

# QUESTIONNAIRE

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## NATIONAL CENSUS OF AGRICULTURE AND LIVESTOCK

### Module 6 Welfare Monitoring Survey

MALAWI GOVERNMENT

NATIONAL STATISTICAL OFFICE, ZOMBA

CONFIDENTIAL

CLUSTER NUMBER	VILLAGE NUMBER	HOUSEHOLD NUMBER	QUESTIONNAIRE NUMBER	MODULE NUMBER	REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

#### Important information for the interviewer:

Create a reference number by combining the cluster, village, household, questionnaire and module numbers. Write this number NOW on the top of all pages.

#### WA - Interview Information

A1. Interviewer's name

A2. Interviewer number

<input type="text"/>	<input type="text" value="+"/>
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A3. Head of household

A4. District code/District name

<input type="text"/>	<input type="text"/>
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A5. TA / Village / Town

A7. Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

A8. Main respondent\*

Member number

A9. DID household participate in NACAL?

Yes 1

No 2

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**WB - Characteristics of the Household Members**

Member line number	1	2	3	4	5	6	7	8	9	10
<p><b>COPY THE LIST FROM MODULE ONE USING SAME NUMBERS</b></p> <p>If new members, ADD them to end of the list</p> <p>If other members have left the household, leave their <b>column unfilled</b> in this questionnaire</p>										
Head										

**WB** What is [NAME]'s relationship to the head of the household?

1

	Head	1	<input type="checkbox"/>									
	Spouse	2	<input type="checkbox"/>									
	Son/Daughter	3	<input type="checkbox"/>									
	Grandchild	4	<input type="checkbox"/>									
+	Brother/Sister	5	<input type="checkbox"/>									
	Parent	6	<input type="checkbox"/>									
	Other relative	7	<input type="checkbox"/>									
	Not related	8	<input type="checkbox"/>									

**WB2** How many months did the head of household reside in the household in the last 12 months?

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**WB3** Is [NAME] male or female?

	Male	1	<input type="checkbox"/>								
	Female	2	<input type="checkbox"/>								

**WB4** How old was [NAME] at his/her last birthday?

Completed years										
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TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO WB6

**WB5** What is [NAME]'s marital status?

	Never married	1	<input type="checkbox"/>								
	Married, monogamous	2	<input type="checkbox"/>								
	Married, polygamous	3	<input type="checkbox"/>								
	Divorced	4	<input type="checkbox"/>								
	Separated	5	<input type="checkbox"/>								
	Widowed	6	<input type="checkbox"/>								

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Member line number	1	2	3	4	5	6	7	8	9	10
TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO WB10										

**WB6 Is [NAME]'s father still alive?**

WB9 ← Yes 1

WB10 ← No 2

**WB7 Does [NAME]'s father live in the household?**

Yes 1

No 2

**WB8 Is [NAME]'s mother still alive?**

WB11 ← Yes 1

WB12 ← No 2

**WB9 Does [NAME]'s mother live in the household?**

+ Yes 1

No 2

**WB10 Did any member of this household pass away during the past 12 months before the survey?**

Yes 1

WC ← No 2

**WB11 How many persons passed away ?**

Number of persons, who passed away

### WC - Health

**WC1 During the past 2 weeks, has [NAME] suffered from an illness or an injury?**

Yes 1

WC4 ← No 2

FOR THOSE SICK OR INJURED, OTHERS GO TO C4

**WC2 What kind of illness or injury did [NAME] suffer from? MULTIPLE RESPONSE**

Fever/Malaria	1	<input type="checkbox"/>									
Diarrhoea	1	<input type="checkbox"/>									
Accident	1	<input type="checkbox"/>									
Dental problem	1	<input type="checkbox"/>									
Skin condition	1	<input type="checkbox"/>									
Eye	1	<input type="checkbox"/>									
Ear, nose or throat	1	<input type="checkbox"/>									
Other	1	<input type="checkbox"/>									

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Member line number	1	2	3	4	5	6	7	8	9	10
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**WC3 For how many days in the past 2 weeks did [NAME] have to stop his/her normal activities because of this illness?**

IF MORE THAN ONE BOUT OF ILLNESS, ADD UP TOTAL NUMBER OF DAYS

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**WC4 Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?**

