

Evaluation of the Mchinji Social Cash Transfer Pilot

implemented by
 The Center for International Health and Development (CIHD), Boston University and The Centre for Social Research, University of Malawi

[Return to top](#)

| Section | Page | Section | Page |
|---|-------------|--|-------------|
| Preliminary Information (P1-P16) | 2 | Housing Characteristics (H1-H11) | 19 |
| Adult Household Panel (HA1-HA10) | 3 | Durable goods (DG1-DG4) | 20 |
| Employment (HA11-HA18) | 4 | Food consumption and expenditures (F1-F21) | 21 |
| Health and healthcare (HA19-HA25) | 6 | Non-food expenditures (E1-E6) | 26 |
| Healthcare and disabilities (HA26-HA36) | 7 | Income (IN1-IN21) | 28 |
| Migration (HA37-HA40) | 8 | Credit (C1-C7) | 29 |
| Child Panel (HC1-HC7) | 9 | Literacy (L1-L2) | 30 |
| Health (HC8-HC15) | 10 | Social Safety Nets (SN1-SN13) | 31 |
| Disabilities (HC16-HC22) | 11 | Support for orphans (SO1-SO16) | 32 |
| Activities and labor (HC23-HC37) | 12 | Support for adults (CS1-CS17) | 33 |
| Orphan Status (HC38-HC45) | 14 | Household shocks (HS1-HS17) | 34 |
| Migration (HC46-HC54) | 15 | Assessment of well-being (SA1-SA25) | 35 |
| School (HC55-HC64) | 16 | Time use (TU1-TU14) | 37 |
| School Expenses (HC65-HC68) | 17 | Anthropometric measures Child (AN1-AN3) | 38 |
| Deaths in Household (D1-D13) | 18 | Anthropometric measures Adult (AN4-AN6) | 39 |
| | | End of Interview (Obs1-Obs3) | 40 |

| | | | |
|---------------|------------|---------------|--|
| G (1 or C) | V (1-8) | HH (1-820) | |
| Survey Code | | | |

Evaluation of the Mchinji Social Cash Transfer Pilot

implemented by
 The Center for International Health and Development (CIHD), Boston University and The Centre for Social Research, University of Malawi

Preliminary information Please fill in the shaded grey before the interview begins.

| | |
|--|---|
| P1 Enumerator Name: | P1 |
| P2 Enumerator Code (01-20): | P2 _____ |
| P3 Traditional Authority | P3 _____ |
| P4 Zone | P4 _____ |
| P5 Village (1-8) (1-4 I; 5-8 C) | P5 _____ |
| P6 Household Number: (001-816) | P6 _____ |
| P7 Interview Number: (001-408) =I, (409-816=C) | P7 _____ |
| P8 Name of respondent | P8 _____ |
| P9 Is respondent person named on application? | P9 Please Circle: Yes or No (Why if different) 0 No 1 Yes |
| P10 Geographic landmark | P10 _____ |
| P11 Village Name | P11 _____ |
| P12 Enumerator signature: | P12 _____ |
| P13 Today's date (dd/mm/yyyy): | P13 ____/____/2007 |
| P14 Time started interview: (24 hours) | P14 _____: _____ |
| P15 Time ended interview (24 hours) | P15 _____: _____ |
| P16 ***Confirm consent was granted*** | P18 Please Circle: Yes (Proceed) or No (STOP) |

Instrument Review

| | | | | |
|-------------------------------|-------------------------------|----------------------------|-------------------------------|-------------------------------|
| Enumerator Initials: Date: | Supervisor Initials: Date: | Scanner Initials: Date: | Data Entry Initials: Date: | Supervisor Initials: Date: |
|-------------------------------|-------------------------------|----------------------------|-------------------------------|-------------------------------|

Once the Informed Consent Form has been read and signed, proceed to the Household Panel:

[Return to top](#)

HOUSEHOLD PANEL: We want to understand the situation of the people that you live with in your household. We would like to start by asking you information about the adults aged 18 and older who usually live in your household or who are staying with you now.

Table 1. Ages 18 and older

| Line | Please give me the names of all adults aged 18 and over who usually live in your household (including students at boarding school.) Please start with the household head, then you (if different from head) and then others. <i>Interviewer: Get names, date of birth, and age for all. Keep going until all adult members are listed.</i> <i>After listing all adults, DOB, and age, answer questions (HC5) for each adult before proceeding to next adult or next sections.</i> | What year was (name) born)? 19 __ | How old is (name)? (Years) | Does (name) stay with you at least 4 nights every week? 0=No 1=Yes <i>Even if no, keep going.</i> | Is (name) male or female? 0=male 1=female | What is (name) marital status? 1=single 2=married to more than one spouse 3=divorced or separated 4=widowed 5=live with partner | What is the relationship of (name) to the household head? 1=head 2=spouse 3=son or daughter (biological) 4=other child (not biological) 5=grandchild 6=niece/nephew 7=sister or brother 8=cousin 9=unrelated (specify) 97=other (specify below) | What is the highest grade completed by (name)? 0 No schooling 1 Preschool 2 Standard 1 3 Standard 2 4 Standard 3 5 Standard 4 6 Standard 5 7 Standard 6 8 Standard 7 9 Standard 8 10 Form 1 11 Form 2 12 Form 3 13 Form 4 14 Diploma or certificate 15 Bachelor's 16 Professional | What is (name's) religion or denomination? 1 Pentacostal 2 Catholic 3 CCA 4 Anglican 5 Muslim 6 Hindu 7 Methodist 8 Nazareth 9 Seventh Day 10 Presbyterian 11 Lutheran 12 No religion 13 English 14 Shona 15 Other (specify below) | What language does this person speak most often in this household? 1 Chewa 2 Tumbuka 3 Lomwe 4 Tonga 5 Yao 6 Sena 7 Nkhonde 8 Ngoni 9 English 10 Shona 11 Other (specify below) |
|------|--|---|---|--|---|--|---|--|---|--|
| | | HA2 | HA3 | HA4 | HA5 | HA6 | HA7 | HA8 | HA9 | HA10 |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 2 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 3 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 4 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 5 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 6 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 7 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 8 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 9 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 10 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Activities and Employment

Table 2. Ages 18 and older (continued) CONTINUE TO HA40 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | What is the most important activity of (name) this month? <i>(Interviewer: please probe and follow up responses)</i> | What is the most important activity of (name) this month? <i>(Interviewer: please probe and follow up responses)</i> | At any time in the past year, has (name) been employed for a wage, salary, commission or any payment 'in kind'? | What is (name's) main occupation over the last year? |
|------|--|--|---|---|
| | 1=school/study (or on school vacation) 2=employment in organization (business, government, NGO, etc.) 3=self-employed (e.g. selling things, making things for sale, doing repairs, guarding cars, hairdressing, etc.) 4=work on a commercial farm 5=domestic service in someone else's house 6=work on household's own plot, farm, food garden, cattle post, kraal 7=nothing no activity 8=child care (primarily) 9=housework (primarily) 10=child care and housework (mixed) 11=leisure activities (sports, entertainment, cultural or religious activities, etc.) 12=looking for work 13=other (Specify below) | 1=school/study (or on school vacation) 2=employment in organization (business, government, NGO, etc.) 3=self-employed (e.g. selling things, making things for sale, doing repairs, guarding cars, hairdressing, , etc.) 4=work on a commercial farm 5=domestic service in someone else's house 6=work on household's own plot, farm, food garden, cattle post, kraal 7=nothing no activity 8=child care (primarily) 9=housework (primarily) 10=child care and housework (mixed) 11=leisure activities (sports, entertainment, cultural or religious activities, etc.) 12=looking for work 13=other (Specify below) | 0=No (skip to HA16) 1=Yes | 1=Farmer 2=Fishing 3=Labourer 4=Sales 5=Service 6=Clerical and related 7=Administrative and managerial 8=Professional 9=Other (Specify below) |
| 1 | HA11 | HA12 | HA13 | HA14 |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

| | | |
|--------------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Employment continued

