILY..... 1	ESTIMATE VOLUME IN TERMS OF NO. OF 20 KG BUCKETS
FLUSH TO UNKNOWN PLACE/NOT SURE/DK WHERE 15				DUMPED IN THE STREET/VACANT PLOT/DRAIN..... 05	TWICE A WEEK..... 2	
PIT LATRINE				DUMPED IN THE LATRINE..... 06	WEEKLY..... 3	
VENTILATED IMPROVED PIT LATRINE (VIP) 21	(IF '2' » J13)			BURNT IN OPEN..... 07	MONTHLY..... 4	
PIT LATRINE WITH SLAB 22				BURIED..... 08	OTHER(SPECIFY)..... 6	
PIT LATRINE WITHOUT SLAB/OPEN PIT..... 23				OTHER (SPECIFY)..... 96		
COMPOSTING TOILET 31				(IF ' 04 - 08, 96' » J16)		
BUCKET TOILET 41						
HANGING TOILET/HANGING LATRINE 51						
NO FACILITY/BUSH/FIELD 61						
OTHER (SPECIFY) 96						Number

ENERGY USE

J17	J18	J19	J20	J21	J22	J23
What is the [MAIN] source of lighting?	What is the [MAIN] source of energy for cooking?	Does this HH have an installed solar panel(s) in the dwelling?	Does this HH have electricity?	What is HH main source of electricity?	In the event of electricity blackout, what source of energy do you use for lighting?	What is the main reason why your household is not connected to electricity?
ELECTRICITY CONNECTIONS FROM THE MAINS..... 01	FIREWOOD 01					
GENERATOR 02	ELECTRICITY..... 02					
SOLAR ENERGY..... 03	LIQUIFIED PETROLEUM GAS (LPG) 03	YES 1		KPLC 01	PARAFFIN..... 01	CONNECTION/WIRING FEE UNAFFORDABLE 01
PARAFFIN LANTERN..... 04	BIOGAS..... 04	NO..... 2		OWN GENERATOR 02	CANDLES..... 02	NO NEED FOR ELECTRICITY.... 02
PARAFFIN TIN LAMP..... 05	KEROSENE 05			COMMUNITY GENERATOR .. 03	GENERATOR 03	DWELLING INAPPROPRIATE FOR CONNECTION 03
PARAFFIN PRESSURE LAMP 06	CHARCOAL..... 06		YES 1	NEIGHBOUR GENERATOR... 04	LPG/GAS..... 04	APPLICATION PENDING..... 04
FUEL WOOD 07	STRAW/SHRUBS/GRASS..... 07		NO..... 2	COMPANY GENERATOR..... 05	SOLAR 05	LINE WAS DISCONNECTED 05
GAS LAMP 08	ANIMAL DUNG..... 08	(IF J17 = '1') OR (J18 = '2' » 21)		MICRO/MINI-HYDRO..... 06	BIOGAS 06	TRANSFORMER TOO FAR 06
BATTERY LAMP/TORCH..... 09	AGRICULTURAL CROP RESIDUE... 09			SOLAR PANELS 07	OTHER (SPECIFY) ... 96	TRANSFORMER CAPACITY LIMITED..... 07
CANDLES 10	OTHER (SPECIFY)..... 96		(IF '2' »J23)	BATTERY 08	(»J25)	OTHER (SPECIFY) 96
BIOGAS..... 11				OTHER (SPECIFY) 96		
OTHER (SPECIFY) 96						

SECTION J CONT: ENERGY USE

J24	J25	J26	J27	J28			J29		J30	J31			J32		J33	J34	J35		
I T E M C O D E	ENERGY SOURCES. COMPLETE J26 - J35 FOR EACH ENERGY SOURCE BEFORE PROCEEDING TO THE NEXT ENERGY SOURCE.	In the last 12 months, has your household used [ITEM] ? YES... 1 NO..... 2 (IF '2'»NEXT ITEM)	In the last month, has your household used [ITEM] ? YES.. 1 NO.... 2 (IF '2'»NEXT ITEM)	For what purpose did you use the [ITEM] ? DOMESTIC COOKING..... A WATER HEATING.... B LIGHTING..... C HOME BUSINESS..... D OTHER (SPECIFY).. X (MULTIPLE RESPONSES ALLOWED)			In the last one month, what unit(s) of measure and quantity did you use for [ITEM] ? BUNCH..... 01 BUNDLE..... 02 HEAP..... 03 LOG..... 04 PIECE 05 SACK 06 DEBE/BUCKET..... 07 GOROGORO 08 TIN 09 OTHER (SPECIFY). 96		What is the estimated weight of a typical unit of [ITEM] ? (ASK TO SEE A TYPICAL STACK/HEAP/ BUNDLE/ PIECE TO ESTIMATE WEIGHT)	What size of LPG Cylinder(s) does your household use? 1 Kgs Cylinder..... A 3 Kgs Cylinder B 6 Kgs Cylinder C 13 Kgs Cylinder D 15 Kgs Cylinder E Other (specify)..... X (MULTIPLE RESPONSES)			During the last month, how many units of [ITEM] did you use? FOR LPG (GAS), FOR LEAD CELL BATTERY, ASK FOR NUMBER OF CHARGING; FOR GENERATOR, ASK FOR LITRES OF FUEL USED	What was the total cost of these units that you used during the last month?	How long would one take to go to the nearest source of the [ITEM] in minutes? i.e. ONE-WAY DISTANCE TRAVELLED TO GET [ITEM]	How much time was spent per week in minutes to get [ITEM] by members of your household?			
																			1 st
				1	Purchased firewood														
2	Collected firewood																		
3	Farm residue (Animal/Crop residue)																		
4	Wood/process waste																		
5	Charcoal																		
6	Kerosene/Paraffin																		
7	LPG																		
8	Grid Electricity																		
9	Biogas																		
10	Candles																		
11	Solar Energy																		
12	Dry cell batteries																		
13	Lead cell batteries																		
14	Windmill/Turbine																		
15	Mini-Hydro																		
16	Generator																		

