



Malawi Government
National Statistical Office



MALAWI - HIGH FREQUENCY PHONE SURVEY

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

	CODE	NAME
A01. DISTRICT:	<input type="text"/> <input type="text"/> <input type="text"/>
A02. TA, STA, or TOWN:	<input type="text"/> <input type="text"/>
A03. ENUMERATION AREA:	<input type="text"/> <input type="text"/> <input type="text"/>
A04. PLACE / VILLAGE NAME:	
A07. NAME OF HOUSEHOLD HEAD:	

A08: IHPS 2019 Y4-HHID: -

A10. LOCATION OF HOUSEHOLD:

A14. LANGUAGE PREVIOUS INTERVIEW WAS MAINLY CONDUCTED (**PREFILLED**)

SURVEY STAFF DETAILS

A16.1. PREVIOUS ROUND ENUMERATOR CODE:	<input type="text"/> <input type="text"/>	A16. ENUMERATOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
		A17. SUPERVISOR CODE:	<input type="text"/> <input type="text"/> <input type="text"/>
A18.1. PREVIOUS ROUND DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>	A18. DATE OF INTERVIEW:	<input type="text"/> <input type="text"/> <input type="text"/>
	DD MM YYYY		DD MM YYYY

1. Interview Information Panel

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INTERVIEWER: RECORD A NEW ATTEMPT EVERY TIME YOU CALL A NUMBER (EVEN IF YOU ARE CALLING THE

[illegible]

1. Interview Information Panel

6	7	8	9	10	11a.	11b.
<p>INTERVIEWER READ OUT: Could you give me their number or visit them so I can call them using your phone? It is really important for me to be able to speak to them.</p> <p>RECORD RESPONSE</p> <p>NO, DON'T KNOW THE HOUSEHOLD.....1 >> NEXT ATTEMPT NO, CAN'T/WH'N'T CONNECT TO HOUSEHOLD.....2 >> NEXT ATTEMPT YES, PHONE NUMBER.....3 >> RECORD IN PHONE NUMBER ROSTER YES, VISIT HOUSEHOLD...4 >> Q11a</p>	<p>INTERVIEWER READ TO THE RESPONDENT: As you may recall, we recently talked through a phone interview regarding a survey on the corona virus pandemic.</p> <p>As I indicated last time, we will be following up with you to have more information regarding the impact of the Corona virus on your well-being.</p> <p>This interview will take around 25 minutes. Any information you share with me will be kept strictly confidential and only be used for statistical purposes and will not be used to determine if your household is eligible to receive any assistance from the government. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.</p> <p>This call will not cost you any airtime. To thank you for your participation, we will also transfer airtime to your phone. Are you willing to participate?</p>	<p>INTERVIEWER: DOES THE RESPONDENT AGREE TO BE INTERVIEWED?</p> <p>YES.....1 NO, NOT NOW...2 >> Q10 NO, REFUSED...3 >> INTERVIEW RESULT</p>	<p>INTERVIEWER: RECORD THE NAME OF THE RESPONDENT</p> <p>IF THE PERSON IS A NEW MEMBER, ADD TO THE ROSTER FIRST</p> <p>>> NEXT SECTION</p>	<p>Can I call you back later at a time that works better for you? It is really important for us to speak to you or anyone else in your household.</p> <p>YES, SAME RESPONDENT.....1 NO, DIFFERENT RESPONDENT.....2 YES.....1 NO.....2 >> INTERVIEW RESULT</p>	<p>On what day?</p>	<p>What time?</p>

Section 2A. Household Roster Update

Section 2A. Household Roster Update

INTERVIEWER READ OUT: Let's begin. First, I would like to check with you if the people we recorded during our last visit are still members of your household. By household I mean people who normally sleep in the same dwelling and share their meals together.

