Annex C: QUESTIONNAIRE

2008 Welfare Monitoring Survey

MALAWI GOVERNMENT

NATIONAL STATISTICAL OFFICE, ZOMBA
CONFIDENTIAL

CLUSTER	HOUSEHOLD	QUESTIONNAIRE NUMBER	CONFIDENTIAL REFERENCE NUMBER

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.

A - Interview Information

A1. Interviewer's name

A2. Interviewer number

$+$

A3. Head of household

A4. District code/District name

A5. TA / Village / Town

A7. Date

Day   Month   Year

A8. Main respondent in

Member number

$+$ $+$

1

+   +

B - Characteristics of the Household Members

Member line number	1	2	3	4	5	6	7	8	9	10
MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD. STARTING WITH THE HEAD OF THE HOUSEHOLD. IF MORE THAN TEN MEMBERS, USE A NEW QUESTIONNAIRE	Head									

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

B1

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		1	2	3	4	5	6	7	8	9	10
Head	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spouse	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Son/Daughter	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Grandchild	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Brother/Sister	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Parent	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other relative	7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Not related	8	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

B2a   **Did any member of this household pass away during the past 12 months before the survey?**

Yes   1   ☐

B3←   No   2   ☐

B2b   **How many persons passed away ?**

Number of persons, who passed away   ☐

B3   **Is [NAME] male or female?**

Male   1

Female   2

1	2	3	4	5	6	7	8	9	10
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

B4   **How old was [NAME] at his/her last birthday?**

Completed years | | | | | | | | | | |

TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO WB6

+   +

B5   **What is [NAME]'s marital status?**

B6←	Never married	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Married, monogamous	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Married, polygamous	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B6←	Divorced	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Separated	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
B6←	Widowed	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

B5a   **What type of marriage is the marriage of (NAME)?**

	Patrilineal [*Chitengwa*]	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Matrilineal [*Chikamwini]*	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Don't know	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

B5b   **Which of the children in this household has the best right to inherit land??**

Sons		1	☐
Daughters		2	☐
Both sons and daughters have equal right to inherit		3	☐
Not applicable		4	☐

Member line number	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO WB10

B6   **Is [NAME]'s father still alive?**

| B9 ← | Yes | 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| B10 ← | No | 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

B7   **Does [NAME]'s father live in the household?**

| | Yes | 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | No | 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

B8   **Is [NAME]'s mother still alive?**

| B11 ← | Yes | 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| B12 ← | No | 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

B9   **Does [NAME]'s mother live in the household?**

| | Yes | 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | No | 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

+   +

+   +

B10   Did [NAME] sleep under a bed net last night?

+   Yes   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

         No   2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B11 Has the bed net been treated with chemicals (soaked or dipped) during the last 12 months?

+   Yes   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

         No   2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

*[If the net was bought in the last 12 months already treated mark on **'Yes'**]*

C - Health

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

C1

         Yes   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C4 ←   No   2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

FOR THOSE SICK OR INJURED, OTHERS GO TO C4

C2   What kind of illness or injury did [NAME] suffer from? MULTIPLE RESPONSE

Fever/Malaria   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Diarrhoea   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Accident   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Dental problem   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Skin condition   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Eye   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Ear, nose or throat   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Other   1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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+

Member line number		1	2	3	4	5	6	7	8	9	10

C3 **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

C4 **Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?**

Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
C6 ← No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

C5 **What type of health provider or traditional healer did [NAME] consult?**
MULTIPLE RESPONSE

Government hospital	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Govt. health centre/dispensary	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mission hospital	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mission health centres	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Private hospital/clinic	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Traditional healer	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pharmacy/shop	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mobile clinic	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

C6 **Why did [NAME] not use medical care? MULTIPLE RESPONSE**

No need	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too expensive	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too far	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

WD - Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

D1 **Can [NAME] read and write a simple sentence in any language?**

Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

D2 **Has [NAME] ever attended school?**

Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
D12 ← No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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+   +

Member line number	1	2	3	4	5	6	7	8	9	10

D3 *What is the highest level of education [NAME] completed?*

Code list (MANUAL)

D4 **What is the highest educational qualification [NAME] has acquired?**

Code list (MANUAL)

