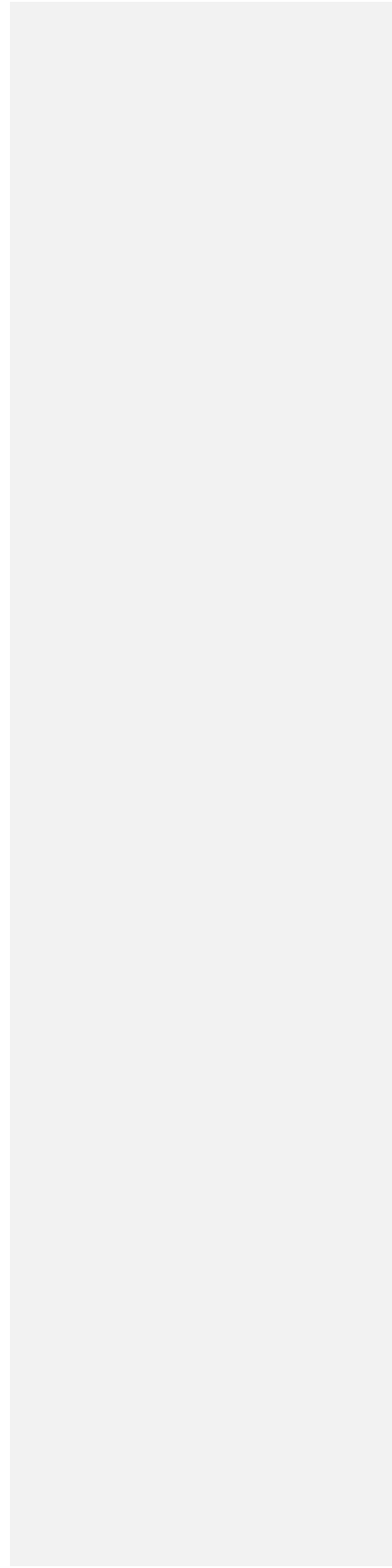




HOUSEHOLD INTERVIEW

Unless specified otherwise, do not read the answer and circle only one answer per questions. Where writing is required, write clearly using capital letters.





HOUSEHOLD INTERVIEW

SECTION 1 – DEMOGRAPHICS: READ - "I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ON THE COMPOSITION OF YOUR HOUSEHOLD"

1.1 -	HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD?	_ _ PEOPLE	
1.2 -	WHAT IS THE GENDER (SEX) OF THE HOUSEHOLD HEAD?	1 MALE	2 FEMALE
1.3 -	WHAT IS THE AGE OF THE HOUSEHOLD HEAD (IN YEARS)?	_ _ YEARS OLD	
1.4 -	CAN THE HOUSEHOLD HEAD READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0 No	1 Yes
1.5 -	WHAT IS THE LEVEL OF EDUCATION OF THE HOUSEHOLD HEAD? (USE EDUCATION CODE BELOW)	_ _ (LEVEL OF EDUCATION)	
1.6 -	WHAT IS THE MARITAL STATUS OF THE HOUSEHOLD HEAD?	1. MARRIED	2. PARTNER
		3. DIVORCED → 1.11	4. LIVING APART NOT DIVORCED → 1.11
		5. WIDOW OR WIDOWER → 1.11	6. NEVER MARRIED → 1.11
1.7 -	HOW MANY SPOUSES OR PARTNERS DOES THE HEAD OF HOUSEHOLD HAVE?	_ _	
1.8 -	WHAT IS THE AGE OF THE HOUSEHOLD HEAD SPOUSE OR PARTNER?	SPOUSE 1 _ _	
1.9 -	CAN THE HOUSEHOLD HEAD SPOUSE OR PARTNER READ AND WRITE A SIMPLE MESSAGE IN ANY LANGUAGE?	0 No	1 Yes
1.10 -	WHAT IS THE LEVEL OF EDUCATION OF THE HOUSEHOLD HEAD SPOUSE OR PARTNER? (USE EDUCATION CODE BELOW)	SPOUSE 1 _ _	

EDUCATION CODE: 01 = No School 06 = Completed Secondary 07 = Completed Advance level or "A" level 10 = Other (Specify)
 02 = Some Primary (Std 1- Std6 but not Std 7) 04 = Vocational School 08 = Some / Completed Tertiary
 03 = Completed Primary- Std6 05 = Some Secondary School (Form1-Form3, not Form4) 09 = Some / Completed University or College

1.11 -	PLEASE, COMPLETE THIS HOUSEHOLD'S DEMOGRAPHICS TABLE ON THE RIGHT. THIS IS TO RECORD THE NUMBER OF INDIVIDUALS IN EACH AGE CATEGORY. MAKE SURE TO DIFFERENTIATE BETWEEN MALES AND FEMALES.								
		A - 0 - <6 MONTHS	B - 6 MONTHS TO 6 YRS	E - 7 - 14 YEARS	F - 15 - 59 YEARS	G - 60+ YEARS			
	MALE	_ _	_ _	_ _	_ _	_ _			
	FEMALE	_ _	_ _	_ _	_ _	_ _			
1.12 -	HAS ANY MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 6 MONTHS?	0 No	→ 1.14	1 Yes					
1.13 -	FOR THOSE WHO HAVE DIED PLEASE COMPLETE THE FOLLOWING (DO NOT READ OUT, BUT PROBE)	1 OLD AGE	2 SHORT ILLNESS	3 ACCIDENT	4 CHRONIC ILLNESS	5 HIV	6 TB		
		7. OTHER							
1.14 -	AMONG THE ADULTS AGED 15 TO 59 YEARS OLD LIVING IN THIS HOUSEHOLD, IS THERE ANYONE WITH A CONDITION, DISEASE OR DISABILITY THAT PREVENTS THEM FROM BEING FULLY FUNCTIONAL FOR AT LEAST 3 MONTHS OVER THE LAST 12 MONTHS?	0 No	→ 1.18	1 Yes					
1.15 -	FOR THOSE WITH SUCH A CONDITION, PLEASE COMPLETE THE FOLLOWING	SEX (1 MALE/2 FEMALE)	AGE	CONDITION					
	1 = DISABILITY	_ _	_ _	_ _					
	2 = SHORT ILLNESS (DIARRHEA, MALARIA)	_ _	_ _	_ _					
	3 = CHRONIC ILLNESS (TB, HIV, CANCER, ETC)	_ _	_ _	_ _					
	4 = OTHER	_ _	_ _	_ _					
1.16 -	HOW MANY DAYS OF THE LAST MONTH HAS ANY OF THE CHRONICALLY ILL ADULT LISTED ABOVE NOT BEEN ABLE TO WORK BECAUSE OF ILLNESS?	HH HEAD: _ _	OTHER ADULT: _ _						
1.17 -	IF NUMBER OF DAYS OF WORK IS THE SAME, IS HE/SHE WORKING THE SAME NUMBER OF HOURS PER DAY AS BEFORE?	HH HEAD: _ _	OTHER ADULT: _ _	OTHER ADULT: _ _					
	1 = LESS THAN NORMAL								
	2 = SAME								
1.18 -	WHAT IS THE NUMBER OF CHILDREN 7 TO 14 YEARS OLD CURRENTLY ATTENDING PRIMARY SCHOOL? (SPECIFY BY GENDER - CHECK 1.11)	MALE _ _	FEMALE _ _						
1.19 -	DID ANYONE MISS SCHOOL FOR ONE WEEK OR MORE IN THE LAST 6 MONTHS?	0 No	→ 1.21	1 Yes					
1.20 -	IF YES, WHY? RANK ALL THAT APPLY	SICKNESS	WORK FOR MONEY OR FOOD	DOMESTIC WORK (GARDENING, FETCHING WATER)	TAKE CARE OF SIBLINGS	LONG DISTANCE TO SCHOOL	SCHOOL EXPENSES	REFUSED TO GO	OTHER (SPECIFY)

