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**MALAWI GOVERNMENT
NATIONAL STATISTICAL OFFICE, ZOMBA**

2009 Welfare Monitoring Survey

CONFIDENTIAL

CLUSTER	HOUSEHOLD	QUESTIONNAIRE NUMBER	CONFIDENTIAL REFERENCE NUMBER
_ _	_ _	_	_ _ _ _ _ _ _ _

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

A1. Interviewer's name

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A2. Interviewer number

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A3. Head of household

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A4. District code/District name

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A5. TA / Village / Town

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A6. Date

A7. Respondent

Day	Month	Year
_	_	_ _

Member number
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B - Characteristics of the Household Members

Member line number	1	2	3	4	5	6	7	8	9	10
<p><u>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</u></p>	Head									

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

B1

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"/>									

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

Yes	1	<input type="checkbox"/>
B3c No	2	<input type="checkbox"/>

B2b How many persons passed away?

Number of persons, who passed away

B3 Is [NAME] male or female?

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

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

Completed years

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TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO B6

B5 What is [NAME]'s marital status?

B6c Never married	1	<input type="checkbox"/>								
Married, monogamous	2	<input type="checkbox"/>								
Married, polygamous	3	<input type="checkbox"/>								
B6c Divorced	4	<input type="checkbox"/>								
Separated	5	<input type="checkbox"/>								
B6c Widowed	6	<input type="checkbox"/>								

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TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO B10

Member line number	1	2	3	4	5	6	7	8	9	10
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B6 Is [NAME]’s father still alive?

B8 ☿ Yes 1

No 2

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

Yes 1

No 2

B8 Is [NAME]’s mother still alive?

B10 ☿ Yes 1

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? ASK ALL HOUSEHOLD MEMBERS

C1 ☿ Yes 1

No 2

B11 How many months ago was the net treated with chemicals (soaked or dipped)?
(If has never been treated record 98 or less than 1 month record 00) ALL MEMBERS

No of months

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[If the net was bought in the last 12 months then it was already treated mark on ‘12’]

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
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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

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

	C6 ☐	Yes	1	<input type="checkbox"/>											
		No	2	<input type="checkbox"/>											

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

MULTIPLE RESPONSE

	+	Government hospital	1	<input type="checkbox"/>											
		Govt. health centre/disp.	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"/>											

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

	C6 ☐	No need	1	<input type="checkbox"/>											
		Too expensive	1	<input type="checkbox"/>											
		Too far	1	<input type="checkbox"/>											
		Other	1	<input type="checkbox"/>											

D - Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

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

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

D2 Has [NAME] ever attended school?

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

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

Code list (MANUAL)										
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Member line number	1	2	3	4	5	6	7	8	9	10
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D3 What is the highest level of education [NAME] completed?

Code list (MANUAL)

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

Code list (MANUAL)

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D5 Did [NAME] attend school last school year?

Yes

1	<input type="checkbox"/>									
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D7 ☿

No

2	<input type="checkbox"/>									
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D6 What level did [NAME] attend last school year?

Code list (MANUAL)

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

D7 Is [NAME] currently attending school?

Yes

1	<input type="checkbox"/>									
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D12 ☿

No

2	<input type="checkbox"/>									
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D8 What is the current level of education [NAME] is attending?

Code list (MANUAL)

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

Government

1	<input type="checkbox"/>									
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Religious Institution

2	<input type="checkbox"/>									
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Private Institution

3	<input type="checkbox"/>									
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Private Individual

4	<input type="checkbox"/>									
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D10 Did [NAME] participate in a school-feeding program during the last 12 months?