		1.	2.	3.	4.
I N D I V I D U A L I D	INTERVIEWER: ALL HOUSEHOLD MEMBERS RECORDED DURING THE [LAST INTERVIEW] ARE PRE-FILLED IN Q1.	NAME	CAPI/INTERVIEWER: IS [NAME] A NEW MEMBER ADDED IN THIS INTERVIEW?	Is [NAME] still a member of the household?	Why did [NAME] leave the household?
	FOR ALL PRE-FILLED MEMBERS, ASK QUESTIONS Q3 AND Q4.	CAPI: PRE-FILLED NAMES FROM LAST INTERVIEW			
	AFTER YOU HAVE ASKED ABOUT ALL PRE-FILLED MEMBERS, THEN ASK: "Is there anyone who is a member of your household that i haven't mentioned?"	INTERVIEWER: ADD NEW MEMBERS HERE			
	IF YES, THEN ASK, RECORD THEIR NAMES AND ASK Q5 - Q7.		YES..1 >> Q5 NO..2	YES..1 >>NEXT PERSON NO..2	DIVORCE/SEPARATION.....1 LEFT FOR STUDIES/EDUCATIONAL OPPORTUNITY.....2 LEFT FOR WORK.....3 LEFT TO FIND BETTER LAND.....4 HEALTH REASONS.....5 SECURITY REASONS.....6 FOR MARRIAGE/ COHABITATION.....7 TO JOIN THEIR FAMILY ALREADY LIVING IN ANOTHER LOCATION...8 MOVED WITH FAMILY.....9 LEFT TO SET UP OWN HOME.....10 UNABLE TO STAY DUE TO CONFLICT (MILITANCY/INSURGENCY)....11 DISPUTE WITH OTHER HOUSEHOLD MEMBERS/COMMUNITY.....12 ABDUCTED/KIDNAPPED.....13 DEAD.....14 OTHER, (SPECIFY).....15 REFUSED.....99 >> NEXT PERSON
1					
2					
3					
4					
5					
6					
7					
8					
10					

Section 2A. Household Roster Update

[illegible]

Section 2A. Household Roster Update

[illegible]

Section 5g. Access to Health Services (ALL HOUSEHOLD MEMBERS, REPORTED BY MAIN PHONE SURVEY RESPONDENT)

INTERVIEWER: THE RESPONDENT TO THIS MODULE IS THE MAIN RESPONDENT IDENTIFIED DURING THE INTRODUCTION OF THIS INTERVIEW. THE RESPONDENT WILL ANSWER QUESTIONS ABOUT HIM/HER AND OTHER MEMBERS OF YOUR HOUSEHOLD.

INTERVIEWER: Now I would like to ask you some questions relating to access to health services for you and other members of your household.

HOUSEHOLD ROSTER ID NUMBER	1. Is [NAME] currently covered by any health insurance? ASK OF ALL HHOLD MEMBERS YES..1 NO..2 >> Q3	2. Who pays for the health insurance (partially or fully) of [NAME]? READ OUT ALL OPTIONS SELECT ALL THAT APPLY Employer - Government.....1 Employer - Non-Government Organization..2 Employer - Private business/company.....3 Community4 Private (individually acquired).....5 Other (Specify).....96	ADMINISTER Q3 MEMBER BY MEMBER, BEFORE PROCEEDING TO Q4	3. Has [NAME] needed any health services (treatment or consultation) in the past 4 weeks whether there was an illness or not? YES1 NO2 >> NEXT PERSON	ADMINISTER Q4 MEMBER BY MEMBER BEFORE MOVING TO INDIVIDUAL-SERVICE-LEVEL DATA COLLECTION	4. What type of service(s) or care did [NAME] need? READ OUT ALL OPTIONS SELECT ALL THAT APPLY COVID 19 related service (screening/diagnostic text, vaccination, treatment)....1 Family planning services.....2 Vaccination services (non-covid).....3 Maternal health /pregnancy care.....4 Outpatient health care (Non-COVID).....5 Inpatient care (Non-COVID).....6 Other health services (e.g Purchase, repair, rental/maintenance of (glasses for vision; hearing aids; crutches & wheelchairs, face masks) and all other assistive health products.....7

[illegible]

[illegible]

Section 9. COVID-19 Vaccine

THIS SECTION TO BE ADMINISTERED IF VACCINE MODULE WAS ALREADY FIELDIED IN A PRIOR ROUND

INTERVIEWER READ OUT: Now I'd like to ask you some questions on COVID-19 vaccine to understand people's attitudes towards COVID-19 vaccines. This will not be used to determine your eligibility to receive COVID-19 vaccine or to provide you with COVID-19 vaccine.