Table 3. Ages 18 and older (continued) CONTINUE TO HA40 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | What type of business does (name) work for? 1=private company 2=private individual 3=government 4=state-owned enterprise 5=MASAF or other public works program 6=self employed 7=Other (specify) | HA15 | If (name) did not work, what is main reason why he/she did not work? 1=on leave 2=illness 3=business closed 4=not farming season 5=too old 6=in school 7=laid off 8=never employed 9=other (specify below) | HA16 | Over the past year, has (name) done any casual, part-time ganyu labor for anyone who is not a member of your household? 0=No (skip to HA19) 1=Yes | HA17 | For how many total days did (name) do ganyu over the past month? Number of days | HA18 |
|------|---|------|---|------|---|------|--|------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Health and healthcare

Table 4. Ages 18 and older (continued) CONTINUE TO HA40 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | In general, how would rate (name's) health? 1=Excellent 2=Good 3=Fair 4=Poor | <i>Illness in last month</i> Has (name) been sick during the last month? 0=No (skip to HA22) 1=Yes | What did (name) suffer from in the last month? (Please read and mark all that apply) 1=Malaria 2=Chest pain 3=TB 4=Asthma 5=Bronchitis 6=Diarrhoea 7=Abdominal pains 8=Anemia 9= Dark patches on skin 10=Other Skin infection 11=Chingles 12=Pneumonia 13=AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Cough 21=Vomiting 22=Other (specify below) 97=Do not know | <i>Chronic illness</i> Has (name) been ill for more than one month in past year? 0=No (skip to HA24) 1=Yes | What did (name) suffer from in past year? 1=Malaria 2=Chest pain 3=TB 4=Asthma 5=High blood pressure 6=Diabetes 7=Skin infection 8=AIDS 9=Cancer 10=Heart problems 11=Arthritis 12=Anemia 13=Other (specify below) 97=Do not know | <i>Health seeking behavior for the last illness</i> For (name's) last illness, did he or she seek care? 0=No 1=Yes (skip to HA26) | If he or she did not seek care, why not? 0=No time 1=No money 2=No transport 3=Hospital, health centre too far away 4=Illness not serious 5=Patient did not want treatment 6=Clinic is too crowded 7=No one can help 8=Other (specify) |
|------|--|---|---|---|---|--|---|
| | HA19 | HA20 | HA21 (HC21.1-22) | HA22 | HA23 | HA24 | HA25 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Healthcare and Disabilities

Table 5. Ages 18 and older (continued) CONTINUE TO HA40 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | If you did seek care for (name) where did you go? 0=Government Hospital 1=Private Hospital 2=Clinic 3=Traditional healer 4=Relative/friend 5=Community health worker 6=Herbalist 7=Local Grocery 8=Faith healer 9=Other (specify) | If medicine was need for (name), what was the main medicine given? 1=Antibiotic 2=Paracetamol /Panadol / Acetaminophen 3=Aspirin 4=Ibuprofen 5=Anti-retroviral treatment 6=SP / Quinine / Fansidar 7= Herbs 8=Prayer 9=No medicine needed 10= Other (specify) 97=Do not know | HA27 | About how much did the household spend on (name's) healthcare during last illness (including at clinics, pharmacy, traditional, including transport costs etc.)? 0=Nothing 1=<100MK 2=MK101-MK500 3=MK501-MK2500 4=MK2501-MK5000 5=MK5001+ 97=Do not know | HA28 | During (name) last illness, did he/she have to stop normal activities because of the illness? 0=No (skip to HA33) 1=Yes | HA29 | For how many days did (name) have to stop activities during last illness? Number of Days | HA30 | Did anyone else have to stop activities to care for (name) during his/her last illness? 0=No (skip to HA33) 1=Yes | HA31 | How many days in the last month? Number of Days | HA32 | Does (name) have any serious disability that prevents him or her from taking part in activities? 0=No (skip to HA35) 1=Yes | HA33 | What is the most important disability that (name) has? 1=blind 2=deaf 3=mute (unable to talk) 4=lame 5=mentally retarded 6=other | HA34 | If (name) had to walk for about an hour or 5 kilometers, could he/she do so easily, with difficulty, or not at all? 1=Easily 2=With difficulty 3=Not at all | HA35 | If (name) had to sweep the floor of the house, could he/she do so easily, with difficulty, or not at all? 1=Easily 2=With difficulty 3=Not at all | HA36 | |
|------|---|---|------|--|------|---|------|---|------|---|------|--|------|--|------|--|------|--|------|--|------|--|
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | |

[Return to top](#)

Migration

Table 6. Ages 18 and older (continued) CONTINUE TO HA40 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | Has (name) moved residence in the past year? 0=No (Skip to finish each adult and then move to child panel) 1=Yes | How many times has (name) moved residence in the past year? 1=1 or 2 times 2=3 or 4 times 3=5 or more times 97=Do not know | Where did (name) move from to live here? 1=Within village 2=other village in this district 3=village in other district 4=other town or urban center in this district 5=town or urban centre in other district 6=outside Malawi 7=other (specify below) | Why did (name) move here? 1=family member moved 2=illness 3=to care for children/adults 4=marriage 5=family quarrel 6=divorce 7=return from work elsewhere 8=job transfer 9=look for work 10=start new job or business 11=looking for land to farm 12=school 13=because of cash transfer 14other (specify below) |
|------------|--|--|---|--|
| Num | HA37 | HA38 | HA39 | HA40 |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

STOP. Return to Page 3 to gather details on all remaining adults. Make sure that the full Adult panel questionnaire is completed for all adults. Then, proceed to the child panel.

[Return to top](#)

HOUSEHOLD DEMOGRAPHICS FOR AGES 18 AND YOUNGER:

Now we would like to ask some information about the children or young people who usually live in your household or who are staying with you now who are younger than 18 years.

Child Panel

Table 7. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | HC1 Please tell me the names of the persons 18 years or younger who usually live in your household (including those away at school). <i>Interviewer, please ask names, date of birth and age for all children. Keep going until all children are listed.</i> <i>After listing children, move to HC5 and answer questions for each Child before proceeding to next child or next sections.</i> | HC2 What month and year was (name) born? M/Y --/-- <i>For example: 9/99 is September, 1999</i> <i>REMOVE IF < 1 year skip to HC4</i> | HC3 If age 5 years and under, how old is (name) in months? (Months) <i>(Interviewer, write MONTHS, but here is a guide)</i> <i>(1-12 = 1 year)</i> <i>(13-24 = 2 years)</i> <i>(25-36 = 3 years)</i> <i>(7-48 = 4 years)</i> <i>(4-60 = 5 years)</i> <i>IF < skip to HC5</i> | HC4 IF older than five years, how old is (name) in years? <i>(For example, 97 if born in 1997; 00 if over 5 years)</i> <i>Remove skip</i> | HC5 Does (name) stay with you at least 4 nights every week? 0=No 1=Yes | HC6 Is (name) male or female? 0=male 1=female | HC7 What is the relationship of (name) to the household head? 1=head 2=spouse 3=son or daughter (biological) 4=other child (not biological) 5=grandchild 6=niece/nephew 7=other relative 8=unrelated (specify) |
|------|--|--|--|--|---|--|---|
| 1 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 2 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 3 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 4 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 6 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 7 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 8 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 9 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 10 | | <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

[Return to top](#)

Health

Table 8. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| | <i>Last illness</i> | What does (name) suffer from? Mark all that apply. <i>Interviewer, please probe, anything else.</i> | <i>Chronic Illness</i> | What does (name) suffer from? | Think over the past year about this child's worst illness. Did you seek health care (name) during this illnesses? | Where did you seek care for illness? | If medicine was what was the <u>main</u> medicine given? | If you did not seek care, why not? |
|----|---|--|---|--|---|--|---|---|
| | Has (name) been sick during the last month? 0=No (skip to HC10) 1=Yes | 1=Malaria 2=Chest pain 3=TB 4=Asthma 5=Bronchitis 6=Diarrhoea 7=Abdominal pains 8=Anemia 9= Dark patches on skin 10=Other Skin infection 11=Chingles 12=Pneumonia 13=AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Cough 21= Vomiting 22=Other (specify below) 97=Do not know | Has (name) been ill for more than one month in past year? 0=No (skip to HC12) 1=Yes | 1=Chest pain 2=TB 3=Asthma 4=Anemia 5=High blood pressure 6=Diabetes 7=Skin infection 8=AIDS 9=Cancer 10=Heart problems 11=Other (specify) | 0=No (skip to HC15) 1=Yes 2=No important illness in past year (skip to HC16) | 0=Government hospital 1=Clinic 2=Private Hospital 3=Traditional doctor 4=Community group 5=Local Grocery 6=Herbalist 7=Family member 8=Faith healer 9=Other (specify below) <i>Interviewer, remember we are looking for normal patterns of care for children who are sick.</i> | 1=Antibiotic 2=Paracetamol /Panadol / Acetaminophen 3=Aspirin 4=Ibuprofen 5=Anti-retroviral treatment 6=SP / Quinine / Fansidar 7= Herbs 8=Prayer 9=No medicine needed 10= Other (specify) 97=Do not know (skip to HC16) | 0=No time 1=No money 2=No transport 3=Hospital, health centre too far away 4=Illness not serious 5=Patient did not want treatment 6=Clinic is too crowded 7=No one can help 8=Other (specify below) |
| 1 | HC8 | HC9.1 HC9.2 HC9.3 | HC10 | HC11 | HC12 | HC13 | HC14 | HC15 |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (I or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

