

Mchinji Social Cash Transfer Pilot, Round 2 Impact, September 2007 Strictly Confidential	V (1-8?)				HH (1-816?)			
	Survey Code							

ROUND 2 Evaluation of the Mchinji Social Cash Transfer Pilot

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

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

P0	Survey Code	P0 _____
P1	TA Code	P1 _____
P2	VDC Code	P2 _____
P3	Zone Code	P3 _____
P4	Village Name	P4 _____
P5	Household Number:	P5 _____
P6	Respondent name	P6 _____
P7	Enumerator Code	P7 _____
P8	Enumerator Name	P8 _____
P9	Enumerator signature	P9 _____
P10	Today's date (dd/mm/yyyy):	P10 ___/___/2007
P11	Time started interview: (24 hours)	P11 _____: _____
P12	Time ended interview (24 hours)	P12 _____: _____
P13	***Confirm consent was granted***	P13 Please Circle: <i>Yes (Proceed)</i> or <i>No (STOP)</i>

Instrument Review

Enumerator Initials: Date:	Supervisor Initials: Date:	Scanner Initials: Date:	Data Entry Initials: Date:	Supervisor Initials: Date:
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Once the Informed Consent Form has been read and signed, proceed to the Household Panel:

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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	I will read off the names of members of the household 18 and older, please tell me if they still reside in this household. <i>Begin with the household head and then go in same order as baseline survey.</i> Has anyone else who is <u>aged 18 years or older</u> joined the household (including students at boarding school.)? <i>Answer questions for each <u>adult</u> before proceeding to next adult or next sections.</i>	Is (name) 1 A member who lived in household in March 2007, skip to HB7 2 New member of HH, skip to HB5 3 Moved from HH, skip to HB4 4 Passed away, skip to next person no.?	Why did (name) <u>leave</u> this household? 1 migrated for work 2 change in marital status 3 change of residence status 4 deserted the household 5 Passed away 6 other (Specify: _____) 9 Don't know	Why did (name) <u>join</u> this household? 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 14 other (specify below) (Specify: _____)	Where did (name) <u>move</u> from? 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) _____	What year was (name) born? 19__ <i>Confirm for existing hh members and ask for new members</i>	How old is (name)? (Years) <i>Confirm for existing hh members and ask for new members</i>	Does (name) stay with you at least 4 nights every week? 0=No 1=Yes <i>Confirm for existing hh members and ask for new members</i> <i>Even if no, keep going.</i>
HB1 ADULT ID	HB2	HB3	HB4	HB5	HB6	HB7	HB8	HB9
1						<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"/>	
3						<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"/>	
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6						<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"/>	
8						<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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Table 2. Ages 18 and older

Line	Is (name) male or female? 0=male 1=female	What is (name) marital status? 1=single 2=married 3=married to more than one spouse 4=divorced or separated 5=widowed 6=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 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 Pentacosta 2 Catholic 3 CCAP 4 Anglican 5 Muslim 6 Hindu 7 Methodist 8 Nazareth 9 Seventh Day 10 Presbyterian 11 Lutheran 12 No religion 13 97 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 Senga 97 Other (specify below)
	HB10	HB11	HB12	HB13	HB14	HB15
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Activities and Employment

Table 3. Ages 18 and older (continued) CONTINUE TO page 8 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 second most important activity of (name) this month? <i>(Interviewer: please probe and follow up responses)</i>	At any time in the 6 months, has (name) been employed for a wage, salary, commission or any payment 'in kind'?	If yes, what is (name's) main occupation over the last 6 months?
	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=Caring for the elderly/sick 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=nothing /no activity 14=Other (Specify)	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=Caring for the elderly/sick 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=nothing /no activity 14=Other (Specify)	0=No (skip to HB20) 1=Yes	1=Farmer 2=Fishing 3=Ganyu Labourer 4=Wage Labourer (non farm) 5=Sales 6=Service 7=Clerical and related 8=Administrative and managerial 9=Professional 10=Student 11=No occupation 12=Other (Specify) 97=Do not know
	HB16	HB17	HB18	HB19
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Employment continued

Table 4. Ages 18 and older (continued) CONTINUE TO page 8 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	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= laid off 6= in school 7= too old/young to work 8=no work available 9=other (specify)	Over the 6 months, has (name) done any casual, part-time ganyu labor for anyone who is not a member of your household? 0=No (skip to HB24) 1=Yes	For how many total days did (name) do ganyu over the past month? Number of days	
	HB20	HB21	HB22	HB23
1			<input type="text"/> <input type="text"/>	
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Health and healthcare

Table 5. Ages 18 and older (continued) CONTINUE TO page 8 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	In general, how would rate (name's) health over the past 6 months? 1=Excellent 2=Good 3=Fair 4=Poor	Since March 2007, or over the last 6 months has health? 1=Improved _____ 2=Stayed the same 3=Worsened (Specify) _____	<i>Illness in last month</i> Has (name) been sick during the last month? 0=No (Skip to HB30) 1=Yes	What symptoms did (name) suffer from in the last month? Most important 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=Shingles 12=Pneumonia 13=AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Cough 21=Vomiting 22=Arthritis / rheumatism 23=Other (specify below) 97=Do not know	What symptoms did (name) suffer from in the last month? Second important 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=Shingles 12=Pneumonia 13=AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Cough 21=Vomiting 22= Arthritis / rheumatism 23= Other (specify below) 97=Do not know	What symptoms did (name) suffer from in the last month? Third important 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=Shingles 12=Pneumonia 13=AIDS 14=High blood pressure 15=Diabetes 16=Eye infection 17=Ear infection 18=Mouth infection 20=Cough 21=Vomiting 22= Arthritis / rheumatism 23= Other (specify below) 97=Do not know
	HB24	HB25	HB26	HB27	HB28	HB29
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Healthcare and Disabilities

