





**SECTION A-4 : COMMENTS ON THE QUESTIONNAIRE**

Official Document For Information Only

**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?

**TABLE OF CONTENTS**

	<u>Page</u>		
COVER		SECTION L: AGRICULTURE OUTPUT	12
SECTION A-1: HOUSEHOLD IDENTIFICATION	1	SECTION M: LIVESTOCK	14
SECTION A-2: SURVEY STAFF DETAILS	2	SECTION N: HOUSEHOLD ENTERPRISES	18
SECTION A-3: DATA ENTRY	2	SECTION O: TRANSFERS	19
SECTION A-4 : COMMENTS ON THE QUESTIONNAIRE	3	SECTION P: OTHER INCOME	21
SECTION A5: INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED	3	SECTION Q: RECENT SHOCKS TO HOUSEHOLD WELFARE	23
SECTION I: HOUSING	4	SECTION QA: FOOD SECURITY - LAST 12 MONTHS	24
SECTION J: WATER AND SANITATION	6	SECTION QB: HOUSEHOLD JUSTICE MODULE	25
SECTION J CON'T: ENERGY USE	8	SECTION R: CREDIT	28
SECTION K: AGRICULTURE HOLDING	9	SECTION S: HOUSEHOLD ICT	29

**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 FLAT..... 02 MAISONNETTE..... 03 SWAHILI..... 04 SHANTY..... 05 MANYATTA/TRADITIONAL HOUSE..... 06 OTHER (SPECIFY)..... 96	OWNS..... 1 PAYS RENT/LEASE ..... 2 NO RENT, WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4  <b>(IF '2' »I09) AND (IF '3' OR '4' »I11)</b>	PURCHASED CASH ..... 01 PURCHASED LOAN ..... 02 CONSTRUCTED CASH..... 03 CONSTRUCTED LOAN..... 04 PURCHASED CASH & LOAN..... 05 CONSTRUCTED CASH & LOAN... 06 INHERITED ..... 07 GIFT ..... 08 BARTERED ..... 09 OTHER (SPECIFY) ..... 96  <b>(IF '1', '3', '7', '8', '9', '96' »I06)</b>	YES..... 1 NO ..... 2  <b>(IF '2' »I06)</b>		97+ YRS .... 97 DK. .... 98	
				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?  <b>(WRITE AND »I11)</b>	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)	
	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?
<p><b>NATURAL WALLS</b></p> NO WALLS..... 01 CANE/PALM/TRUNKS..... 02 GRASS/REEDS..... 03 MUD/COW DUNG..... 04 <p><b>RUDIMENTARY WALLS</b></p> BAMBOO WITH MUD ..... 05 STONE WITH MUD..... 06 UNCOVERED ADOBE ..... 07 PLYWOOD..... 08 CARDBOARD..... 09 REUSED WOOD..... 10 CORRUGATED IRON SHEETS... 11 <p><b>FINISHED WALLS</b></p> CEMENT ..... 12 STONE WITH LIME/CEMENT ..... 13 BRICKS..... 14  CEMENT BLOCKS..... 15 COVERED ADOBE ..... 16  WOOD PLANKS/SHINGLES..... 17 OTHER..... 96	<p><b>NATURAL ROOFING</b></p> GRASS / THATCH / MAKUTI..... 01 DUNG / MUD ..... 02 <p><b>RUDIMENTARY ROOFING</b></p> CORRUGATED IRON SHEETS... 03 TIN CANS ..... 04 <p><b>FINISHED ROOFING</b></p> ASBESTOS SHEET ..... 05 CONCRETE ..... 06 TILES ..... 07 OTHER..... 96	<p><b>NATURAL FLOOR</b></p> EARTH/SAND..... 01 DUNG ..... 02 <p><b>RUDIMENTARY FLOOR</b></p> WOOD PLANKS/SHINGLES..... 03 PALM/BAMBOO ..... 04 <p><b>FINISHED FLOOR</b></p> 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
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

Official Document For Information Only

**SECTION J: WATER AND SANITATION**

[ASK THE HOUSEHOLD HEAD OR KNOWLEDGEABLE HOUSEHOLD MEMBER]

