



MALAWI GOVERNMENT
 NATIONAL STATISTICAL OFFICE, ZOMBA

2011 Welfare Monitoring Survey

**HOUSEHOLD FORM
 CONFIDENTIAL**

CLUSTER	HOUSEHOLD	QUESTIONNAIRE NUMBER	CONFIDENTIAL REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important information for the interviewer:

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

A – Interview Information

	NAME	NUMBER
A1. Interviewer's name & Number	<input type="text"/>	<input type="text"/>
A2. Supervisor's name & Number	<input type="text"/>	<input type="text"/>
A3. Head of household	<input type="text"/>	
A4. District name/District code	<input type="text"/>	<input type="text"/>
A5. TA / Village / Town	<input type="text"/>	
A6. Day/Month/Year of Interview	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
A7. Respondent Name & Number to HH Form	<input type="text"/>	<input type="text"/>
A8. Total No. of HH members		<input type="text"/>
A9. Women (aged 12-49) for interview		<input type="text"/>
A10. Number of children 12 to 18 for interview		<input type="text"/>
A11. Number of children < 5 for interview		<input type="text"/>
A12. Number of children aged 3 to 5		<input type="text"/>
A13. Latitude (5 decimal degrees)	S <input type="text"/>	
A14. Longitude (5 decimal degrees)	E <input type="text"/>	
A15. Elevation (metres)		<input type="text"/>
A16. (Interviewer) Hard to reach area or not		<input type="checkbox"/>
	1 Yes	<input type="checkbox"/>
	2 No	<input type="checkbox"/>

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Characteristics of Household members										
Member 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 household. If more than 10 members, use an additional questionnaire.										

B1 What is [Name's] relationship to head of household?

1 Head	<input type="checkbox"/>									
2 Spouse	<input type="checkbox"/>									
3 Daughter/son	<input type="checkbox"/>									
4 Step daughter/son	<input type="checkbox"/>									
5 Son/daughter in law	<input type="checkbox"/>									
6 Grandchild	<input type="checkbox"/>									
7 Sister/brother	<input type="checkbox"/>									
8 Sister/brother in-laws	<input type="checkbox"/>									
9 Parent	<input type="checkbox"/>									
10 Parent-in-law	<input type="checkbox"/>									
11 Niece/nephew	<input type="checkbox"/>									
12 Other relative	<input type="checkbox"/>									
13 Non relative	<input type="checkbox"/>									
14 Domestic worker	<input type="checkbox"/>									
15 Guardianship	<input type="checkbox"/>									
16 Foster (formal)	<input type="checkbox"/>									
17 Foster (informal)	<input type="checkbox"/>									
18 Adopted (formal)	<input type="checkbox"/>									
19 Adopted (informal)	<input type="checkbox"/>									

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B2 Is [NAME] male or female?

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

B3 Does (name) usually live in this household?

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

B4 In what month and year was name born?

Month and Year	MM	YY																		

B5 How old was name [NAME] at his/her last birthday?

Completed years																				
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Member number	1	2	3	4	5	6	7	8	9	10
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B5a Does [Name] have difficulty or problems in the following(MULTIPLE RESPONSE, READ OUT)

1 Seeing	<input type="checkbox"/>									
2 Hearing	<input type="checkbox"/>									
3 Speaking	<input type="checkbox"/>									
4 Walking/climbing	<input type="checkbox"/>									
5 Other	<input type="checkbox"/>									
B6 ← 6 None	<input type="checkbox"/>									

B5b If yes what are the causes

1 Congenital	<input type="checkbox"/>									
2 Disease/illness	<input type="checkbox"/>									
3 Injury/accident	<input type="checkbox"/>									
4 Not known	<input type="checkbox"/>									
5 Other	<input type="checkbox"/>									

TO PERSONS 12 YEARS AND ABOVE: OTHERS GO TO B8

B6 What is [Name's] marital status?