D5 *Did [NAME] attend school last school year?*

Yes   1
D7 ← No   2

D6 **What level did [NAME] attend last school year?**

+   Code list (MANUAL)

D7 **Is [NAME] currently attending school?**
Yes   1
D12 ← No   2

D8 **What is the current level of education [NAME] is attending?**

Code list (MANUAL)

D9 **Who runs the school [NAME] is attending?** READ OUT

Government   1
Religious Institution   2
Private Institution   3
Private Individual   4

D10 **Did [NAME] participate in a school-feeding program during the last 12 months?**

Yes   1
No   2

D11 **Does [NAME] have any problems with the school?** MULTIPLE RESPONSE

No   1
Yes, lack of **books**/supplies   1
Yes, poor teaching   1
Yes, lack of teachers   1
Yes, facilities in bad condition   1
Yes, other reasons   1

+

6

Member line number	1	2	3	4	5	6	7	8	9	10

FOR PERSONS AGED 25 YEARS AND BELOW

D12 Why is [NAME] not currently attending school? MULTIPLE RESPONSE

		1	2	3	4	5	6	7	8	9	10
Completed school	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Is working (job/home)	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too old/young	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too far away	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too expensive	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Useless/no benefit	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Uninteresting	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Illness	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Failed exam	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Got married/ pregnancy	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lack of food in household	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other reasons	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

E1 Did [NAME] do any type of work during the last 7 days?

			1	2	3	4	5	6	7	8	9	10
E5 ←	Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E2 Was [NAME] absent from work during the last 7 days?

			1	2	3	4	5	6	7	8	9	10
E5 ←	Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E3 What was the main reason [NAME] did not work the last 7 days?

		1	2	3	4	5	6	7	8	9	10
No work available	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Seasonal inactivity	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Student	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Household/family duties	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Too old/Too young	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Infirmity	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other reasons	7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E4 Has [NAME] been looking for work and ready to work in the last 4 weeks?

			1	2	3	4	5	6	7	8	9	10
E9 ←	Yes	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
E9 ←	No	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E5 How many jobs did [NAME] have in the last 7 days?

	1	2	3	4	5	6	7	8	9	10
Number of jobs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

+   +

Member line number	1	2	3	4	5	6	7	8	9	10

The next questions will be about <u>the main job</u>

E6   For whom did [NAME] work in the main job?

		1	2	3	4	5	6	7	8	9	10
Private business	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Private individual	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Parastatal	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Public/Government	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mission/NGO	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self employed	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mlimi	7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Estate	8	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E7   What was the main activity at the place of [NAME]'s work?

		1	2	3	4	5	6	7	8	9	10
Agriculture,forestry,fishing	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mining and quarrying	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Manufacturing	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Electricity, water, other utilities	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Construction	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wholesale & retail marketing, hotel/restaurants	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Transport and communication	7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Finance and business	8	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social and community services	9	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

+

E8   How was [NAME] paid in the main job?

		1	2	3	4	5	6	7	8	9	10
Mlimi – not paid	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wages, salary	2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Payment in kind	3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Casual (hourly/daily), Ganyu	4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unpaid family business worker	5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Self-employed	6	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tenant	7	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

E9   Did (NAME) participate in any of the following activities during the last 12 months

		1	2	3	4	5	6	7	8	9	10
Fetching firewood	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fetching Water	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Caring for the sick	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Land Preparation	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Planting	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Weeding	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Harvesting, grading, curing	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marketing	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Livestock caring	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Crop protection	1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

+   +

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F. Food Security

F1 **Did your household grow any staple food crops this season? (2006/2007)**
Yes   1 ☐
F5 ← No   2 ☐

F2 **Do you still have some of this main staple food left?**
Yes   1 ☐
No   2 ☐

F3 **Did you sell any of this main staple food this season?**
Yes   1 ☐
F5 ← No   2 ☐

F4 **What was the main reason for selling?**
To repay loan   1 ☐
To pay expenses   2 ☐
Had enough, could sell   3 ☐
Other   4 ☐