Yes

1	<input type="checkbox"/>									
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

No

2	<input type="checkbox"/>									
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D11 Does [NAME] have any problems with the school? MULTIPLE RESPONSE

No

1	<input type="checkbox"/>									
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Yes, lack of books/supplies

1	<input type="checkbox"/>									
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Yes, poor teaching

1	<input type="checkbox"/>									
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Yes, lack of teachers

1	<input type="checkbox"/>									
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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

D12 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"/>									

E - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

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

E5 ☐	Yes	1	<input type="checkbox"/>								
	No	2	<input type="checkbox"/>								

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

E5 ☐	Yes	1	<input type="checkbox"/>								
	No	2	<input type="checkbox"/>								

E3 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"/>								

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

E9 ☐	Yes	1	<input type="checkbox"/>								
E9 ☐	No	2	<input type="checkbox"/>								

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

Number of jobs
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Member line number	1	2	3	4	5	6	7	8	9	10
The next questions will be about the main job										
E6 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"/>								
E7 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"/>								
E8 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 bus worker	5	<input type="checkbox"/>								
Self-employed	6	<input type="checkbox"/>								
Tenant	7	<input type="checkbox"/>								
E9 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

Livestock caring 1

Crop protection 1

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F. Food Security

F1 Did your household grow any staple food crops this season? (2008/2009)

Yes 1

F5 ♀ No 2

F2 Do you still have some of this main staple food left?

F2b ♀ Yes 1

No 2

F2a When did your household's staple food run out for this season (2008/09)?

Before July 09	Aug	Sep	Oct	Nov
<input type="checkbox"/>				

F2b When do you expect your household's staple food to run out (2008/09)?

Aug 2009	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul
<input type="checkbox"/>											

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/ farm expenses 1

To pay for household needs 2

Had surplus 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	<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"/>
Beans & pulses	<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"/>

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F7 In the past 7 days what were the 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"/>	

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	<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/ fish/ 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 [<i>received from relatives</i>]	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

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

F13 ☺ Yes 1
 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	<input type="checkbox"/>
Two or three times	2	<input type="checkbox"/>
Once	3	<input type="checkbox"/>

F11 How did your household cope? [MULTIPLE RESPONSE]

Ate less of staple food	1	<input type="checkbox"/>
Shifted to cheaper food	1	<input type="checkbox"/>
Combined cheaper food /wild food	1	<input type="checkbox"/>
Shifted to wild food	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Hand outs from Govt/NGO	1	<input type="checkbox"/>
Hand outs from Religious organisations	1	<input type="checkbox"/>
Cash for work	1	<input type="checkbox"/>

+ Other

1

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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	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goats	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sheep	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pigs	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chicken	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

F14 Did you receive a voucher/ coupon for subsidized fertilizer/seed during this cropping season (2008/2009)?

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

F15 In this season (2008/09) did you receive advice on the following?

	yes	no
Land husbandry/Farm planning	<input type="checkbox"/>	<input type="checkbox"/>
Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>
Crop husbandry	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Woodlot	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural credit	<input type="checkbox"/>	<input type="checkbox"/>
Food storage	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural shows	<input type="checkbox"/>	<input type="checkbox"/>
Farmers clubs/committees	<input type="checkbox"/>	<input type="checkbox"/>
Farmer training	<input type="checkbox"/>	<input type="checkbox"/>
Home economics	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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F16 For each topic mentioned how did you receive this advice? MULTIPLE RESPONSE

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

Codes for F16:

1: Not received; **2:** Other farmers

/friends

3: Community leaders

4: Traditional leader;

5: 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.

F17 When were you last visited by an Extension worker?

- Less than one year 1
- One to three years 2
- More than three years 3 +
- Never 4

F18 In what way or ways did you receive advice from the Extension worker?

- Personal visit by extension worker 1
- Meeting addressed by extension worker 2
- Demonstration 3
- Field visit 4

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 separate rooms 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	<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"/>
Bank account	14	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone	15	<input type="checkbox"/>	<input type="checkbox"/>
Satellite dish	16	<input type="checkbox"/>	<input type="checkbox"/>
Treadle pump	17	<input type="checkbox"/>	<input type="checkbox"/>
Modern stove	18	<input type="checkbox"/>	<input type="checkbox"/>
Car	19	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	20	<input type="checkbox"/>	<input type="checkbox"/>
Radio	21	<input type="checkbox"/>	<input type="checkbox"/>

G5 ☐ IF NO

+

G4 How many radios does the household have?

Number of radios

G5 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"/>

G6 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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G7 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

G7b How many minutes does it take to walk from here to reach this main source of safe drinking water (Piped into dwelling unit/compound; Communal standpipe/borehole; Treated Protected well).