B8 ← 1 Never married	<input type="checkbox"/>									
2 Married – monogamy	<input type="checkbox"/>									
3 Married – polygamy	<input type="checkbox"/>									
4 Widowed	<input type="checkbox"/>									
5 Separated	<input type="checkbox"/>									
6 Divorced	<input type="checkbox"/>									

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B7 When did [Name] first get married?

Month	Year																		

TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO C

B8 Is [Name]'s father still alive?

1 Yes	<input type="checkbox"/>									
B10 ← 2 No	<input type="checkbox"/>									
B10 ← 3 Don't know	<input type="checkbox"/>									

B9 Does [Name]'s father live in the household?

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

B10 Is [Name]'s mother still alive?

1 Yes	<input type="checkbox"/>									
C1 ← 2 No	<input type="checkbox"/>									
C1 ← 3 Don't know	<input type="checkbox"/>									

B11 Does [Name]'s mother live in the household?

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

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

FOR PERSONS 5YEARS OLD AND ABOVE

C1 **Can [Name] read and write a simple sentence in any language?**
 1 Yes
 2 No

C2 **Has [Name] ever attended school?**
 1 Yes
 D1 ← 2 No

C3 **What is the highest level of education [Name] completed?**
 Code list from manual

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C4 **What is the highest educational qualification [Name] has attained/acquired?**
 Code list from manual

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C5 **Did [Name] attend school last school year?**
 1 Yes
 C7 ← 2 No

C6 **What grade did [Name] attend last school year?**
 Code list from manual

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C7 **Is [Name] currently attending school?**
 1 Yes
 C11 ← 2 No

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C8 **What is the current grade of education [Name] is attending?**
 Code list from manual

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C9 **Who runs the school [NAME] is attending?**
 1 Government
 2 Religious Institution
 3 Private

C10 **Did [NAME] participate in a school-feeding program during the last 12 months?**
 D1 ← 1 Yes
 D1 ← 2 No

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C Education continued										
Member number	1	2	3	4	5	6	7	8	9	10

FOR PERSONS 5 YEARS OLD AND ABOVE

C11 Why is [Name] not currently attending school? (Multiple response)

1 Completed school	<input type="checkbox"/>									
2 Is working (job/home)	<input type="checkbox"/>									
3 Too old/young	<input type="checkbox"/>									
4 Too far away	<input type="checkbox"/>									
5 Too expensive	<input type="checkbox"/>									
6 Useless/no benefit	<input type="checkbox"/>									
7 Uninteresting	<input type="checkbox"/>									
8 Illness	<input type="checkbox"/>									
9 Failed exam	<input type="checkbox"/>									
10 Got married/pregnancy	<input type="checkbox"/>									
11 Lack of food in household	<input type="checkbox"/>									
C11b 12 Felt unsafe / afraid	<input type="checkbox"/>									
13 Other reason	<input type="checkbox"/>									

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C11b C11b If afraid or felt unsafe, what were the specific reasons (Multiple Response)

1. Threatened or hit by other children on way to or from school	<input type="checkbox"/>									
2. Threatened or hit by adults on way to or from school	<input type="checkbox"/>									
3. Gangs on my way to school	<input type="checkbox"/>									
4. Other students at school regularly make fun of him/her	<input type="checkbox"/>									
5. Other students at school regularly threaten him/her	<input type="checkbox"/>									
6. I was afraid that a student at school would hit him/her	<input type="checkbox"/>									
7. Called names (stupid or lazy) by a teacher at school	<input type="checkbox"/>									
8. Threatened by a teacher at school	<input type="checkbox"/>									
9. Afraid that a teacher at school would hit him/her	<input type="checkbox"/>									
10. Gangs in school or near the school	<input type="checkbox"/>									
11. Other students at school make sexual comments about him/her	<input type="checkbox"/>									
12. Other students at school try to make me do sexual things	<input type="checkbox"/>									
13. Teacher at school made sexual comments about him/her	<input type="checkbox"/>									
14. Teacher at school tried to made sexual advances / abuse	<input type="checkbox"/>									
15. No capacity to accommodate children with disabilities.	<input type="checkbox"/>									
16. No specialized classes or programmes for children with disabilities	<input type="checkbox"/>									
17. Stigma and discrimination.	<input type="checkbox"/>									
18. Distance	<input type="checkbox"/>									
19. Other (Specify)	<input type="checkbox"/>									