F5 **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 ☐

F6 **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	☐	☐	☐	☐
Vegetables	☐	☐	☐	☐
Fruits	☐	☐	☐	☐
Milk	☐	☐	☐	☐
Chicken	☐	☐	☐	☐
Meat	☐	☐	☐	☐
Fish	☐	☐	☐	☐
Beans & pulses				
Eggs	☐	☐	☐	☐

+   +

F7 **In the past 7 days what were the sources of food for the household? [MULTIPLE RESPONSE]**

Own produce	1	☐
Purchase from market	1	☐
Casual labour paid in food	1	☐
Wild food	1	☐ +
Gift	1	☐
Food for work	1	☐
Free food	1	☐
Winter/irrigated own food	1	☐
Other	1	☐

F8 **During the past 7 days, what income sources did the household use to provide for the food consumed?**

Sale of own staple food crop	1	☐
Sale of own other food crops	1	☐
Sale of own cash crops	1	☐
Sale of **own** livestock/ fish/ milk	1	☐
Sale of firewood	1	☐
Ganyu	1	☐
Income from business work	1	☐
Income from paid job	1	☐
Remittances *[received from relatives]*	1	☐
Barter of household assets	1	☐
Barter of livestock	1	☐
Other	1	☐

F9 **During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

Yes	1	☐
F13 ⇐ No	2	☐

F10 **For how many of the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

Almost daily (more than 3 times)	1	☐
Two or three times	2	☐
Once	3	☐

F11 *How did your household cope? [MULTIPLE RESPONSE]*

Ate less of staple food	1	☐
Shifted to cheaper food	1	☐
Combined cheaper food /wild food	1	☐
Shifted to wild food	1	☐
Food for work	1	☐
Hand outs from Govt/NGO	1	☐
Hand outs from Religious organisations	1	☐
Cash for work	1	☐
Other	1	☐

+   +

F12   Which members of the household failed to eat the meal?
+   **[MULTIPLE RESPONSE]**

Children < 12 yrs   1   ☐
Adult Males   1   ☐
Adult Females   1   ☐
All members   1   ☐

F13   How many of the following types of livestock do your households own?

Type	Don't own	Number owned			
Cattle	☐				
Goats	☐				
Sheep	☐				
Pigs	☐				
Chicken	☐				

F14   Did you receive a voucher/ coupon for subsidized fertilizer/seed during this cropping season (2007/2008) ?

Yes   1   ☐
No   2   ☐

+   +

11

+

+

G - Housing condition and amenities

G1   **Does the household or a household member own the dwelling unit?**

Owns the dwelling	1	☐
Rents the dwelling	2	☐
Uses dwelling without paying rent	3	☐
Other	4	☐

G2   **How many <u>separate rooms</u> do the members of your household occupy? Do not count bathrooms, toilets, storerooms, or garage**

Number of rooms ☐

G3   **Does your household or any of the household members own any of the following items, in working condition?**

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

+

G5 ←IF NO

G4   **How many radios does the household have?**

Number of radios ☐

12

G5 **What is your <u>main source</u> of fuel used for cooking?**

Electricity	1	☐
Solar energy	2	☐
Gas	3	☐
Paraffin	4	☐
Charcoal	5	☐
Firewood	6	☐
Straw/Crop Residue/Saw dust	7	☐
Animal waste	8	☐
Other	9	☐

G6 **What is your <u>main source</u> of fuel used for lighting?**

Electricity	1	☐
Solar energy	2	☐
Gas	3	☐
Paraffin	4	☐
Candles	5	☐
Firewood	6	☐
Grass	7	☐
Other	8	☐

G7 **What is your <u>main source</u> 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	☐

G7b **How many minutes does it take to walk from here to reach this main source of drinking water**

Time in minutes ☐

+

G8 **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	☐

G9 **The <u>roof</u> of the main dwelling is <u>predominantly</u> made of what material?**

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

G10 **The <u>floor</u> of the main dwelling is <u>predominantly</u> made of what material?**

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

G11 **The <u>outer walls</u> of the main dwelling are <u>predominantly</u> 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	☐

14

+　　　　　　　　　　　　　　　　　　　　　　　　　　　+

G12 **How many minutes does it take to walk from here to reach the nearest…..**

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

G13 **Did any household member participate in any of the following types of projects and was paid or not paid, and the organisation that mainly paid for the project during the last 12 months?**
MULTIPLE RESPONSE