Table 6. Ages 18 and older (continued) CONTINUE TO page 8 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	<i>Chronic illness</i>	What did (name) suffer from in past year?	<i>Health seeking behavior for illness in the last 6 months</i>	For (name's) last illness, did he or she seek care?	If he or she did not seek care, why not?	If (name) did get care, where did (name) go?	If medicine was needed for (name), what was the main medicine given?	About how much did the household spend on (name's) healthcare during last illness (including at clinics, pharmacy, traditional, including transport costs etc.)?
	Has (name) been ill for more than one month in past year? 0=No (skip to HB32) 1=Yes	1=Malaria (<i>Tested?</i>) 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=Fever 14=Rheumatism 15=Swelling: Malnutrition 16=Swelling: Kaposi's Sarcoma 17=Epilepsy 18=Other (specify below) 97=Do not know	Have there been any changes in getting health care over the past 6 months? 1=Less likely to get care when sick (specify) _____ 2=No change in getting care when sick 3=More likely to get care when sick (specify) _____ 4=Not sick	0=No 1=Yes (skip to HB35)	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)	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)	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	0=Nothing 1=<100MK 2=MK101-MK500 3=MK501-MK2500 4=MK2501-MK5000 5=MK5001+ 97=Do not know
	HB30	HB31	HB32	HB33	HB34	HB35	HB36	HB37
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Table 7. Ages 18 and older (continued) CONTINUE TO page 8 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	During (name) last illness, did he/she have to stop normal activities because of the illness? 0=No (skip to HB40) 1=Yes	For how many days did (name) have to stop activities in <u>during last illness</u> ? Number of Days	Did anyone else have to stop activities to care for (name) during his/her last illness? 0=No (skip to HB42) 1=Yes	How many days in the <u>last month</u> ? Number of Days	Does (name) have any serious <u>disability</u> that prevents him or her from taking part in activities? 0=No (skip to HB44) 1=Yes	What is the most important disability that (name) has? 1=blind 2=deaf 3=mute (unable to talk) 4=lame 5=mentally retarded 6= epilepsy 7=other	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	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
	HB38	HB39	HB40	HB41	HB42	HB43	HB44	HB45
1		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>				
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STOP. Return to Page 2 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.

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HOUSEHOLD DEMOGRAPHICS FOR CHILDREN AGES 18 AND YOUNGER:

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

Child Panel

Table 8. Younger than 18

CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	I will read off the names of members of the household under 18 years, please tell me if they still reside in this household. <i>Then list children under 18 years who usually live in your household (including students at boarding school.)</i>	Is (name) 1 A member who lived in household in March 2007, skip to HD5 2 Moved from HH, skip to 3 New member of HH, skip to HD5 4 Passed away, skip to next person number	Why did (name) <u>leave</u> this household? 1 migrated for work 2 change in partner status 3 change of residence status 4 deserted the household 5 Passed away 6 other (Specify: _____) 9 Don't know	Why did (name) <u>join</u> this household? 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) (Specify: _____)	Where did (name) move from? <i>Interviewer: Only most recent move of people coming into this household.</i> 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)	What month did (name) join household? 3=March 4=April 5=May 6=June 7=July 8=August 9=September
HD1 CHILD ID	HD2	HD3	HD4	HD5	HD6	HD7
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Child Panel
Table 9. Younger than 18

Line	What month and year was (name) born? M/Y --/-- <i>For example: 9/99 is September, 1999</i> HD8.1 DAY HD8.2 Month HD9 Year		If age 5 years and under, how old is (name) in months? (Months) <i>(Interviewer, write MONTHS, but here is a guide)</i> (1-12 = 1 year) (13-24 = 2 years) (25-36 = 3 years) (7-48 = 4 years) (4-60 = 5 years) 96=Not applicable / over 6 years	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> 6-17 are the ages in the right range 96=Not applicable / under 5 years	Is (name) male or female? 0=male 1=female	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)
	HD8 Month	HD9 Year	HD10	HD11	HD12	HD13
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Health

Table 10. Younger than 18

CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

	In general, how would rate (name's) health over the past 6 months? 1=Excellent 2=Good 3=Fair 4=Poor	Since March 2007, or over the last 6 months, has health? 1=Improved 2=Stayed the same 3=Worsened (Specify) _____	<i>Last illness</i> Has (name) been sick during the last month? 0=No (skip to HC20) 1=Yes	What did (name) suffer from? <i>Please Probe</i> 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	What did (name) suffer from? <i>Please Probe</i> 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	What does (name) suffer from? 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 HD22) 1=Yes	What does (name) suffer from? 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)
	HD14	HD15	HD16	HD17	HD18	HD19	HD20	HD21
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Health