Comment [MSOffice1]: Font: I have found that the use of capital letters is easier. You can go under format, font and check "small Caps"

Comment [MSOffice2]: I changed the order of the question to first ask about the household head then about the spouse if any, I think it will be less confusing for the respondent and interviewers. (e.g. in your version age of the spouse comes last)

Comment [MSOffice3]: Changed formatting

Comment [MSOffice4]: In the original version, some question on the spouses are for the first spouse some are for all of them, I think we need to be consistent and decide for one or the other. I am not sure the added value from the information on the other spouses is worse the effort

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Comment [MSOffice5]: Changed formatting - shorter

Comment [MSOffice6]: There is no skipping pattern indicated in your draft

Comment [MSOffice7]: I certainly understand the interest of knowing the causes, but let's keep it very general in terms of categories: for example "disease", "old age", "accident", "killed"

Comment [MSOffice8]: The question on disability comes after education. It seems more logical to have it after the mortality question

Comment [MSOffice9]: Your original question (anyone ill or disabled) needs to be more specific because otherwise all the elderly may qualify. Also again, the specification of the type of disease does not yield any reliable information.

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Comment [MSOffice10]: Interesting question, but what if several adults ... [1]

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Comment [MSOffice11]: Interesting question, but what if several adults ... [2]

Comment [MSOffice12]: Interesting question, but what if several adults ... [3]

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Comment [MSOffice13]: Same as above, is this really relevant?

Comment [MSOffice14]: Same as above, is this really relevant?

Comment [MSOffice15]: Make sure to specify that you ask only about children aged 7 - 14 that go to primary scho ... [4]

Comment [MSOffice16]: Rank??? Seems more complicated, but I can understand the interest.



HOUSEHOLD INTERVIEW

	MALE									
	FEMALE									
1.21-	DOES THIS HOUSEHOLD CARE FOR ANY ORPHANS?					0	No → 1.249	1	Yes	
1.22	HOW MANY ORPHANS DOES THE HOUSEHOLD CARE FOR									
1.23	PLEASE GIVE THE AGE, SEX AND STATUS OF THE ORPHANS					SEX (1 MALE/2 FEMALE)	AGE	STATUS		
	1 = FATHER ALIVE 2 = MOTHER ALIVE 3 = DOUBLE ORPHAN (BOTH PARENTS)									
1.24	HOW MANY ARE ATTENDING SCHOOL									
1.25	IS THERE ANY MEMBER OF YOUR HOUSEHOLD WHO SERVES IN A LEADERSHIP CAPACITY?					1	YES	0	No → 2.1	
	IF YES, WHO?					1	HOUSEHOLD HEAD			
	TICK ALL THAT APPLY					2	SPOUSE			
						3	OTHER			
1.26	Est-ce que un des membres de votre ménage ont été déplacés/ quitté votre domicile au cours des derniers 3 mois ?					0	No (Goto 1.29)		1	Yes
1.27	Si «Oui », quelle est la principale raison?					1	Insécurité			
						2	Travail/autres opportunités économiques			
						3	Soins médicaux			
						4	Étude/Scolarisation			
						5	Problèmes fonciers			
						6	Autres (spécifier) _____			
1.28	Où sont-ils allés					1	A L'INTERIEUR DE LA COMMUNE			
						2	A L'EXTERIEUR DE LA COMMUNE, EN ZONES RURALES DU PAYS			
						3	A L'EXTERIEUR DE LA COMMUNE, DANS UNE VILLE			
						4	A L'EXTERIEUR DU PAYS (PAYS VOISINS), DANS UN CAMP DE REFUGIES			
						5	A L'EXTERIEUR DU PAYS (PAYS VOISINS) MAIS PAS DANS UN CAMP DES REFUGIES			
						6	A L'ETRANGER HORS DE LA SOUS REGION			
1.29	Est-ce que des membres de votre ménage se sont réinstallés/retournés au cours des derniers 3 mois ?					0	No	1	Yes	
1.30	Depuis combien de temps sont-ils de retour ?					Mois				
1.31	Hébergez-vous des personnes dans votre ménage (personnes résidant temporairement chez vous (3 mois ou plus) ?					0	No	1	Yes	

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Comment [MSOffice17]: I really am not sure of the sense of this question. First, what do you mean by leadership capacity. It can be leader of a community group, or local authorities or cooperative or so many different things. If anything important, I would say it will be reflected in the "activity section" if you want to keep the question, I would move it from this section anyway

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SECTION 2 – HOUSING AND FACILITIES

2.1 -	PLEASE INDICATE WHAT THE MAJOR MATERIAL OF THE ROOF AND FLOOR ARE IF POSSIBLE, DON'T ASK, ANSWER BASED ON YOUR OBSERVATION										
	CONCRETE	MUD	STRAW	WOOD	PLASTIC	GALVANIZED IRON	TILES	OTHER, SPECIFY			
	A- ROOF	1	2	3	4	5	6	7	8		
	B- FLOOR	1	2	3	4				6		
2.2 -	HOW MANY SLEEPING ROOMS/STRUCTURES DO YOU HAVE?					ROOMS/STRUCTURES					
2.3 -	HOW MANY PEOPLE USUALLY SLEEP IN THIS DWELLING/COMPOUND?					PEOPLE					
2.4 -	WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?					1	FLUSH LATRINE				
						2	TRADITIONAL PIT LATRINE				
						3	VENTILATED IMPROVED PIT (VIP) LATRINE				
						4	OPEN PIT (NO WALLS)				
						5	NONE / BUSH, STREAM ETC				
2.5 -	IS THE TOILET FACILITY LOCATED WITHIN THE COMPOUND OF YOUR HOUSEHOLD?					0	No	1	Yes		
2.6 -	WHAT IS THE MAIN SOURCE OF LIGHTING FOR THIS HOUSE?					1	ELECTRICITY				
						2	KEROSENE, OIL OR GAS LAMP				
						3	CANDLES				
						4	BATTERY FLASHLIGHTS				
						5	NO LIGHTING				