**WATER**

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?
<b>PIPED WATER</b>	UNPROTECTED SPRING.....08	GIVE TIME IN MINUTES	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
PIPED INTO DWELLING ..... 01	<b>RAIN WATER COLLECTION</b> .....09							ONLY DRY SEASON..... 2
PIPED INTO PLOT/YARD ..... 02	<b>VENDORS</b>							ONLY RAINY SEASON... 3
PUBLIC TAP/STAND PIPE ..... 03	TANKERS-TRUCK ..... 10							
TUBEWELL/BOREHOLE WITH PUMP .... 04	CART WITH SMALL TANK/DRUM/BUCKETS ..... 11							
<b>DUG WELL</b>	BICYCLES WITH BUCKETS ..... 12							
PROTECTED WELL ..... 05	<b>SURFACE WATER</b>							
UNPROTECTED WELL ..... 06	RIVER, STREAM, POND, DAM, LAKE, CANAL, IRRIGATION CHANNEL..... 13							
<b>WATER FROM SPRING</b>	<b>BOTTLED WATER</b> ..... 14							
PROTECTED SPRING ..... 07	OTHER (SPECIFY) .....96							
	(IF '14' » J09)						( IF '1' »J08)	
	(IF '1' » J06)							
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?	What was the total volume of water used by your household last month ?
	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	(IF NONE, CODE 00000)
	1 <sup>ST</sup>	2 <sup>ND</sup>
		3 <sup>RD</sup>
		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)
<b>FLUSH/POUR FLUSH</b>					(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	
<b>PIT LATRINE</b>				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		
<b>COMPOSTING TOILET</b> ..... 31						
<b>BUCKET TOILET</b> ..... 41						
<b>HANGING TOILET/HANGING LATRINE</b> ..... 51						
<b>NO FACILITY/BUSH/FIELD</b> ..... 61				(IF '04 - 08, 96' » J16)		
<b>OTHER (SPECIFY)</b> ..... 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			KPLC ..... 01	PARAFFIN..... 01	CONNECTION/WIRING FEE UNAFFORDABLE ..... 01
GENERATOR ..... 02	ELECTRICITY..... 02			OWN GENERATOR ..... 02	CANDLES..... 02	NO NEED FOR ELECTRICITY.... 02
SOLAR ENERGY..... 03	LIQUIFIED PETROLEUM GAS (LPG) ..... 03	YES ..... 1		COMMUNITY GENERATOR .. 03	GENERATOR ..... 03	DWELLING INAPPROPRIATE FOR CONNECTION ..... 03
PARAFFIN LANTERN..... 04	BIOGAS..... 04	NO..... 2		NEIGHBOUR GENERATOR... 04	LPG/GAS..... 04	APPLICATION PENDING..... 04
PARAFFIN TIN LAMP..... 05	KEROSENE ..... 05		YES ..... 1	COMPANY GENERATOR..... 05	SOLAR ..... 05	LINE WAS DISCONNECTED .... 05
PARAFFIN PRESSURE LAMP ..... 06	CHARCOAL..... 06		NO..... 2	MICRO/MINI-HYDRO..... 06	BIOGAS ..... 06	TRANSFORMER TOO FAR ..... 06
FUEL WOOD ..... 07	STRAW/SHRUBS/GRASS..... 07	(IF J17 = '1') OR (J18 = '2' » 21)		SOLAR PANELS ..... 07	OTHER (SPECIFY) ... 96	TRANSFORMER CAPACITY LIMITED..... 07
GAS LAMP ..... 08	ANIMAL DUNG..... 08		(IF '2' » J23)	BATTERY ..... 08		OTHER (SPECIFY) ..... 96
BATTERY LAMP/TORCH..... 09	AGRICULTURAL CROP RESIDUE... 09			OTHER (SPECIFY) ..... 96	(»J25)	
CANDLES ..... 10	OTHER (SPECIFY)..... 96					
BIOGAS..... 11						
OTHER (SPECIFY) ..... 96						