Table 11. Younger than 18

	<i>Health seeking behavior for illness in the last 6 months</i>	<i>Health seeking behavior for Worst illness in last year</i>	<i>Where did you seek care for illness?</i>	<i>If medicine was need for (name), what was the <u>main</u> medicine given?</i>	<i>If you did not seek care, why not?</i>
	Have there been any changes in getting health care over the past 6 months for (name)? 1=Less likely to get care when sick (specify) _____ 2=No change in getting care when sick 3=More likely to get care when sick (specify) _____ 4=Not sick	Think about the worst illness over the past six months. Did you seek health care (name) during this illness? 0=No (skip to HD) 1=Yes 2=No important illness in past year (skip to Hd)	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=Ibuprofin 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 Hd)	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)
	HD22	HD23	HD24	HD25	HD26
1					
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Function and Disabilities

Table 12. Younger than 18 **CONTINUE TO HD77 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 HD27) 1=Yes	For how many days did (name) have to stop activities? Number of Days	Did anyone else have to stop activities to care for (name)? 0=No (skip to HD31) 1=Yes	How many days? Number of days	<i>Disabilities</i> 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 HD35) 1=Yes	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)	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	Has anyone tried to help you obtain this (mentioned in HD33) 0=No 1=Yes If yes, who? _____
	HD27	HD28	HD29	HD30	HD31	HD32	HD33	HD34
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"/>				

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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.

Table 13. Younger than 18

CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Line	During the past week, on a typical day when school is in session, did (name)... Help with chores such as shopping, collecting firewood, cleaning, or fetching water? 0=No (skip to HD37) 1=Yes	How many hours did he or she spend with these activities (over the past week)? Number of hours	During the past week, on a typical day when school is in session, did (name)... Help with caring for other children in the household? 0=No (skip to HD39) 1=Yes 96=Not applicable	How many hours did he/she spend doing this (past week)? Number of hours	During the past week, on a typical day when school is in session, did (name)... Help with caring for other adults in the household? 0=No (skip to HD41) 1=Yes	How many hours did he/she spend doing this? Number of hours	During the past week, on a typical day when school is in session, did (name)... Do domestic service in someone else's house? (chores or caring for children or adults) 0=No (skip to HD44) 1=Yes	If yes, for pay? 0=No 1=Yes	How many hours did he/she spend doing this? Number of hours
	HD35	HD36	HD37	HD38	HD39	HD40	HD41	HD42	HD43
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"/>

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Orphan status

Table 15. Younger than 18

CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION

Last time we talked I asked you some of these questions, but I just want to confirm now.

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?
	0=No died within last six months, Skip to HD56 1=Died more than six months ago, Skip to HD56 2=Yes, still alive 97=Do not know <i>Is answer consistent with HD13 on Page 10?</i>	0=No 1=Yes (skip to HD56)	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	0=No died within last six months, Skip to HD60 1=Died more than six months ago, Skip to HD60 2=Yes, still alive 97=Do not know	0=No 1=Yes (Skip to HD60)	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
Child number	HD52	HD53	HD54	HD55	HD56	HD57	HD58	HD59
1								
2								
3								
4								
5								
6								
7								
8								

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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 16. Younger than 18 **CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION**

Line	What is the highest grade completed by (name)?	Was (name) attending school in March?	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?	Since March of 2007, has there been any change in the number of days that (name) misses school per week?	IF HD66 = 1 or 3, Explain:
	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 1=Yes	0=No (skip to HD68) 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	1=Missing fewer days per week 2=Missing same number of days per week 3=Missing more days per week	
	HD60	HD61	HD62	HD63	HD64	HD65	HD66	HD67
1					<input type="text"/> <input type="text"/>			
2					<input type="text"/> <input type="text"/>			
3					<input type="text"/> <input type="text"/>			
4					<input type="text"/> <input type="text"/>			
5					<input type="text"/> <input type="text"/>			
6					<input type="text"/> <input type="text"/>			
7					<input type="text"/> <input type="text"/>			
8					<input type="text"/> <input type="text"/>			
9					<input type="text"/> <input type="text"/>			
10					<input type="text"/> <input type="text"/>			

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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 17. Younger than 18 **CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION**

Line	If (name) has stopped attending school, what is the main reason that (name) stopped attending school? 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	Has (name) ever repeated a grade? 0=No (Skip to HD72) 1=Yes	How many times has (name) repeated a grade? 1=1 time 2=2 times 3=3 or more times 97=Do not know	Why did (name) repeat a grade? 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 14=Not important to adults 15=Other (specify) 97=Do not know	If (name) is out of school, would (name) like to return to school? 0=No 1=Yes 96=Not applicable 97=Do not know	Has anyone from district tried to help get (name) back into school? 0=No 1=Yes	How would you describe (name's) grades in school (whether currently enrolled or not?) 0=No 1=Yes
	HD68	HD69	HD70	HD71	HD72	HD73	HD73B
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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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 18. Younger than 18 **CONTINUE TO HD77 for EACH HOUSEHOLD MEMBER BEFORE MOVING TO NEXT SECTION**

Line	How much was spent on the following school-related costs this <u>past 6 months</u> , since March 2007 on each item for each child?			
	School fees MK If 0 then 0 N/A (not applicable)	Uniform and shoes MK N/A (not applicable)	Books MK N/A (not applicable)	Other School expenses MK N/A (not applicable)
	HD74	HD75	HD76	HD77
1	MK	MK	MK	MK
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	MK	MK	MK	MK
10	MK	MK	MK	MK

STOP. Return to **Page X** 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.

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Deaths

Table 19. Deaths Since March 2007

Now I am going to ask you about deaths in your household since March 2007. You may choose not to answer questions if they are too difficult.