Comment [MSOffice18]: Changed format - shorter

Comment [MSOffice19]: Changed formatting for consistency



HOUSEHOLD INTERVIEW

2.7 -	WHAT FUEL DO YOU USE MOST OFTEN FOR COOKING?	1	GAS																										
		2	ELECTRICITY																										
		3	WOOD CHARCOAL																										
		4	KEROSENE																										
		5	OTHER, SPECIFY _____																										
2.8	WHAT IS THE CURRENT MAIN SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	1	PUBLIC TAP/ PIPED WATER																										
		2	POND LAKE RIVER OR STREAM																										
		3	BOREHOLE WITH PUMP																										
		4	RAIN WATER																										
		5	PROTECTED DUG WELL OR SPRING																										
		6	UNPROTECTED WELL OR SPRING																										
		7	VENDOR																										
2.9	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS CURRENT MAIN DRINKING WATER SOURCE?	<table border="1"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td><td>ALL</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D	ALL													
J	F	M	A	M	J	J	A	S	O	N	D	ALL																	
2.10	DO YOU PAY FOR WATER FROM THIS CURRENT MAIN SOURCE?	0	No → 2.12																										
		1	YES																										
2.11	HOW MUCH PER MONTH DO YOU PAY FOR WATER	_ _ _ RWF																											
2.12	IS THERE A TIME IN THE YEAR WHEN YOUR HOUSEHOLD USES AN ALTERNATE WATER SOURCE?	1	NO, MAIN SOURCE IS USED SOLELY ALL YEAR (→ 2.17)																										
		2	YES, USED IN CONJUNCTION WITH MAIN SOURCE																										
		3	YES, USED WHEN MAIN SOURCE IS NOT USABLE.																										
2.13	WHAT IS THE MAIN ALTERNATIVE SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	1	PUBLIC TAP/ PIPED WATER																										
		2	POND LAKE RIVER OR STREAM																										
		3	BOREHOLE WITH PUMP																										
		4	RAIN WATER																										
		5	PROTECTED DUG WELL OR SPRING																										
		6	UNPROTECTED WELL OR SPRING																										
		7	VENDOR																										
2.14-	FOR WHICH MONTHS DOES YOUR HOUSEHOLD USE THIS ALTERNATE WATER SOURCE?	<table border="1"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td><td>ALL</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D	ALL													
J	F	M	A	M	J	J	A	S	O	N	D	ALL																	
2.15-	DOES YOUR HOUSEHOLD PAY FOR THIS ALTERNATE WATER?	0 = No (→ 2.17)	1 = YES																										
2.16-	HOW MUCH PER MONTH DO YOU PAY FOR WATER?	_ _ _ _ RWF																											
2.17-	HOW FAR IS THE SOURCE OF WATER FOR YOUR HOUSEHOLD? RECORD BOTH TIME IN MINUTES AND DISTANCE IN KM TO ACCESS SOURCE WRITE 99 OR 99.999 IF DON'T KNOW, WRITE 00 OR 00.000 IF WATER ON PREMISE	<table border="1"> <tr> <td>MAIN SOURCE</td> <td>ALTERNATE SOURCE</td> </tr> <tr> <td> _ _ _ MINUTES</td> <td> _ _ _ MINUTES</td> </tr> <tr> <td> _ _ _ .KM</td> <td> _ _ _ .KM</td> </tr> </table>	MAIN SOURCE	ALTERNATE SOURCE	_ _ _ MINUTES	_ _ _ MINUTES	_ _ _ .KM	_ _ _ .KM																					
MAIN SOURCE	ALTERNATE SOURCE																												
_ _ _ MINUTES	_ _ _ MINUTES																												
_ _ _ .KM	_ _ _ .KM																												

Comment [MSOffice20]: Changed formatting for consistency

Comment [MSOffice21]: Changed formatting for consistency

Comment [MSOffice22]: Changed formatting for consistency. Also many questions on alternate source of water – too long?

Comment [MSOffice23]: Changed formatting for consistency

Comment [MSOffice24]: 99.999? should there be decimals for the km?

SECTION 3 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

3.1-	DOES YOUR HOUSEHOLD FARM LAND?	0	No → 3.8	1	YES						
		<table border="1"> <tr> <td>SEASON A 2006</td> <td>SEASON B 2005 (IF NOT APPLICABLE ENTER 99.9)</td> <td>SEASON C 2005 (IF NOT APPLICABLE ENTER 99.9)</td> </tr> <tr> <td> _ _ </td> <td> _ _ </td> <td> _ _ </td> </tr> </table>		SEASON A 2006	SEASON B 2005 (IF NOT APPLICABLE ENTER 99.9)	SEASON C 2005 (IF NOT APPLICABLE ENTER 99.9)	_ _	_ _	_ _		
SEASON A 2006	SEASON B 2005 (IF NOT APPLICABLE ENTER 99.9)	SEASON C 2005 (IF NOT APPLICABLE ENTER 99.9)									
_ _	_ _	_ _									
3.2-	TOTAL LAND YOU FARM 1= 0.1HA - 0.5 HA 2= 1.5HA - 0.75 HA 3= 0.75 HA – 1 HA 4= 1 HA AND MORE	_ _	_ _	_ _							
3.3-	PERCENTAGE OF THE TOTAL LAND YOU FARM THAT YOU LEGALLY OWN (WITH TITLE)?	_ _ _ %	_ _ _ %	_ _ _ %							
3.4-	MONTH OF THE ONSET OF THE HARVEST FROM THIS SEASON (1=JAN; 12=DEC)	_ _	_ _	_ _							
3.5-	HOW LONG DID THE TOTAL PRODUCE FROM THIS SEASON LAST ?	_ _ MONTHS	_ _ MONTHS	_ _ MONTHS							
3.6-	DID YOU USE CHEMICAL FERTILIZER DURING THIS CROPPING PERIOD?	0	No	1	YES						
3.7-	DID YOU USE NATURAL (FROM ANIMAL/PLANT ETC) FERTILIZER DURING CROPPING PERIOD?	0	No	1	YES						
3.8 -	DOES YOUR HOUSEHOLD OWN ANY OF FOLLOWING ITEMS? CIRCLE ALL THAT APPLY	1	HOE	10	TREADLE PUMP						
		2	AXE	11	CHAIRS/SOFA						

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HOUSEHOLD INTERVIEW

		3	SICKLE/MACHETE	12	Ox/DONKEY CART
		4	PLOUGH/Ox PLOUGH	13	TRACTOR
		5	RADIO (ONLY)	14	GRINDING MILL
		6	TAPE/CD PLAYER	15	OIL PRESS
		7	BICYCLE	16	MOBILE PHONE / LANDLINE
		8	FISHING BOAT / CANOE	17	MOTORIZED VEHICLE OF ANY KIND
		9	FISHING NET		
3.9	DOES YOUR HOUSEHOLD OWN ANY FRUIT, NUT OR SPICE TREES?	0	No (→ 3.11)	1	YES
3.10	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.11	DOES YOUR HOUSEHOLD OWN ANY COOKING BANANA TREES ?	0	No (→ 3.13)	1	YES
3.12	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.13	DOES YOUR HOUSEHOLD OWN ANY COOKING BANANA TREES ?	0	No (→ 3.15)	1	YES
3.14	IN TOTAL HOW MANY OF THESE DO YOU HAVE?	_ _ _			
3.15	DO YOU HAVE A HOUSEHOLD VEGETABLE PLOT /GARDEN?	0	No	1	YES
3.16	DOES YOUR HOUSEHOLD OWN OR HAVE ACCESS TO ANY FARM-ANIMAL?	0	No (→ 4.1)	1	YES
3.17-	IF YES, PLEASE HOW MANY OF EACH OF THE FOLLOWING ANIMALS DO YOU OWN? (WRITE OO IF NONE)				
		TOTAL MANAGED		TOTAL OWNED	
A	CHICKEN	_ _	_ _	F	BULLS
B	DUCKS	_ _	_ _	G	COWS
C	GOATS	_ _	_ _	H	OXEN
D	SHEEP	_ _	_ _	I	DONKEY
E	PIGS	_ _	_ _		
3.18	HAVE YOU EVER HEARD OF IODIZED SALT?"	0	No (GOTO 4.1)	1	Yes
3.19	WHERE HAD YOU HEARD ABOUT IODIZED SALT? (SELECT UP TO THREE) (DO NOT READ RESPONSES)	1.	RADIO		
		2.	TELEVISION		
		3.	NEWSPAPER		
		4.	HEALTH WORKER (DOCTOR, NURSE, ETC.)		
		5.	SCHOOL		
		6.	RELATIVE (MOTHER, FATHER, AUNT, ETC)		
		7.	NEIGHBOUR		
		8.	MULLAH		
		9.	TEACHER		
		10.	POSTERS/BILLBOARDS		
		11.	INFORMATION LEAFLETS		
		12.	SALT TRADER		
		13.	OTHER		
3.20	WHY IS IODIZED SALT IMPORTANT? (DO NOT READ RESPONSES)	1.	DON'T KNOW		
		2.	IT IS TASTIER THAN PLAIN SALT		
		3.	IT IS CLEANER		
		4.	IT PREVENTS GOITER		
		5.	IT PREVENTS CRETINISM		
		6.	IT MAKES YOU SMARTER		
		7.	IT PREVENTS MENTAL RETARDATION		
		8.	IT PREVENTS STILLBIRTH		
		9.	IT PREVENTS ABORTION		
		10.	IT PREVENTS PREGNANCY		