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D - Employment

FOR PERSONS 5 YEARS OLD AND ABOVE

Member number	1	2	3	4	5	6	7	8	9	10
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D1 *Aside from housework, did [Name] do any work during the last 7 days?*

D5	1 Yes	<input type="checkbox"/>								
	2 No	<input type="checkbox"/>								

D2 *Was [Name] absent from work during the last 7 days?*

D5	1 Yes	<input type="checkbox"/>								
	2 No	<input type="checkbox"/>								

D3 *What was the main reason for [Name] did not work the last 7 days?*

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

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D4 *Has [Name] been seeking work in the last 4 weeks?*

D9	1 Yes	<input type="checkbox"/>								
D9	2 No	<input type="checkbox"/>								

D5 *How many jobs did [Name] have the last 7 days?*

Number of jobs	<input type="text"/>									
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The next questions will be about the main job

D6 *For whom did [Name] work in the main job?*

1	Private Sector	<input type="checkbox"/>								
2	Family / individual business	<input type="checkbox"/>								
3	Parastatal	<input type="checkbox"/>								
4	Public/Government	<input type="checkbox"/>								
5	Missions/NGO	<input type="checkbox"/>								
6	Self employed	<input type="checkbox"/>								
7	Mlimi (Subsistence farming)	<input type="checkbox"/>								
8	Estate	<input type="checkbox"/>								

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D - Employment Continued										
FOR PERSONS 5 YEARS OLD AND ABOVE										
Member number	1	2	3	4	5	6	7	8	9	10

D7 What is the main activity at the place [Name] work?

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

D8 How was [Name] paid in the main job?

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

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D9 Did [Name] participate in any of the following activities during the last 12 months (MULTIPLE RESPONSE, READ OUT)?

1. Fetching firewood	<input type="checkbox"/>									
2. Fetching Water	<input type="checkbox"/>									
3. Caring for the sick	<input type="checkbox"/>									
4. Land Preparation	<input type="checkbox"/>									
5. Planting	<input type="checkbox"/>									
6. Weeding	<input type="checkbox"/>									
7. Harvesting, grading, curing	<input type="checkbox"/>									
8. Marketing	<input type="checkbox"/>									
9. Livestock caring	<input type="checkbox"/>									
10. Crop protection	<input type="checkbox"/>									
11. None	<input type="checkbox"/>									

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E - Household – Housing characteristics

E1 **Does the head or any household member own the main dwelling unit?**
 1 Owns the dwelling
 2 Rents the dwelling
 3 Uses the dwelling without paying rent
 4 Other

E2 **How many rooms do the dwelling units have (include the sitting room)?** (Do not count bathrooms, toilets, storerooms or garage)
 Number of rooms

E3 **What is the main material for the roof of the main dwelling unit?**
 1 Grass
 2 Iron sheets
 3 Clay tiles
 4 Concrete
 5 Plastic sheeting
 6 Other

E4 **What is the main material for the floor of the main dwelling unit?** +
 1 Sand
 2 Smoothed mud
 3 Smooth cement
 4 Wood
 5 Tile
 6 Other

E5 **What is the main material used for the wall of the main dwelling unit?**
 1 Grass
 2 Mud
 3 Compacted earth
 4 Mud bricks
 5 Burnt bricks
 6 Concrete
 7 Wood
 8 Iron sheets
 9 Other

E6 **What is your main source of fuel used for cooking?**
 1 Electricity
 2 Solar energy
 3 Gas
 4 Paraffin
 5 Charcoal
 6 Firewood
 7 Straw/Crop residue/saw dust
 8 Animal waste
 9 Other