**SECTION J CONT: ENERGY USE**

J24	J25	J26	J27	J28			J29		J30	J31			J32		J33	J34	J35					
				1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Unit	Quantity		Kgs	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Number			Unit	Ksh.	Minutes	Men	Women	Children
1	ENERGY SOURCES.	In the last 12 months, has your household used [ITEM] ?	In the last month, has your household used [ITEM] ?	DOMESTIC COOKING..... A	BUNCH..... 01	(ASK TO SEE A TYPICAL	1 Kgs Cylinder..... A	During the last month, how many units of [ITEM] did you use?	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?											
2	COMPLETE J26 - J35 FOR EACH ENERGY SOURCE BEFORE PROCEEDING TO THE NEXT ENERGY SOURCE.	YES... 1 NO..... 2	YES.. 1 NO.... 2	WATER HEATING.... B	BUNDLE..... 02	STACK/HEAP/ BUNDLE/ PIECE TO ESTIMATE WEIGHT)	3 Kgs Cylinder ..... B															
		( IF '2'»NEXT ITEM)	(IF '2'»NEXT ITEM)	LIGHTING..... C	HEAP..... 03		6 Kgs Cylinder ..... C															
				HOME BUSINESS..... D	LOG..... 04		13 Kgs Cylinder .... D															
				OTHER (SPECIFY).. X	PIECE ..... 05		15 Kgs Cylinder .... E															
				(MULTIPLE RESPONSES ALLOWED )	SACK ..... 06		Other (specify)..... X															
					DEBE/BUCKET..... 07																	
					GOROGORO ..... 08																	
					TIN ..... 09																	
					OTHER (SPECIFY). 96																	
1	Purchased firewood																					
2	Collected firewood																					
3	Farm residue (Animal/Crop residue)																					
4	Wood/process waste																					
5	Charcoal																					
6	Kerosene/Paraffin											LITRES										
7	LPG											KG										
8	Grid Electricity											KWh										
9	Biogas																					
10	Candles											NUMBER										
11	Solar Energy																					
12	Dry cell batteries											PIECES										
13	Lead cell batteries											NO. OF CHARGES										
14	Windmill/Turbine																					
15	Mini-Hydro											WATTS										
16	Generator											LITRES OF FUEL										

Official Document For Information Only

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

Official Document For Information Only

K02	IRRIGATION						K17		
	K11	K12	K13	K14	K15	K16	K17		
	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?  IF YES, PROVIDE THE AREA UNDER GREENHOUSE(S) IN M <sup>2</sup>  IF NO, CODE 00000 AND CONTINUE	During the last 12 months did HH practice irrigation in this parcel of land?  YES..... 1 NO..... 2  (IF '2' »K18)	What is the [MAIN] source of water for irrigation?  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	What is the [MAIN] methods of water abstraction for irrigation?  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	What is the irrigated area by irrigation method ?		
Ksh.	Ksh.	Area (M <sup>2</sup> )				Method & Area (M <sup>2</sup> )			
						Surface	Sprinkler	Drip	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

Official Document For Information Only

K02	FERTILIZER		FARM INPUTS				
	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 ?:-				
	Inorganic..... 1		Private stockists..... 01				
	Organic..... 2		Private companies..... 02				
	Both..... 3		Other farmers..... 03				
	None..... 4		Cooperative societies/Farmers Association..... 04				
	N/A..... 9		Government subsidized..... 05				
	(IF '4' FOR BOTH SEASONS»K20)		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
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	_ _ _ _ _ _ _		

Official Document For Information Only

**SECTION L: AGRICULTURE OUTPUT**

**TASK 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.**

L01	L02		L03		L04	L05		L06		L07	L08
I t e m  C o d e	Please tell me the MAIN crops that members of the household <b>farmed</b> in the past 12 months.  LIST TO A MAX OF SIX IMPORTANT CROPS GROWN BY HH (VALUE AND/OR AREA COVERED)		Total crop area in ACRES (one decimal place) in all parcels in the past 12 months.  FOR SCATTERED TREE CROPS, GIVE NUMBER OF TREES  Area ..... 1 Number..... 2		What was the main type of seed planted for [CROP] in the last 12 months?  Seed (Certified)..... 01 Seed (Uncertified) 02 Seedlings..... 03 Cuttings..... 04 Suckers..... 05 None..... 06 Other( specify)..... 96 DK..... 98  (IF '06' OR '96' »L08)	Where did HH acquire the seeds/seedlings?  LIST UP TO TWO. STOCKIST/ RETAILER.. A OTHER FARMER ..... B NURSERY ..... C COOPERATIVE SOCIETY..... D GOVERNMENT ..... E NGO/FBO ..... F OWN PRODUCTION.... G DIRECT IMPORT..... H UNDER CONTRACT.... J OTHER SPECIFY..... X		What quantity of seeds/seedlings did HH use ?  <b>Unit</b> Kgs ..... 1 Number... 2		What is the value of the seeds/seedlings acquired by the HH for this crop?  ESTIMATE VALUE OF ANY IN-KIND PAYMENTS.	What was the MAIN cropping system for this crop in the last 12 months?  Pure stand..... 1 Intercrop..... 2 Strip Cropping... 3 Alley Cropping... 4 Relay Cropping... 5 Successive Cropping..... 6
	Crop Name	Crop Code	Area/Number	Unit	1 <sup>st</sup>	2 <sup>nd</sup>	Quantity	Unit	Ksh		
1											
2											
3											
4											
5											
6											