SECTION K: AGRICULTURE HOLDING
[ASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE LAST 12 MONTHS.
LIST IN K03 ALL PARCELS BEFORE COLLECTING DETAILS ON EACH.

K01: Did any member of the household engage in crop farming in the last 12 months?								
YES..... 1			NO.....2			(IF '2' »SECTION M)		
K02	K03	K04	K05	K06	K07	K08	K09	K10
P A R C E L S E R I A L N O .	Please provide a list of parcel(s) of land that HH members cultivated during the last 12 months.	Location of this parcel?	Who makes the decisions on input use and cropping activities on this parcel?	What is the area of the parcel?	Does HH own this parcel?	What ownership document does the HH have for the parcel?	What is the land tenure system of the parcel?	What is your operational status?
	LIST ALL PARCELS BEFORE COLLECTING INFORMATION ON EACH		GIVE LINE NUMBER FROM THE HH ROSTER . USE CODES BELOW IF NON-MEMBER	LAND AREA IN ACRES (THREE DECIMAL PLACE)	YES... 1	TITLE..... 01		
	TOTAL NO. OF PARCEL CULTIVATED		RELATIVE..... 94	MINIMUM AREA IS 0.125 (1/8) ACRES	NO..... 2	SHARE CERTIFICATE..... 02	Freehold 11	Renting 14
			EMPLOYER..... 95			ALLOTMENT LETTER..... 03	Leasehold 12	Squatting 21
			OTHER..... 96			TEMPORARY OCCUPATION LICENCE..... 04	DK..... 98	Other (specify)..... 96
		DK..... 98		1 Hectare = 2.47 Acres	(IF '2' »K10)	NONE..... 05	(RECORD AND »K12)	
			(IF '94' or '95' or '96' or '98 » NEXT PARCEL)			LETTERS OF OFFER..... 06		
			(IF 'NO OTHER PARCEL' »SECTION M)	DK.....99998		OTHER (SPECIFY)..... 96		
	WRITE A NAME TO IDENTIFY PARCEL					DK..... 98		(IF '21' OR '96' » K13)
		County Code	Line Number	Area Size				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

	IRRIGATION									
K02	K11	K12	K13	K14	K15	K16	K17			
P A R C E L S E R I A L N O .	How much did you pay in total for your rented parcel in last 12 months?	If HH were to sell/buy this parcel today, how much could it fetch/cost?	Did the HH operate a greenhouse(s) on this parcel at anytime during the last 12 months?	During the last 12 months did HH practice irrigation in this parcel of land?	What is the [MAIN] source of water for irrigation?	What is the [MAIN] methods of water abstraction for irrigation?	What is the irrigated area by irrigation method ?			
					River..... 01 Lake..... 02 Pond/water pan 03 Dam/reservoir 04 Roof Harvesting..... 05 Bore Hole/ tube well 06 Shallow/deep well 07 Municipal water supply 08 Treated waste water 09 Desalinated water 10 Spring..... 11 Other (specify)..... 96	Gravity..... 01 Pump fed-Solar..... 02 Pump fed-Diesel/Petrol/ Kerosene..... 03 Pump fed Electric .. 04 Pump fed Wind..... 05 Pump fed manual.... 06 Other(specify)..... 96				
	ESTIMATE VALUE OF ANY IN-KIND PAYMENTS.	DK.....9999998	IF YES, PROVIDE THE AREA UNDER GREENHOUSE(S) IN M²	YES..... 1 NO..... 2						
				IF NO, CODE 00000 AND CONTINUE	(IF '2' »K18)					
	Ksh.	Ksh.	Area (M²)				Method & Area (M²)			
							Surface	Sprinkler	Drip	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

FERTILIZER				FARM INPUTS			
K02	K18		K19	K20			
P A R C E L S E R I A L N O .	What fertilizer type did you use in the last 12 months?		Where did the HH [MAINLY] source fertilizer for the parcel ?:-	How much did the HH spend (KSh) on the following agricultural inputs in the last 12 months?			
	Inorganic..... 1		Private stockists..... 01				
	Organic..... 2		Private companies..... 02				
	Both..... 3		Other farmers..... 03				
	None..... 4		Cooperative societies/Farmers				
	N/A..... 9		Association..... 04				
	(IF '4' FOR BOTH SEASONS»K20)		Government subsidized..... 05				
			Government Free..... 06				
			NGOs..... 07				
			Faith Based Organization..... 08				
			Commodity grants..... 09				
			Own Production..... 10				
	First season	Second Season	Source	Type of Input	Ksh	Type of Input	Ksh
01				Inorganic fertilizer		Purchase of mechanical equipments e.g. tractors, ploughs e.t.c.	
02				Organic fertilizer		Labour cost	
03				Pesticides		Herbicides	
04				Fuels		Hire of Machinery	
05				Lubricants		Other (Specify)	
06				Electricity			
07				Farm Machinery/Equipment repairs			
08				Tractor/Oxen plough			
09				Purchase of small farm implements			
10				Cost of Irrigation water			
11				Land reclamation, clearance e.t.c.			
12				Establishment of long term crops e.g. coffee, tea			

[ASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE LAST 12 MONTHS. LIST ALL CROPS BEFORE COLLECTING DETAILS ON EACH.