FILTER 1	FILTER 2:	1a	1b.	1c.	2
PRELOAD: WAS RESPONDENT ALREADY INTERVIEWED IN [LAST ROUND VACCINE MODULE WAS ADMINISTERED]? YES...1 NO...2 >> Q1	PRELOAD: WHAT WAS RESPONDENT'S VACCINATION STATUS AT THE TIME OF LAST INTERVIEW? Vaccinated with at least one dose...1 >> Q4 Not vaccinated...2 >> Q2	Who/what (institution/body/entity) are your sources of information regarding COVID-19 vaccines? DO NOT READ OPTIONS SELECT ALL THAT APPLY DOCTORS/NURSES/PHARMACISTS/CHEMISTS/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS.....2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY.....6 FEDERAL GOVERNMENT AUTHORITY.....7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96 TRUST ALL EQUALLY.....98 NONE.....99	Which source of information do you trust the most for reliable information on COVID-19 vaccines? ONLY AMONG THOSE SOURCES SELECTED IN Q2 DOCTORS/NURSES/PHARMACISTS/CHEMISTS/HEALTH WORKERS.....1 SCIENTISTS AND EPIDEMIOLOGISTS.....2 CELEBRITIES AND SOCIAL MEDIA INFLUENCERS.....3 NGO OUTREACH PROGRAMS.....4 OTHER OUTREACH PROGRAMS.....5 LOCAL GOVERNMENT AUTHORITY.....6 FEDERAL GOVERNMENT AUTHORITY.....7 STATE GOVERNMENT AUTHORITY.....8 NEIGHBORS / FAMILY / FRIENDS / COLLEAGUES.....9 RELIGIOUS ORGANIZATIONS.....10 TRADITIONAL HEALER.....11 TRADITIONAL RULER.....12 MEDIA.....13 OTHER (SPECIFY).....96 TRUST ALL EQUALLY.....98 NONE.....99	Through what channels do you receive the information from the source you trust the most? DO NOT READ OPTIONS SELECT ALL THAT APPLY IN-PERSON.....1 POSTER / BILLBOARD / FLYER.....2 RADIO.....3 TELEVISION.....4 SMS.....5 PHONE.....6 NEWSPAPER.....7 SOCIAL MEDIA (FACEBOOK, INSTAGRAM, WHATSAPP, ETC.).....8 OTHER INTERNET SOURCE.....9 OTHER (SPECIFY).....96	Have you been vaccinated for COVID-19? Yes.....1 No2 >> Q11

3	4	5a.	5b.	5c.
When did you receive the first shot of your COVID-19 vaccine? MONTH YEAR	How many shots have you received? One.....1 Two.....2 More than two.....3	Did you receive any proof of vaccination when you were vaccinated against COVID-19? Yes, I have a vaccination certificate.....1 >> Q5e Yes, other proof.....2 Yes, but I lost it.....3 >> Q5e No.....4 >> Q5c	IF Q6a==2: SPECIFY OTHER PROOF RECEIVED >> Q5e	Why did you not receive any proof of vaccination? I was not asked to provide any personal details (e.g. name, ID number, existing vaccine certificate) to receive the COVID-19 vaccine.....1 I was told that I could not receive proof of vaccination.....2 Other (specify).....3 IF FILTER 2 == 2 & Q5c != 3 >> Q5e

Section 9. COVID-19 Vaccine

5d.	5e.	5f.	6a.	6b.	7
IF Q5c==3: SPECIFY OTHER REASON	IF Q4==1: What type of vaccine did you receive? EACH COUNTRY CAN CHOOSE TYPES OF VACCINES AS APPLICABLE DO NOT READ OPTIONS Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield7 Other (specify).....96 Don't know.....99	IF Q4==2or Q4 ==3: What type of vaccine did you receive? SELECT ALL THAT APPLY DO NOT READ OPTIONS Pfizer.....1 Moderna.....2 AstraZeneca.....3 Sinovac.....4 Sputnik.....5 Johnson&Johnson.....6 Covid Shield7 Other (specify).....96 Don't know.....99 >>Q6a >>Q6b	Where did you get vaccinated? SELECT ALL THAT APPLY Hospital.....1 Clinic.....2 Local health center.....3 Pharmacy.....4 Senior living center.....5 Mass vaccination site.....6 Workplace.....7 Religious Worship Centres.....8 At home.....9 Village head office.....10 Government office.....11 Other (specify).....96 >>Q7	Where did you get vaccinated? SELECT ALL THAT APPLY Hospital.....1 Clinic.....2 Local health center.....3 Pharmacy.....4 Senior living center.....5 Mass vaccination site.....6 Workplace.....7 Religious Worship Centres.....8 At home.....9 Village head office.....10 Government office.....11 Other (specify).....96	Will you need another shot of the COVID-19 vaccine? Yes.....1 No.....2 Do not know.....3 IF FILTER 2 ==2 & Q7!=1 >> Q9 IF FILTER 2 ==1 & Q7!=1 >> Q19
8	9	10	11	12	13
Are you planning on getting another shot? Yes.....1 No.....2 Do not know...3 IF FILTER 2 ==1 >> Q19	What are your main reasons for getting vaccinated for COVID-19 apart from protecting your health? RECORD UP TO TWO REASONS DO NOT READ OPTIONS PROTECTING MY HEALTH IS THE ONLY REASON.....1 PROTECTING COMMUNITY'S HEALTH.....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE.....4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE/SOCIAL EVENTS.....7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY/FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.....10 OTHER (SPECIFY).....96	How likely are you to encourage others to get the COVID-19 vaccine? READ OPTIONS Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely.....3 Somewhat unlikely.....4 Very unlikely.....5 >> Q19	Are you planning to be vaccinated for COVID-19? YES.....1 >> Q13 NO.....2 >> Q17 NOT SURE.....3 >> Q17	When a vaccine to protect you from COVID-19 is available to you, are you planning to be vaccinated? YES.....1 NO.....2 >> Q17 NOT SURE.....3 >> Q17	What are the main reasons why you want to get vaccinated for COVID-19 apart from protecting your health? RECORD UP TO TWO REASONS DO NOT READ THE OPTIONS PROTECTING MY HEALTH IS THE ONLY REASON.....1 PROTECTING COMMUNITY'S HEALTH.....2 GOVERNMENT MANDATE.....3 REQUIRED FOR SCHOOL ATTENDANCE.....4 EMPLOYER MANDATE.....5 AVOID PUBLIC HEALTH MEASURES FOR UNVACCINATED.....6 TAKE PART IN PUBLIC LIFE/SOCIAL EVENTS.....7 BE ABLE TO TRAVEL.....8 PEOPLE IN MY COMMUNITY/FAMILY DID IT TOO.....9 RECEIVED FINANCIAL OR IN-KIND INCENTIVE.....10 OTHER (SPECIFY).....96