E7 **What is your main source of fuel used for lighting?**
 1 Electricity
 2 Solar energy
 3 Gas
 4 Paraffin
 5 Candles
 6 Battery lamps/Torch
 7 Firewood
 8 Grass
 9 Other

E8 **Are national electricity grid lines / power available in your community?**
 1 Yes
 2 No

E9 **Are some households in your community connected or using national electricity?**
 1 Yes
 2 No

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F - Access to Facilities

F1 Does your household or any of the household members own any of the following items, in working condition?

	Yes	No
1 Watch/Clock	<input type="checkbox"/>	<input type="checkbox"/>
2 Bed	<input type="checkbox"/>	<input type="checkbox"/>
3 Table	<input type="checkbox"/>	<input type="checkbox"/>
4 Chair	<input type="checkbox"/>	<input type="checkbox"/>
5 Hoe	<input type="checkbox"/>	<input type="checkbox"/>
6 Iron	<input type="checkbox"/>	<input type="checkbox"/>
7 Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
8 TV	<input type="checkbox"/>	<input type="checkbox"/>
9 Axe	<input type="checkbox"/>	<input type="checkbox"/>
10 Sickle	<input type="checkbox"/>	<input type="checkbox"/>
11 Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>
12 Oxcart	<input type="checkbox"/>	<input type="checkbox"/>
13 Bicycle	<input type="checkbox"/>	<input type="checkbox"/>
14 Bank account	<input type="checkbox"/>	<input type="checkbox"/>
15 Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>
16 Treadle pump	<input type="checkbox"/>	<input type="checkbox"/>
17 Modern stove	<input type="checkbox"/>	<input type="checkbox"/>
18 Car	<input type="checkbox"/>	<input type="checkbox"/>
19 Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>
20 Tape recorder / DVD / VCR player	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan	<input type="checkbox"/>	<input type="checkbox"/>
22 Radio	<input type="checkbox"/>	<input type="checkbox"/>

F2 ←

F2 How many radios does the household have?

[Empty box]

F3 Is this household connected to a fixed telephone line?

- 1 Yes
- 2 No

F4 How many minutes does it take to walk from here to reach the nearest...(ONE WAY)
(READ OUT, MULTIPLE RESPONSE)

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

F5 Is there a public pay phone that you can use in your community?

- 1 Yes
- 2 No

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[Empty box]

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W - Water, Sanitation and Hygiene

W1 What is the main source of drinking

- 1 Piped water into dwelling, plot or yard
- 2 Public tap/stand pipe
- 3 Tube well/borehole
- 4 Protected dug well
- 5 Protected spring
- 6 Rainwater collection
- 7 Unprotected dug well
- 8 Unprotected spring
- 9 Cart with small tank/drum
- 10 Tanker/ truck
- 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channel)
- 12 Bottled water

W5 On average, how long do you normally wait at at the water point (drinking water)?

[Empty box]

W6 What distance do you travel to get water (drinking water) [METRES]?

[Empty box]

W7 Who usually go to draw drinking water?

- 1 Adult Woman
- 2 Adult Man
- 3 Female Child <15yrs
- 4 Male child <15yrs
- 5 All members

W2 Do you use the same source for other domestic activities such as cleaning e.t.c

- 1 Yes
- 2 No

W8 Do you treat your drinking water in any way?

- 1 Yes
- 2 No

W3 If no, what is the main source of water used by members of your household for other domestic purposes?

- 1 Piped water into dwelling, plot or yard
- 2 Public tap/stand pipe
- 3 Tube well/borehole
- 4 Protected dug well
- 5 Protected spring
- 6 Rainwater collection
- 7 Unprotected dug well
- 8 Unprotected spring
- 9 Cart with small tank/drum
- 10 Tanker truck
- 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channel)
- 12 Bottled water

W9 If yes, how do you treat your drinking water?