Line	Since March of 2007, has any child or adult from this household passed away? 0=No → Skip to next section 1=Yes	If yes, how many deaths in the household over the past 6 months? Number of Deaths		Please can you list the name each was called by starting with the person who passed away most recently.	What was 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= Parent 9= Other relative of head 10 Relative of the spouse of the head	How old was (name) when (he/she) died? Probe: what is your best estimate? Number of years	What was the cause of death? 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 T1	What illness was their cause of death? 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=Swelling: malnutrition 14= Swelling:Kaposi's Sarcoma 15= Other(specify) 97=Don't know	In your opinion, is there any way the death could have been prevented? 0=No 1=Yes (explain)
	DE1	DE2		DE3	DE4	DE5	DE6	DE7	DE8
1		<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"/>			
3						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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Housing

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

Table 20. Housing characteristics

Since March 2007, Have there been any changes in your housing? 1= Housing worsened (fallen apart or damaged) 2= Housing stayed same 3= Housing improved (new structure built or improvements made)	If HG0=1 or HG0=3, please describe how did housing worsen or improve: _____	What type of dwelling do you live in? 1=single house 2=several structures 3=flat 4=room in larger dwelling 5=improvised housing 6=other (specify)	The Outer walls of the main dwelling are made of what material? <i>(Interviewer: Most common material used in the house.)</i> 1=grass 2=mud (yomata) 3=compacted earth (yamdindo) 4=mud brick 5=burnt bricks 6=concrete 7=wood 8=iron sheets 9=other (specify)	The roof of the main dwelling is made of what material? <i>(Interviewer: Most common material used in the house.)</i> 1=grass (without plastic sheeting) 2=iron sheets 3=clay tiles 4=concrete 5=grass (with plastic sheeting) 6=other (specify)	The floor of the main dwelling is made of what material? <i>(Interviewer: Most common material used in the house.)</i> 1=sand 2=smoothed mud 3=cement 4=wood 5=tile 6=other (specify)	How many rooms, including kitchens, are there for this household? (<i>Interviewer: Count all rooms, excluding bathrooms, sheds, etc., unless persons are living in them.</i>) Number of rooms
HG0	HG1	HG2	HG3	HG4	HG5	HG6
						□ □

What is the main source of water used by household members? 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)	What is the main type of toilet facility used by household members? 1=flush toilet connected to sewer system 2=flush toilet with septic tank 3=pit latrine with ventilation 4=pit latrine without ventilation 5=bucket latrine 6=none	What type of fuel does this household mainly use for cooking? <i>(Interviewer: Choose the main source only)</i> 1=electricity 2=gas 3=paraffin 4=charcoal 5=solar 6=wood 7=other (specify)	What type of fuel do you use for lighting <i>(Interviewer: Choose the main source only)</i> 1=electricity (regular) 2=solar electricity 3=paraffin lamp (locally made) 4=paraffin lamp (ya galasi) 5=candle 6=wood (moto wa nkhuini) 7=grass (muuni) 8=other (specify)
HG7	HG8	HG9	HG10

Durable Goods / Asset Ownership Now I would like to ask you about some of the things that you own.

Table 21 Asset Ownership

Item code:	Item	How many of the following does the household own (in working condition?) <i>0=does not own/none</i>	Did you purchase this in the last six months, since March 2007? <i>0=No 1=Yes</i>			How many of these does the household own (in working condition?) <i>0=does not own or none</i>	Was this purchased in last six months? <i>0=No 1=Yes</i>			How many of the following does the household own <i>0=does not own or none</i>	Was this purchased in last six months? <i>0=No 1=Yes</i>
		AO1	AO2			AO1	AO2			AO1	AO2
AS1	Metallic plates			AS29	Refrigerator				Fruit trees		
AS2	Ceramic plates			AS30	Ground phone			AS49	Mango		
AS3	Plastic plates			AS31	Cell phone			AS50	Pawpaw		
AS4	Pounding mortar/pestle			AS32	Stove (gas/electric)/hot plate			AS51	Orange		
AS5	Pail/bucket/tins			AS33	Television			AS52	Lemon		
AS6	Drum (water/plastic)			AS34	Metallic Pots			AS53	Tangerines		
AS7	Beer brewing drum			AS35	Mats			AS54	Peaches		
AS8	Hoe			AS36	Non-Working Car			AS55	Avocado pears		
AS9	Axe			AS37	Other (specify)			AS56	Mulberries		
AS10	Sickle			AS38	House			AS57	Guava		
AS11	Panga knife							AS58	Other fruit trees		
AS12	Chair (wooden/woven)										
AS13	Upholstered chair/sofa set							AS59	Woodlot trees		
AS14	Table (dining/coffee)								(approximate)		
AS15	Cupboard/Display cabinet										
AS16	Bed				Animal	How many of these does the HH own <i>0=does not own or none</i>	Was this purchased in last six months? <i>0=No 1=Yes</i>			How many acres of the of land does the household own? <i>0=does not own or none</i>	Was this purchased in last six months? <i>0=No 1=Yes</i>
AS17	Mattress					AO1	AO2			AO1	AO2
AS18	Sewing machine			AS38	Chicken			AS60	Upper land		
AS19	Bicycle			AS39	Guinea fowls			AS61	Dambo land (irrigation)		
AS20	Motorcycle			AS40	Doves				(1 acre=1 football field)		
AS21	Vehicle			AS41	Ducks						
AS22	Ox-cart			AS42	Turkeys						
AS23	Ridger/plough			AS43	Goats						
AS24	Fan			AS44	Pigs						
AS25	Gas stove, hot plate			AS45	Sheep						
AS26	Radio			AS46	Donkeys						
AS27	Watch/clock			AS47	Cattle						
AS28	Tape player / CD player			AS48	Other (specify)						

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Food and Nutritional Status

Now, I will ask you about the food and meals eaten in the household. Our study is interested in understanding how you feed your family.