Section 9. COVID-19 Vaccine

<p>14</p> <p>How likely are you to encourage others to get the COVID-19 vaccine?</p> <p>Very likely.....1 Somewhat likely.....2 Neither likely nor unlikely3 Somewhat unlikely4 Very unlikely.....5</p>	<p>15</p> <p>How important is getting vaccinated as soon as possible to you?</p> <p>Very important.....1 Somewhat important.....2 Neither important nor unimportant 3 Not very important.....4 Not important at all.....5</p>	<p>16</p> <p>Why have you not received the COVID-19 vaccine yet?</p> <p>RECORD UP TO TWO REASONS</p> <p>DO NOT READ THE OPTIONS</p> <p>INELEGIBLE FOR VACCINE IN CURRENT PHASE.....1 DO NOT KNOW HOW TO GET/REGISTER FOR VACCINE.....2 TOO CROWDED/LONG LINES AT VACCINATION CENTERS.....3 FACILITY INACCESSIBLE (FOR PEOPLE WITH DISABILITIES).....4 NO AFFORDABLE TRANSPORT5 NOT ENOUGH VACCINES.....6 NOT ABLE TO REGISTER/ COMPLICATIONS DURING REGISTRATION.....7 WORK COMMITMENTS.....8 DOMESTIC COMMITMENTS (CHILDCARE, TAKING CARE OF FAMILY MEMBER, ETC.).....9 RELIGIOUS REASONS.....10 MEDICAL REASONS.....11 WAITING FOR MY APPOINTMENT.....12 AFRAID OF THE SIDE EFFECTS.....13 IT IS NOT A PRIORITY.....14 VACCINE IS NOT AVAILABLE IN OR NEAR MY COMMUNITY.....15 I AM NOT SURE I WILL GET THE VACCINE I WANT.....16 OTHER (SPECIFY).....96</p> <p>>> Q19</p>	<p>17a</p> <p>Why are you not sure or not planning to be vaccinated?</p> <p>DO NOT READ THE OPTIONS</p> <p>I DON'T THINK IT WILL WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS2 I ALREADY HAD COVID-193 I AM NOT ENOUGH AT RISK OF CONTRACTING COVID-194 IN GENERAL, I DON'T TRUST VACCINES.....5 IT IS AGAINST MY RELIGION6 I AM WORRIED TO GET INFECTED WITH COVID-19 AT THE HEALTH FACILITY7 HEALTH FACILITY TOO FAR OR TOO HARD TO GET TO.....8 IT WILL TAKE TOO LONG TO GET VACCINATED/ I DON'T HAVE TIME TO GET VACCINATED9 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY ARE EFFECTIVE10 I AM NOT SURE I WILL GET THE VACCINE I WANT11 IT'S NOT A PRIORITY.....12 COVID-19 DOES NOT EXIST IN MY COMMUNITY.....13 MEDICAL REASONS.....14 OTHER (SPECIFY).....96</p>	<p>17b</p> <p>Would you be more likely to get vaccinated for COVID-19 if the COVID-19 vaccine from any of the following manufacturers was offered to you?</p> <p>READ OPTIONS AND SELECT ALL THAT APPLY</p> <p>I am not familiar with different COVID-19 vaccines.....1 if YES: stop reading options and >> Q18a The vaccine manufacturer does not matter for my decision to get vaccinated.....2 if YES: stop reading options and >> Q18a Pfizer.....3 Moderna.....4 AstraZeneca.....5 Sinovac.....6 Sinopharm.....7 Sputnik.....8 Johnson&Johnson.....9 Covaxin.....10 Other (specify).....96</p>
<p>18a.</p> <p>Would you be more likely to receive the COVID-19 vaccine if any of the following individuals/authorities receive or recommend the vaccine?</p> <p>READ OPTIONS AND PROVIDE YES/NO FOR EACH</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96</p>	<p>18b.</p> <p>Whose recommendation to get vaccinated for COVID-19 would you trust the most?</p> <p>ONLY THOSE OPTIONS FOR WHICH RESPONDENT ANSWERED 'YES' IN Q18a</p> <p>Neighbors / family / friends.....1 Religious leaders.....2 Doctors/nurses/pharmacist/chemists/ health workers3 Community leaders (e.g. traditional leaders, local government councilors).....4 Equivalent of a traditional healer.....5 Scientists and epidemiologists.....6 Celebrities and social media influencers.....7 Other.....96</p>	<p>19</p> <p>Has anyone (else) in your household been vaccinated for COVID-19?</p> <p>Yes.....1 No.....2 >> Q21a</p>	<p>20a.</p> <p>Who in your household has been vaccinated for COVID-19?</p> <p>SELECT ALL RELEVANT HOUSEHOLD MEMBERS, EXCLUDING THE RESPONDENT</p> <p>One.....1 Two.....2 More than two.....3</p> <p>[HH ROSTER IDs]</p>	<p>20b.</p> <p>ASK FOR THOSE HH MEMBERS SELECTED IN Q20a:</p> <p>How many shots of COVID-19 vaccine has [NAME] received?</p> <p>Yes.....1 No.....2 Not sure.....3 Do not know.....4</p>