- 1 Boil
- 2 Add chlorine
- 3 Use water guard
- 4 Filtration
- 5 Other (specify)

W10 How do you carry drinking water from the water point to the house?

- 1. Open pail/container
- 2. Covered pail/container
- 3. Bucket with cover
- 4. Zigubu
- 5. Other

W4 Are there any problems with that main drinking water source?

- 1 Yes
- 2 No

W10a How do you use to store water?

- 1. Open pail/container
- 2. Covered pail/container
- 3. Bucket with cover (with/without tap)
- 4. Clay pots with/without cover
- 5. Drums
- 6. Other (specify)

W4b What are the problems?

- 1. Taste is not good (salty, etc)
- 2. Frequent break downs
- 3. Intermittent supply
- 4. Low yield
- 5. Appears polluted
- 6. Toilet close to water source
- 7. Other (specify)

W10b How do you serve drinking water?

- 1. One cup system
- 2. Two cup system
- 3. Draw from tap
- 4. Other (specify)

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G - Poverty predictors (Country specific module)

G1 **Does someone in the household own a cellular telephone (cell phone) in working condition?**

- 1 Yes
2 No

G2 **How many changes of cloths do you (head of household) own? (Record number of trousers for men or skirt/dresses for women)**

Number of changes

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G3 **What do you (head of household) sleep under in the cold season?**

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

G4 **Over the past three months did you or any member of the household purchase or pay for any of the following?**

- | | Yes | No |
|------------------------|--------------------------|--------------------------|
| 1 Men's trousers | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Men's shirts | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Men's jackets | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Men's undergarment | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Men's other clothing | <input type="checkbox"/> | <input type="checkbox"/> |

G4b **Over the past three months did you or any member of the household purchase or pay for any of the following?**

- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| 1 Women's trousers | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Women's shirts | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Women's jackets | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Women's undergarment | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Women's other clothing | <input type="checkbox"/> | <input type="checkbox"/> |

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G5 **Over the past three months did you or any member of the household purchase or pay for any of the Following?**

- | | Yes | No |
|----------------|--------------------------|--------------------------|
| 1 Boy's shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Men's shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Girl's shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Lady's shoes | <input type="checkbox"/> | <input type="checkbox"/> |

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G6 **Over the past one month did you or any member of the household purchase or pay for toothpaste or tooth brush**

- 1 Yes
2 No

G7 **Over the past one month did you or any member of the household purchase or pay for bar soap (body**

- F9 ← 1 Yes
2 No

G8 **How much did you pay total for the bar soap?**

Currency with one decimal

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G9 **Over the past 7 days, did you or any member of the household purchase or pay public transport, -bus fare, minibus fare, taxi fare?**

- 1 Yes
2 No

G10 **Over the past 7 days, did you or any member of the household consume any of the following?**

- | | Yes | No |
|---------------------------|--------------------------|--------------------------|
| 1 Eggs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Beef | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Goat | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Pork | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Chicken | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Other Poultry-fowls etc | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Rice | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Bread | <input type="checkbox"/> | <input type="checkbox"/> |
| G11 ← 10 Cooking oil | <input type="checkbox"/> | <input type="checkbox"/> |
| G12 ← 11 Sugar | <input type="checkbox"/> | <input type="checkbox"/> |

G11 **How much did you or any member of the household spend in total on cooking oil (past 7 days)?**

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G12 **How much did you or any member of the Household spend in total on sugar (past 7 days)?**

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H Food Security

H1 Did your household grow any staple food crops this season? (2010/2011)

- 1 Yes
- 2 No

H5 ←

H2 Do you still have some of this main staple food left?

- 1 Yes
- 2 No

H2b ←

H2a When did your household's staple food run out for this season (2010/2011)?

	Before July 11	Aug 2011	Sep 2011	Oct 2011	Nov 2011
Any mentioned.	<input type="checkbox"/>				

H3 ←

H3 Did you sell any of this main staple food this season?