Table 22. Food and Nutritional Status

FO1. How many meals did this household take <u>yesterday</u> ? 0=No meals 1=One meal 2=Two meals 3=Three meals 4=Four meals	FO2. In the past week, how many meat or fish or chicken meals did the household have?	FO3. In the <u>past week</u> , how do household members usually feel after a meal? 1=Too full 2=Satisfied 3=Somewhat hungry 4=Very hungry	FO4. In the <u>past month</u> , how many days did your household not have enough food to eat? 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=7days 8=8 days or more	FO5. Since March 2007, has the food intake in the household: 1= Improved 2= Stayed the same 3=Worsened	FO6. If FO5= 1 or FO5=3, why? 1=Improved because of harvest 2=improved because of cash transfer 3=improved because of more work for household members 4=improved because of combination of events 5=worsened because household had less money than usual 6=worsened because receiving less help from friends/family 7=Other/ specify
FO1	FO2	FO3	FO4	FO5	FO6
FO7 Do you have any food stores? 0=No 1=Yes	FO8 If yes, food stores for how long? 1=Less than 1 week 2=1-4 weeks 3=1-2 months 4=3-6 months 5=more than 6 months				
FO7	FO8				

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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.

Table 23 Food consumption and expenditures 1:

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	Where did most of the items come from? 1=own production 2=purchased 3=received as gift 4= received as payment for work 5=collected from bush	How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i>
		FD10	FD11	FD12
Cereals, grains, cereal products				
FC1	Maize ufa mgaiwa (normal flour)			MK
FC2	Maize ufa refined (fine flour)			MK
FC3	Maize ufa (bran flour)			MK
FC4	Maize grain (not as ufa)			MK
FC5	Green maize			MK
FC6	Rice			MK
FC7	Finger millet (mawere)			MK
FC8	Sorghum			MK
FC9	Pearl millet (mchewere)			MK
FC10	Wheat flour			MK
FC11	Bread			MK
FC12	Buns, scones			MK
FC13	Biscuits			MK
FC14	Breakfast cereal			MK
FC15	Infant feeding cereals			MK
FC16	Other (specify)			MK
FC17	Other (specify)			MK
Roots and tubers				
FC19	Cassava tubers			MK
FC20	Cassava flour			MK
FC21	Sweet potato			MK
FC22	Cocoyam (masimbi)			MK
FC23	Irish potato			MK
FC24	Potato chips			MK
FC25	Plantain, cooking banana			MK
FC26	Other (specify)			MK
FC27	Other (specify)			MK
Pulses				
FC28	Beans			MK
FC29	Cowpea (khobwe)			MK
FC30	Pigeonpea (nandolo)			MK

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Food consumption and expenditures

Table 24. 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	Where did most of the items come from? 1=own production 2=purchased 3=received as gift 4= received as payment for work 5=collected from bush	How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i>
		FD10	FD11	FD12
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

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	Survey Code							

Food consumption and expenditures

Table 25. 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	Where did most of the items come from? 1=own production 2=purchased 3=received as gift 4= received as payment for work 5=collected from bush	How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i>
		FD10	FD11	FD12
Fruits				
FC61	Mango			MK
FC62	Banana			MK
FC63	Citrus – naartge, 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

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Food consumption and expenditures

Table 26. 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	Where did most of the items come from? 1=own production 2=purchased 3=received as gift 4= received as payment for work 5=collected from bush	How much did you spend on each item? MK <i>Interviewer, write in 0 if 0</i>
		FD10	FD11	FD12
FC90	Other (specify)			MK
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 beer (thobwa)			MK
FC102	Wine or commercial liquor			MK
FC103	Locally brewed liquor (Chibuku)			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
FC113	TOTAL FOOD EXPENDITURE	Supervisor to ADD		MK

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Non-food expenditures

Table 27. Non-food expenditures 1

Item Code	Item	Over the past <u>week (7 days)</u> did you purchase any [...]?	How much did you pay in total?
	One <u>week</u> recall	<i>Interviewer: Read all items</i> 0=No 1=Yes	MK <i>Interviewer: 0 if 0</i>
		ED1	ED2
NF1	Charcoal		
NF2	Paraffin or kerosene		
NF3	Cigarettes or other tobacco		
NF4	Matches		
NF5	Newspapers or magazines		
NF6	Public transport – bus fare or taxi		
NF7	Other (specify)		

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Table 28. Non-food expenditures 2