Section 9. COVID-19 Vaccine

20c.	21a.	21b.	22a.	22b.	23	24
<p>IF HH MEMBER SELECTED FOR INDIVIDUAL INTERVIEW NOT LISTED IN Q20a:</p> <p>Is [NAME] planning to be vaccinated?</p> <p>Yes.....1 No.....2 Not sure.....3 Do not know.....4</p>	<p>Who in your household <u>MAINLY</u> decides whether the adult household members will get vaccinated for COVID-19?</p> <p>Each adult for themselves..1 >>Q22a All adults together.....2 >>Q22a Household head.....3 >>Q22a Other household member (specify).....4</p>	<p>IF Q21a = 4: RECORD HH ROSTER ID OF HH MEMBER WHO MAINLY DECIDES</p>	<p>Out of 10 people in your community, how many do you think would get vaccinated against COVID-19 if offered the vaccine right now?</p> <p>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</p>	<p>Out of 10 people in your community, how many do you think are already vaccinated against COVID-19?</p> <p>ENCOURAGE RESPONDENT TO GIVE THEIR SUBJECTIVE GUESS BUT RECORD 99 IF THEY REFUSE TO</p> <p>IF FILTER 1 == 1 >> NEXT SECTION</p>	<p>Do you think that COVID-19 vaccines should be mandatory if they are available to everyone?</p> <p>Yes.....1 >> NEXT SECTION No.....2</p>	<p>What is the main reason why you do not agree with COVID-19 vaccine mandates?</p> <p>I DON'T THINK ANY COVID-19 VACCINES WILL WORK1 I AM WORRIED ABOUT THE SIDE EFFECTS.....2 IN GENERAL, I DON'T TRUST VACCINES.....3 RELIGIOUS REASONS4 I DON'T THINK THE VACCINES AVAILABLE IN MY COUNTRY WOULD WORK.....5 COVID-19 DOES NOT EXIST.....6 I DON'T THINK PEOPLE SHOULD BE FORCED.....7 OTHER (SPECIFY)96</p>
25	26					
<p>How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (corona virus disease)?</p> <p>READ OUT ANSWER OPTIONS</p> <p>Very worried.....1 Somewhat worried.....2</p>	<p>How much of a threat would you say the corona virus outbreak is to your household's finances?</p> <p>READ OUT ANSWER OPTIONS</p> <p>A substantial threat.....1 A moderate threat.....2 Not much of a threat..3 Not a threat at all.....4</p>					