[illegible]

SECTION L: AGRICULTURE OUTPUT

TASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLDI. THE TIME REFERENCE IS THE LAST 12 MONTHS. LIST ALL CROPS BEFORE COLLECTING DETAILS ON EACH.

L01	L09	L10	L11	L12	L13	L14	L15	L16	L17		L18	L19
Item Code	What was the quantity harvested in the last 12 months?	How much of the harvest was consumed by the HH in the last 12 months?	How much of the harvest was sold?	How much was earned from this sale?	How much of the harvest was retained as seed by the household?	How much of the harvest was given to labourers as payment in-kind?	How much of the harvest is still being stored by the household?	How much of the harvest was lost / wasted?	What was the cause of loss or wastage? LIST TWO MAIN REASONS		How much of the harvest went to donations?	How much of the harvest went to other uses?
	IF NONE, CODE 00000 (»NEXT CROP)	IF NONE, CODE 00000	(IF NONE, CODE 00000 »L13)		IF NONE, CODE 00000	IF NONE, CODE 00000.	IF NONE, CODE 00000	(IF NONE, CODE 00000 » L18)	WEEVILS..... 01 RODENTS..... 02 FLOODS..... 03 DOMESTIC ANIMALS... 04 WILD ANIMALS..... 05 STORAGE RELATED... 06 THEFT..... 07 TRANSPORT RELATED..... 08 FIRE..... 09 OTHER (SPECIFY)..... 96		IF NONE, CODE ZEROES.	IF NONE, CODE ZEROES.
									Reason 1	Reason 2		
	Kgs	Kgs	Kgs	Ksh.	Kgs	Kgs	Kgs	Kgs			Kgs	Kgs
1												
2												
3												
4												
5												
6												

SECTION M: LIVESTOCK

[ASK OF THOSE CONCERNED WITH ANIMAL HUSBANDRY IN THE HOUSEHOLD]. THE TIME REFERENCE IS THE LAST 12 MONTHS.

M01: Has any member of your household reared livestock, fish e.t.c during the past 12 months?					YES.....1 NO.....2		<input type="checkbox"/>		(IF 2 »SECTION N)		
M02				M03							
During the last 12 months, has any member of the household reared any [...]?				How many [...] does the household have at present?							
YES.....1 NO.....2 (IF '2' » NEXT ANIMAL)				FOR BEES, STATE THE TOTAL HIVES AT PRESENT FOR FISH, STATE THE TOTAL FISH AT PRESENT							
ESTABLISH IF THE HOUSEHOLD HAS RAISED THE FOLLOWING ANIMALS AT ANY TIME DURING THE LAST 12 MONTHS				Total Number of Animals							
				Number of Animals							
				Male							
				Female							
Animal	Animal Code	M02	County Code	Total Number of Animals	Mature	Immature	Mature	Immature	Mature	Immature	
Indigenous cattle	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic Cattle- Dairy	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic cattle- Beef	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indigenous goat	04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dairy goat	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic sheep	06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indigenous sheep	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Camel	08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pig	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indigenous chicken	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic chicken - Layers	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic chicken - Broilers	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Donkey	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rabbit	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traditional Bee Hive - Occupied	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traditional Bee Hive - Unoccupied	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modern Hive - Occupied	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modern Hive - Unoccupied	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fish	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other1(specify).....	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other2(specify).....	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		M04				M05	M06	M07				
		How many [...] did the household have 12 months ago?				How many [...] did household <u>sell</u> during the last 12 months? IF NONE, CODE 00000 IF 00000 (»M07)	How much did household receive for the sale of all these [...] during the last 12 months? INCLUDE VALUE OF IN-KIND PAYMENTS	How many [...] did household consume during the last 12 months? IF NONE, CODE 000				
									Total Number of Animals	Number of Animals		Number of Animals
										Male	Female	
Animal	Animal Code		Mature	Immature	Mature	Immature	Number of Animals	Ksh	Number of Animals			
Indigenous cattle	01											
Exotic Cattle- Dairy	02											
Exotic cattle- Beef	03											
Indigenous goat	04											
Dairy goat	05											
Exotic sheep	06											
Indigenous sheep	07											
Camel	08											
Pig	09											
Indigenous chicken	10											
Exotic chicken - Layers	11											
Exotic chicken - Broilers	12											
Donkey	13											
Rabbit	14											
Traditional Bee Hive - Occupied	15											
Traditional Bee Hive - Unoccupied	16											
Modern Hive - Occupied	17											
Modern Hive - Unoccupied	18											
Fish	19											
Other1(specify).....	20											
Other2(specify).....	21											