[Return to top](#)

Disabilities

Table 9. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | During the past month, did (name) have to stop normal activities because of any illness? 0=No (skip to HC20) 1=Yes | HC16 | For how many days did (name) have to stop activities? Number of Days | HC17 | Did anyone else have to stop activities to care for (name)? 0=No (skip to HC20) 1=Yes | HC18 | How many days? Number of days | HC19 | Disabilities Does (name) have any serious disability that stops him or her from taking part in activities (such as education, work, social life)? 0=No (skip to HC23) 1=Yes | HC20 | What is the most important disability that (name) has? 1=blind 2=deaf 3=mute (unable to talk) 4=lame 5=mentally retarded 6=other (specify below) | HC21 | What would (name) need to resume normal activities? 1=wheelchair 2=eye glasses 3=medication 4=tutoring 5=mental health services 6= other (specify below) 97=do not know | HC22 |
|------|--|------|---|------|---|------|---|------|--|------|--|------|--|------|
| 1 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 2 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 3 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 4 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 5 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 6 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 7 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 8 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 9 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 10 | | | <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Activities and labor Interviewer: Ask for children age 5 years and older. Insert a dash for children under five so you do not lose your place.

ASK: During the past week, on a typical day when school is in session, did (name)...

Table 10. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | HC23 Help with chores such as shopping, collecting firewood, cleaning, or fetching water? 0=No (skip to HC25) 1=Yes | HC24 How many hours did he or she spend with these activities (over the past week)? Number of hours | HC25 Help with caring for other children in the household? 0=No (skip to HC27) 1=Yes 96=Not applicable | HC26 How many hours did he/she spend doing this (past week)? Number of hours | HC27 Help with caring for other adults in the household? 0=No (skip to HC29) 1=Yes | HC28 How many hours did he/she spend doing this? Number of hours | HC29 Do domestic service in someone else's house? (chores or caring for children or adults) 0=No (skip to HC32) 1=Yes | HC30 If yes, for pay? 0=No 1=Yes | HC31 How many hours did he/she spend doing this? Number of hours |
|------|--|---|--|--|---|--|--|---|--|
| 1 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 2 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 3 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 4 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 5 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 6 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 7 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 8 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 9 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |
| 10 | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> | | | <input type="text"/> <input type="text"/> |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Activities and labor continued

ASK: During the past week, on a typical day when school is in session, did (name)...

Table 11. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | Was (name) self-employed (e.g. selling things, making things for sale, doing repairs, guarding cars, hairdressing, etc.) 0=No (skip to HC34) 1=Yes | For how many hours over the past week? Number of hours | Do any other family work (on the farm or street?) 0=No (skip to HC36) 1=Yes | For how many hours over the past week? Number of hours | Do any leisure activities (sports, entertainment, cultural activities, religious activities, etc.) 0=No (skip to HC38) 1=Yes | If yes, how many hours? Number of hours |
|------|--|---|---|---|--|---|
| | HC32 | HC33 | HC34 | HC35 | HC36 | HC37 |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 2 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 3 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 4 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 5 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 6 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 7 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 8 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 9 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |
| 10 | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> |

| | | |
|---------------|------------|---------------|
| G (I or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Orphan status

Table 12. Younger than 18 CONTINUE TO HC68 FOR EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Ask by row for each individual, In shaded areas, be mindful of household relationships! Pay special attention!!

| Line | Is (name)'s biological mother still alive? | If Yes, does (name)'s mother live in this household? | If not living in household, why does (name)'s mother not live here? | Where does (name)'s mother live? | Is (name)'s biological father still alive? | If alive, does (name) live in this household? | Why does (name)'s father not live here? | Where does (name)'s father live? |
|--------------|--|--|--|---|---|---|--|--|
| Child number | HC38 | HC39 | HC40 | HC41 | HC42 | HC43 | HC44 | HC45 |
| 1 | 0=No, Skip to HC42 1=Yes 97=Do not know <i>Is answer consistent with HC7 on Page 9?</i> | 0=No 1=Yes (skip to HC42) | 1=migrated for work 2=divorced 3=desertion 4=sick 5=to get married 6=followed spouse 7=other (Specify below) 97=Do not know | 1=same district 2=other district 3=other country 97=Do not know <i>Is answer consistent with HC7 on Page 9?</i> | 0=No, skip to HC46 1=Yes 97=Do not know | 0=No 1=Yes (Skip to HC46) | 1=migrated for work 2=divorced 3=desertion 4=sick 5=to get married 6=followed spouse 7=other (Specify below) 97=Do not know | 1=same district 2=other district 3=other country 97=Do not know |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

| | | |
|--------------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Migration

Table 13. Younger than 18 **CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION**

| Line Write first name | Is this (child's name)'s primary place of residence? 0=No 1=Yes | How long has (he/she) lived here? | | Where did (name) move from? 1=Within village district 2=other village in this district 3=village in other district 4=other town or urban center in this district 5=town or urban centre in other district 6=outside Malawi 7=other (specify below) | Why did (name) move here? 1=parental employment 2=school enrollment 3=death of parent/caregiver 4=family economic situation 5=divorce of parents 6=to help with caregiving 7=to help with other household chores 8=to help with fields 9=because of cash transfer 10=other (specify below) | Who did (name) live with at (his/her) last residence? 1=both parents 2=with mother 3=with father 4= siblings 5= paternal aunt, uncle 6= maternal aunt, uncle 7=grandparents 8=cousins or other more distant relatives 9=other (specify below) | Has (name) ever lived apart from (his/her) siblings? 0=No (skip to HC55) 1=Yes 9=Not applicable | Is (name) living apart from siblings now? 0=No (skip to HC55) 1=Yes | Why are siblings living apart? 0=to attend school 1=too expensive to care for siblings together 2=one sibling needs special care 3=one sibling needed to help with chores, caregiving 4=sibling is older and working or married 5=other (specify) | HC46 | HC47 | HC48 | HC49 | HC50 | HC51 | HC52 | HC53 | HC54 | | | |
|------------------------------|---|---|---|---|--|--|--|---|---|------|------|------|------|------|------|------|------|------|--|--|--|
| | | Number; <i>IF 5, for HC48, then write 88.</i> | Units: 1=days 2=weeks 3=months 4=years 5=All his/her life, then (skip to HC52) | | | | | | | HC47 | HC48 | HC49 | HC50 | HC51 | HC52 | HC53 | HC54 | | | | |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 2 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 3 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 4 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 5 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 6 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 7 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 8 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

School Interviewer: *Only ask for children ages 6 and older. If child is under 6 then write dashes so that you do not get confused.*