Comment [MSOffice25]: what about banana trees used for beer?

Comment [MSOffice26]: what about banana trees used for beer?



HOUSEHOLD INTERVIEW

SECTION 4 – INPUTS TO LIVELIHOOD

A. - WHAT ARE YOUR HOUSEHOLD'S MAIN LIVELIHOOD ACTIVITIES THROUGHOUT THE YEAR? (USE ACTIVITY CODE, UP TO FOUR ACTIVITIES)		B. - IN WHICH MONTHS DO YOU DO THESE ACTIVITIES?												C. - WHO PARTICIPATES IN THIS ACTIVITY? (USE MEMBER CODE)	D. - WHO IS IN CHARGE OF MANAGING THE RESOURCES FROM THIS ACTIVITY? (USE MEMBER CODE)	E. - WHAT PROPORTION OF THIS ACTIVITY DO YOU DIRECTLY CONSUME (FOOD)? NOT APPLICABLE = 888 DON'T KNOW = 999	F. - WHAT PROPORTION OF THE INCOME FROM THIS ACTIVITY DO YOU USE TO PURCHASE FOOD? NOT APPLICABLE = 888 DON'T KNOW = 999	G. - ESTIMATE THE TOTAL CASH VALUE EARNED FROM THIS ACTIVITY OVER THE LAST YEAR USE THE CASH CODE BELOW	H. USING PROPORTIONAL PILING OR 'DIVIDE THE PIE' METHODS, PLEASE ESTIMATE THE RELATIVE CONTRIBUTION TO THE HH LIVELIHOOD OF EACH ACTIVITY. How many days a month do your household members totally spend on this activity?	H. USING PROPORTIONAL PILING OR 'DIVIDE THE PIE' METHODS, PLEASE ESTIMATE THE RELATIVE CONTRIBUTION TO THE HH LIVELIHOOD OF EACH ACTIVITY. How many days a month do your household members totally spend on this activity?
		F	M	A	M	J	J	A	S	O	N	D	All							
4.1	MAIN																			
4.2	SECOND																			
4.3	THIRD																			
4.4	FOURTH																			

4.5 For the main source of income (the highest number in 4.11) please record with daily wage rate, monthly and/or annual payment(s)?

Daily wage	Monthly income	Annual income

4.6 HOUSEHOLD'S USE OF CHICKENS

POULTRY																			
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Activity Code

1 = PRODUCTION AGRICOLE	8 = COMMERCE DE PRODUITS AGRICOLES	15 = TRAVAIL JOURNALIER	22 = COMMERCE/ENTREPRENEUR
2 = ELEVAGE	9 = VENTE DE PRODUITS MARAICHERS	16 = ARTISANAT/PETITS METIERS	23 = TRANSFERT D'ARGENT DES MIGRANTS
3 = PECHE	10 = COMMERCE DE PRODUITS D'ELEVAGE	17 = TRANSPORT	24 = AIDE, DONNS, MENDICITE (NON-VIVRES)

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- Formatted ... [5]
- Formatted Table ... [6]
- Comment [MSOffice27]: I think it is ... [7]
- Comment [MSOffice29]: I changed ... [13]
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HOUSEHOLD INTERVIEW

4=CHASSE	11= COMMERCE DES PRODUITS DE LA PÊCHE	18=FONCTIONNAIRE (Y COMPRIS PENSION DE RETRAITE)	25=CREDIT, EMPRUNT
5=CUEILLETTE	12= COMMERCE DES PRODUITS DE LA CHASSE/CUEILLETTE	19=SALARIÉ DU PRIVÉ	26=AUTRES (A PRECISER)
6=TRAVAIL JOURNALIER AVEC PAIEMENT EN NATURE	13=VENTE DE BÉTAIL	20=CONTRAT (ONG, NU...)	
7=AIDE, DONNS, MENDICITE (EN NATURE/VIVRES)	14=PETIT COMMERCE	21=PENSION D'INVALIDITE	0= PAS D'AUTRE ACTIVITE 88=NA 99= PAS DE RÉPONSE

Household Member Code

1 = Head of the Household only	4 = Women only	7 = Women & children
2 = Spouse of the head of the Household only	5 = Adults only	8 = Men & children
3 = Men only	6 = Children only	9 = Everybody
		10 = Head of HH and Spouse

Cash Code

1 = 0 – 5,000 RWFA	4 = 75,000 – 100,000 RWFA
2 = 5,000 – 50,000 RWFA	5 = 100,000 – 200,000 RWFA
3 = 50,000-75,000 RWFA	6 = 200,000 + RWFA

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Comment [MSOffice31]: Are these standard categories? Check with other reports from bureau of statistics