		M08	M09	M10	M11	M12	M13	M14	M15
		How many [...] <u>died</u> during the last 12 months? IF NONE, ENTER 00000	How many [...] <u>were lost, stolen or given away</u> during the last 12 months? IF NONE, CODE 00000	How many [...] did household purchase during the last 12 months? IF NONE, CODE 00000	How many [...] were received as gifts, payments for dowry during the last 12 months? IF NONE, ENTER 00000	How many [...] were <u>born</u> during the last 12 months? IF NONE, CODE 00000	How many [...] were being milked last month?	Who is the main provider of Artificial Insemination services? (FOR CATTLE AND EXOTIC GOATS ONLY) GOVERNMENT VET..... 1 PRIVATE VET..... 2 SELF..... 3 NONE..... 4 OTHER (SPECIFY)..... 6	Who is the [MAIN] provider of veterinary services? GOVERNMENT VET..... 1 PRIVATE VET..... 2 SELF..... 3 NONE..... 4 OTHER (SPECIFY)..... 6
Animal	Animal Code	Number of Animals	Number of Animals	Number of Animals	Number of Animals	Number of Animals	Number of Animals		
Indigenous cattle	01								
Exotic Cattle- Dairy	02								
Exotic cattle- Beef	03								
Indigenous goat	04								
Dairy goat	05								
Exotic sheep	06								
Indigenous sheep	07								
Camel	08								
Pig	09								
Indigenous chicken	10								
Exotic chicken - Layers	11								
Exotic chicken - Broilers	12								
Donkey	13								
Rabbit	14								
Traditional Bee Hive - Occupied	15								
Traditional Bee Hive - Unoccupied	16								
Modern Hive - Occupied	17								
Modern Hive - Unoccupied	18								
Fish	19								
Other1(specify).....	20								
Other2(specify).....	21								

M16		M17				M18	M19	LAST 12 MONTHS			
How much did the HH spend on the following livestock inputs in the last 12 months? IF NONE, CODE 0000000		What quantity of (PRODUCE) did you get in the last one month? FOR BEES WAX, HONEY, MANURE AND WOOL/FUR, REFERENCE PERIOD IS THE LAST 12 MONTHS (IF NONE, NEXT LIVESTOCK PRODUCT)				What quantity of this produce was consumed by household ? FOR BEES WAX, HONEY, MANURE AND WOOL/FUR, REFERENCE PERIOD IS THE LAST ONE MONTH	What quantity of this produce was sold ? (IF NONE, CODE ZEROES» M21) FOR BEES WAX, HONEY, MANURE AND WOOL/FUR, REFERENCE PERIOD IS THE LAST 12 MONTHS	M20		M21	M22
								To whom was the largest quantity of produce sold and how much did household earn? CO-OPERATIVE..... 01 PROCESSOR..... 02 TRADER..... 03 NEIGHBOUR/OTHER INDIVIDUA 04 SCHOOL,CHURCH ETC..... 05 ASSOCIATION/GROUP..... 06 OTHER(SPECIFY)..... 96		What quantity of produce was lost / wasted?	What was the value of the produce that was lost / wasted? IF NONE, CODE 00000.
Inputs	Ksh	Livestock Product Code	Livestock product	Unit of product		Quantity	Quantity	Code	Ksh.	Quantity	Ksh
Livestock related construction		01	Indigenous Cattle Milk	Litre							
Purchase of mechanical equipments e.g.. Tractor,Ox Ploughs etc.		02	Exotic Cattle- Milk	Litre							
Vaccines		03	Indigenous Goat milk	Litre							
Water		04	Exotic Goat milk	Litre							
Livestock chemicals(dipping and spraying)		05	Camel milk	Litre							
Livestock manufactured feeds		06	Bees Wax	Kgs							
Livestock fodder		07	Eggs	Number							
Artificial Insemination		08	Honey	Kgs							
Livestock Insurance		09	Wool/fur	Kgs							
Fuels		10	Manure	Kgs							
Lubricants		11	Hides and Skins	Kgs							
Electricity		12	Broilers	Kgs							
Machinery/equipment repairs		13	Other1(specify).....	Kgs							
Purchase of small farm implements		14	Other2 (specify).....	Kgs							
Farm repair											
Mineral salts											
Livestock drugs											
Other(specify).....											
Other2(Specify).....											
Other3(Specify).....											
Other4(Specify).....											

SECTION N: HOUSEHOLD ENTERPRISES

ASK THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT

N01

Over the past month, has anyone in your household operated or owned any non-agricultural income-generating enterprise? e.g. shop, tailoring, carpentry shops, posho mill , jua kali business, water kiosks/vendor, solid waste collection, etc.

YES.....1 NO.....2 ☐

(IF '2' »SECTION O)

N02	N03		N04		N05	N06										N07			
I T E M C O D E	What income-generating activities did individuals in the household operate over the past 1 month?		What is the [MAIN] economic activity of this enterprise?		Is this income generating activity officially registered with the Registrar of Companies ? YES..... 1 NO..... 2 DK..... 8	How many persons are engaged in this income generating activity?										What was the profit or loss you earned or lost from this income generating activity over the past six months?			
	LIST ALL ESTABLISHMENTS/ENTERPRISES AND COUNTY OF OPERATION BEFORE COLLECTING DETAILS OF INFORMATION ON EACH.					IF NONE, CODE 00													
						Paid Household member		Unpaid Household member		Unpaid Proprietors/ Directors		Unpaid apprentices		Unpaid Volunteer				Paid Non-Household member	
	Name of Enterprise	County Code	Description	ISIC CODE		Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Month	Ksh
1																			
2																			
3																			
4																			
5																			
6																			
7																			

TASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT 1

(IF ONLY FROM OUTSIDE KENYA»007)

...Tranfers from within Kenya						Cash Tranfers from outside Kenya		
O05			O06			O07		
CHECK IF THE HOUSEHOLDS RECEIVED TRANSFERS FROM THE GOVERNMENT			What was the transfer mode of the cash received from within Kenya ? LIST UPTO THREE (IF ONLY FROM WITHIN KENYA THEN»O10)			How was the cash received from outside Kenya remitted and how much?		
Indicate three key priority expenditure for the transfer received?								
	Ksh							
A	Education/School fees	_ _ _ _ _ _ _						
B	Food	_ _ _ _ _ _ _						
C	Health Care	_ _ _ _ _ _ _						
D	Rent/hou	_ _ _ _ _ _ _						
E	Clothing	_ _ _ _ _ _ _						
F	Business/Investment	_ _ _ _ _ _ _	MONEY TRANSFER AGENT... A	BUS..... G	A	Money Transfer Agent	_ _ _ _ _ _ _	
			BANK..... B	COURIER..... H	B	Bank	_ _ _ _ _ _ _	
			MOBILE MONEY TRANSFER.. C	OTHER (SPECIFY)..... X	C	Mobile Money Transfer	_ _ _ _ _ _ _	
			HAWALA..... D		D	Hawala	_ _ _ _ _ _ _	
			NEIGHBOUR/FRIEND..... E		E	Neighbour/Friend	_ _ _ _ _ _ _	
			FAMILY/RELATIVE..... F		F	Family/Relative	_ _ _ _ _ _ _	
G	Debt repayment	_ _ _ _ _ _ _	1 ST RESPONSE	2 ND RESPONSE	3 RD RESPONSE	G	Bus	_ _ _ _ _ _ _
H	Other (Specify)	_ _ _ _ _ _ _	_	_	_	X	Other (Specify)	_ _ _ _ _ _ _

O08		
How much of the cash received by the household from outside Kenya was spent on (...) in the last 12 months?		
		Ksh
A	Food	_ _ _ _ _ _ _
B	Education/ School fees	_ _ _ _ _ _ _
C	Health	_ _ _ _ _ _ _
D	Investment/ Business	_ _ _ _ _ _ _
E	Any Other	_ _ _ _ _ _ _

O09
Which country did the household MAINLY receive cash transfers from? SEE CODES IN APPENDIX ONE
Country
.....
Code
_ _ _

Transfers in kind			
O10			
What was the total value of all <u>food</u> received as support/gifts from (...) in the last 12 months?			
			Ksh
A	In kenya	Individual	_ _ _ _ _ _ _
B		Non profit Institution	_ _ _ _ _ _ _
C		Government	_ _ _ _ _ _ _
D		Corporate Sector	_ _ _ _ _ _ _
E	Outside Kenya		_ _ _ _ _ _ _

Transfers in kind							
O11				O12			
What was the total value of all <u>clothing</u> received as a support/gifts from (...) in the last 12 months?				What was the total value of <u>health care/ medical services</u> received as support (...) in the last 12 months?			
				Ksh			
A	In Kenya	Individual	_ _ _ _ _ _ _	A	In Kenya	Individual	_ _ _ _ _ _ _
B		Non Profit Institution	_ _ _ _ _ _ _	B		Non profit Institution	_ _ _ _ _ _ _
C		Government	_ _ _ _ _ _ _	C		Government	_ _ _ _ _ _ _
D		Corporate Sector	_ _ _ _ _ _ _	D		Corporate Sector	_ _ _ _ _ _ _
E	Outside Kenya		_ _ _ _ _ _ _	E	Outside Kenya		_ _ _ _ _ _ _

Transfers in kind			
O13			
What was the total value of all other in-kind support/gifts received from (...) in the last 12 months?			
Ksh			
A	In Kenya	Individual	_ _ _ _ _ _ _
B		Non Profit Institution	_ _ _ _ _ _ _
C		Government	_ _ _ _ _ _ _
D		Corporate Sector	_ _ _ _ _ _ _
E	Outside Kenya		_ _ _ _ _ _ _

Tranfers in Cash/ In Kind from Household					
O14	O15	O16	O17	O18	
Over the past 12 months, did the household <u>give out</u> any support/gifts (in cash or in-kind) to any individuals / institutions outside your household?	What was the total value of all <u>cash</u> given as support/gift to individuals/institutions in the last 12 months?	What was the total value of all <u>food</u> given as support/gift to individuals/institutions in the last 12 months?	What was the total value of all <u>clothing</u> given as support/gift to individuals/institution in the last 12 months?	What was the total value of all <u>other in-kind support/gifts</u> to individuals/institutions in the last 12 months?	
YES.....1					
NO.....2					
(IF '2' »NEXT SECTION)	Ksh	Ksh	Ksh	Ksh	
_	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _

SECTION P: OTHER INCOME

ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT

P01: Has any member of your household received any other income NOT already mentioned elsewhere e.g. pension, alimony, royalties in the past 12 months? YES.....1 NO..... 2 IF '2' (»NEXT SECTION)