Table 14. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | What is the highest grade completed by (name)? | Does (name) currently attend school? | What grade is (name) in right now? | How many days did (name) miss school during the past month? | What was the main reason for missing school? | If (name) has stopped attending school, what is the main reason that (name) stopped attending school? | Has (name) ever repeated a grade? | How many times has (name) repeated a grade? | Why did (name) repeat a grade? | If (name) is out of school, would (name) like to return to school? |
|------|---|--------------------------------------|---|---|--|--|-----------------------------------|--|--|--|
| | HC55 | HC56 | HC57 | HC58 | HC59 | HC60 | HC61 | HC62 | HC63 | HC64 |
| 1 | 0 No schooling 1 Preschool 2 Standard 1 3 Standard 2 4 Standard 3 5 Standard 4 6 Standard 5 7 Standard 6 8 Standard 7 9 Standard 8 10 Form 1 11 Form 2 12 Form 3 13 Form 4 14 Diploma or technical certificate 15=University | 0=No (skip to HC60) 1=Yes | 0 No schooling 1 Preschool 2 Standard 1 3 Standard 2 4 Standard 3 5 Standard 4 6 Standard 5 7 Standard 6 8 Standard 7 9 Standard 8 10 Form 1 11 Form 2 12 Form 3 13 Form 4 14 Diploma or technical certificate 15=University | Number of days | 1=Illness 2=Injury 3=Needed in household 4=Not interested in school 5=Other 6=Fees not paid 7=Did not miss any 97=Do not know | 0=Still at school 1=Could not pay fees 2=Cared for sick family member 3=Poor school performance 4=Caring for siblings 5=Graduated from school 6=Pregnant or parenting 7=Got married 8=Illness 9=Child not interested 10=Got a job 11=Expelled 12=Work at home 13=Disability 14=Not important to adults 15=Other (specify) 97=Do not know | 0=No (Skip to HC64) 1=Yes | 1=1 time 2=2 times 3=3 or more times 97=Do not know | 1=Could not pay fees 2=Cared for sick family member 3=Poor grades 4=Caring for siblings 5= Pregnant or parenting 6=Got married 7=Illness 8=Not interested 9=Got a job 10=Expelled 11=Work at home 12=Disability 13=Not important to child adults 14=Not important to adults 15=Other (specify) 97=Do not know | 0=No 1=Yes 96=Not applicable 97=Do not know |
| 2 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 3 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 4 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 5 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 6 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 7 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 8 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 9 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
|---------------|------------|---------------|

Survey Code

[Return to top](#)

School expenses: Interviewer: Only ask for children ages 6 and older. If child is under 6 then write dashes so that you do not get confused.

Table 15. Younger than 18 CONTINUE TO HC68 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

| Line | How much was spent on the following school-related costs this <u>past year</u> , since March 2006 on each item for each child? | | | |
|------|--|----------------------------|----------------------------|----------------------------|
| | School fees | Uniform and shoes | Books | Other School expenses |
| | MK If 0 then 0 N/A (not applicable) | MK N/A (not applicable) | MK N/A (not applicable) | MK N/A (not applicable) |
| 1 | HC65 | HC66 | HC67 | HC68 |
| 2 | MK | MK | MK | MK |
| 3 | MK | MK | MK | MK |
| 4 | MK | MK | MK | MK |
| 5 | MK | MK | MK | MK |
| 6 | MK | MK | MK | MK |
| 7 | MK | MK | MK | MK |
| 8 | MK | MK | MK | MK |
| 9 | | | | |
| 10 | | | | |

STOP. Return to Page 9 to gather details on all remaining children. Make sure that the full child panel questionnaire is completed for all children. Then, proceed to the next section.

| | | | | | | |
|--|--|--|--|----------|-------|---------|
| Mchinji Social Cash Transfer Pilot, 1 st Round Survey, March 2007 | | | | G | V | HH |
| Strictly Confidential | | | | (1 or C) | (1-8) | (1-820) |
| Survey Code | | | | | | |

Deaths

[Return to top](#)

Now I am going to ask you some questions that may be difficult for you. I will ask you about any members of your household that may have passed away in the last 5 years. I realize that this may be difficult for you, so please take your time. You may choose to not answer any of these questions.

Table 16a. Deaths in last 5 YEARS

| | |
|--|---|
| Since March of 2002, has any child or adult from this household passed away? | If yes, how many deaths in the household over the past 5 years? |
| 0=No → Skip to next section HI 1=Yes | Number of Deaths |
| D1. (Please circle) | D2. |
| 0 1 | <input type="checkbox"/> <input type="checkbox"/> |

Table 16b. Deaths in last 5 YEARS (From year of major famine)

| What was the first name of the person/people that died? | In which month of which year did (name) pass away? | | How old was (name) when (he/she) died? | Was (name) (male/ female)? | What was (name)'s relationship to the current household head? | What was the cause of death? | How long was (name) sick before dying? | | What type of illness did (name) have? |
|---|--|---|---|----------------------------|---|---|--|---|---------------------------------------|
| | Month | Year (Example: 2001) | | | | | (Allow respondent to answer in terms of days, weeks, or months.) | Number | |
| D3 | D4 | D5 | D6 | D7 | D8 | D9 | D10 | D11 | D12 |
| 1 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 0= male 1= female | 1=former head 2=spouse 3=biological son/daughter 4=grandchild 5=parent 6=other relative 7=unrelated | 1 = illness 2 = vehicle or pedestrian accident 3 = other type of accident 4 = suicide 5 = homicide 6 = other (specify _____) 97=do not know If response 2-5 Skip to HI | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 2 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 3 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 4 | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |

[Return to top](#)

Housing:

Now I would like to ask you some questions about your house. (Ask respondent and confirm through observation.)

Table 17. Housing characteristics

| | | | | | |
|--|---|--|--|---|---|
| <p>Who owns the land where this structure is built?</p> <p>0=Landlord 1=Customary Land 2=Self/Family owned 3=Other (specify) 97=Do not know</p> | <p>What type of dwelling do you live in?</p> <p>1=single house 2=several structures 3=flat 4=room in larger dwelling 5=improvised housing 6=other (specify below)</p> | <p>The Outer walls of the main dwelling are made of what material?</p> <p>(Interviewer: Most common material used in the house.)</p> <p>1=grass 2=mud (yomata) 3=compacted earth (yamdingo) 4=mud brick 5=burnt bricks 6=concrete 7=wood 8=iron sheets 9=other (specify below)</p> | <p>The roof of the main dwelling is made of what material?</p> <p>(Interviewer: Most common material used in the house.)</p> <p>1=grass 2=iron sheets 3=clay tiles 4=concrete 5=plastic sheeting 6=other (specify below)</p> | <p>The floor of the main dwelling is made of what material?</p> <p>(Interviewer: Most common material used in the house.)</p> <p>1=sand 2=smoothed mud 3=cement 4=wood 5=tile 6=other (specify below)</p> | <p>How many rooms, including kitchens, are there for this household? (Interviewer: Count all rooms, excluding bathrooms, sheds, etc., unless persons are living in them.) Words deleted here</p> <p>Number of rooms</p> |
| <p>H1</p> | <p>H2</p> | <p>H3</p> | <p>H4</p> | <p>H5</p> | <p>H6</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>What is the main source of water used by household members?</p> <p>1=household metered water (municipal/regional supply) 2=borehole 3=spring 4=rain-water tank 5=dam/pool/stagnant water 6=river/stream 7=well 8=communal standpipe 9=other (specify)</p> | <p>What is the main type of toilet facility used by household members?</p> <p>1=flush toilet connected to sewer system 2=flush toilet with septic tank 3=chemical toilet 4=pit latrine with ventilation 5=pit latrine without ventilation 6=bucket latrine 7=none</p> | <p>How long does it take to collect water (from start to finish including walking, waiting and drawing water)?</p> <p>Number of minutes</p> <p>¼ hour = 15 minutes ½ hour = 30 minutes ¾ hour = 45 minutes 1 hour = 60 minutes 1.5 hours = 90 minutes</p> | <p>What type of fuel does this household mainly use for cooking? (Interviewer: Choose the main source only)</p> <p>1=electricity 2=gas 3=paraffin 4=charcoal 5=solar 6=wood 7=other (specify)</p> | <p>How long does it take to collect firewood (from start to finish)?</p> <p>Number of minutes</p> <p>¼ hour = 15 minutes ½ hour = 30 minutes ¾ hour = 45 minutes 1 hour = 60 minutes 1.5 hours = 90 minutes</p> <p>Interviewer enter 0 if respondent does not use firewood.</p> | <p>H7</p> <p>H8</p> <p>H9</p> <p>H10</p> <p>H11</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

[Return to top](#)

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

Durable Goods / Asset Ownership

Now I would like to ask you about some of the things that you own.