Official Document For Information Only

**SECTION L: AGRICULTURE OUTPUT**

**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.**

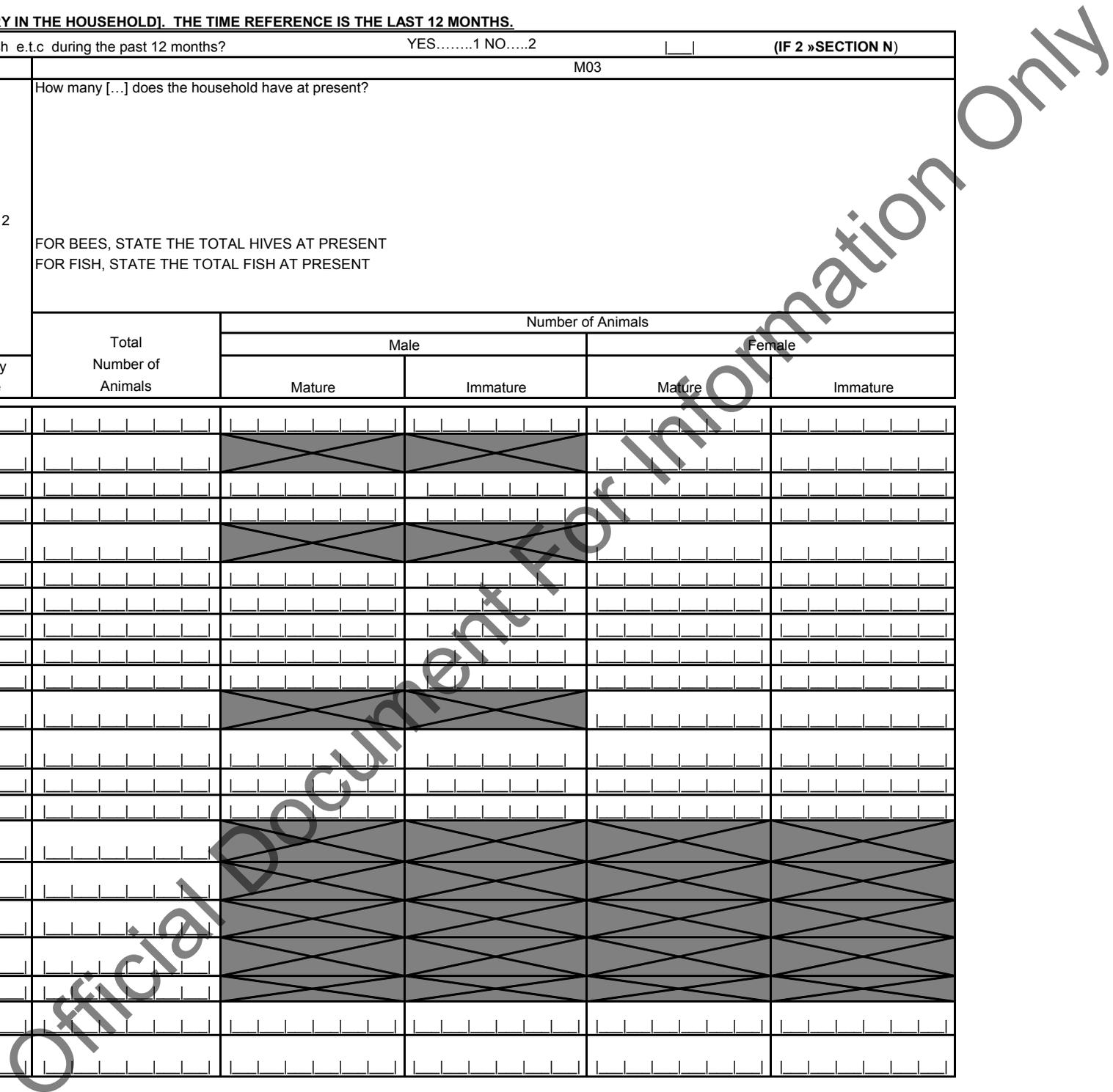
L01	L09	L10	L11	L12	L13	L14	L15	L16	L17		L18	L19
I t e m  C o d e	What was the quantity harvested in the last 12 months?	How much of the harvest was consumed by the HH in the last 12 months?	How much of the harvest was sold?	How much was earned from this sale?	How much of the harvest was retained as 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 of 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.
	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)		(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)			(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)	(FOR 'GREEN MAIZE', RECORD QUANTITY IN PIECES)
	Kgs	Kgs	Kgs	Ksh.	Kgs	Kgs	Kgs	Kgs	Reason 1	Reason 2	Kgs	Kgs
1												
2												
3												
4												
5												
6												