P02	P03	P04	P05			P06	P07	P08			
Did any member of your household receive any regular income in savings, interest or other investment income in the last 12 months? YES ...1 NO 2 (IF '2' »P04)	How much did your household receive in savings, interest or other investment income in total in the last 12 months? Ksh	Did any member of your household receive any regular income from pension in the last 12 months? YES 1 NO 2 (IF '2' »P07)	What was the source(s) of pension? (MULTIPLE RESPONSES) CIVIL SERVANTS PENSION PLAN.... A PRIVATE PENSION..... B PERSONAL PENSION PLAN..... C OTHER (SPECIFY)..... X			How much did your household receive in pension income in the last 1 month? Ksh	Did any member of your household receive any regular income from rental of property in the last 12 months? YES 1 NO 2 (IF '2'»P09)	How much did your household receive in rental income in the last 1 month?			
								Residential	Commercial	Land	Machinery
			Ksh	Source 1	Source 2			Source 3	Ksh	Ksh	Ksh

P08 continued		P09	P10		P11	P12			P13
'How much did your household receive in rental income in the last 1 month? OTHER RENTAL (SPECIFY) Sub Soil Asset Ksh	Ksh	Did any member of your household receive any regular income of any other type in the last 12 months? YES..... 1 NO 2 (IF '2' »P11)	How much did your household receive from this other income(s) in the last 1 month (in KSHS)?		Did any member of your household receive any sort of non-regular income in the last 12 months? YES..... 1 NO 2 (IF '2' »NEXT SECTION)	What type of income?			How much in total did the household receive in form of this Non-regular income (s) in the last 12 months? Ksh
			Type 1 (specify)	Type 2 (specify)		Type 1-Specify	Type 2-Specify	Type 3-Specify	
			Ksh	Ksh		Ksh	Ksh	Ksh	

[ASK THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

[illegible]

SPENT CASH SAVINGS.....	1
SENT CHILDREN TO LIVE WITH RELATIVES.....	2
SOLD ASSETS (e.g. TOOLS, FURNITURE.....	3
SOLD FARM LAND.....	4
RENTED OUT FARM LAND.....	5
SOLD ANIMALS.....	6
SOLD MORE CROPS.....	7
WORKED LONGER HOURS OR WORKED MORE.....	8
OTHER HH MEMBERS WHO WERENT WORKING WENT TO WORK....	9
STARTED A NEW BUSINESS.....	10
REMOVED CHILDREN FROM SCHOOL TO WORK.....	11
WENT ELSEWHERE TO FIND WORK FOR MORE THAN A MONTH.....	12
BORROWED MONEY FROM RELATIVES.....	13
BORROWED MONEY FROM MONEY LENDER.....	14
BORROWED MONEY FROM INSTITUTION E.G BANK.....	15
RECEIVED HELP FROM RELIGIOUS INSTITUTION.....	16
RECEIVED HELP FROM INTERNATIONAL	17
RECEIVED HELP FROM LOCAL NGO.....	18
RECEIVED HELP FROM GOVERNMENT.....	19
RECEIVED HELP FROM FAMILY AND FRIENDS.....	20
REDUCED FOOD CONSUMPTION.....	21
CONSUMED LOWER COST BUT LESS PREFERED FOODS.....	22
REDUCED NONFOOD EXPENDITURES.....	23
SPIRITUAL EFFORT-PRAYER, SACRIFICES, CONSULTED DIVINER...	24
DID NOTHING.....	25
OTHER (SPECIFY).....	96

[illegible]

SECTION QA: FOOD SECURITY - LAST 12 MONTHS
[ASK THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

QA1	QA2	QA3	QA4	QA5	QA6	QA7	QA8	QA9
In the last 12 months, did you worry that your household would not have enough food?	In the last 12 months were you or any household member not able to eat the kinds of food you preferred because of lack of money?	In the last 12 months, did you or any household member eat fewer kinds of food due to lack of money or other resources?	In the last 12 months, did you or any household member miss a meal because of lack of money or other resources to obtain food?	In the last 12 months, did you or any other household member eat less than you thought you should because of lack of money or other resources?	In the last 12 months, did your household run out of food because of lack of money or other resources?	In the last 12 months, were you or any other household member hungry but did not eat because of lack of money or other resources?	In the last 12 months, did you or any household member go without food for a whole day because of lack of money or other resources?	In the last 12 months, did the household receive any relief food?
YES..... 1	YES..... 1	YES.....1	YES..... 1	YES..... 1	YES..... 1	YES..... 1	YES..... 1	YES.....1
NO..... 2	NO.....2	NO.....2	NO..... 2	NO..... 2	NO..... 2	NO.....2	NO..... 2	NO.....2

SECTION QB: HOUSEHOLD JUSTICE MODULE
[ASK THE HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT]