Table 18. Durable items.

| Item code: | Item | DG1. Does the household own any of the following (in working condition)? 0=No 1=Yes | DG2. If no, did you own this item in the last year? 0=No (go to next item) 1=Yes | DG3. What happened to item? 1=sold item 2=item broken 3=item traded 4=lost item 5=gave away 6=died 7=other (specify) |
|------------|---|--|--|---|
| A1 | Bed / mattress | | | |
| A2 | Table | | | |
| A3 | Chair | | | |
| A4 | Fan | | | |
| A5 | Gas stove, hot plate | | | |
| A6 | Hoe | | | |
| A7 | Axe | | | |
| A8 | Sickle | | | |
| A9 | Beer brewing drum | | | |
| A10 | Radio | | | |
| A11 | Television | | | |
| A12 | Tape player / CD player | | | |
| A13 | Refrigerator | | | |
| A14 | Telephone | | | |
| A15 | Cell phone | | | |
| A16 | Bicycle | | | |
| A17 | Motorcycle | | | |
| A18 | Vehicle | | | |
| A19 | Land (other than this dwelling site and its yard or garden) | | | |
| A20 | Cattle | | | |
| A21 | Chicken | | | |
| A22 | Goats | | | |
| A23 | Other animals | | | |
| A24 | Ox cart | | | |

| | | |
|---------------|------------|---------------|
| G (I or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Food and Nutritional Status

Now, I will ask you about the food and meals eaten in the household. Our study is interested in understanding what difficulties you might have in feeding your family.

Table 19. Food and Nutritional Status

| | | | | | | | | | |
|--|--|---|--|------------------|------------------|------------------|------------------|------------------|---|
| <p>F1. How many meals did this household take yesterday?</p> <p>0=No meals 1=One meal 2=Two meals 3=Three meals 4=Four meals</p> | <p>F2. In the past month, how many days did your household not have enough food to eat?</p> <p><i>(Interviewer, make sure consistent with F1)</i></p> <p>0=None, enough food all days 1=1 day 2=2 days 3=3 days 4=4 days 5=5 days 6=6 days 7=7 days 8=8 days or more</p> | <p>F3. In the past week, how do household members usually feel after a meal?</p> <p>1=Too full 2=Satisfied 3=Somewhat hungry 4=Very hungry</p> | <p>F4-F9. Over the past week, did anyone in the household receive a <u>food</u> as gift or wages, such as any of the following?:</p> | | | | | | |
| <p>F1</p> | <p>F2</p> | <p>F3</p> | <p>F4</p> | <p>F5</p> | <p>F6</p> | <p>F7</p> | <p>F8</p> | <p>F9</p> | <p>F10. Other (Please specify)</p> <p>0=No 1=Yes</p> |

In the next section I will ask you about the food that you buy and how much you pay for it. Then I will ask you about other things that you buy. Sometimes this can be hard to remember but please just take your time and do your best.

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

Food consumption and expenditures

[Return to top](#)

Table 21. Food consumption and expenditures 2

| Item code | Item | Over the past week (7 days) did you or others in your household consume any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes F10 | Did you purchase this item? 0=No 1=Yes F11 | How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i> F12 |
|--|---|---|--|---|
| FC31 | Groundnut | | | MK |
| FC32 | Groundnut flour | | | MK |
| FC33 | Soyabean flour | | | MK |
| FC34 | Ground bean (nzama) | | | MK |
| FC35 | Other (specify) | | | MK |
| FC36 | Other (specify) | | | MK |
| Vegetables | | | | |
| FC37 | Onion | | | MK |
| FC38 | Cabbage | | | MK |
| FC39 | Tanaposi/Rape | | | MK |
| FC40 | Nkhwani | | | MK |
| FC41 | Chinese cabbage | | | MK |
| FC42 | Other cultivated green leafy vegetables | | | MK |
| FC43 | Tomato | | | MK |
| FC44 | Cucumber | | | MK |
| FC45 | Pumpkin | | | MK |
| FC46 | Okra | | | MK |
| FC47 | Tinned vegetables (specify) | | | MK |
| FC48 | Other vegetables (specify) | | | MK |
| Meat, fish, & animal products | | | | |
| FC49 | Eggs | | | MK |
| FC50 | Dried fish | | | MK |
| FC51 | Fresh fish | | | MK |
| FC52 | Beef | | | MK |
| FC53 | Goat | | | MK |
| FC54 | Pork | | | MK |
| FC55 | Chicken | | | MK |
| FC56 | Other poultry – guinea fowl, doves etc. | | | MK |
| FC57 | Small animal – rabbit, mice, etc. | | | MK |
| FC58 | Termites, other insects | | | MK |
| FC59 | Tinned meat or fish | | | MK |
| FC60 | Other (specify) | | | MK |

| | | | | |
|--------------------|------------|---------------|--|--|
| G (I or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

Food consumption and expenditures

[Return to top](#)

Table 22. Food consumption and expenditures 3

| Item code | Item | Over the past week (7 days) did you or others in your household consume any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes F10 | Did you purchase this item? 0=No 1=Yes F11 | How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i> F12 |
|---------------------------------|-------------------------------------|---|--|---|
| Fruits | | | | |
| FC61 | Mango | | | MK |
| FC62 | Banana | | | MK |
| FC63 | Citrus – naartige, orange, etc., | | | MK |
| FC64 | Papaya | | | MK |
| FC65 | Guava | | | MK |
| FC66 | Avocado | | | MK |
| FC67 | Wild fruit (masau, malambe, etc.) | | | MK |
| FC68 | Apple | | | MK |
| FC69 | Other fruits (specify) | | | MK |
| Cooked food from vendors | | | | |
| FC71 | Maize – boiled or roasted (vendor) | | | MK |
| FC72 | Chips (vendor) | | | MK |
| FC73 | Cassava – boiled (vendor) | | | MK |
| FC74 | Eggs – boiled (vendor) | | | MK |
| FC75 | Chicken (vendor) | | | MK |
| FC76 | Meat (vendor) | | | MK |
| FC77 | Fish (vendor) | | | MK |
| FC78 | Mandazi, doughnut (vendor) | | | MK |
| FC79 | Samosa (vendor) | | | MK |
| FC80 | Meal eaten at restaurant | | | MK |
| FC81 | Other (specify) | | | MK |
| Milk and milk products | | | | |
| FC82 | Fresh milk | | | MK |
| FC83 | Powdered milk | | | MK |
| FC84 | Margarine | | | MK |
| FC85 | Butter | | | MK |
| FC86 | Chambiko – soured milk | | | MK |
| FC87 | Yoghurt | | | MK |
| FC88 | Cheese | | | MK |
| FC89 | Infant feeding formula (for bottle) | | | MK |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

Food consumption and expenditures

[Return to top](#)

Table 23. Food consumption and expenditures 4

| Item code | Item | Over the past week (7 days) did you or others in your household consume any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes F10 | Did you purchase this item? 0=No 1=Yes F11 | How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i> F12 MK |
|-----------------------------------|---|---|--|---|
| FC90 | Other (specify) | | | |
| Sugar, fats, and oil | | | | |
| FC91 | Sugar cane | | | MK |
| FC92 | Cooking oil | | | MK |
| FC93 | Other (specify) | | | MK |
| Beverages | | | | |
| FC94 | Tea | | | MK |
| FC95 | Coffee | | | MK |
| FC96 | Squash (Sobo drink concentrate) | | | MK |
| FC97 | Fruit juice | | | MK |
| FC98 | Freezes (flavoured tea) | | | MK |
| FC99 | Soft drinks (Coca cola, Fanta, Sprite etc.) | | | MK |
| FC100 | Bottled, canned beer (Carlsberg etc.) | | | MK |
| FC101 | Local sweet bear (thobwa) | | | MK |
| FC102 | Wine or commercial liquor | | | MK |
| FC103 | Locally brewed liquor (kachasu) | | | MK |
| FC104 | Other (specify) | | | MK |
| Spices & miscellaneous | | | | |
| FC105 | Salt | | | MK |
| FC106 | Spices | | | MK |
| FC107 | Yeast, baking powder, bicarbonate of soda | | | MK |
| FC108 | Tomato sauce (bottle) | | | MK |
| FC109 | Hot sauce (Nali etc) | | | MK |
| FC110 | Jam, jelly, honey | | | MK |
| FC111 | Sweets, candy, chocolates | | | MK |
| FC112 | Other (specify) | | | MK |

| | | |
|---------------|------------|---------------|
| G (I or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

Non-food expenditures

[Return to top](#)

Table 24. Non-food expenditures 1

| Item Code | Item | Over the past week (7 days) did you purchase any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes | How much did you pay in total? |
|-----------|-------------------------------------|--|----------------------------------|
| | One week recall | E1 | MK <i>Interviewer: 0 if 0</i> |
| NF1 | Charcoal | | E2 MK |
| NF2 | Paraffin or kerosene | | MK |
| NF3 | Cigarettes or other tobacco | | MK |
| NF4 | Matches | | MK |
| NF5 | Newspapers or magazines | | MK |
| NF6 | Public transport – bus fare or taxi | | MK |