Yes	1	<input type="checkbox"/>									
WC6 ← No	2	<input type="checkbox"/>									

**WC5 What type of health provider or traditional healer did [NAME] consult?**

MULTIPLE RESPONSE

Government hospital	1	<input type="checkbox"/>									
Govt. health centre/dispensary	1	<input type="checkbox"/>									
Mission hospital	1	<input type="checkbox"/>									
+	Mission health centres	1	<input type="checkbox"/>								
Private hospital/clinic	1	<input type="checkbox"/>									
Traditional healer	1	<input type="checkbox"/>									
Pharmacy/shop	1	<input type="checkbox"/>									
Mobile clinic	1	<input type="checkbox"/>									
Other	1	<input type="checkbox"/>									

**WC6 Why did [NAME] not use medical care? MULTIPLE RESPONSE**

No need	1	<input type="checkbox"/>									
Too expensive	1	<input type="checkbox"/>									
Too far	1	<input type="checkbox"/>									
Other	1	<input type="checkbox"/>									

**WD - Education**

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

**WD1 Can [NAME] read and write a simple sentence in any language?**

Yes	1	<input type="checkbox"/>									
No	2	<input type="checkbox"/>									

**WD2 Has [NAME] ever attended school?**

Yes	1	<input type="checkbox"/>									
WD12 ← No	2	<input type="checkbox"/>									

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Member line number	1	2	3	4	5	6	7	8	9	10
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**WD3** What is the highest level of education [NAME] completed?

Code list (MANUAL)

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**WD4** What is the highest educational qualification [NAME] has acquired?

Code list (MANUAL)

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**WD5** Did [NAME] attend school last school year?

Yes	1	<input type="checkbox"/>									
WD7 ← No	2	<input type="checkbox"/>									

**WD6** What level did [NAME] attend last school year?

+ Code list (MANUAL)

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

**WD7** Is [NAME] currently attending school?

Yes	1	<input type="checkbox"/>									
D12 ← No	2	<input type="checkbox"/>									

**WD8** What is the current level of education [NAME] is attending?

Code list (MANUAL)

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

**WD9** Who runs the school [NAME] is attending? READ OUT

Government	1	<input type="checkbox"/>									
Religious Institution	2	<input type="checkbox"/>									
Private Institution	3	<input type="checkbox"/>									
Private Individual	4	<input type="checkbox"/>									

**WD10** Did [NAME] participate in a school-feeding program during the last 12 months?

Yes	1	<input type="checkbox"/>									
No	2	<input type="checkbox"/>									

**WD11** Does [NAME] have any problems with the school? MULTIPLE RESPONSE

No	1	<input type="checkbox"/>									
Yes, lack of books/supplies	1	<input type="checkbox"/>									
Yes, poor teaching	1	<input type="checkbox"/>									
Yes, lack of teachers	1	<input type="checkbox"/>									
Yes, facilities in bad condition	1	<input type="checkbox"/>									
Yes, other reasons	1	<input type="checkbox"/>									

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Member line number	1	2	3	4	5	6	7	8	9	10
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### FOR PERSONS AGED 25 YEARS AND BELOW

#### WD12 Why is [NAME] not currently attending school? MULTIPLE RESPONSE

Completed school	1	<input type="checkbox"/>									
Is working (job/home)	1	<input type="checkbox"/>									
Too old/young	1	<input type="checkbox"/>									
Too far away	1	<input type="checkbox"/>									
Too expensive	1	<input type="checkbox"/>									
Useless/no benefit	1	<input type="checkbox"/>									
Uninteresting	1	<input type="checkbox"/>									
Illness	1	<input type="checkbox"/>									
Failed exam	1	<input type="checkbox"/>									
Got married/ pregnancy	1	<input type="checkbox"/>									
Lack of food in household	1	<input type="checkbox"/>									
Other reasons	1	<input type="checkbox"/>									