Official Document For Information Only

**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 [...]?  YES.....1 NO.....2 (IF '2' » NEXT ANIMAL)  ESTABLISH IF THE HOUSEHOLD HAS RAISED THE FOLLOWING ANIMALS AT ANY TIME DURING THE LAST 12 MONTHS				How many [...] does the household have at present?  FOR BEES, STATE THE TOTAL HIVES AT PRESENT FOR FISH, STATE THE TOTAL FISH AT PRESENT							
				Total Number of Animals				Number of Animals			
								Male		Female	
								Mature	Immature	Mature	Immature
Animal	Animal Code	M02	County Code	Total Number of Animals	Mature	Immature	Mature	Immature			
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										



		M04				M05	M06	M07
		How many [...] did the household have 12 months ago?				How many [...] did household sell 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
Animal	Animal Code	Total Number of Animals	Number of Animals				Number of Animals	Ksh
			Male		Female			
			Mature	Immature	Mature	Immature		
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							

Official Document For Information Only

		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								

Official Document For Information Only

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	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		M21	M22
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 ?	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.				YES..... 1 NO..... 2 DK..... 8	IF NONE, CODE 00										IF A LOSS (COSTS GREATER THAN SALES), PUT FIGURE IN PARENTHESES.  IF IN OPERATION FOR LESS THAN SIX, ENTER THE DURATION OF OPERATION IN MONTHS.	
						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	Month	Ksh
1																	
2																	
3																	
4																	
5																	
6																	
7																	

Official Document For Information Only

**SECTION O: TRANSFERS**

[ASK HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE RESPONDENT ]

O01	Over the past 12 months, did the household <u>receive</u> any support (in cash or in-kind) from any source (Individuals / family/institutions) outside your household? YES....1 NO.....2 (»O14)								
<b>Total Cash Transfers</b>				<b>Tranfers from within Kenya</b>					
O02				O03				O04	
What was the total <u>cash</u> received as a support from (.....) in the last 12 months?				How much of the cash received by the household from within Kenya was spent on (.....) in the last 12 months?				APPLIES TO HOUSEHOLDS THAT RECEIVED TRANSFERS FROM THE GOVERNMENT, OTHERWISE (» O06)	
IF NO CASH RECEIVED (»O10)								What was the total value of all cash received as support from (.....) in the last 12 months?	
				Ksh				Ksh	
A	In Kenya	Individual		A	Food		A	OT-HSNP- Cash Transfer for Hunger Safety Net Program	
B		Non Profit Institution		B	Education/School fees		B	CT-OVC Cash Transfer for Orphans & Vulnerable Children	
C		National Government		C	Health		C	OPCT- Older Persons Cash Transfer	
D		County Government		D	Investment/Business		D	CT- PwSD- Cash Transfer for Persons with Severe Disabilities	
E		Corporate Sector		E	Other (Specify)		E	Cash/Food for Work	
F		Total					F	School Feeding Programme	
G	Outside Kenya					G	Bursary Fund		
H	Total					H	Any other (Specify)		

(IF ONLY FROM OUTSIDE KENYA»O07)