Table 25. Non-food expenditures 2

| Item Code | Item | Over the past one month did you purchase any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes | How much did you pay in total? |
|-----------|---|--|----------------------------------|
| | One month recall | E3 | MK <i>Interviewer: 0 if 0</i> |
| NF7 | Milling fees, grain | | E4 MK |
| NF8 | Bar soap (body soap or clothes soap) | | MK |
| NF9 | Clothes soap (powder) | | MK |
| NF10 | Toothpaste, toothbrush | | MK |
| NF11 | Toilet paper | | MK |
| NF12 | Glycerin, Vaseline, skin creams | | MK |
| NF13 | Other personal products (shampoo, razor blades, cosmetics, hair products, etc.) | | MK |
| NF14 | Light bulbs | | MK |
| NF15 | Postage stamps | | MK |
| NF16 | Donation (to church, charity, beggar, etc.) | | MK |
| NF17 | Petrol or diesel | | MK |
| NF18 | Motor vehicle service, repair or parts | | MK |
| NF19 | Wages paid to servants | | MK |
| NF20 | Bicycle service, repair or parts | | MK |
| NF21 | Repairs & maintenance to dwelling | | MK |
| NF22 | Other repairs | | MK |
| NF22b | Electricity | | MK |
| NF22c | Telephone (Landline) | | MK |
| NF22d | Telephone units | | MK |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

Non-food expenditures

[Return to top](#)

Table 26. Non-food expenditures 3

| Item code | One year recall | Over the past week (7 days) did you purchase any [...]? <i>Interviewer: Read all items</i> 0=No 1=Yes | How much did you pay in total? |
|-----------|--|--|----------------------------------|
| | | E5 | MK <i>Interviewer: 0 if 0</i> |
| NF23 | Carpets, rugs, drapes, curtains | | E6 MK |
| NF24 | Linen – towels, sheets, blankets | | MK |
| NF25 | Mat – sleeping or for drying maize flour | | MK |
| NF26 | Mosquito net | | MK |
| NF27 | Mattress | | MK |
| NF28 | Sports and hobby equipment, toys | | MK |
| NF29 | Building items (cement, bricks, timber, iron sheets, tools, woodpoles, bamboo, grass for thatching etc.) | | MK |
| NF30 | Council rates | | MK |
| NF31 | Insurance (health, MASM, etc., auto, home, life) | | MK |
| NF32 | Funeral costs | | MK |
| NF33 | Fines or legal fees | | MK |
| NF34 | Lobola (bridewealth) costs | | MK |
| NF35 | Marriage ceremony costs | | MK |
| NF36 | Gifts | | MK |
| NF37 | Other (specify) | | MK |

No NF37!

| | | |
|---------------|------------|---------------|
| G (I or C) | V (1-8) | HH (1-820) |
| Survey Code | | |

[Return to top](#)

Sources of Income

Now I would like to ask you about the sources of support and income that the household may receive. This information will help us understand how families are coping in this District. The information that you give me will be kept confidential.

Table 27. Sources of Income

| | Since March of 2006, did your <u>household</u> or <u>anyone in your household</u> obtain income or support from any of the following sources? (Interviewer: read each row, fill in columns <i>INA</i> and <i>INB</i>) | INA. Received by household? <i>Interviewer: Read all items 0=No 1=Yes</i> | INB. What Amount in Malawi Kwacha per month? MK/month <i>Interviewer: 0 if 0 Change to per week, month, year)</i> |
|-------------|---|---|---|
| IN1 | Paid job with an organization (salaries, wages, bonuses, allowances, commissions, gratuities) | IN1 | MK |
| IN2 | Profit from rental property you own | IN2 | MK |
| IN3 | Domestic service job in someone else's house | IN3 | MK |
| IN4 | Payment for self-employment (selling or making things, doing repairs, providing service, etc.) | IN4 | MK |
| IN5 | Payment for work on a commercial farm | IN5 | MK |
| IN6 | Selling of your own agricultural production | IN6 | MK |
| IN7 | Grant from the government (including cash transfer) | IN7 | MK |
| IN8 | Interest, dividends, royalties | IN8 | MK |
| IN9 | Pension from a private employer | IN9 | MK |
| IN10 | Remittances from family employed elsewhere (regular) | IN10 | MK |
| IN11 | Gift from family/friend/other | IN11 | MK |
| IN12 | Loan from family/friend/other (with expectation of repayment) | IN12 | MK |
| IN13 | Grant from an NGO, Community Based Organization, or religious organization | IN13 | MK |
| IN14 | Loan from an NGO, Community Based Organization, or religious organization | IN14 | MK |
| IN15 | Loan from a bank or other financial institution | IN15 | MK |
| IN16 | Sale of assets (including livestock, land) | IN16 | MK |
| IN17 | Any other source? (specify) | IN17 | MK |

[Return to top](#)

Credit

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

Now I would like to ask you about any loans that you have asked for or received (not applied but received!) over the past year (since March 2006)

Table 28. Credit

| Has anyone in the household borrowed money in the last year? | If yes, where was the largest loan from? | What was reason for obtaining loan? | How much was borrowed? | Is the loan repaid? | How much do you still owe? | Why didn't you borrow money in the past year? |
|--|--|---|------------------------|----------------------------|----------------------------|---|
| 0=No (skip to C7) 1=Yes | 1=relative 2=neighbor 3=grocery/local merchant 4=money lender (katapila) 5=employer 6=religious group 7=MRFC 8=SACCO 9=NGO 10=Other (specify) | 1=to buy land 2=to buy farming inputs for crops 3=to buy food 4=to pay for healthcare or transport to health facility 5=schooling 6=business start up 7=other (specify) | MK | 0=No 1=Yes (skip to L1) | MK | 1=I tried, but was told no 2=no need 3=thought I would be told no 4=too much trouble 5=do not like to be in debt 6=no assets for collateral 7=do not know any lender 8=business operational costs 9=Other (specify) |
| C1 | C2 | C3 | C4 | C5 | C6 | C7 |
| | | | MK | | MK | |

[Return to top](#)

| | | | | | |
|---------------|------------|---------------|--|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | | |
| Survey Code | | | | | |

Literacy

Now I would like you to read this sentence to me. Show the following sentences to respondent.
Table 29. Literacy

| | |
|---|-----------------------------|
| <p>1=Cannot read at all 2=Able to read only parts of sentence 3=Able to read whole sentence 4=No sentence in required language 5=Blind, mute, visually or speech impaired</p> | L2. Specify language |
| L1. | |
| Chichewa | |
| <ol style="list-style-type: none"> 1. Mwana akuwerenga bukhu. 2. Chaka chino mvula inabwera mochedwa. 3. Makolo ayenera kusamalira ana awo. | |
| Tumbuka | |
| <ol style="list-style-type: none"> 1. Mwana wakuberenga buku. 2. Chaka chino vula yangwiza mwakuchedwa. 3. Bapapi bakwenera kupwelera banabawo. | |
| English | |
| <ol style="list-style-type: none"> 1. The child is reading a book. 2. The rains came late this year. 3. Parents must take care of their children. | |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

[Return to top](#)

Social Safety Nets Now I would like to ask you if you have received any of these official programs in the last year and whether you are still receiving benefits.