Construction or maintenance of	**Participated**		**Member was Paid**	**Member was not paid**	**Who mainly paid for the project?**
	No	**Yes**			
School	☐	☐	☐	☐	☐
Food/cash for work	☐	☐	☐	☐	☐
Road/bridge	☐	☐	☐	☐	☐
One Village One Product	☐	☐	☐	☐	☐
Church	☐	☐	☐	☐	☐
Community policing	☐	☐	☐	☐	☐
Orphanage	☐	☐	☐	☐	☐
Mosque	☐	☐	☐	☐	☐
Kindergarten	☐	☐	☐	☐	☐
Health centre	☐	☐	☐	☐	☐
Irrigation works/dams	☐	☐	☐	☐	☐
Borehole	☐	☐	☐	☐	☐
Work on dams	☐	☐	☐	☐	☐
Clearing graveyard	☐	☐	☐	☐	☐

Codes for who mainly paid for the project: 1: **People in the village; 2: Local Government/;**
3: Govt ; 4: Donors ; 5: NGOs; 6: Church; 7: Other

+　　　　　　　　　　　　　　　　　　　　　　　　　　　+

+   +

G15 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	☐	☐	☐
NASFAM	☐	☐	☐
Any other farmers group such as TAMA	☐	☐	☐
Credit club, revolving fund, SACCOS	☐	☐	☐
Water user associations	☐	☐	☐
Dance, music and culture groups	☐	☐	☐

G16   Do you or anyone in your household know whether there are any witches in this community?
Yes   1 ☐
No   2 ☐

G17   Do you or anyone in your household know of any people who have been accused of witchcraft?
Yes   1 ☐
No   2 ☐

G18   Have you or anyone in your household experienced bad things that could have been caused by witchcraft?
Yes   1 ☐
No   2 ☐

G19   Have you or anyone in your household taken any steps to protect yourself or anyone in your household against witchcraft?
Yes   1 ☐
No   2 ☐

+   +

+   +

G20   **In this household, who participates in the decisions on the following: MULTIPLE RESPONSE**

		Education of of the children	Marriage of The children	Selling of land	Renting out of land
Head of household	1	☐	☐	☐	☐
Children	1	☐	☐	☐	☐
Husband	1	☐	☐	☐	☐
Wife	1	☐	☐	☐	☐
Father	1	☐	☐	☐	☐
Mother	1	☐	☐	☐	☐
Relative/Uncles	1	☐	☐	☐	☐

G21   **Is the leader of this village male or female?**

Male   1 ☐
Female   2 ☐

H - Poverty predictors

H1   **Does someone in the household own a cellular telephone (cell phone) in working condition?**
Yes   1 ☐
No   2 ☐

H2   **How many changes of clothes do you (head) own?** RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN

Changes of clothes ☐

+

+

+

H3 **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	☐

H4 **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	☐	☐
Men's shirts	☐	☐
Men's jackets	☐	☐
Men's undergarments	☐	☐
Men's other clothing	☐	☐

H5 **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	☐	☐
Men's shoes	☐	☐
Girl's shoes	☐	☐
Lady's shoes	☐	☐

H6 **Over the past one month, did you or any member of the household purchase or pay for toothpaste or toothbrush?**

Yes	**1**	☐
No	**2**	☐

H7 **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	☐
H9 ←	No	2	☐

+

H8 **How much did you pay in total for bar soap?**

Kwacha [＿＿＿＿＿＿＿]

H9 **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** ☐

H10 **Over the past 7 days, did you or others in your household consume any of the following?**

	Yes	No
Eggs	☐	☐
Beef	☐	☐
Goat	☐	☐
Pork	☐	☐
Chicken	☐	☐
Other poultry–guinea fowl, doves etc.	☐	☐
Rice	☐	☐
Bread	☐	☐
Fresh milk	☐	☐
Cooking oil	☐	☐
Sugar	☐	☐

+

H11 **How much did you or any member of the household spend in total on cooking oil (past 7 days)?**

Kwacha [＿＿＿＿＿＿＿]