Section 6. Employment

S6Q1.	S6Q1_1	S6Q1_2
<p>Last week, that is from Monday up to Sunday, did you do any work for pay, do any kind of business, farming or other activity to generate income, even if only for one hour?</p> <p>YES...1 >>Q4_2. NO....2</p>	<p>What type of job do you currently work, is it own business, business operated by a HH or family, family farm, employee for someone else, apprentice-trainee?</p> <p>OWN BUSINESS.....1 BUSINESS OPERATED BY HH OR FAMILY.....2 FAMILY FARM.....3 EMPLOYEE FOR SOMEONE ELSE.....4 APPRENTICE-TRAINEE.....5 OTHER.....96</p>	<p>Were you working before MARCH 2022?</p> <p>YES...1 NO....2</p>

Section 8. FOOD INSECURITY EXPERIENCE SCALE

Section 8. FOOD INSECURITY EXPERIENCE SCALE

Now I would like to ask you some questions about food . During the **last 30 days**, was there a time when:

1	2	3	4	5	6	7	8
<p>You or others in your household <u>were worried about not having enough food to eat because of lack of money or other resources?</u></p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or others in your household, were <u>unable to eat healthy and nutritious/ preferred foods</u> because of a lack of money or other resources?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or any other adult in your household, <u>ate only a few kinds of foods</u> because of a lack of money or other resources?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or any other adult in your household, had to <u>skip a meal</u> because there was not enough money or other resources to get food?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or any other adult in your household, <u>ate less than you thought you should</u> because of a lack of money or other resources?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>Your household <u>ran out of food</u> because of a lack of money or other resources?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or any other adult in your household, were <u>hungry but did not eat</u> because there was not enough money or other resources for food?</p> <p style="text-align: center;">YES .1 NO . .2</p>	<p>You, or any other adult in your household, <u>went without eating for a whole day</u> because of a lack of money or other resources?</p> <p style="text-align: center;">YES .1 NO . .2</p>

Section 14. Fuels

<p>S14Q1</p> <p>Have you or anyone in your household ever bought [FUEL]?</p> <p>YES...1 NO...2 >> NEXT ITEM >>Q2</p> <p>PETROL....1 DIESEL....2 PARAFFIN...3 LIQUEFIED PETROLEUM GAS (LPG)...4</p>	<p>S14Q2</p> <p>When was the last time that you or someone in your household bought [FUEL]?</p> <p>IN THE PAST 7 DAYS.....1 IN THE PAST 30 DAYS, BUT MORE THAN 7 DAYS AGO.....2 MORE THAN 30 DAYS AGO.....3 >> NEXT SECTION</p>	<p>S14Q3</p> <p>Have you or anyone else in your household encountered any of the following difficulties when buying [FUEL] in the past 30 days?</p> <p>READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Having to queue for a long time.....1 Having to pay more than the official price...2 Fuel not available at all at the filling stations.....3 Travelling long distance to access the fuel...4 Other (SPECIFY).....96</p>	<p>S14Q4</p> <p>Where did you purchase [FUEL]?</p> <p>READ OPTIONS</p> <p>SELECT ALL THAT APPLY</p> <p>Fuel Station.....1 Roadside Vendor.....2 Other (SPECIFY).....96</p>

Section 7. INCOME LOSS

Section 7. INCOME LOSS

	1	2
I T E M C O D E	<p>In the last 3 months, which of the following were your household's sources of livelihood?</p> <p>SELECT ALL THAT APPLY</p>	<p>Since early MARCH 2022 has income from [INCOME SOURCE] ..?</p> <p>Increased1 Stayed the same.....2 Reduced3 Not received4</p>
1	Family farming, livestock or fishing	
2	Non-farm family business, including family business	
3	Wage employment of household members	
4	Remittances from abroad	
5	Assistance from family within the country	
6	Assistance from other non-family individuals	
7	Income from properties, investments or savings	
8	Pension	
9	Assistance from the Government	
10	Assistance from NGOs / charitable organization/religious bodies	
96	Other income source (SPECIFY)	
99	Total Household Income	