Table 30. Social Safety Nets *Interviewer please read all.*

| | | | | 0= No 1= Yes, still receiving 2= Yes, but no longer receiving |
|------|---|--|------|---|
| SN1 | Free food/maize distribution | | SN1 | 0 1 2 |
| SN2 | Food-for-work programme or cash-for-work programme e.g. MASAF Public Works Programme | | SN2 | 0 1 2 |
| SN3 | Inputs for work programme | | SN3 | 0 1 2 |
| SN4 | Free distribution of Likuni Phala to children and mothers (Targeted Nutrition Programme – TNP) | | SN4 | 0 1 2 |
| SN5 | Supplementary feeding for malnourished children at a nutritional rehabilitation unit. | | SN5 | 0 1 2 |
| SN6 | Starter Pack (TIP) distribution of agricultural inputs (seed/fertilizer) for the raining season. | | SN6 | 0 1 2 |
| SN7 | Starter Pack (TIP) distribution for the dimba season. | | SN7 | 0 1 2 |
| SN8 | Other (not Starter Pack) free agricultural inputs distributions. | | SN8 | 0 1 2 |
| SN9 | Scholarships or bursaries for tertiary education (CRECCOM, university scholarship, upgrading teachers.) | | SN9 | 0 1 2 |
| SN10 | Direct cash transfers from Government or NGO | | SN10 | 0 1 2 |
| SN11 | Inputs subsidy coupons | | SN11 | 0 1 2 |
| SN12 | School feeding | | SN12 | 0 1 2 |
| SN13 | Bursaries for Secondary education | | SN13 | 0 1 2 |
| SN14 | Other special assistance (please specify) | | SN13 | 0 1 2 |

| | | | | | | | | | | | |
|--|--|--|--|---------------|--|------------|--|---------------|--|-------------|--|
| Mchinji Social Cash Transfer Pilot, 1 st Round Survey, March 2007 | | | | HH (1-820) | | V (1-8) | | G (1 or C) | | Survey Code | |
| Strictly Confidential | | | | | | | | | | | |

[Return to top](#)

Support for orphans and chronically ill household members:

Now I would like to ask you about the support you receive to care for orphans or people who are chronically ill (sick for more than one month). First, support for orphans:

SO1. Are there any children who have been orphaned in this household? (Whose biological mother or father has died?) **SO1.** _____ 0=No (Skip to CS1)
 Interviewer: Please do a consistency check on page 14 (HC38 and HC42) 1=Yes

Table 31. Household support for orphans

| SO2 | SO3 | SO4 | SO5 | SO6 | SO7 | SO8 | SO9 |
|---|---|---|--|--|---|---|--|
| <p>the past year, have you received any medical support to care for orphans, such as medical care, supplies or medicine? 0=No (Skip to SO6) 1=Yes</p> | <p>What type of care? 1=Medical care 2=Home based care 3=Supplies 4=Medicine 5=Other (specify below)</p> | <p>If yes, who provides support? 1=Community organization 2=Church (or other faith organization) 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (specify below)</p> | <p>Is support adequate to meet needs? 0=No 1=Yes</p> | <p>In the past year, have the orphans in this household received any emotional or psychological support? 0=No (Skip to SO10) 1=Yes</p> | <p>What type of care? 1=companionship 2=counseling 3=spiritual support</p> | <p>If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify below)</p> | <p>Is support adequate to meet needs? 0=No 1=Yes</p> |
| <p>the past year, have you received any material support for orphans, such as financial support, clothing or food? 0=No (Skip to SO14) 1=Yes</p> | <p>What type of support? 1=financial 2=clothing 3=food 4=school costs 5=other (specify)</p> | <p>Who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (specify below)</p> | <p>Is support adequate to meet needs? 0=No 1=Yes</p> | <p>the past year, have you received any other support for orphans, such as help in household work, caregiving, training for a caregiver, or legal services? 0=No (Skip to CS1) 1=Yes</p> | <p>What type of support? 1=Household work 2=caregiving 3=training for caregiver 4=legal services 5=other (specify below)</p> | <p>If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify below)</p> | <p>Is support adequate to meet needs? 0=No 1=Yes</p> |
| SO10 | SO11 | SO12 | SO13 | SO14 | SO15 | SO16 | SO17 |

| | | |
|---------------|------------|---------------|
| G (1 or C) | V (1-8) | HH (1-820) |
|---------------|------------|---------------|

Survey Code

[Return to top](#)

Support for ill adults

Now, support for ill adults:

CS1. Are there any adults in this household who have been sick for more than 1 month out of the past year? CS1. _____ 0=No (Skip to HS1)
 1=Yes

Table 32. Household support for chronically ill adults

| In the past year, have you received any medical support to care for sick adults? 0=No (Skip to CS6) 1=Yes | What type of care? 1=Medical care 2=Home based care 3=Supplies 4=Medicine 5=Other (specify below) | If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify below) | Is support adequate to meet needs? 0=No 1=Yes | In the past year, have you received any emotional or psychological support for adults? 0=No (Skip to CS10) 1=Yes | What type of care? 1=companionship 2=counseling 3=spiritual support 4=other (specify below) | If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify) | Is support adequate to meet needs? 0=No 1=Yes |
|---|--|--|---|--|--|--|---|
| CS2 | CS3 | CS4 | CS5 | CS6 | CS7 | CS8 | CS9 |
| In the past year, have you received any material support for adults, such as financial support, clothing or food? 0=No (Skip to CS14) 1=Yes | What type of support? 1=financial 2=clothing 3=food 4=other (specify) | If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify) | Is support adequate to meet needs? 0=No 1=Yes | In the past year, have you received any other support for adult, such as help in household work, caregiving, training for a caregiver, or legal services? 0=No (Skip to HS1) 1=Yes | What type of support? 1=Household work 2=caregiving 3=training for caregiver 4=legal services 5=other (specify below) | If yes, who provides support? 1=Community organization 2=Church or other faith organization 3=Non-governmental organization 4=Health Center 5=Other Government office 6=Village headman 7=Other (Specify) | Is support adequate to meet needs? 0=No 1=Yes |
| CS10 | CS11 | CS12 | CS13 | CS14 | CS15 | CS16 | CS17 |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

[Return to top](#)

Household shocks

Now I would like to ask you about the shocks or problems that your household might have experienced over the past two years.

Interviewer: Remember, start with item HSI1, ask questions HSW1, HSW2, HSW3 and then go to next item. At end, ask respondent to rank top 3 in HSW4.

Table 33. Recent shocks to household welfare

| | Over the past 2 years, has your household experienced any of the following events? | <i>Interviewer: Please read all</i> 0=No 1=Yes | IF YES, did this result in a loss of income or assets? 0=No 1=Yes | Did this result in any children having to leave school for <u>more than one week</u> ? 0=No 1=Yes | Out of these events, Please rank the 3 most important events: 1=Most important 2=Second most important 3=Third most important HSW4 |
|-------------|--|--|---|---|---|
| | | HSW1 | HSW2 | HSW3 | |
| HS1 | Lower crop yields due to drought or floods | | | | |
| HS2 | Crop disease or crop pests | | | | |
| HS3 | Livestock died or were stolen | | | | |
| HS4 | Household business failure, nonagricultural | | | | |
| HS5 | Loss of salaried employment or non-payment of salary | | | | |
| HS6 | End of regular assistance, aid, or remittances from outside HH | | | | |
| HS7 | Large fall in sale prices for crops | | | | |
| HS8 | Large rise in price of food | | | | |
| HS9 | Illness or accident of household member | | | | |
| HS10 | Birth in the household | | | | |
| HS11 | Death in household | | | | |
| HS12 | Death of working member of household | | | | |
| HS13 | Break up of the household | | | | |
| HS14 | Theft | | | | |
| HS15 | Damage to house | | | | |
| HS16 | Other 1 (specify) | | | | |
| HS17 | Other 2 (specify) | | | | |

| | | | | | |
|---------------|------------|---------------|-------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | Survey Code | | |
|---------------|------------|---------------|-------------|--|--|

[Return to top](#)

Assessment of well-being

Now I would like to ask you how you feel about your household's current situation.