### WE - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

#### WE1 Did [NAME] do any type of work during the last 7 days?

WE5 ← Yes	1	<input type="checkbox"/>									
No	2	<input type="checkbox"/>									

#### WE2 Was [NAME] absent from work during the last 7 days?

WE5 ← Yes	1	<input type="checkbox"/>									
No	2	<input type="checkbox"/>									

#### WE3 What was the main reason [NAME] did not work the last 7 days?

No work available	1	<input type="checkbox"/>									
Seasonal inactivity	2	<input type="checkbox"/>									
Student	3	<input type="checkbox"/>									
+ Household/family duties	4	<input type="checkbox"/>									
Too old/Too young	5	<input type="checkbox"/>									
Infirmity	6	<input type="checkbox"/>									
Other reasons	7	<input type="checkbox"/>									

#### WE4 Has [NAME] been looking for work and ready to work in the last 4 weeks?

WE9 ← Yes	1	<input type="checkbox"/>									
WE9 ← No	2	<input type="checkbox"/>									

#### WE5 How many jobs did [NAME] have in the last 7 days?

Number of jobs

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	1	2	3	4	5	6	7	8	9	10
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The next questions will be about the main job

**WE6 For whom did [NAME] work in the main job?**

Private business	1	<input type="checkbox"/>									
Private individual	2	<input type="checkbox"/>									
Parastatal	3	<input type="checkbox"/>									
Public/Government	4	<input type="checkbox"/>									
Mission/NGO	5	<input type="checkbox"/>									
Self employed	6	<input type="checkbox"/>									
Mlimi	7	<input type="checkbox"/>									
Estate	8	<input type="checkbox"/>									

**WE7 What was the main activity at the place of [NAME]'s work?**

Agriculture, forestry, fishing	1	<input type="checkbox"/>									
Mining and quarrying	2	<input type="checkbox"/>									
Manufacturing	3	<input type="checkbox"/>									
Electricity, water, other utilities	4	<input type="checkbox"/>									
Construction	5	<input type="checkbox"/>									
Wholesale & retail marketing, hotel/restaurants	6	<input type="checkbox"/>									
Transport and communication	7	<input type="checkbox"/>									
Finance and business	8	<input type="checkbox"/>									
Social and community services	9	<input type="checkbox"/>									

**WE8 How was [NAME] paid in the main job?**

Mlimi – not paid

	1	<input type="checkbox"/>									
Wages, salary	2	<input type="checkbox"/>									
Payment in kind	3	<input type="checkbox"/>									
Casual (hourly/daily), Ganyu	4	<input type="checkbox"/>									
Unpaid family business worker	5	<input type="checkbox"/>									
Self-employed	6	<input type="checkbox"/>									
Tenant	7	<input type="checkbox"/>									

**For persons 18 years and below**

**WE9 Did (NAME) participate in any of the following activities during the last 12 months**

Fetching firewood	1	<input type="checkbox"/>									
Fetching Water	1	<input type="checkbox"/>									
Caring for the sick	1	<input type="checkbox"/>									
Land Preparation	1	<input type="checkbox"/>									
Planting	1	<input type="checkbox"/>									
Weeding	1	<input type="checkbox"/>									
Harvesting, grading, curing	1	<input type="checkbox"/>									
Marketing	1	<input type="checkbox"/>									
Livestock caring	1	<input type="checkbox"/>									
Crop protection	1	<input type="checkbox"/>									

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**WE10** During the past 12 months which of the following activities did the household use to **Generate income** to provide for food and other necessities?

- |                                       |   |                          |
|---------------------------------------|---|--------------------------|
| Sale of own maize                     | 1 | <input type="checkbox"/> |
| Sale of own other food crops          | 1 | <input type="checkbox"/> |
| Sale of own cash crops                | 1 | <input type="checkbox"/> |
| Sale of own livestock                 | 1 | <input type="checkbox"/> |
| Sale of own fish                      | 1 | <input type="checkbox"/> |
| Sale of own milk                      | 1 | <input type="checkbox"/> |
| Sale of other agricultural products   | 1 | <input type="checkbox"/> |
| Sale of firewood                      | 1 | <input type="checkbox"/> |
| Ganyu paid in cash                    | 1 | <input type="checkbox"/> |
| Ganyu paid in kind                    | 1 | <input type="checkbox"/> |
| Street vending                        | 1 | <input type="checkbox"/> |
| Production and sale of Handcraft work | 1 | <input type="checkbox"/> |
| Income from business work             | 1 | <input type="checkbox"/> |
| Income from paid job                  | 1 | <input type="checkbox"/> |
| Remittances                           | 1 | <input type="checkbox"/> |
| Barter of household assets            | 1 | <input type="checkbox"/> |
| Barter of livestock                   | 1 | <input type="checkbox"/> |
| Loans from relatives                  | 1 | <input type="checkbox"/> |
| Loans from neighbours                 | 1 | <input type="checkbox"/> |
| Loans from other informal sources     | 1 | <input type="checkbox"/> |
| Loans from banks/credit institutions  | 1 | <input type="checkbox"/> |
| Other                                 | 1 | <input type="checkbox"/> |