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0-14 | 15-29 | 30-44 | 45-59 | 60 + |
| | <input type="checkbox"/> |

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

G8a Do you wash your hands after toilet?

Yes 1

G9c No 2

G8b What do you use?

Water only 1

Water and soap 2

Other 3

G9 The roof of the main dwelling is predominantly made of what material?

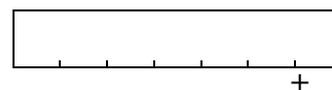
- Grass 1
- Iron sheets 2
- Clay tiles 3
- Concrete 4
- Plastic sheeting 5
- Other 6

G10 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

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G11 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

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	<input type="checkbox"/>				
Food market	<input type="checkbox"/>				
Public transportation	<input type="checkbox"/>				
“All season” road	<input type="checkbox"/>				
Primary school	<input type="checkbox"/>				
Secondary school	<input type="checkbox"/>				
Health clinic or hospital	<input type="checkbox"/>				

G13 Did any of the following projects take place during the last 12 month in our area, who mainly paid for the project and whether any household member participated and if he/she was paid or not? MULTIPLE RESPONSE

11	13	14 Project took place	15		16 Participated		17		
			Yes	No	Yes	No	Member was Paid	Member Was not paid	
18	1'	Construction or maintenance of			Who mainly paid for the project?				
20	2	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		One Village One Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Community policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Orphanage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	2:	Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	2:	Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	2'	Irrigation works/dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	2'	Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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 | <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"/> |

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 | <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"/> |

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
- No 2

H9

☺

- No 2

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[Empty box]

+

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	<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"/>	

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

Kwacha []

H12 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's member number from the household list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Page 17 of 20

[Empty box]

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Member line number	1	2	3	4
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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]*

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

I3 Where was the child delivered?

Hospital/maternity	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health clinic	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health centre	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health post	4	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
At home	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I4 Who assisted in the delivery of the child?

Doctor/Clinical Officer	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwife/nurse	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained T.B.A	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I5 RECORD THE CHILD'S

Weight in kilograms (1 decimal) [] [] [] []

Height in centimetres (1 decimal) [] [] [] []

PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO WI7

I6 Why was [NAME] not weighed and measured?

Unwilling	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at home	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too sick	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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"/>

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J - Child health – Malaria Treatment

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

K ☿	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"/>

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

K ☿	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"/>

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

+	Fansidar/Novidar	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quinine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cloroquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amodiaquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LA	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Halafan	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pain killers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Herbs	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K - Child health – Vaccination

K1 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"/>

K2 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"/>	<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"/>

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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 | <input type="checkbox"/> | |
| No | 2 | <input type="checkbox"/> | + |
| Don't know | 3 | <input type="checkbox"/> | |

L2 Have you ever had an HIV test?

- | | | | | |
|------|-----|---|--------------------------|--|
| | Yes | 1 | <input type="checkbox"/> | |
| L6 ☒ | No | 2 | <input type="checkbox"/> | |

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

- | | | | | |
|------|-----|---|--------------------------|--|
| | Yes | 1 | <input type="checkbox"/> | |
| L6 ☒ | No | 2 | <input type="checkbox"/> | |

L4 Where did you have the test?

- | | | | | | |
|---------------------|---|--------------------------|-------------------------|---|--------------------------|
| MACRO | 1 | <input type="checkbox"/> | Private Hospital/Clinic | 4 | <input type="checkbox"/> |
| Government Hospital | 2 | <input type="checkbox"/> | MSF | 5 | <input type="checkbox"/> |
| Mission Hospital | 3 | <input type="checkbox"/> | Other | 6 | <input type="checkbox"/> |

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

- | | | | | |
|-----|-----------------------|---|--------------------------|--|
| M ☒ | Yes, before and after | 1 | <input type="checkbox"/> | |
| M ☒ | Yes, only before | 2 | <input type="checkbox"/> | |
| M ☒ | Yes, only after | 3 | <input type="checkbox"/> | |
| M ☒ | No | 4 | <input type="checkbox"/> | |

L6 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"/> |

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M - Interview Completion Information

M1 Result

- Completed with selected household 1
- Completed with replaced household 2
- Incomplete 3
- Refusal 4
- Not found 5 +
- Too ill 6

M2 Comments

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