HOUSEHOLD INTERVIEW

2	LESS THAN ½ REPAYMENT POSSIBLE
3	MORE THAN ½ REPAYMENT POSSIBLE
4	FULLY WITHIN THE REPAYMENT PERIOD

SECTION 7 - AGRICULTURAL PRODUCTION

A – BY ORDER OF IMPORTANCE, WHAT ARE THE MAIN CROPS CULTIVATED BY YOUR HOUSEHOLD? <i>PLEASE ENTER CODE FOR UP TO 8 MAIN CROPS FROM LIST BELOW. IF RESPONDENTS LIST LESS THAN 8 CROPS, WRITE 00 IN EMPTY SPACES.</i>		B. WHAT % OF YOUR LAND DO YOU GENERALLY USE FOR THIS CROP?	C. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU DIRECTLY CONSUME	D. WHAT % OF YOUR PRODUCTION FOR THIS CROP DO YOU SELL	E – HOW DO YOU NORMALLY ACQUIRE [MAJOR CROP] SEEDS/PLANTING MATERIAL? 1 = PURCHASE 2 = EXCHANGE WITH FARMERS 3 = GIFT FROM RELATIVES/FAMILY 4 = RESERVED FROM PREVIOUS HARVEST 5 = RECEIVED FROM NGOs, GOVT,... 6 = OTHER, SPECIFY:	F – OF THIS [MAJOR CROP] APPROXIMATELY WHAT PERCENTAGE IS LOST/BECAME SPOILED, AS TO HAVE NO VALUE, AFTER HARVESTING? <i>(% – WRITE 000 IF NONE)</i>
7.1	__ __	__ __ __ __ %	__ __ __ __ %	__ __ __ __ %	__	__ __ __ __ %
7.2	__ __	__ __ __ __ %	__ __ __ __ %	__ __ __ __ %	__	__ __ __ __ %
7.3	__ __	__ __ __ __ %	__ __ __ __ %	__ __ __ __ %	__	__ __ __ __ %
7.4	__ __	__ __ __ __ %	__ __ __ __ %	__ __ __ __ %	__	__ __ __ __ %
7.5	__ __	Crop Codes				
7.6	__ __	CEREALS 01 = MAIZE 03 = SORGHUM 04 = RICE 05 = OTHER CEREALS		LEGUMES 11 = KIDNEY BEANS 12 = COW PEAS 14 = SOY BEANS 15 = GROUND NUTS 16 = GARDEN/FIELD PEAS 17 = OTHER LEGUMES		FRUITS 20 = BEER BANANA 21 = PINEAPPLE 22 = BANANA A CUIRE
7.7	__ __	STARCHY VEG/TUBERS 07 = SWEET POTATO 08 = CASSAVA 09 = OTHER ROOTS/TUBER		VEGETABLES 18 = LETTUCE/CABBAGE 19 = TOMATOES 20 = OTHER VEGETABLE		CASH CROPS 23 = TEA 24 = COFFEE 25 = TOBACCO 26 = PASSION FRUITS 27 = SUGARCANE 28 = OTHER CASH CROP
7.8	__ __					

Comment [MSOffice32]: This should give you the relative importance of the crop. More manageable than % of the production (see comment below)

Comment [MSOffice33]: This way information is collected only for main crops – not too long, but we have a idea of the amount of different crops cultivated by a HH

SECTION 8 – EXPENDITURE

Did you spend money on (item) last 30 days for domestic consumption? <i>If none, write 0 if don't know, write 9999 and go to next item</i>	a.- Est. Expenditure in Cash during the last 30 days Rwf	b.-Est. Expenditure in Credit during the last 30 days Rwf	c.- Est. Expenditure in Barter /Exchange during the last 30 days Rwf		a. – Est. Expenditure in Cash during the last 30 days Rwf	b. –Est. Expenditure in Credit during the last 30 days Rwf	c.- Est. Expenditure in Barter /Exchange during the last 30 days Rwf
8.1 Maize/ Maize meal/flour				8.12 Oil, fat, butter			
8.2 Rice				8.13 Sugar/Salt			
8.3 Other cereals - Millet, Sorghum				8.14 Milk			
8.4 Cassava				8.15 Alcohol & Tobacco			
8.5 Other Roots & tubers (potatoes)				8.16 Soap			
8.6 Bread				8.17 Transport			
8.7 Banana a Cuire				8.18 Firewood/ Charcoal			
8.8 Beans and peas				8.19 Paraffin			
8.9 Other vegetables				8.20 Rent (house / land)			

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HOUSEHOLD INTERVIEW

8.10	Groundnuts				8.221	Milling			
8.11	Fresh fruits				8.22	Fish/Meat/ Eggs			

In the past 6 Months how much money have you spent on each of the following items or service?
Use the following table, write 0 if no expenditure.

	d. -When (the last 12 months)	J	F	M	A	M	J	J	A	S	O	N	D	All	a.- Est. Expenditure in Cash	b.-Est. Expenditure in Credit	c.- Est. Expenditure in Barter /Exchange
8.24	Clothing, shoes																
8.25	Equipment, tools, seeds, animals																
8.26	Fines, taxes																
8.27	Construction, house repair																
8.28	Hiring labour																
8.29	Debts																
8.30	Education, school fees, uniform, etc																
8.31	Celebrations, social events																
8.32	Funerals																

SECTION 9 – FOOD SOURCES AND CONSUMPTION

Read : I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT FOOD CONSUMPTION IN YOUR HOUSEHOLD

9.1	YESTERDAY, HOW MANY TIMES DID THE ADULTS IN THIS HOUSEHOLD EAT? <input type="text"/>	<input type="text"/> TIMES	9.2 YESTERDAY, HOW MANY TIMES DID THE CHILDREN IN THIS HOUSEHOLD EAT? <input type="text"/>	<input type="text"/> TIMES	
9.3	IS THIS UNUSUAL AT THIS TIME OF YEAR?	1	Yes	2	No

COULD YOU PLEASE TELL ME HOW MANY DAYS IN THE PAST ONE WEEK YOUR HOUSEHOLD HAS EATEN THE FOLLOWING FOODS AND WHAT THE SOURCE WAS (USE CODES BELOW, WRITE 0 FOR 1 ITEMS NOT EATEN OVER THE LAST 7 DAYS AND IF SEVERAL SOURCES, WRITE UP TO TWO)

FOR FOOD RECALL IN LAST 7 DAYS (CHECK BOX IF CONSUMED)							FOOD ITEM	1. # OF DAYS EATEN LAST 7 DAYS (TOTAL OF BOXES ON LEFT)	2. FOOD SOURCE (WRITE ALL)	
1	2	3	4	5	6	7			PRIMARY	SECONDARY
							9.4A- MAIZE (E.G. UGALI, POSHO)			
							9.4B- RICE			
							9.4C- OTHER CEREALS (SORGHUM...)			
							9.4D- CASSAVA			
							9.4E- SWEET POTATO			
							9.4F- OTHER ROOTS AND TUBERS (POTATOES...)			
							9.4G- MANDAZI / CHAPATTI / BREAD			
							9.4H- BANANA A CUIRE			
							9.4I- BEANS AND PEAS			
							9.4J- OTHER VEGETABLES			
							9.4K- CASSAVA LEAVES			
							9.4L- GROUND NUTS			
							9.4M- SUNFLOWERS			
							9.4N- FRESH FRUITS			
							9.4O- FISH			

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HOUSEHOLD INTERVIEW

								9.4P	MEAT (DOMESTIC OR WILD)										
								9.4Q	POULTRY (CHICKEN, DUCKS, GUINEA FOWL)										
								9.4R	EGGS										
								9.4S	OIL, FAT, BUTTER, GHEE										
								9.4T	SUGAR										
								9.4U	MILK										

FOOD SOURCE CODES	1 = OWN PRODUCTION (CROPS, ANIMALS)	3 = EXCHANGE LABOUR/ITEMS FOR FOOD	6 = GIFT (FOOD) FROM FAMILY/RELATIVES	5 = PURCHASES
	2 = HUNTING, FISHING, GATHERING	4 = BORROWED	7 = FOOD AID/SUBSIDIZED FOOD (NGOs, GOVT)	
<u>Food Source codes</u>	1 = Own production (crops, animals)	3 = exchange labour/items for food	6 = gift (food) from family/relatives	
	2 = hunting, fishing, gathering	4 = borrowed	7 = food aid/subsidized food (NGOs, government...)	
		5 = purchases		