Item Code	One <u>month</u> recall	Over the past <u>one month</u> did you purchase any [...]?	How much did you pay in total? MK	Item code	One <u>year</u> recall	Over the past one year (<u>12 months</u>) did you purchase any [...]?	How much did you pay in total? MK
		<i>Interviewer: Read all items 0=No 1=Yes</i>	<i>Interviewer: 0 if 0</i>			<i>Interviewer: Read all items 0=No 1=Yes</i>	<i>Interviewer: 0 if 0</i>
		ED3	ED4			ED5	ED6
NF8	Milling fees, grain			NF28	Carpets, rugs, drapes, curtains		
NF9	Bar soap (body soap or clothes soap)			NF29	Linen – towels, sheets, blankets		
NF10	Clothes soap (powder)			NF30	Mat – sleeping or for drying maize flour		
NF11	Toothpaste, toothbrush			NF31	Mosquito net		
NF12	Toilet paper			NF32	Mattress		
NF13	Glycerin, Vaseline, skin creams			NF33	Clothes and footwear		
NF14	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)			NF34	Building items (cement, bricks, timber, iron sheets, tools, wood poles, bamboo, grass for thatching etc.)		
NF15	Light bulbs			NF35	School expenses (fees and uniform)		
NF16	Postage stamps			NF36	Health expenses		
NF17	Donation (to church, charity, beggar, etc.)			NF37	Insurance (health, MASM, etc., auto, home, life)		
NF18	Petrol or diesel			NF38	Funeral costs		
NF19	Motor vehicle service, repair or parts			NF39	Fines or legal fees		
NF20	Wages paid to servants or for ganyu			NF40	Lobola (bride price)		
NF21	Bicycle service, repair or parts			NF41	Marriage ceremony costs		
NF22	Repairs & maintenance to dwelling			NF42	Gifts		
NF23	Other repairs						
NF24	Electricity						
NF25	Telephone (Landline)						
NF26	Phone units						
NF27	School expenses (books, transport)			NF43	Other (specify)		
				NF44	TOTAL NON-FOOD EXPENDITURE NF1-NF44 (Supervisor to add)	MK	

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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 29. Sources of Income

	In the past 12 months (since June 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 INA and INB)		INA. Received by household? Interviewer: Read all items 0=No 1=Yes	INB. What Amount in Malawi Kwacha and per what period?		INC. In the past year, how many (days/weeks/months) did your household earn this income?
				Amount (MK)	Period	
			YE1	YE2	YE3	YE4
IN1	Paid job with an organization (salaries, wages, bonuses, allowances, commissions, gratuities)	IN1				
IN2	Profit from rental property you own	IN2				
IN3	Domestic service job in someone else's house	IN3				
IN4	Payment for self-employment (selling or making things, doing repairs, providing service, etc.)	IN4				
IN5	Payment for work on a commercial farm	IN5				
IN6	Selling of your own agricultural production	IN6				
IN7	Grant from the government (including cash transfer)	IN7				
IN8	Interest, dividends, royalties	IN8				
IN9	Pension from a private employer	IN9				
IN10	Remittances from family employed elsewhere (regular)	IN10				
IN11	Gift from family/friend/other	IN11				
IN12	Loan from family/friend/other (with expectation of repayment)	IN12				
IN13	Grant from an NGO, Community Based Organization, or religious organization	IN13				
IN14	Loan from an NGO, Community Based Organization, or religious organization	IN14				
IN15	Loan from a bank or other financial institution	IN15				
IN16	Sale of assets (including livestock, land)	IN16				
IN17	Ganyu (farm and non-farm)	IN17				
IN18	Income (or goods) from household enterprise (profit or otherwise)	IN18				
IN19	Any other source? (specify)	IN19				
IN20	TOTAL INCOME *SUPERVISOR TO ADD	IN20				

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Now I would like to ask you about loans that you have asked for or received (not applied but received!) over the past 6 months

Table 30. Credit

Has anyone in the household borrowed money in the last 6 months? 0=No (skip to C7) 1=Yes	If yes, where was the <u>largest</u> loan from? 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)	What was reason for obtaining loan? 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)	How much was borrowed? MK	Is the loan repaid? 0=No 1=Yes (skip to CR8)	How much do you still owe? MK	Why <u>didn't</u> you borrow money in the past year? 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)
CR1	CR2	CR3	CR4 MK	CR5	CR6 MK	CR7
Have you lent money in the past 6 months? 0=No 1=Yes If no, skip to SNI	How much was lent? MK	What does the lender intend to use money for? 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)				
CR8	CR9 MK	CR10				

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Social Safety Nets Now I would like to ask you if you have received any of these official programs in the 6 months.

Table 31. Social Safety Nets Interviewer please read all.

			SSA. In the last 12 months, did you receive any of these official programs?	SSB. Are you currently receiving the program?
			0= No 1= Yes	0= No 1= Yes
SN1	Free food/maize distribution	SN1		
SN2	Food-for-work programme or cash-for-work programme e.g. MASAF Public Works Programme	SN2		
SN3	Inputs for work programme	SN3		
SN4	Free distribution of Likuni Phala to children and mothers (Targeted Nutrition Programme – TNP)	SN4		
SN5	Supplementary feeding for malnourished children at a nutritional rehabilitation unit. (wet weight feeding)	SN5		
SN6	Starter Pack (TIP) distribution of agricultural inputs (seed/fertilizer) for the raining season. (Government Programme)	SN6		
SN7	Starter Pack (TIP) distribution for the dimba season. (Government programme)	SN7		
SN8	Other (not Starter Pack) free agricultural inputs distributions. (Non-government programme)	SN8		
SN9	Scholarships or bursaries for tertiary education (CRECCOM, university scholarship, upgrading teachers.	SN9		
SN10	Direct cash transfers from Government or NGO	SN10		
SN11	Inputs subsidy coupons	SN11		
SN12	School feeding	SN12		
SN13	Bursaries for Secondary education	SN13		
SN20	Other special assistance (please specify)	SN14		

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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 orphaned children in this household? (Whose biological mother or father has died?) **SOR1.** _____ 0=No (Skip to CS1)
Interviewer: Please do a consistency check on page 14 (HC38 and HC42) 1=Yes