<b>...Tranfers from within Kenya</b>						<b>Cash Tranfers from outside Kenya</b>		
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 WITIHN 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			MODE OF TRANSFER		
A	Education/School fees		MONEY TRANSFER AGENT... A	BUS..... G	A	Money Transfer Agent		
B	Food		BANK..... B	COURIER..... H	B	Bank		
C	Health Care		MOBILE MONEY TRANSFER... C	OTHER (SPECIFY)..... X	C	Mobile Money Transfer		
D	Rent/hou		HAWALA..... D		D	Hawala		
E	Clothing		NEIGHBOUR/FRIEND..... E		E	Neighbour/Friend		
F	Business/Investment		FAMILY/RELATIVE..... F		F	Family/Relative		
G	Debt repayment				G	Bus		
H	Other (Specify)		1 <sup>ST</sup> RESPONSE	2 <sup>ND</sup> RESPONSE	3 <sup>RD</sup> RESPONSE	H	Courier	
						X	Other (Specify)	



**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 <u>savings, interest</u> or other investment income in the last 12 months?  YES ...1 NO .... 2 <b>(IF '2' »P04)</b>	How much did your household receive in <u>savings, interest or other investment income</u> in total in the last 12 months?  Ksh	Did any member of your household receive any regular income from <u>pension</u> in the last 12 months?  YES ..... 1 NO ..... 2 <b>(IF '2' »P07)</b>	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 <u>pension</u> income in the last 1 month?  Ksh	Did any member of your household receive any regular income from <u>rental of property</u> in the last 12 months?  YES ..... 1 NO ..... 2 <b>(IF '2'»P09)</b>	How much did your household receive in rental income in the last 1 month?  Residential Commercial Land Machinery Ksh Ksh Ksh 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"/>

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	Did any member of your household receive any regular income of any other type in the last 12 months?  YES..... 1 NO ..... 2 <b>(IF '2' »P11)</b>	How much did your household receive from this other income(s) in the last 1 month (in KSHS)?  Type 1 (specify) Type 2 (specify) Ksh Ksh		Did any member of your household receive any sort of non-regular income in the last 12 months?  YES..... 1 NO ..... 2 <b>(IF '2' »NEXT SECTION)</b>	What type of income?  Type 1-Specify Type 2-Specify Type 3-Specify Ksh Ksh Ksh			How much in total did the household receive in form of this Non-regular income (s) in the last 12 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"/>



Q01	Q02	Q03	Q04	Q05	Q06	Q07	Q08	Q09			
I T E M  C O D E	ITEM	Over the past five years, was your household severely affected negatively by any of the following events?  YES.....1 NO.....2	Rank the MAIN THREE shocks experienced according to order of severity	THESE QUESTIONS SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN Q04. LEAVE ALL OTHER ROWS BLANK.							
	GO THROUGH EACH ITEM IN THE LIST AND FILL THE CORRECT RESPONSE IN Q03.		What was the estimated value lost due to this shock?	Did [THIS SHOCK] cause a reduction in household income and/or assets?	[THIS SHOCK] affected: [READ]	How long ago did [THIS SHOCK] occur?	What did you do in response to [THIS SHOCK] to try to cope / regain your former welfare level?  [LIST UP TO 3 BY ORDER OF IMPORTANCE, CODES AT RIGHT.]				
			MOST SEVERE.... 1			OWN HH ONLY.... 1	Years	Months	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
			SECOND MOST SEVERE..... 2			SOME OTHER HH TOO ..... 2					
			THIRD MOST SEVERE..... 3			MOST HH IN COMMUNITY.... 3					
						ALL HH IN COMMUNITY..... 4					
					Ksh						
119	Robbery/burglary/assault	<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"/>
120	Carjacking	<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"/>
121	Dwelling damaged, destroyed	<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"/>
122	Eviction	<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"/>
123	Ethnic/Clan Clashes	<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"/>
124	Conflict	<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"/>
125	HIV/AIDS	<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"/>
126	Other 1.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	Other 2.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RESPONSE FOR SHOCK (Q09):**

SPENT CASH SAVINGS.....	1
SENT CHILDREN TO LIVE WITH RELATIVES.....	2
SOLD ASSETS (e.g. TOOLS, FURNITURE.....)	3
SOLD FARM LAND.....	4
RENTED OUT FARMLAND.....	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 PREFERRED FOODS.....	22
REDUCED NONFOOD EXPENDITURES.....	23
SPIRITUAL EFFORT-PRAYER, SACRIFICES, CONSULTED DIVINER...	24
DID NOTHING.....	25
OTHER (SPECIFY).....	96