Table 34. Assessment of well-being

| SA1 | What is true about your household's food consumption over the past month? It has been... | SA2 | Which is true about your housing? It is... | SA3 | What is true about the healthcare that household members receive? It is... | SA4 | Which is true about your household's economic situation? Are you better off; the same as, or worse off than this same time a year ago? | | SA5 | SA6 | SA7 | SA8 | What do you sleep on? |
|-----|---|------|--|-----|---|------|--|--|------|------|------|------|---|
| | | | | | | | 0=Less than enough 1=Just enough 2=More than enough | 0=Better 1=Same 2=Worse | | | | | |
| SA1 | How often do you use soap when you are bathing? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA2 | How often do you brush your teeth? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA3 | How often do children bath? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA4 | 0=Better 1=Same 2=Worse | 0=per day 1=per week 2=per month | SA5 | SA6 | SA7 | SA8 | 1=Bed and mattress 2=Bed and mat 3=Mattress on floor 4=Bed alone 5=Mat (grass) on floor 6=cloth/sack on floor 7=Floor (nothing else) 8=Other (specify) |
| SA9 | How often do you use soap when you are bathing? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA10 | How often do you brush your teeth? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA1 | How often do children bath? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never | SA12 | 0=No 1=Yes | Are you satisfied that the water that you use for cooking is clean? 0=No 1=Yes | SA13 | SA14 | SA15 | SA15 | Do you have close friends outside of this household? 0=No (Skip to SA17) 1=Yes |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
|---------------|------------|---------------|--|--|

Survey Code

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | | | | | |
|---|---|---|---|---|---|--|--|
| <p>If yes, about how many close friends do you have?</p> <p>Number of friends</p> <p>SA16</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>If you suddenly need to borrow food or money, do you have someone who could help you?</p> <p>0=No 1=Yes 3=Unsure</p> <p>SA17</p> | <p>Many people find it difficult to get enough food. In your household does anyone beg in order to get food or money?</p> <p>0=No 1=Yes</p> <p>SA18</p> | <p>In your household does anyone prostitute in order to get food or money?</p> <p>0=No 1=Yes 2=Refuse to answer</p> <p>SA19</p> | <p>In your household does anyone sell household items in order to get food or money?</p> <p>0=No 1=Yes 2=Refuse to answer</p> <p>SA20</p> | <p>In your household do children work in order to get food or money?</p> <p>0=No 1=Yes 2=Refuse to answer</p> <p>SA21</p> | <p>In your household does anyone steal in order to get food or money?</p> <p>0=No 1=Yes 2=Refuse to answer</p> <p>SA22</p> | <p>Is there anything else that you think is dangerous or risky that someone in your household does to get money? (Please specify)</p> <p>0=No 1=Yes 2=Refuse to answer</p> <p>SA23</p> |
| <p>Is your HH accepted as part of the community?</p> <p>0=No 1=A little 2=Yes 3=Unsure</p> <p>SA24</p> | <p>Does anyone in your household experience discrimination (stigma, biased attitudes, treatment or behaviour) because of being poor, affected by AIDS or any other reason?</p> <p>0=No 1=Yes 2=Unsure</p> <p>SA25</p> | | | | | | |

| | | | |
|---------------|------------|---------------|--|
| G (1 or C) | V (1-8) | HH (1-820) | |
|---------------|------------|---------------|--|

Survey Code

Time use and labor:

Now I would like to ask you a few questions about how you use your time each day. Think of a typical day in the past week,
how did you spend your time?

Table 35. Time use and labor

[Return to top](#)

| | | | | TUL1 | TUL2 | TUL3 |
|-----|---------------|---------------|------------------|---|---|---|
| TL1 | Early Morning | 05:00 – 08:00 | [Rising sun] | <p>TUL1 1=Cooking, doing laundry, and cleaning your house 2=Caring for children 3=Caring for adults who are sick 4=Caring for older persons (>55 years)? 5=Collecting water 6=Collecting firewood 7=Sleeping or resting 8=Taking your meals 9=Doing household subsistence farming or fishing 10= Working on a household business 11= Doing casual labor or ganyu 12=Other employment outside the house 13=Shopping 14= Just sitting 15=Religious activities 16=Social activities 17= Other (specify)</p> | <p>TUL2 1=Cooking, doing laundry, and cleaning your house 2=Caring for children 3=Caring for adults who are sick 4=Caring for older persons (>55 years)? 5=Collecting water 6=Collecting firewood 7=Sleeping or resting 8=Taking your meals 9=Doing household subsistence farming or fishing 10= Working on a household business 11= Doing casual labor or ganyu 12=Other employment outside the house 13=Shopping 14= Just sitting 15=Religious activities 16=Social activities 17= Other (specify)</p> | <p>TUL3 1=Cooking, doing laundry, and cleaning your house 2=Caring for children 3=Caring for adults who are sick 4=Caring for older persons (>55 years)? 5=Collecting water 6=Collecting firewood 7=Sleeping or resting 8=Taking your meals 9=Doing household subsistence farming or fishing 10= Working on a household business 11= Doing casual labor or ganyu 12=Other employment outside the house 13=Shopping 14= Just sitting 15=Religious activities 16=Social activities 17= Other (specify)</p> |
| TL2 | Morning | 08:00 – 12:00 | [low sun] | | | |
| TL3 | Noon | 12:00 – 12:00 | [high sun] | | | |
| TL4 | Afternoon | 12:00 – 14:00 | [low sun] | | | |
| TL5 | Evening | 14:00 – 17:00 | [sun set] | | | |
| TL6 | Early Night | 17:00 – 21:00 | [some stars] | | | |
| TL7 | Night | 21:00 – 05:00 | [stars and moon] | | | |

| | | | |
|---------------|------------|---------------|-------------|
| G (1 or C) | V (1-8) | HH (1-820) | Survey Code |
|---------------|------------|---------------|-------------|

[Return to top](#)

Anthropometry Model for Children and Adults

Finally, I would like to take measurements of the adults and the children in the household. Each child is weighed and measured. Record weight and length or height below, taking care to record the measurements on the correct form for each child. Check the child's name and line number of the Household Panel listing Module before recording measurements.

Table 36. Child Anthropometry

| Line | Child's Weight | Child's Length | | Result of measurement 1=Measured 2=Not present 3=Refused 4=Other (specify) |
|------|---------------------------|--|--|--|
| | | Child under 2 years old. Measure length (lying down). | Child age 2 or more years Measure height (standing up). | |
| | AN1 | AN2 | AN3 | |
| C1 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C2 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C3 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C4 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C5 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C6 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C7 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |
| C8 | Kilograms (Kg) □ □ . □ | Length (cm) Lying down □ □ □ . □ | Height (cm) Standing up □ □ □ . □ | |

| | | | | |
|---------------|------------|---------------|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | |
| Survey Code | | | | |

| | | | |
|-----|---|--|--|
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Lying down Length (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Standing up Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| C9 | Kilograms (Kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Lying down Length (cm) Lying down <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Standing up Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| C10 | Kilograms (Kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Lying down Length (cm) Lying down <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Standing up Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

[Return to top](#)

Adult anthropometry

The measurer weighs and measures each adult. Record weight and length/height below, taking care to record the measurements on the correct form for each adult. Check the adult's name and line number on the Household Panel listing Module before recording measurements.

Table 37. Adult Anthropometry

| | | | |
|------|--|---|--|
| Line | ADULT'S Weight | Adult's Height (standing up) | Result of measurement 1=Measured 2=Not present 3=Refused 4=Other (specify) |
| AD1 | AN4 Kilograms (Kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | AN5 Height (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | AN6 |

| | | | |
|---------------|------------|---------------|--|
| G (1 or C) | V (1-8) | HH (1-820) | |
|---------------|------------|---------------|--|

Survey Code

[Return to top](#)

We have reached the end of the interview. Everything you have said will be kept strictly confidential. Is there anything that you would like to comment on regarding the interview, the study, your family, etc?
Table 38.

Respondent's additional comments:

| |
|--|
| |
| |
| |
| |

Thank you very much for answering these questions. We will return in approximately six months if you agree to speak with us again.

INTERVIEWER: Observe home & answer Questions:

OBS1. Table 39. Level of hygiene at home (checklist)

| Obs1. General Cleanliness of: | 1=Very inadequate | 2=Inadequate | 3=Adequate | 4=Very Adequate |
|-------------------------------|-------------------|--------------|------------|-----------------|
| a. house | 1 | 2 | 3 | 4 |
| b. compound/yard | 1 | 2 | 3 | 4 |

OBS2. Table 40. How well do you think the respondent understood the survey questions?

| | | | |
|-------------|--------|------------|----------|
| 1 Very well | 2 Well | 3 Not well | 4 Poorly |
|-------------|--------|------------|----------|

OBS3. Table 41. How much assistance did the respondent receive with answering any of the questions?

| | | | |
|-----------------|-----------------------|-------------------|-----------------------|
| 1 No assistance | 2 A little assistance | 3 Some assistance | 4 A lot of assistance |
|-----------------|-----------------------|-------------------|-----------------------|

Table 42.

Interviewer comments or observations:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

End of interview. Time ended _____: _____ (24 hours)

[Return to top](#)

| | | | | | |
|---------------|------------|---------------|--|--|--|
| G (1 or C) | V (1-8) | HH (1-820) | | | |
|---------------|------------|---------------|--|--|--|

Survey Code

Time use and labor:

[Return to top](#)

Now I would like to ask you a few questions about how you use your time each day. Think of a typical day in the past week, how did you spend your time?