Section 11. SAFETY NETS

A S S I C S O T D A E N C E		1.	2.	3.	4.	
		Since our call on <u>March 2022</u> , has any member of your household received any assistance from any institution such as the government, international organisations, religious bodies in form of ...? EXCLUDE ASSISTANCE FROM FAMILY AND FRIENDS ANSWER ALL OPTIONS BEFORE PROCEEDING YES...1 NO....2 >> NEXT ITEM	What was the total value of [ASSISTANCE]? MWK	What was the main source of this [ASSISTANCE]? SELECT ALL SOURCES THAT APPLY GOVERNMENT1 COMMUNITY ORGANIZATION2 NGO.....3 INTERNATIONAL ORGANISATION...4 RELIGIOUS BODIES.....5 COOPERATE COMPANIES.....6 OTHER (SPECIFY).....95	When did you receive it? JANUARY.....1 FEBRUARY.....2 MARCH.....3 APRIL.....4 MAY.....5 JUNE.....6 JULY.....7 AUGUST.....8 SEPTEMBER....9 OCTOBER.....10 NOVEMBER....11 DECEMBER....12	DATE
1	Free Food					
2	Social Cash Transfer, SCT (Mtukula Pakhoma)					
3	COVID-19 Urban Cash Intervention, CUCI (Mzati Pa Covid)					
4	Other cash transfers					
5	Other in-kind transfers (excluding food)					

Section 11b. Prices

Respondent to this module is "usual respondent" who is most knowledgeable about the household. This module asks about availability and changes in prices of various items and services

ITEM	I T E M C O D E	1.	2.	3.	4.
		Is [ITEM] available for sale in your community or nearby at the present time? YES...1 NO.....2(► NEXT ITEM)	LIST THE MOST COMMON UNIT/SIZE COMBOS FOR EACH ITEM Pail Big.....1 Pail Medium.....2 Pail Small.....3 50 kg bag.....4 90 kg bag.....5 Basin Small.....6 Basin Medium.....7 Basin Large.....8 Piece.....9 5 L Bucket (Chigoba)...10 Heap.....11 Packet.....12 Motor Vehicle.....20 Motor Cycle.....21 Bicycle.....22 Litres.....23 Kilogram.....24 Other Specify.....96 UNIT	What is the current price for UNIT/SIZE for [ITEM]? LCU	What was the price for UNIT/SIZE for [ITEM] 30 days ago? LCU
ITEM					
Maize	10				
Rice	11				
Cassava	12				
Irish potatoes	13				
Sweet potatoes	14				
Maize flour	15				
Cassava flour	16				
LPG Gas (for cooking)	20				
Petrol	21				
Diesel	22				
Paraffin	23				
Fertilizer	30				
Maize sees	31				
Soya Seed	32				
Bean Seed	33				
Transport to the nearest market	44				

Section 8. Economic Sentiments

Household economic situation [READ RESPONSE OPTIONS FOR ALL QUESTIONS]

Administered to half of the sample

1.	2.	3.	4.
<p>We are interested in how people are getting along financially these days. Would you say that you and your household are financially better off, about the same, or worse off than you were 12 months ago?</p> <p>Better Now1 Same2 Worse.....3 Don't Know.....97</p>	<p>Now looking ahead--do you think that 12 months from now you and your household will be better off financially, or worse off, or just about the same as now?</p> <p>Will be better off.....1 Same.....2 Will be worse off.....3 Dont Know.....97</p>	<p>Now turning to economic situation in the country as a whole. How do you think the general economic situation in the country has changed during the past 12 months? It has ...</p> <p>Got a lot better1 Got a little better2 Stayed about the same3 Got a little worse.....4 Got a lot worse5 Dont know97</p>	<p>And during the next 5 years, how do you expect the general economic situation in this country to develop? It will ...</p> <p>Get a lot better1 Get a little better2 Stayed about the same ..3 Get a little worse.....4 Get a lot worse5 Dont know97</p>

Section 8. Economic Sentiments

<p>5.</p> <p>Now turning to prices in general: During the last 12 months, do you think prices in general have gone up a lot, gone up somewhat, stayed the same, or gone down?</p> <p>Gone up a lot1 Gone up somewhat.....2 Stayed the same.....3 Gone down.....4 Dont know97</p>	<p>6.</p> <p>(If not 'STAY THE SAME' in Q5) By about what percent do you think prices in general went (UP – if they specified GONE UP in the previous question) or (DOWN – if they specified GONE DOWN in the previous question) during the last 12 months?</p>	<p>7.</p> <p>By comparison with the past 12 months, how do you expect that prices in general will develop during the next 12 months?</p> <p>Go up more than in the last 12 month.....1 Go up at the same rate as in the last 12 months.....2 GO up less than in the last 12 months.....3 Stay about the same.....4 Go down.....5 Dont know.....97</p>