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SECTION 10 – SHOCKS AND FOOD SECURITY

10.1	Did you experience any situation during the last year that affected your household to provide for itself, eat in the manner you are accustomed or affected what your family owned?				0	No → Section 11	1	Yes
10.2	By order of importance, what were the main causes for the problems you faced this year? <i>Do not read options; write number in front of the identified cause by order of importance (1=highest)</i>							
	<input type="checkbox"/> 1	A. Drought/irregular rains, prolonged dry spell	<input type="checkbox"/> 1	G. Unusually high prices for food	<input type="checkbox"/> 1	M. Death of other household member		
	<input type="checkbox"/> 2	B. Floods	<input type="checkbox"/> 2	H. Unusually high cost of agric. inputs (seed, fertilizer, etc.)	<input type="checkbox"/> 2	N. Theft of productive resources		
	<input type="checkbox"/> 3	C. Landslides, erosion	<input type="checkbox"/> 3	I. Loss or reduced employment for a household member	<input type="checkbox"/> 3	O. Insecurity/violence		
	<input type="checkbox"/> 4	B. Unusually high level of crop pests & disease	<input type="checkbox"/> 4	J. Reduced income of a household member	<input type="checkbox"/> 4	P. hailstones (grêle)		
	<input type="checkbox"/> 5	E. Unusually high level of livestock diseases	<input type="checkbox"/> 5	K. Serious illness or accident of household member	<input type="checkbox"/> 5	Q. Other _____		
	<input type="checkbox"/> 6	F. Unusually high level of human disease	<input type="checkbox"/> 6	L. Death of a working household member	<input type="checkbox"/> 6	R. Other _____		

01 = Rely on less preferred, less expensive food
02 = Borrowed food, helped by relatives
03 = Purchased food on credit
04 = Consumed more wild foods or hunted
05 = Consumed seed stock held for next season
06 = Reduced the proportions of the meals for all
07 = Adults ate less so that children could eat
08 = Reduced number of meals per day
09 = Skipped days without eating
10 = Some HH members migrated temporarily (< 6 months)
11 = Some HH members migrated permanently (> 6 months)
12 = Reduced expenditures on health and education
13 = Spent savings
14 = Borrowed money
15 = Sold HH articles (utensils, blankets) or jewelry
16 = Sold agricultural tools, seeds,...
17 = Sold building materials
18 = Sold HH furniture
19 = Sold HH poultry, birds, ducks
20 = Sold small animals – goats, sheep, pigs
21 = Sold big animals – oxen, cow, bulls
22 = Rented out land
23 = Sold land
24 = Worked for food only
25 = Extended working hours
26 = Children taken out of school
27 = Moved house

For the four first main shocks above, please complete the following table using the codes. Please be consistent in the ranking. Complete one line at the time. (i.e. Letter attributed to cause listed above identified with HH heads rank 1-4)

DID YOU EXPERIENCE ANY UNUSUAL SITUATION DURING THE LAST YEAR THAT AFFECTED YOUR HOUSEHOLD'S ABILITY TO PROVIDE FOR ITSELF, EAT IN THE MANNER YOU ARE ACCUSTOMED TO OR AFFECTED WHAT YOUR HOUSEHOLD OWNED?				0	No → Section 11	1	Yes
IF YES, BY ORDER OF IMPORTANCE, WHAT PROBLEMS AFFECTED YOUR HOUSEHOLD THIS YEAR? <i>DO NOT READ OPTIONS, WRITE NUMBER IN FRONT OF THE IDENTIFIED CAUSE BY ORDER OF IMPORTANCE (1=HIGHEST) – PROBE : « DID YOU EXPERIENCE ANY OTHER PROBLEM ? »</i>							
<input type="checkbox"/> 1	A. DROUGHT/IRREGULAR RAINS, PROLONGED DRY SPELL	<input type="checkbox"/> 1	B. FLOODS	<input type="checkbox"/> 1	C. LANDSLIDES, EROSION	<input type="checkbox"/> 1	D. UNUSUALLY HIGH LEVEL OF CROP PESTS & DISEASE
<input type="checkbox"/> 2	E. UNUSUALLY HIGH LEVEL OF LIVESTOCK DISEASES	<input type="checkbox"/> 2	F. UNUSUALLY HIGH LEVEL OF HUMAN DISEASE	<input type="checkbox"/> 2	G. UNUSUALLY HIGH PRICES FOR FOOD	<input type="checkbox"/> 2	H. UNUSUALLY HIGH COST OF AGRIC. INPUTS (SEED, FERTILIZER, ETC.)
<input type="checkbox"/> 3	I. LOSS OR REDUCED EMPLOYMENT FOR A HOUSEHOLD MEMBER	<input type="checkbox"/> 3	J. REDUCED INCOME OF A HOUSEHOLD MEMBER	<input type="checkbox"/> 3	K. SERIOUS ILLNESS OR ACCIDENT OF HOUSEHOLD MEMBER	<input type="checkbox"/> 3	L. DEATH OF THE HEAD OF THE HOUSEHOLD
<input type="checkbox"/> 4	M. DEATH A WORKING HOUSEHOLD MEMBER	<input type="checkbox"/> 4	N. DEATH OF OTHER HOUSEHOLD MEMBER	<input type="checkbox"/> 4	O. THEFT OF PRODUCTIVE RESOURCES	<input type="checkbox"/> 4	P. INSECURITY/VIOLENCE
<input type="checkbox"/> 5	Q. HAILSTONES (GRELE)	<input type="checkbox"/> 5	R. OTHER _____				

FOR THE FOUR FIRST MAIN SHOCKS ABOVE, PLEASE COMPLETE THE FOLLOWING TABLE USING THE CODES. PLEASE BE CONSISTENT IN THE RANKING. COMPLETE ONE LINE AT THE TIME., STARTING WITH THE LETTER LISTED ABOVE FOR THE RANK 1 TO 4

PROBLEM (RANKED AS ABOVE)	WHAT MONTHS DID [PROBLEM] AFFECT YOU OVER THE LAST YEAR	10.3- DID [PROBLEM] CREATE A DECREASE OR LOSS OF INCOME IN CASH OR IN-KIND? (1= YES 2=NO)	10.4- DID [PROBLEM] CREATE A DECREASE OR LOSS OF ASSETS	10.5 – DID [PROBLEM] CREATE AN UNUSUAL DECREASE IN YOUR HOUSEHOLD'S ABILITY TO HAVE ENOUGH FOOD TO EAT? (1= YES 2=NO)	10.6- WHAT DID THE HOUSEHOLD DO TO COMPENSATE FOR THOSE LOSSES?	10.7 – HAS THE HOUSEHOLD RECOVERED FROM THOSE LOSSES? 0 = No 1= YES

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Comment [MSOffice34]: I changed some of the wording because we realized that there were many mistakes e.g. in identifying the rank. Also avoid the use of "family" to be consistent with the use of household. In the questions on the four main shocks, I tried to simplify by asking direct questions.

Comment [MSOffice35]: See comment above; thinking first about the season may help remind them about the consequences and so on

Comment [MSOffice36]: I Changed the phrasing here



HOUSEHOLD INTERVIEW

													OR BELONGINGS? (1.=YES 2=NO)		USE CODES BELOW	2.=PARTIALLY
	J	F	M	A	M	J	J	A	S	O	N	D				
1.																
2.																
3.																
4.																