**F. Food Security**

**WF1** Did your household grow any staple food crops this season? (2006/2007)

- |             |      |   |                          |
|-------------|------|---|--------------------------|
|             |      | 1 | <input type="checkbox"/> |
| <b>WF10</b> | ← No | 2 | <input type="checkbox"/> |

**WF2** What was the main staple food you grew this season?

- |         |   |                          |   |
|---------|---|--------------------------|---|
| Maize   | 1 | <input type="checkbox"/> |   |
| Rice    | 2 | <input type="checkbox"/> | + |
| Sorghum | 3 | <input type="checkbox"/> |   |
| Millet  | 4 | <input type="checkbox"/> |   |
| Cassava | 5 | <input type="checkbox"/> |   |
| Others  | 6 | <input type="checkbox"/> |   |

**WF3** Do you still have some of this main staple food left?

- |             |      |   |                          |
|-------------|------|---|--------------------------|
|             |      | 1 | <input type="checkbox"/> |
| <b>WF10</b> | ← No | 2 | <input type="checkbox"/> |

**WF4** Did you sell any of this main staple food this season?

- |            |      |   |                          |
|------------|------|---|--------------------------|
|            |      | 1 | <input type="checkbox"/> |
| <b>WF7</b> | ← No | 2 | <input type="checkbox"/> |

**WF5** What price/ kg did you get when making the latest sale of your main staple food this season?

Price per kg in Kwacha

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**WF6 What was the main reason for selling?**

- To repay loan 1
- To pay expenses 2
- Had enough, could sell 3
- Other 4

**WF7 Have you bought any of this main staple food during the last two weeks for home consumption?**

- Yes 1
- WF10** ← No 2

**WF8 Where did you buy this main staple food?**

- At local market 1
- At other market in district 2
- At market in another district 3
- At ADMARC depot 4
- Store 5
- Other 6

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**WF9 What price did you pay per kg when buying this staple food during the last two weeks?**

Price per kg in Kwacha

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**WF10 During the last 7 days how many main meals did the household take per day?**

- One meal 1
- Two meals 2
- Three meals or more 3

**WF11 What staple food did your household mainly eat in these meals.**

	Code	First meal	Second meal	Third meal
Nsima from Maize	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from other cereals	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from cassava	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Sorghum	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Millet	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Rice	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plantains	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw Cassava	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potato	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish potato	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw maize cobs	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**WF12 During the past 7 days, how often did your household eat the following food items? Read out (MULTIPLE RESPONSE)**

	Almost daily (1) (more than 3 times)	Two or three times (2)	Once (3)	Never (4)
Nuts and seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WF13 In the past 7 days what were the main sources of food for the household? [MULTIPLE RESPONSE]**

Own produce	1	<input type="checkbox"/>
Purchase from market	1	<input type="checkbox"/>
Casual labour paid in food	1	<input type="checkbox"/>
Wild food	1	<input type="checkbox"/>
Gift	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Free food	1	<input type="checkbox"/>
Winter/irrigated own food	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

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**WF14 During the past 7 days, what income sources did the household use to provide for the food consumed?**

Sale of own maize	1	<input type="checkbox"/>
Sale of own other food crops	1	<input type="checkbox"/>
Sale of own cash crops	1	<input type="checkbox"/>
Sale of own livestock	1	<input type="checkbox"/>
Sale of own fish	1	<input type="checkbox"/>
Sale of own milk	1	<input type="checkbox"/>
Sale of firewood	1	<input type="checkbox"/>
Ganyu	1	<input type="checkbox"/>
Income from business work	1	<input type="checkbox"/>
Income from paid job	1	<input type="checkbox"/>
Remittances	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Loans	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