Table 32. Household support for orphans

In the past 6 months, have you received any medical support to care for orphans , such as medical care, supplies or medicine? 0=No (Skip to SO6) 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 medical 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 6 months, have the orphans in this household received any emotional or psychological support? 0=No (Skip to SO10) 1=Yes	What type of care? 1=companionship 2=counseling 3=spiritual support	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
SOR2	SOR3	SOR4	SOR5	SOR6	SOR7	SOR8	SOR9
In the past 6 months, have you received any material support for orphans, such as financial support, clothing or food? 0=No (Skip to SO14) 1=Yes	What type of support? 1=financial 2=clothing 3=food 4=school costs 5=other (specify)	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 6 months, 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	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 below)	Is support adequate to meet needs? 0=No 1=Yes
SOR10	SOR11	SOR12	SOR13	SOR14	SOR15	SOR16	SOR17

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Support for ill adults

Now, support for ill adults:

CIS1. Are there any adults in this household who have been sick for more than 1 month out of the past year? **CIS1.** _____ 0=No (**Skip to HS1**)
1=Yes

Table 33. Household support for chronically ill adults

<u>In the past 6 months</u> , have you received any medical support to care for sick <u>adults</u> ? 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	<u>In the past 6 months</u> , have you received any emotional or psychological support for <u>adults</u> ? 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
CIS2	CIS3	CIS4	CIS5	CIS6	CIS7	CIS8	CIS9
<u>In the past 6 months</u> , have you received any material support for <u>adults</u> , 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	<u>In the past 6 months</u> , have you received any other support for <u>adult</u> , 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
CIS10	CIS11	CIS12	CIS13	CIS14	CIS15	CIS16	CIS17

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Household shocks

Now I would like to ask you about the shocks or problems that your household might have experienced over the past 6 months.

Interviewer: Remember, start with item HSK1, ask questions HSW1, HSW2, HSW3 and then go to next item. At end, ask respondent to rank top 3 in HSW4.

Table 34. Recent shocks to household welfare

	Over the past 6 months, 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 <u>for 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
		HSW1	HSW2	HSW3	HSW4
HSK1	Lower crop yields due to drought or floods				
HSK2	Crop disease or crop pests				
HSK3	Livestock died or were stolen				
HSK4	Household business failure, nonagricultural				
HSK5	Loss of salaried employment or non-payment of salary				
HSK6	End of regular assistance, aid, or remittances from outside HH				
HSK7	Large fall in sale prices for crops				
HSK8	Large rise in price of food				
HSK9	Illness or accident of household member				
HSK10	Birth in the household				
HSK11	Death in household				
HSK12	Death of working member of household				
HSK13	Break up of the household				
HSK14	Theft				
HSK15	Damage to house				
HSK16	Other 1 (specify)				
HSK17	Other 2 (specify)				

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Assessment of well-being Now, I would like to ask you how you feel about your household's current situation.

Table 35. Assessment of well-being

What is true about your household's food consumption over the past month? It has been...	Which is true about your housing? It is...	What is true about the healthcare that household members receive? It is...	Which is true about your household's economic situation? Are you better off, the same as, or worse off than you were 6 months ago?	What income level do you personally consider to be absolutely minimal – below which you could not make ends meet?		How many changes of clothes do you have? (Number of trousers for men or number of skirts or dresses for women) Number	What do you sleep on?
0=Less than enough 1=Just enough 2=More than enough	0=Less than enough 1=Just enough 2=More than enough	0=Less than enough 1=Just enough 2=More than enough	0=Better 1=Same 2=Worse	MK	0=per day 1=per week 2=per month		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)
SA1	SA2	SA3	SA4	SA5 MK	SA6	SA7	SA8
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	How often do you brush your teeth? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never	How often do children bath? 1=daily 2=4-6 times per week 3=1-3 times per week 4=never	Are you satisfied that the water that you use for cooking is clean? 0=No 1=Yes	Are you hopeful that the situation of your household will improve? 1=No 2=A little 3=Yes 97=Do not know		Overall, how satisfied (content, happy) are you with your life? Are you 0=very unsatisfied 1=unsatisfied 2=neither unsatisfied or satisfied 3=satisfied 4=very satisfied	Do you have close friends outside of this household? 0=No (Skip to SA17) 1=Yes
SA9	SA10	SA11	SA12	SA13	SA14	SA15	SA16

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<p>If yes, about how many close friends do you have?</p> <p>Number of friends</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>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>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>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>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>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>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>SA16</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	SA17	SA18	SA19	SA20	SA21	SA22	SA23
<p>Is your HH accepted as part of the community?</p> <p>0=No 1=A little 2=Yes 3=Unsure</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>In your household, who decides how money is spent?</p> <p>1=Household head only 2=Household head only (no spouse in household) 3=Spouse only 4=Decisions made together 5=Other Specify</p>	<p>What is the sex of the person who makes the decisions?</p> <p>1=Male 2=Female</p>				
SA24	SA25	SA26	SA27				

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Table 36. 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?