Official Document For Information Only

**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

--	--	--	--	--	--	--	--	--

Official Document For Information Only

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

QB01	QB02	QB03	QB04	QB05
I T E M  C O D E	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?
	GO THROUGH EACH ITEM IN THE LIST AND RECORD THE CORRECT RESPONSE IN QB03	YES..... 1 NO..... 2 DON'T KNOW..... 8  <b>IF "2"OR "8" FOR ALL                      »NEXT SECTION</b>	DIRECTLY TO THE OTHER PARTY..... 01 EXTENDED FAMILY MEMBERS (OUTSIDE THE HOUSEHOLD)..... 02 RELIGIOUS INSTITUTION/RELIGIOUS LEADER..... 03 CHIEF/ASSISTANT CHIEF..... 04 OTHER NATIONAL GOVERNMENT OFFICIAL..... 05 COUNTY GOVERNMENT OFFICIAL..... 06 TRADITIONAL LEADER/ELDER..... 07 MP (NATIONAL ASSEMBLY/SENATE)..... 08 MEMBER OF COUNTY ASSEMBLY (MCA)..... 09	NGO/CBO..... 10 LAWYER..... 11 POLICE..... 12 COURTS..... 13 FRIEND..... 14 GANGS..... 15 NONE..... 16 OTHER (SPECIFY)... 96 <b>IF "NONE"» NEXT SECTION</b>

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?			
	NO, THEY COULD NOT HELP US WITH THE DISPUTE 1  NO, THE MATTER IS STILL PENDING..... 2  NO, THEY DECIDED NOT TO RULE ON THE MATTER..... 3 YES, AND THE MATTER IS RESOLVED..... 4  OTHER. (SPECIFY).....6	DIRECTLY TO THE OTHER PARTY..... A EXTENDED FAMILY MEMBERS (OUTSIDE THE HOUSEHOLD)..... B RELIGIOUS INSTITUTION/RELIGIOUS LEADER..... C CHIEF/ASSISTANT CHIEF..... D OTHER NATIONAL GOVERNMENT OFFICIAL..... E COUNTY GOVERNMENT OFFICIAL..... F TRADITIONAL LEADER/ELDER..... G MP (NATIONAL ASSEMBLY/SENATE)..... H MEMBER OF COUNTY ASSEMBLY (MCA)..... I	NGO/CBO..... J LAWYER..... K POLICE..... L COURTS..... M FRIEND..... N GANGS..... O NONE..... P OTHER (SPECIFY)... X	(MULTIPLE RESPONSES IN KSH PER DISPUTE POSSIBLE)					
		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									

Official Document For Information Only





**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 ?	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 <b>Pay TV package(s)</b> in the last 12 months?	On average how much do you pay for the <b>Pay TV package</b> in a month.
Computer	Television										
YES..... 1	YES..... 1	BUILT IN DIGITAL TV..... A						TV channels only.....A			
NO..... 2	NO..... 2	PAY TV DECORDER..... B				Satellite dish .....A		TV channels + Internet.....B			
	<b>(IF '2' » S09)</b>	FREE TO AIR SET TOP BOX ..... C			YES.. 1	Aerial.....B		TV channels + phone.....D			
		INTERNET - PROTOCOL TV (IPTV) / WEB TV .....D			NO... 2	Others.....C		TV channels + internet + Phone....E			
		NONE ..... E			<b>(IF '2' » S09)</b>						
		<b>(IF 'E' »S09)</b>									
		MULTIPLE RESPONSES									
		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)?	What type of internet connection does your household have?			Why doesn't this household have any type of Internet connection ?		
YES..... 1	FIXED WIRED BROADBAND (E.G. FIBRE TO THE BUILDING)..... A			DO NOT NEED TO USE INTERNET..... A		
NO..... 2	TERRESTRIAL FIXED WIRELESS (E.G. WIMAX, SATELLITE) ..... B			LACK OF KNOWLEDGE OR SKILLS TO USE THE INTERNET..... B		
<b>(IF '2' »S 11)</b>	MOBILE BROADBAND (USES SIM CARD)..... C			NO INTERNET/ NETWORK IN THE AREA..... C		
	MOBILE PHONE..... D			ACCESS INTERNET ELSEWHERE..... D		
	OTHER (SPECIFY)..... X			INTERNET IS AVAILABLE BUT DOES NOT MEET HOUSEHOLD NEED (E.G.SPEED, QUALITY)E		
	MULTIPLE RESPONSES			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"/>

Official Document For Information Only