**WF15 During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

WG ←

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**WG3 Does your household or any of the household members own any of the following items, in working condition?**

		Yes	No
Wrist/wall watch	1	<input type="checkbox"/>	<input type="checkbox"/>
Bed	2	<input type="checkbox"/>	<input type="checkbox"/>
Table	3	<input type="checkbox"/>	<input type="checkbox"/>
Chair	4	<input type="checkbox"/>	<input type="checkbox"/>
Hoe	5	<input type="checkbox"/>	<input type="checkbox"/>
Iron	6	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	7	<input type="checkbox"/>	<input type="checkbox"/>
TV	8	<input type="checkbox"/>	<input type="checkbox"/>
Axe	9	<input type="checkbox"/>	<input type="checkbox"/>
Sickle	10	<input type="checkbox"/>	<input type="checkbox"/>
Sewing machine	11	<input type="checkbox"/>	<input type="checkbox"/>
Oxcart	12	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	13	<input type="checkbox"/>	<input type="checkbox"/>
Modern stove	14	<input type="checkbox"/>	<input type="checkbox"/>
Car	15	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	16	<input type="checkbox"/>	<input type="checkbox"/>
Radio	17	<input type="checkbox"/>	<input type="checkbox"/>

WG5 ← IF NO

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**WG4 How many radios does the household have?**

Number of radios

**WG5 What is your main source of fuel used for cooking?**

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Charcoal	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Straw/Crop Residue/Saw dust	7	<input type="checkbox"/>
Animal waste	8	<input type="checkbox"/>
Other	9	<input type="checkbox"/>

**WG6 What is your main source of fuel used for lighting?**

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Candles	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Grass	7	<input type="checkbox"/>
Other	8	<input type="checkbox"/>



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**WG7 What is your main source of drinking water?**

- Piped into dwelling unit/compound 1
- Communal standpipe/borehole 2
- Protected well 3
- Rain water 4
- Unprotected well 5
- Spring/river/lake/pond 6

**WG8 What kind of toilet facilities does your household have?**

- Flush to sewer 1
- Ventilated improved pit latrine 2
- Covered pit latrine 3
- Uncovered pit latrine 4  +
- None 5

**WG9 The roof of the main dwelling is predominantly made of what material?**

- Grass 1
- Iron sheets 2
- Clay tiles 3
- Concrete 4
- Plastic sheeting 5
- Other 6

**WG10 The floor of the main dwelling is predominantly made of what material?**

- Sand 1
- Smoothed mud 2
- Smooth cement 3
- Wood 4
- Tile 5
- Other 6

**WG11 The outer walls of the main dwelling are predominantly made of what material?**

- Grass 1
- Mud (Yomata) 2
- Compacted earth (Yamdindo) 3
- Mud brick (unfired) 4
- Burnt bricks 5
- Concrete 6
- + Wood 7
- Iron Sheets 8
- Other 9

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**WG12 How many minutes does it take to walk from here to reach the nearest.....**

		1	2	3	4	5
		0-14	15-29	30-44	45-59	60 +
Supply of drinking water	1	<input type="checkbox"/>				
Food market	2	<input type="checkbox"/>				
Public transportation	3	<input type="checkbox"/>				
"All season" road	4	<input type="checkbox"/>				
Primary school	5	<input type="checkbox"/>				
Secondary school	6	<input type="checkbox"/>				
Health clinic or hospital	7	<input type="checkbox"/>				

**WG13 Did any household member take part in any of the following work programs during the last 12 months? (MULTIPLE RESPONSE)**

	Yes	No
Food for work	<input type="checkbox"/>	<input type="checkbox"/>
Cash for work	<input type="checkbox"/>	<input type="checkbox"/>
Inputs for work	<input type="checkbox"/>	<input type="checkbox"/>
MASAF	<input type="checkbox"/>	<input type="checkbox"/>
Community policing	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood watch	<input type="checkbox"/>	<input type="checkbox"/>
One Village One Product	<input type="checkbox"/>	<input type="checkbox"/>

**WG14 Did any household member participate in any of the following types of projects, paid or not paid, during the last 12 months?**

MULTIPLE RESPONSE

<b>Construction or maintenance of</b>	<b>Participated</b>		<b>Paid</b>	<b>Not paid</b>
	<b>No</b>	<b>Yes</b>		
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road/bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearing graveyard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WG15 Are you or anybody in your household a member of the following groups or clubs?**