- 1 Yes
- 2 No

H5 ←

H4 What was the main reason for selling?

- 1 To repay loan/ farm expenses
- 2 To pay for household needs
- 3 Had surplus
- 4 Other

H5 During the last 7 days how many main meals did the household take per day?

- One meal
- Two meals
- Three meals or more

H2b When do you expect your household's staple food to run out (2010/2011)?

	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012	Jul 2012
	<input type="checkbox"/>											

H6 During the past 7 days, how often did your household eat the following food items? Read out (MULTIPLE RESPONSE)

	Almost daily (more than 3 times) (1)	Two or three times (2)	Once (3)	Never (4)
1 Cereals, Grains and Cereal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Roots, Tubers, and Plantains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Nuts and Pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Meat, Fish and Animal products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Milk/Milk products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Fats/Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Sugar/Sugar products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Spices/Condiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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H7 In the past 7 days what were the sources of food for the household? [MULTIPLE RESPONSE]

- H9 ← 1 Own produce
- 2 Purchase from market
- 3 Casual labour paid in food
- 4 Wild food
- 5 Gift
- 6 Food for work
- 7 Free food
- H9 ← 8 Winter/irrigated own food
- 9 Barter of household assets
- 10 Barter of livestock
- 11 Other

H9 During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?

- 1 Yes
- H13 ← 2 No

H10 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)?

- 1. 1 day
- 2. 2 to 3 days
- 3. 4 to 6 days

H8 During the past 7 days, what income sources did the household use to provide for the food consumed?

- 1 Sale of own staple food crop
- 2 Sale of own other food crops
- 3 Sale of own cash crops
- 4 Sale of own livestock/ fish/ milk
- 5 Sale of firewood
- 6 Ganyu
- 7 Income from business work
- 8 Income from paid job
- 9 Remittances
- 10 Sale of household assets
- 11 Other

H11 How did your household cope? [MULTIPLE RESPONSE]

- 1 Ate less of staple food
- 2 Shifted to cheaper food
- 3 Combined cheaper food /wild food
- 4 Shifted to wild food
- 5 Food for work
- 6 Hand outs from Govt/NGO
- 7 Hand outs from Religious organisations
- 8 Cash for work
- 9 Other

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H12 Which members of the household failed to eat the meal

- 1 Children < 12 yrs
- 2 Adult Males
- 3 Adult Females
- 4 All members

H14b How did you use the coupon for subsidised fertilizer/seed?

- 1 Bought fertilizer/seed
- 2 Lost the vouchers
- 3 Sold the vouchers
- 4 Gave to family friends
- 5 Other

H13 How many of the following types of livestock does your households own? MULTIPLE RESPONSE

Type	Yes	No	Number owned
1 Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 Poultry(chicken, ducks etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 Fish ponds	<input type="checkbox"/>	<input type="checkbox"/>	

H15 In this season (2010/2011) did you receive advice from agriculture extension services on the following? (If No for all options go to K1){READ OUT- MULTIPLE RESPONSE}

	Yes	No
1 Land husbandry/Farm planning	<input type="checkbox"/>	<input type="checkbox"/>
2 Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>
3 Crop husbandry	<input type="checkbox"/>	<input type="checkbox"/>
4 Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
5 Woodlot	<input type="checkbox"/>	<input type="checkbox"/>
6 Agricultural credit	<input type="checkbox"/>	<input type="checkbox"/>
7 Food storage	<input type="checkbox"/>	<input type="checkbox"/>
8 Farmers clubs/committees	<input type="checkbox"/>	<input type="checkbox"/>
9 Farmer training	<input type="checkbox"/>	<input type="checkbox"/>
10 Home economics	<input type="checkbox"/>	<input type="checkbox"/>
11 Other	<input type="checkbox"/>	<input type="checkbox"/>

H14a Did you receive a voucher/ coupon for subsidized Fertilizer / seed during the 2010/2011 cropping season?