Comment [MSOffice37]: for the “when” question; are you asking for the past year (2005) or for the year before the survey (e.g. from April to April – (This needs to be addressed in the training and reflected in how the months are presented in the calendar).

- | | | |
|--|--|---|
| <u>01 = Rely on less preferred, less expensive food</u> | <u>11 = Some HH members migrated permanently (> 6 months)</u> | <u>21 = Sold big animals – oxen, cow, bulls</u> |
| <u>02 = Borrowed food, helped by relatives</u> | <u>12 = Reduced expenditures on health and education</u> | <u>22 = Rented out land</u> |
| <u>03 = Purchased food on credit</u> | <u>13 = Spent savings</u> | <u>23 = Sold land</u> |
| <u>04 = Consumed more wild foods or hunted</u> | <u>14 = Borrowed money</u> | <u>24 = Worked for food only</u> |
| <u>05 = Consumed seed stock held for next season</u> | <u>15 = Sold HH articles (utensils, blankets) or jewelry</u> | <u>25 = Extended working hours</u> |
| <u>06 = Reduced the proportions of the meals for all</u> | <u>16 = Sold agricultural tools, seeds,...</u> | <u>26 = Children taken out of school</u> |
| <u>07 = Adults ate less so that children could eat</u> | <u>17 = Sold building materials</u> | <u>27 = Moved house</u> |
| <u>08 = Reduced number of meals per day</u> | <u>18 = Sold HH furniture</u> | |
| <u>09 = Skipped days without eating</u> | <u>19 = Sold HH poultry, birds, ducks</u> | |
| <u>10 = Some HH members migrated temporarily (< 6 months)</u> | <u>20 = Sold small animals – goats, sheep, pigs</u> | |



HOUSEHOLD INTERVIEW

Rank & Cause <i>(copy code from above the four main causes)</i>	10.3 Did [cause] create a decrease or loss for your household of: 1 Income & in-kind receipts 2 Assets (e.g. livestock, cash savings) 3 Both income and assets 4 No change	10.4 What did the household do to compensate or resolve these problems caused by the shock <i>Use codes below, record all used</i>	10.5 Did [cause] create a decrease in your household's ability to have enough food to eat for a period of time (not including the annual lean season)? 1 Yes → 10.6 2 No → Section 11 3 Don't know → Section 11	10.6 Has the household recovered from the inability to have enough food? 1 Not recovered at all 2 Partially recovered 3 Completely recovered	10.7 When Affected
1. _____	1 1 1 1	1. 1 1 1 1, 2. 1 1 1 1	1 1 1 1	1 1 1 1	J F M A M J J A S O N D AH E E E E E E E E E E E E
2. _____	1 1 1 1	1. 1 1 1 1, 2. 1 1 1 1	1 1 1 1	1 1 1 1	J F M A M J J A S O N D AH E E E E E E E E E E E E
3. _____	1 1 1 1	1. 1 1 1 1, 2. 1 1 1 1	1 1 1 1	1 1 1 1	J F M A M J J A S O N D AH E E E E E E E E E E E E
4. _____	1 1 1 1	1. 1 1 1 1, 2. 1 1 1 1	1 1 1 1	1 1 1 1	J F M A M J J A S O N D AH E E E E E E E E E E E E

If K, L or M or N was selected, please ask the following else → Section 11:

10.8. DUE TO THE DEATH OR ILLNESS OF THE HOUSEHOLD MEMBER, DID YOU SELL ANY HOUSEHOLD ASSETS IN THE PAST 6 MONTHS TO PAY FOR MEDICINES FOR THEIR ILLNESS OR FUNERAL?	0	No → 10.11	1	Yes		
10.9. IF YES WHAT WAS THE TYPE OF ASSETS? (CIRCLE ONE ONLY)	1.	PRODUCTIVE	2.	NON-PRODUCTIVE	3.	BOTH TYPES
10.10. HAVE YOU HAD TO BORROW MORE MONEY IN THE LAST YEAR BECAUSE OF THE ILLNESS OR FUNERAL?	0	No	1	Yes		

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SECTION 11 - PROGRAMME PARTICIPATION					
11.1 HAS ANY MEMBER OF YOUR HOUSEHOLD PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMMES OR INCOME GENERATING PROGRAMME/PROJECTS IN THE LAST 3 MONTHS?		0	No → GO TO 11.7	1	Yes
WHO IMPLEMENTED THE PROGRAMME / PROJECT?	11.3 WHO PARTICIPATED? 1. MEN ONLY 2. WOMEN ONLY 3. CHILDREN ONLY 4. ADULTS ONLY 5. MEN & CHILDREN 6. WOMEN & CHILDREN 7. EVERYBODY	11.4 WHO SELECTED THE HH MEMBER? 1. VOLUNTEERED 2. COMMUNITY SELECTION 3. PROJECT MANAGER OUTSIDE COMMUNITY 4. GOVERNMENT / RECIPIENT LIST 5. ASSOCIATION MEMBERSHIP LIST OTHER (SPECIFY)			
11.2a GOVERNMENT	1 1 1 1			1 1 1 1	
11.2b NGO	1 1 1 1			1 1 1 1	
11.2c OTHER (SPECIFY)	1 1 1 1			1 1 1 1	
11.5 HOW DID THE PROGRAMME BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?	11.6 HOW DID THE INFRASTRUCTURE CREATED BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?	11.7 IF NONE OF YOUR HOUSEHOLD MEMBERS PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMME IN THE LAST 3 MONTHS WAS THIS BECAUSE			
1 NO BENEFIT	1 NO BENEFIT	1 NO PROGRAMME IN AREA			
2 BOUGHT MORE FOOD	2 IMPROVED ACCESS TO HEALTH FACILITIES	2 DIDN'T KNOW THERE WAS A PROGRAMME IN THE AREA			
3 PAID FOR EDUCATION	3 IMPROVED ACCESS TO EDUCATION	3 NO ABLE-BODIED PERSON TO PARTICIPATE			
4 PAID MEDICAL EXPENSES	4 IMPROVED ACCESS TO MARKETS	4 DID NOT WANT TO PARTICIPATE.			
5 PAID HOUSE RENT	5 IMPROVED ACCESS TO ELECTRICITY	5 NOT SELECTED BY PROJECT MANAGER OUTSIDE COMMUNITY			
6 PAID OFF DEBTS	6 IMPROVED ACCESS TO EMPLOYMENT OPPORTUNITIES	6 NOT SELECTED BY COMMUNITY			
7 INVESTED IN PRODUCTIVE ASSETS	7 IMPROVED ACCESS TO SAFE DRINKING WATER	7 NOT ON GOVERNMENT / RECIPIENT LIST			
8 IMPROVED LITERACY/EDUCATION	8 IMPROVED ACCESS TO IRRIGATION WATER	8 NOT ON ASSOCIATION MEMBERSHIP LIST			
9 INCOME GENERATING SKILLS ACQUIRED	9 INCREASED AGRICULTURAL / HORTICULTURAL PRODUCTION	9 OTHER (SPECIFY)			
10 OTHER	10 OTHER ENVIRONMENTAL IMPROVEMENTS				