MULTIPLE RESPONSE

	Yes	No	Do not know
Local farmers group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASFAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other farmers group such as TAMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit club, revolving fund, SACCOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water user associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, music and culture groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious home based care groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**WH - Poverty predictors**

**WH1 Does someone in the household own a cellular telephone (cell phone) in working condition?**

- Yes 1   
 No 2

**WH2 How many changes of clothes do you (head) own? RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN**

Changes of clothes

**WH3 What do you (head of household) sleep under in the cold season?**

- Blankets and sheets 1   
 Blanket only 2   
 Sheet only 3   
 Chitenje clothes 4   
 Fertilizer or grain sack 5   
 Clothes 6   
 Nothing 7   
 Other 8

**WH4 Over the past three months, did you or any member of the household purchase or pay for any of the following?**

- |                      | Yes                      | No                       |
|----------------------|--------------------------|--------------------------|
| Men's trousers       | <input type="checkbox"/> | <input type="checkbox"/> |
| Men's shirts         | <input type="checkbox"/> | <input type="checkbox"/> |
| Men's jackets        | <input type="checkbox"/> | <input type="checkbox"/> |
| Men's undergarments  | <input type="checkbox"/> | <input type="checkbox"/> |
| Men's other clothing | <input type="checkbox"/> | <input type="checkbox"/> |

**WH5 Over the past three months, did you or any member of the household purchase or pay for any of the following?**

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| Boy's shoes  | <input type="checkbox"/> | <input type="checkbox"/> |
| Men's shoes  | <input type="checkbox"/> | <input type="checkbox"/> |
| Girl's shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| Lady's shoes | <input type="checkbox"/> | <input type="checkbox"/> |

**WH6 Over the past one month, did you or any member of the household purchase or pay for toothpaste or toothbrush?**

- Yes 1   
 No 2

**WH7 Over the past one month, did you or any member of the household purchase or pay for bar soap (body soap or clothes soap)?**

- Yes 1   
 No 2

WH9 ←

+

+

+

\_\_\_\_\_ 6

**WH8 How much did you pay in total for bar soap?**

Kwacha \_\_\_\_\_

**WH9 Over the past 7 days, did you or any member of the household purchase or pay for public transport – bus fare, minibus fare or taxi fare?**

Yes 1   
No 2

**WH10 Over the past 7 days, did you or others in your household consume any of the following?**

	Yes	No	
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	
Beef	<input type="checkbox"/>	<input type="checkbox"/>	
Goat	<input type="checkbox"/>	<input type="checkbox"/>	
Pork	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	
Other poultry–guinea fowl, doves etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Rice	<input type="checkbox"/>	<input type="checkbox"/>	
Bread	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh milk	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking oil	<input type="checkbox"/>	<input type="checkbox"/>	+
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	

**WH11 How much did you or any member of the household spend in total on cooking oil (past 7 days)?**

Kwacha \_\_\_\_\_

**WH12 How much did you or any member of the household spend in total on sugar (past 7 days)?**

Kwacha \_\_\_\_\_

+

+

\_\_\_\_\_ 6

+

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<b>WI - Child module – Birth and anthropometric measures</b>				
--	--	--	--	--

Member line number

1

2

3

4

FOR EACH CHILD UNDER 5 YEARS ENTER:

**WI1** The child's member number  
from the household list

Mother's member number  
from the household list

ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE  
HOUSEHOLD

**WI2 When was the child born?**

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**WI3 Where was the child delivered?**

Hospital/maternity

1 

Health clinic

2 

Health centre

3 

Health post

4 

+

At home

5 

Other

6 **WI4** *Who assisted in the delivery of the child?*

Doctor/Clinical Officer

1 

Midwife/nurse

2 

Trained T.B.A

3 

Other

4 

Self

5 **WI5** RECORD THE CHILD'S

Weight in kilograms (1 decimal)

Height in centimetres (1 decimal)