	Fertilizer Only	Seed and Fertilizer	Seed Only
1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H16 For each topic mentioned how did you receive this advice? MULTIPLE RESPONSE

	1	2	3	4	5	6	7	8	9	10
1 Land husbandry/Farm	<input type="checkbox"/>									
2 Animal husbandry	<input type="checkbox"/>									
3 Crop husbandry	<input type="checkbox"/>									
4 Vegetables	<input type="checkbox"/>									
5 Woodlot	<input type="checkbox"/>									
6 Agricultural credit	<input type="checkbox"/>									
7 Food storage	<input type="checkbox"/>									
8 Farmers clubs/committees	<input type="checkbox"/>									
9 Farmer training	<input type="checkbox"/>									
10 Home economics	<input type="checkbox"/>									
11 Other	<input type="checkbox"/>									

Codes for H16:

- 1: Not received; 2: Other farmers/friends; 3: Community leaders; 4: Traditional leader; 5: Personal visit by an agricultural extension worker;
- 6: Farmers training course; 7: Agricultural show (Yellow van, cinema/puppet show); 8: Radio programme;
- 9: Za Achikumbi magazine/ Poster/leaflet; 10: Other source.

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ATTITUDE AND BEHAVIOURS

K1 *Do you think it is proper /justified to physically punish children in order to educate them on morals and proper behaviour?*

- 1. Yes
- 2. No

K2 *In the last 12 months did any of your children experience any event in the following situations {READ OUT – MULTIPLE RESPONSE}*

- | | <i>Yes</i> | <i>No</i> |
|-------------------|--------------------------|--------------------------|
| 1. As an Offender | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. As a Victims | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. As a Witness | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. None | <input type="checkbox"/> | <input type="checkbox"/> |

K3 *Do you think it is proper for a husband to beat his wife on the following conditions (READ OUT*

- | | <i>Yes</i> | <i>No</i> |
|--------------------------------------|--------------------------|--------------------------|
| 1. Burn food | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have hot arguments | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Child is neglected | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Refusing sexual intercourse | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Going out without telling friends | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

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L HIV/AIDS knowledge

HIV/AIDS knowledge (to be asked to a random person in the household. To select the person, look at the first name of the household members who are 12 and above. Arrange the first names in alphabetical order, and select the one whose first name starts with the letter earliest in the alphabet. If the first names of the over fifteens are Madalitso, Martha and Victoria, Madalitso is the person to be asked the questions in section L.)

FOR SELECTED HOUSEHOLD MEMBER 12 YEARS AND ABOVE, SEE MANUAL

Respondent's member number from household list

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L1 *Can the risk of HIV transmission be reduced by having sex with only uninfected partner who has no other partner?*

- 1. Yes
- 2. No

L2 *Can a person reduce the risk of getting HIV by using a condom every time they have sex?*

- 1. Yes
- 2. No

L3 *Can a healthy looking person have HIV?*

- 1. Yes
- 2. No

L4 *Can a person get HIV from mosquito bites?*

- 1. Yes
- 2. No

L5 *Can a person get HIV by sharing food with someone who is infected?*

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

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L HIV/AIDS knowledge Continued

L6 *Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?*

- 2. No
- 3. Don't know

L7 *Have you ever had an HIV test?*

- 1. Yes
- L11 ← 2. No

L8 *Have you had an HIV test during the last 12 months?*

- 1. Yes
- L11 ← 2. No

L9 *Where did you have the test?*

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

L10 *Did you get counselling when you went for the test?*

- M1 ← 1. Yes, before and after
- M1 ← 2. Yes, only before
- M1 ← 3. Yes, only after
- M1 ← 4. No

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L11 *What is the main reason for not having an HIV test?*

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

M - Interview Completion Information

M1 *Result*

- Completed with selected household
- Incomplete
- Refusal
- Not found
- Too ill

M2 *Comments*

[Large empty box for comments]

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