				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)	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)	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)
TML1	Early Morning	05:00 – 08:00	[Rising sun]			
TML2	Morning	08:00 – 12:00	[low sun]			
TML4	Afternoon	12:00 – 14:00	[low sun]			
TML5	Evening	14:00 – 17:00	[sun set]			
TML6	Early Night	17:00 – 21:00	[some stars]			
TML7	Night	21:00 – 05:00	[stars and moon]			

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Table 37. Information on the Cash Transfer

INTERVIEWER: Ask questions only of Intervention households that ARE CURRENTLY Receiving the Cash Transfer:

When did you begin receiving Transfer? 3=March 4=April 5=May 6=June 7=July 8=August 9= September	Do you receive the same amount of cash each month? 0=No 1=Yes 2=Unsure	How much do you receive each month? (If 0 (no) what did you receive in last month?) MK	If the amount of money per month was changed, were you told why? 0=No 1=Yes 2=Not applicable	Do you pick up your cash transfer yourself? 0=No, I send a deputy 1=Yes If 1, Skip to SCT7	If SCT5=No, is your deputy on the Community Social Protection Committee or a village leader? 0=No 1=Yes CSPC 2=Yes Village Leader 3=Yes, both
SCT1	SCT2	SCT3	SCT4	SCT5	SCT6
If you've had questions about the cash transfer, have they been answered? 0=No 1=Yes 2=Haven't had questions	Do you have outstanding questions? 0=No If no, skip to SCT11 1=Yes	If yes, what is most important question?	If you had a problem with the cash transfer, would you know who to report problem to? 0=No 1=Yes	Who would you report a problem with the cash transfer to? 1=Village chief 2=Committee member 3=Official at paypoint 4=Official at District 5=Other	Who decides how the cash transfer is spent? 1=Household head only (no spouse in household) 2=household head only 3=Spouse only 4=Decisions made together 5=Other
SCT7	SCT8	SCT9	SCT10	SCT11	SCT12
What is the sex of the person who makes the decisions about the cash transfer? 1=Male 2=Female 3=Both male and female	Is the decision maker the same person who officially receives the transfer? 0=No 1=Yes				
SCT13	SCT14				

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Table 38. Satisfaction with the Cash Transfer

INTERVIEWER: Ask questions only of Intervention households that ARE CURRENTLY Receiving the Cash Transfer:

	Please rate level of satisfaction with cash transfer delivery:	
		1=Completely Satisfied 2=Somewhat Satisfied 3=Neither Satisfied or unsatisfied/ neutral 4=Somewhat Unsatisfied 5=Completely Unsatisfied
SCT15	Amount of notice given about day and place to pick up cash	SCT15
SCT16	Length of wait to get money	SCT16
SCT17	Level of respect at paypoint	SCT17
SCT18	Officials ability to answer questions at paypoint	SCT18
SCT19	Level of security at paypoint	SCT19
SCT20	Communication between district and you about cash transfers	SCT20
SCT21	Satisfaction with amount of money you receive	SCT21

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Table 39. Use of Cash Transfer

Now I would like to ask you how you spend the cash transfer on a typical month? Please tell me how much you spend on each category:

	Item	Amount MK	Which Shop/Market do you go to for this item? (main) NA=not applicable
		UCT1	UCT2
CP1	Food		
CP2	Clothing		
CP3	Healthcare		
CP4	School /education		
CP5	Agricultural inputs		
CP6	Savings		
CP7	Entertainment (video shows)		
CP8	Housing		
CP9	Transport		
CP10	Business or Income generating activity		
CP11	Labour (paying workers, ganyu)		
CP12	Alcohol and tobacco		
CP13	Household items		
CP14	Animals		
CP15	Gambling		

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Table 40. Impact of Cash Transfer Now that your household receives the cash transfer, are the following more or less likely?

		1=More likely 2=No change 3=Less likely		
I1	Children missing days of school	I1	I19	Do you share any money from the cash transfer with neighbors or others outside of your household
I2	Children being enrolled in school	I2		0 = No 1 = Yes
I3	Children working for income	I3	I20	Do you regularly share food bought with the cash transfer with any neighbors or others outside of your household
I4	Seeking healthcare when an adult is sick	I4		0 = No 1 = Yes
I5	Seeking healthcare when a child is sick	I5		
I6	Eating higher quality foods	I6		
I7	Attending parties	I7		
I8	Improving housing condition	I8		
I9	Tilling fields	I9		
I10	Arguments or fights in household over money	I10		
I11	Family members / people joining household	I11		
I12	Family members / people leaving household	I12		
I13	Community members helping household when in need	I13		
I14	Conflict with neighbors	I14		
I15	Jealousy from neighbors	I15		
I16	Begging	I16		
I17	Planning for future	I17		
I18	Saving for future needs	I18		

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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 41. 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).	
	ANT1	ANT2	ANT3	ANT4
CH1	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH2	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH3	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH4	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH5	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH6	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH7	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH8	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH9	Kilograms (Kg)	Length (cm) Lying down •	Height (cm) Standing up •	
CH10	Kilograms (Kg)	Length (cm)	Height (cm)	

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	.	down •	Standing up •	
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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 o the Household Panel listing Module before recording measurements.

Table 42. Adult Anthropometry

Line	ADULT'S Weight	Adult's Height (standing up)	Result of measurement 1=Measured 2=Not present 3=Refused 4=Other (specify)
	ANA5	ANA6	ANA7
AD1	Kilograms (Kg) •	Height (cm) •	

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	Survey Code							

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 43.

<i>Respondent's additional comments:</i>

INTERVIEWER:

OBS1. Table 44. How well do you think the respondent understood the survey questions?

1 Very well	2 Well	3 Not well	4 Poorly
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OBS3. Table 45. 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
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Table 46.

<i>Interviewer comments or observations:</i>

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