+

+

+

+

Member line number	1	2	3	4
PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO WI7				
<b>WI6 Why was [NAME] not weighed and measured?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WI7 Did [NAME] participate in a nutrition programme the last 12 months?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ - Child health – Malaria Protection and Treatment</b>				
<b>WJ1 Does [NAME] usually sleep under a bed net?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ5 ←	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ2 Did [NAME] sleep under a bed net last night?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ5 ←	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ3 Was the bed net acquired during the last 12 months or more than 12 months ago?</b>				
WJ5 ←	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ4 Has the bed net been treated with chemicals (soaked or dipped) during the last 12 months?</b>				
+	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ5 Has [NAME] been sick with fever/malaria during the <u>last 4 weeks</u>?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK ←	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ6 Was [NAME] given any drugs in response to the last fever/malaria?</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK ←	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WJ7 Which drugs were given to [NAME]? MULTIPLE RESPONSE</b>				
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+				+
+				+

**WK - Child health – Vaccination**

**WK1 Do you have a card where [NAME's] vaccinations are written down?**

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WK2 Which of the following vaccinations has [NAME] been given: READ OUT**

Measles	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT1	1	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
DPT2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WLM - Trust and HIV/AIDS Knowledge**

FOR SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE, SEE MANUAL.

Respondent's member number from household list

**WL1 Do you in general trust leaders and officials? Do you trust all, most, some or just a few people in the following groups?**

	All	Most	Some	Only a few	None
MPs	<input type="checkbox"/>				
Local assembly staff	<input type="checkbox"/>				
Traditional authorities [TAs]	<input type="checkbox"/>				
Village headmen	<input type="checkbox"/>				
Extension workers	<input type="checkbox"/>				
Courts	<input type="checkbox"/>				
Religious leaders	<input type="checkbox"/>				
Leaders of NGOs	<input type="checkbox"/>				
Police	<input type="checkbox"/>				
Hospital staff	<input type="checkbox"/>				
Teachers	<input type="checkbox"/>				
School administrators	<input type="checkbox"/>				
Traders	<input type="checkbox"/>				

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+

**WL2 Do you in general trust all, most, some or just a few people in the following groups?**

	All	Most	Some	Only a few	None
Your family members	<input type="checkbox"/>				
Your relatives	<input type="checkbox"/>				
People from your village	<input type="checkbox"/>				
People from outside the village	<input type="checkbox"/>				
People of same ethnic group	<input type="checkbox"/>				
People from outside ethnic group	<input type="checkbox"/>				
People from same church/mosque	<input type="checkbox"/>				
People from <i>different</i> church/mosque	<input type="checkbox"/>				

**WL3 Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?**

- Yes 1
- No 2  +
- Don't know 3

**WL4 Have you ever had an HIV test?**

- Yes 1
- WL8 ← No 2

**WL5 Have you had an HIV test during the last 12 months?**

- Yes 1
- WL8 ← No 2

**WL6 Where did you have the test?**

- MACRO 1
- Government Hospital 2
- Mission Hospital 3
- Private Hospital/Clinic 4
- MSF 5
- Other 6

**WL7 Did you get counselling when you went for the test?**

- WM ← Yes, before and after 1
- WM ← Yes, only before 2
- WM ← Yes, only after 3
- WM ← No 4

+

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**WL8 What is the main reason for not having an HIV test?**

- |                     |   |                          |                       |   |                          |
|---------------------|---|--------------------------|-----------------------|---|--------------------------|
| Not available       | 1 | <input type="checkbox"/> | Results take too long | 5 | <input type="checkbox"/> |
| Not interested      | 2 | <input type="checkbox"/> | Test centre too far   | 6 | <input type="checkbox"/> |
| Not at risk/No need | 3 | <input type="checkbox"/> | No privacy            | 7 | <input type="checkbox"/> |
| Scared of outcome   | 4 | <input type="checkbox"/> | Other reasons         | 8 | <input type="checkbox"/> |

**WM - Interview Completion Information**

**WM1 Result**

- |                                   |   |                          |   |
|-----------------------------------|---|--------------------------|---|
| Completed with selected household | 1 | <input type="checkbox"/> |   |
| Incomplete                        | 2 | <input type="checkbox"/> |   |
| Refusal                           | 3 | <input type="checkbox"/> |   |
| Not found                         | 4 | <input type="checkbox"/> | + |
| Too ill                           | 5 | <input type="checkbox"/> |   |

**WM2 Comments**

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+