QB01	QB02	QB03	QB04	QB05	
ITEM CODE	Item	Have you or your household experienced the following grievances/disputes in the past 2 years? [Including those that started more than 2 years ago and were concluded in the past 2 years.]	What was the primary organization/person /group you went to resolve the grievance/dispute?	Why did you choose the organization/person/group to resolve your grievance/dispute instead of other options?	
			DIRECTLY TO THE OTHER PARTY..... 01	NGO/CBO..... 10	COST..... 01
			EXTENDED FAMILY MEMBERS (OUTSIDE THE HOUSEHOLD)..... 02	LAWYER..... 11	PARTY HAS COMMUNITY/FAMILY RESPECT..... 02
			RELIGIOUS INSTITUTION/RELIGIOUS LEADER..... 03	POLICE..... 12	PARTY HAS TECHNICAL SKILL..... 03
			CHIEF/ASSISTANT CHIEF..... 04	COURTS..... 13	PROXIMITY/LOCATION..... 04
		YES..... 1	OTHER NATIONAL GOVERNMENT OFFICIAL..... 05	FRIEND..... 14	PARTY HAS THE POWER/AUTHORITY..... 05
		NO..... 2	COUNTY GOVERNMENT OFFICIAL..... 06	GANGS..... 15	WOULD CAUSE LEAST DISRUPTION TO LIFE..... 06
		DON'T KNOW..... 8	TRADITIONAL LEADER/ELDER..... 07	NONE..... 16	MOST COMFORTABLE WITH THIS PERSON..... 07
			MP (NATIONAL ASSEMBLY/SENATE)..... 08	OTHER (SPECIFY)... 96	TRADITION..... 08
			MEMBER OF COUNTY ASSEMBLY (MCA)..... 09	IF "NONE"» NEXT SECTION	OTHER (SPECIFY)..... 96
GO THROUGH EACH ITEM IN THE LIST AND RECORD THE CORRECT RESPONSE IN QB03					

101	Land (squatters, allocation, title, use, boundaries, ownership, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Commercial (unpaid debts, undelivered goods/services, contractual business disputes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Family matters (divorce; paternity; child custody, maintenance etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Succession and inheritance (inheritance/management of a deceased person's property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Criminal matters (murder,sexual offenses, theft, assault etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Natural resources (communal grazing land, water sources, misuse of public forests/land)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Tenants vs. Landlords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Disputes over personal property (cars, household items, livestock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Domestic violence (sexual, physical, psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Labour (employee/employer disputes, unpaid wages, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	Traffic matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Religious/Witchcraft offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	Political disagreements/election related grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Corruption/bribery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB01	QB06	QB07				QB08			
I T E M C O D E	Did the organization/person/group resolve your grievance/dispute?	How much has it cost your household in terms of formal fees and payments to the organization/person/group visited? GIVE TWO MAIN, (MULTIPLE RESPONSES IN KSH PER DISPUTE POSSIBLE)				How much has it cost your household so far in bribes/informal payments?			
						(MULTIPLE RESPONSES IN KSH PER DISPUTE POSSIBLE)			
	NO, THEY COULD NOT HELP US WITH THE DISPUTE 1	DIRECTLY TO THE OTHER PARTY..... A	NGO/CBO..... J						
	NO, THE MATTER IS STILL PENDING..... 2	EXTENDED FAMILY MEMBERS (OUTSIDE THE HOUSEHOLD)..... B	LAWYER..... K	POLICE..... L			DIRECTLY TO THE OTHER PARTY..... A	POLICE.....H	
	NO, THEY DECIDED NOT TO RULE ON THE MATTER..... 3	RELIGIOUS INSTITUTION/RELIGIOUS LEADER..... C	COURTS..... M	FRIEND..... N			EXTENDED FAMILY MEMBER..... B	COURTS.....I	
YES, AND THE MATTER IS RESOLVED..... 4	CHIEF/ASSISTANT CHIEF..... D	GANGS..... O	NONE.....P			TRADITIONAL LEADER/ELDER..... C	LAWYER.....J		
	OTHER NATIONAL GOVERNMENT OFFICIAL..... E	OTHER (SPECIFY)... X					NATIONAL GOVERNMENT..... D	OTHER (SPECIFY)...X	
	MP (NATIONAL ASSEMBLY/SENATE)..... H					COUNTY GOVERNMENT..... E			
	MEMBER OF COUNTY ASSEMBLY (MCA)..... I					MP (NATIONAL ASSEMBLY/SENATE)..... F			
	OTHER. (SPECIFY).....6					MEMBER OF COUNTRY ASSEMBLY..... G			
		PRIMARY ORGANIZATION	Ksh	OTHER INSTITUTION	Ksh	PRIMARY	Ksh	OTHER INSTITUTION	Ksh

101									
102									
103									
104									
105									
106									
107									
108									
109									
110									
111									
112									
113									
114									

SECTION R: CREDIT
[ASK THE HOUSEHOLD HEAD AND PERSONS RESPONSIBLE FOR LOANS LISTED].

R01: Over the past **12 months**, did you or anyone else in this household **attempt** to get credit in form of cash, goods or services from any individual outside the household or from any institution?

Yes1
No2

(IF '2' » R17)

R02: Over the past **12 months**, did you or anyone else in this household **secure** a loan (borrow) in form of cash, goods or services from any individual outside the household or from any institution?

Yes1
No2

(IF '2' » R14)