IH12 **How much did you or any member of the household spend in total on sugar (past 7 days)?**

Kwacha [＿＿＿＿＿＿＿]

+

|___|___|___|___|___|

I - Child module – Birth and anthropometric measures

Member line number	1	2	3	4

FOR EACH CHILD UNDER 5 YEARS ENTER:

I1 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

I2 **When was the child born?** **[*Do not estimate for the age, leave it blank*]**

Day Month Year	Day Month Year	Day Month Year	Day Month Year

I3 **Where was the child delivered?**

Hospital/maternity	1				
Health clinic	2				
Health centre	3				
Health post	4	+			
At home	5				
Other	6				

I4 *Who assisted in the delivery of the child?*

Doctor/Clinical Officer	1				
Midwife/nurse	2				
Trained T.B.A	3				
Other	4				
Self	5				

I5 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

I6   Why was [NAME] not weighed and measured?

		1	2	3	4
Unwilling	1	☐	☐	☐	☐
Not at home	2	☐	☐	☐	☐
Too sick	3	☐	☐	☐	☐

I7   Did [NAME] participate in a nutrition programme the last 12 months?

		1	2	3	4
Yes	1	☐	☐	☐	☐
No	2	☐	☐	☐	☐

J - Child health – Malaria Treatment

J5   Has [NAME] been sick with fever/malaria during the <u>last 4 weeks</u>?

		1	2	3	4
Yes	1	☐	☐	☐	☐
K ← No	2	☐	☐	☐	☐

J6   Was [NAME] given any drugs in response to the last fever/malaria?

		1	2	3	4
Yes	1	☐	☐	☐	☐
K ← No	2	☐	☐	☐	☐

J7   Which drugs were given to [NAME]? MULTIPLE RESPONSE

		1	2	3	4
Fansidar/Novidar	1	☐	☐	☐	☐
Quinine	1	☐	☐	☐	☐
Cloroquine	1	☐	☐	☐	☐
Amodiaquine	1	☐	☐	☐	☐
LA	1	☐	☐	☐	☐
Halafan	1	☐	☐	☐	☐
Pain killers	1	☐	☐	☐	☐
Herbs	1	☐	☐	☐	☐
None	1	☐	☐	☐	☐
Other	1	☐	☐	☐	☐

K - Child health – Vaccination

K1   Do you have a card where [NAME's] vaccinations are written down?

		1	2	3	4
Yes	1	☐	☐	☐	☐
No	2	☐	☐	☐	☐

+   +

K2   **Which of the following vaccinations has [NAME] been given:** READ OUT

Measles	1	☐	☐	☐	☐
BCG	1	☐	☐	☐	☐
DPT1	1	☐ +	☐	☐	☐
DPT2	1	☐	☐	☐	☐
DPT3	1	☐	☐	☐	☐
Polio 0	1	☐	☐	☐	☐
Polio 1	1	☐	☐	☐	☐
Polio 2	1	☐	☐	☐	☐
Polio 3	1	☐	☐	☐	☐
Vitamin A	1	☐	☐	☐	☐

L - HIV/AIDS Knowledge

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

Respondent's member
number from household list ☐

L1   **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	☐

L2   **Have you ever had an HIV test?**

Yes	1	☐
L6 ← No	2	☐

L3   **Have you had an HIV test during the last 12 months?**

Yes	1	☐
L6 ← No	2	☐

L4   **Where did you have the test?**

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

+   +

L5   Did you get counselling when you went for the test?

M ←   Yes, before and after   1   ☐
M ←   Yes, only before   2   ☐
M ←   Yes, only after   3   ☐
M ←   No   4   ☐

L6   What is the <u>main reason</u> for not having an HIV test?

Not available   1 ☐   Results take too long   **5** ☐
Not interested   2 ☐   Test centre too far   **6** ☐
Not at risk/No need   3 ☐   No privacy   **7** ☐
Scared of outcome   4 ☐   Other reasons   **8** ☐

M - Interview Completion Information

M1   Result

Completed with selected household   1 ☐
Incomplete   2 ☐
Refusal   3 ☐
Not found   4 ☐   +
Too ill   5 ☐

M2   Comments