Section 8. Economic Sentiments

8.	9.	10.
<p>We now would like to ask you about the big things people buy for their households--such as furniture, a stove, a lamp, a radio, and things like that. Generally speaking, do you think now is a good or a bad time for people to buy major household items?</p> <p>Good time1 Neither good nor bad....2 Bad time3 Dont know.....97</p>	<p>We would now like to ask you about extreme weather events, such as drought conditions, delayed rains, floods, and heatwaves, how likely is it that extreme weather events will negatively affect you and your household financially during the next 12 months?</p> <p>Extremely likely.....1 Likely2 Neither likely nor unlikely.....3 Unlikely.....4 Extremely unlikely.....5 Dont know6</p>	<p>(If EXTREMELY LIKELY or LIKELY) Which events, do you expect will negatively affect you and your household financially during the next 12 months? [MULTISELECT]</p> <p>Drought conditions.....1 Delayed rains.....2 Floods3 Heatwaves.....4 Wild Fires.....4</p>

Section 10. Past Experience, Current Experience & Future Expectations: Climate/Weather

		EXPERIENCE IN THE PAST 12 MONTHS				
			ENABLE IF Q3=1			
E V E N T C O D E		3.	4.	5.		6.
		During the <u>past 12 months</u> , did your household experience [CLIMATE/WEATHER EVENT] ?	In which month did the [CLIMATE/WEATHER EVENT] first occur? Nov 2021...1 Dec 2021...2 Jan 2022...3 Feb 2022...4 Mar 2022...5 Apr 2022...6 May 2022...7 Jun 2022...8 Jul 2022...9 Aug 2022...10 Sep 2022...11 Oct 2022...12	How long did the [CLIMATE/WEATHER EVENT] last? IF RESPONDENT DOES NOT KNOW, RECORD "99"		Did [CLIMATE/WEATHER EVENT] affect only this household, some other households, most households in the community, or all households in the community?
		CODE		NB	UNIT	CODE
1	Drought					
2	Irregular rainfall					
3	Flooding					
4	Cyclones					
5	Other Climatic Shocks					

CODES FOR Q8

USED OWN SAVINGS1
 RECEIVED ASSISTANCE2
 SOLD ASSETS3
 RENTED OUT LAND/BUILDINGS/HOUSES4
 ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...5
 TOOK A LOAN6
 REDUCED FOOD CONSUMPTION7
 REDUCED NON-FOOD CONSUMPTION8
 CHANGED CROPPING PRACTICES
 (CROP CHOICES OR TECHNOLOGY)9
 STARTED OFF-SEASON CULTIVATION.....10
 RELIED MORE INTENSIVELY ON IRRIGATION.....11
 WAS COVERED BY INSURANCE POLICY12
 DID NOTHING13
 OTHER (SPECIFY)96

Section 10. Past Experience, Current Experience Future Expectations: Climate/Weather

					DISABLE IF "NO" TO ALL ANSWER OPTIONS IN Q7	
7.					8.	9.
<p>Did any of the following happen to your household because of [CLIMATE/WEATHER EVENT] in the last 12 months?</p> <p>READ EACH OPTION ALOUD. SELECT ALL THAT APPLY</p> <p>A. Loss of crop production...Y/N B. Loss of livestock/livestock production...Y/N C. Loss/damage of other assets or properties (specify)...Y/N D. Household members displaced.....Y/N E. Household members killed/injured...Y/N Other (specify)...Y/N</p>					<p>How did your household cope with the negative consequences of [CLIMATE/WEATHER EVENT] after it occurred?</p> <p>FOR EACH EVENT, PROVIDE UP TO 3 ANSWERS STARTING WITH THE ONE THAT WAS DONE FIRST</p>	<p>Compared to 5 years ago, would you say that the occurrence of [CLIMATE/WEATHER EVENT] is increasing, decreasing or about the same?</p> <p>Increasing...1 About the same...2 Decreasing...3</p>
A	B	C	D	E	CODE	

Section 12. Interview Result

	1	2	3	4
<p>INTERVIEWER READ OUT: Thank you very much for your participation in this survey! I will be transferring 1000 Malawi Kwacha Airtime to your phone shortly as a thank you for your time today.</p> <p>I may try to contact you in future for another short interview. Before you go, I have a couple of questions to help in case I need to contact you in future.</p>	<p>Is this number the best one to reach you or your household in the future or would it be better to use another number?</p> <p>THIS NUMBER.....1 >> Q3 ANOTHER NUMBER...2</p>	<p>Which number would be best?</p>	<p>What day of the week will be best to reach you?</p> <p>SELECT ALL THAT APPLY</p> <p>MONDAY.....1 TUESDAY.....2 WEDNESDAY...3 THURSDAY....4 FRIDAY.....5 SATURDAY....6 SUNDAY.....7</p>	<p>What time of the day would be best to call you?</p> <p>SELECT ALL THAT APPLY</p> <p>ANYTIME OF THE DAY.....0 MORNING.....1 AFTERNOON.....2 EVENING.....3</p>
		PHONE NUMBER		

[illegible]