R03	R04	R05	R06	R07	R08	R09	R10		R11	R12
I T E M C O D E	LIST THE CREDIT ITEM	Which household member was responsible for the loan?	What was the source(persons or institutions) of the credit from whom you or anyone else in your household borrowed over the past 12 months? CODE SOURCE OF CREDIT COMMERCIAL BANKS..... 01 MICRO-FINANCE INST..... 02 MORTGAGE FINANCE..... 03 GOVERNMENT FUNDS..... 04 INSURANCE COMPANY..... 05 SACCOS..... 06 RELIGIOUS INST..... 07 NGO..... 08 EMPLOYER..... 09 MERCHANT/SHOP..... 10 MONEY LENDER(SHYLOCK)..... 11 RELATIVE/ FRIEND/NEIGHBOUR.. 12 MOBILE PHONE PLATFORM..... 13 SELF-HELP GROUPS/CHAMAS..... 14 OTHER..... 96	What was the main <u>reason</u> for obtaining the loan? SUBSISTENCE NEEDS..... 01 MEDICAL EXPENSE 02 SCHOOL FEES (EDUCATION)..... 03 CEREMONY/WEDDING..... 04 PURCHASE OF LAND..... 05 PURCHASE OF AGRICULTURAL INPUTS..... 06 BUSINESS/INVESTMENT 07 PURCHASE OF AGRICULTURAL MACHINERY... 08 PURCHASE/CONSTRUCTION OF DWELLING... 09 PURCHASE OF MOTOR VEHICLES/CYCLES..... 10 PURCHASE OF LIVESTOCK..... 11 OTHER (SPECIFY)..... 96	How <u>much</u> was borrowed? ENTER THE VALUE BORROWED INCLUDING GOODS/SERVICES ACQUIRED ON CREDIT (IF ≥ 9,000,000, CODE = 9,000,000)	How long did it take [NAME] to obtain the loan?	Rate of interest per month or annually?		Repayment period of loan in months?	How much is outstanding (awaiting to be repaid) IF NO VALUE, CODE 0000000
		LINE NUMBER FROM ROSTER			KSh	Number of Days	Percentage		Months	Ksh
							Per month	Annually		
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

R03	R13	R14	R15	R16	R17	R18
ITEM CODE	What kind of guarantee / collateral was MAINLY required?	Which household member was turned down?	Why was [NAME] turned down?	Who turned [NAME] down? LIST UP TO 2.	ROSTER ID CODE	Why did [NAME] <u>not attempt to borrow</u> in the last 12 months? [WRITE UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.]
	LAND TITLE..... 01 HOUSE..... 02 MOTOR VEHICLE/CYCLE 03 INDIVIDUAL/GUARANTOR..... 04 LIVESTOCK..... 05 SHARES..... 06 HOUSEHOLD GOODS..... 07 SALARY..... 08 INCOME..... 09 BUSINESS STOCK..... 10 NONE..... 11 OTHER (SPECIFY)..... 96 CONFIRM IF THERE IS ANY HOUSEHOLD MEMBER WHO WAS TURNED DOWN , (IF SO» R14 ELSE »NEXT SECTION)					NO NEED A BELIEVED WOULD BE REFUSED..... B TOO EXPENSIVE/ HIGH INTEREST..... C TOO MUCH TROUBLE FOR WHAT IT IS WORTH.. D INADEQUATE COLLATERAL..... E POOR CREDIT RATING..... F DO NOT LIKE TO BE IN DEBT..... G DO NOT KNOW ANY LENDER..... H UNEMPLOYED/STUDENT..... I TOO YOUNG..... J OTHER..... X
		FROM ROSTER	Record Main reason	1st2nd		1st2nd
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

SECTION S: HOUSEHOLD ICT : (ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT)

S01	S02	S03			S04	S05		S06		S07	S08
Does this household have a functional...?		What type of Multichannel TV/Decoder do you have?			In the last 12 months, has the HH subscribed to Pay TV ? YES.. 1 NO... 2 (IF '2' » S09)	What Type of Pay TV signal receiver do you have?		What type of Pay TV package (Allow multiple responses)		How many months did this HH subscribe to the Pay TV package(s) in the last 12 months?	On average how much do you pay for the Pay TV package in a month.
Computer	Television										
YES..... 1	YES..... 1	BUILT IN DIGITAL TV..... A PAY TV DECORDER..... B FREE TO AIR SET TOP BOX C INTERNET - PROTOCOL TV (IPTV) / WEB TVD NONE E (IF 'E' »S09) MULTIPLE RESPONSES				Satellite dishA Aerial.....B Others.....C		TV channels only.....A TV channels + Internet.....B TV channels + phone.....D TV channels + internet + Phone....E			
NO..... 2	NO..... 2 (IF '2' » S09)										
		RESPONSE 1	RESPONSE 2	RESPONSE 2		RESPONSE1	RESPONSE 2	RESPONSE 1	RESPONSE 2	Months	KSh
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S09	S10			S11							
Does your HH have an Internet connection (Any type)? YES..... 1 NO..... 2 (IF '2' »S 11)	What type of internet connection does your household have?			Why doesn't this household have any type of Internet connection ?							
	FIXED WIRED BROADBAND (E.G. FIBRE TO THE BUILDING).....A TERRESTRIAL FIXED WIRELESS (E.G. WIMAX, SATELLITE) B MOBILE BROADBAND (USES SIM CARD)..... C MOBILE PHONE..... D OTHER (SPECIFY)..... X MULTIPLE RESPONSES			DO NOT NEED TO USE INTERNET..... A LACK OF KNOWLEDGE OR SKILLS TO USE THE INTERNET..... B NO INTERNET/ NETWORK IN THE AREA..... C ACCESS INTERNET ELSEWHERE..... D INTERNET IS AVAILABLE BUT DOES NOT MEET HOUSEHOLD NEED (E.G.SPEED, QUALITY)E COST OF SERVICE IS TOO HIGH..... F COST OF EQUIPMENT IS TOO HIGH..... G CULTURAL REASONS..... H OTHER (SPECIFY)..... X							
	RESPONSE 1			RESPONSE 2	RESPONSE 3	REASON 1			REASON2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>