11.8 HAS ANY MEMBER OF YOUR HOUSEHOLD PARTICIPATED IN ANY FOOD BASED PROGRAMMES IN THE LAST 3 MONTHS?		0	NO → SECTION 12	1	YES
WHICH PROGRAMMES?	11.10 WHO PARTICIPATED? 1. MEN ONLY 2. WOMEN ONLY 3. CHILDREN ONLY 4. ADULTS ONLY 5. MEN & CHILDREN 6. WOMEN & CHILDREN 7. EVERYBODY	11.11 WHO SELECTED THE HH MEMBER? 1. VOLUNTEERED 2. COMMUNITY SELECTION 3. PROJECT MANAGER OUTSIDE COMMUNITY 4. GOVERNMENT / RECIPIENT LIST 5. ASSOCIATION MEMBERSHIP LIST OTHER (SPECIFY)			
11.9A SCHOOL FEEDING	1 1 1 1			1 1 1 1	
11.9B FREE FOOD DISTRIBUTION	1 1 1 1			1 1 1 1	
11.9C FOOD FOR WORK	1 1 1 1			1 1 1 1	
11.2C OTHER (SPECIFY)	1 1 1 1			1 1 1 1	
11.12 HOW DID THE PROGRAMME BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?	11.13 HOW DID THE INFRASTRUCTURE CREATED BENEFIT YOUR HOUSEHOLD IN THE LAST YEAR?	11.14 IF NONE OF YOUR HOUSEHOLD MEMBERS PARTICIPATED IN ANY CASH-FOR-WORK PROGRAMME IN THE LAST 3 MONTHS WAS THIS BECAUSE			



HOUSEHOLD INTERVIEW

1	NO BENEFIT	1	NO BENEFIT	1	NO PROGRAMME IN AREA
2	BOUGHT MORE FOOD	2	IMPROVED ACCESS TO HEALTH FACILITIES	2	DIDN'T KNOW THERE WAS A PROGRAMME IN THE AREA
3	PAID FOR EDUCATION	3	IMPROVED ACCESS TO EDUCATION	3	NO ABLE-BODIED PERSON TO PARTICIPATE
4	PAID MEDICAL EXPENSES	4	IMPROVED ACCESS TO MARKETS	4	DID NOT WANT TO PARTICIPATE.
5	PAID HOUSE RENT	5	IMPROVED ACCESS TO ELECTRICITY	5	NOT SELECTED BY PROJECT MANAGER OUTSIDE COMMUNITY
6	PAID OFF DEBTS	6	IMPROVED ACCESS TO EMPLOYMENT OPPORTUNITIES	6	NOT SELECTED BY COMMUNITY
7	INVESTED IN PRODUCTIVE ASSETS	7	IMPROVED ACCESS TO SAFE DRINKING WATER	7	NOT ON GOVERNMENT / RECIPIENT LIST
8	IMPROVED LITERACY/EDUCATION	8	IMPROVED ACCESS TO IRRIGATION WATER	8	NOT ON ASSOCIATION MEMBERSHIP LIST
9	INCOME GENERATING SKILLS ACQUIRED	9	INCREASED AGRICULTURAL / HORTICULTURAL PRODUCTION	9	OTHER (SPECIFY)
10	OTHER	10	OTHER ENVIRONMENTAL IMPROVEMENTS		



SECTION 12 – MATERNAL HEALTH AND NUTRITION

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Read: Now I would like to ask you some questions about the women and children in this household.
Please get an overview of how many children aged < 59 months live in the household and their respective mother/care taker.

12.1 -	Are there women between 15 and 49 years old in this household?		+0 13	Yes-No → Section 13	10	No → Section 13 Yes			
12.2 -	12.3 -	12.4 -	12.5 -		12.6 -	12.7 -	12.8 -	12.9 -	12.10 -
First name of woman aged 15-49yrs	Age in Years	Can you read and write simple messages?	What is your level of education?		Are you currently pregnant or breastfeeding?	When you were pregnant, did you see anyone for antenatal care?	When you were pregnant, did you receive iron-folate tablets (small red tablets)?	Immediately after the birth of your last child, did you receive a vitamin A capsule (red color capsule)?	Do you boil (and then cool down) the water before consumption for your children < 59 months? If no children < 59 months then → 12.11
		1 = Yes 2 = No	1 = No School 2 = Some Primary (Std1-Std6 but not Std7) 3 = Vocational School 4 = Some Secondary School (Form1-Form3, not Form4) 5 = Completed Secondary or "O" level 6 = Completed Advanced level or "A" level 7 = Some / Completed Tertiary 8 = Some / Completed University		1 = Pregnant 2 = Breastfeeding → 12.9 3 = Neither → 12.9 4 = Both 5 = Don't know → 12.9 6 = Never Pregnant → 12.11	1 = Yes 2 = No → 12.10	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No 3 = Sometimes
1	_ _	_	_ _		_	_	_	_	_
2	_ _	_	_ _		_	_	_	_	_
3	_ _	_	_ _		_	_	_	_	_
12.11 -	12.12 -	12.13 -			12.14 -	12.15 -	12.16 -	12.17 -	
In the past 2 weeks have you been ill at all?	Last night, did you sleep under a mosquito net?	When do you wash your hands?			After visiting the toilet, what do you use to wash your hands?	Is the woman pregnant?	Mother's height (in centimeters)	Mother's weight (in kilograms to one decimal place)	
1 = Yes 2 = No	1 = Yes 2 = No	DO NOT READ, TICK ALL THE ANSWERS THAT ARE MENTIONED			1 = Water only 2 = Home made soap/ash & water 3 = Washing soap & water 4 = Nothing 5 = Other	1 = Yes → Next Woman or Section 13 if woman no. 13 2 = No			
_	_	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never			_		_ _ _ . _ cm	_ _ _ . _ kg	
_	_	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never			_		_ _ _ . _ cm	_ _ _ . _ kg	
_	_	<input type="checkbox"/> Before preparing meals <input type="checkbox"/> After cleaning a child when they go to the toilet <input type="checkbox"/> Before eating <input type="checkbox"/> When they are dirty <input type="checkbox"/> After going to the toilet <input type="checkbox"/> Never			_		_ _ _ . _ cm	_ _ _ . _ kg	



Read to the selected woman: Would you please join me to a nearby location to continue this interview. We would like you to come with your three youngest children aged 6 to 59 months. We would like to measure and weight them as part of our assessment. Again, no name will be recorded and the results will remain confidential. It is very important that children are measured so please be persuasive. Please assist women in transportation if need be.

	13.24	13.25	13.26	13.27
First name	Child height/length (in centimetres, with 1 decimal place)	Child measurement made lying or standing? (If < 85cm, must be measured lying down) 01 = Lying 02 = Standing	Does the child have bilateral pitting oedema? (Check both feet for oedema) 1 = Yes 2 = No	Child weight – Enter weight in kilograms, with one decimal place.
1	_ _ _ _ . _ cm	_ _	_	_ _ _ . _ kg
2	_ _ _ _ . _ cm	_ _	_	_ _ _ . _ kg
3	_ _ _ _ . _ cm	_ _	_	_ _ _ . _ kg
4	_ _ _ _ . _ cm	_ _	_	_ _ _ . _ kg
5	_ _ _ _ . _ cm	_ _	_	_ _ _ . _ kg

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