

Kenya OVC CCT Evaluation Household Survey

Front Cover

Interview Details

	Name:	Code:									
Province:											
District:											
Division:											
Location: (sub-location in Nairobi)											
EA:											
Household:											

EA census code:											
GPS co-ordinates:	S:										
	E:										

Outcome of first visit:	
Completed	01
No household member at home or no competent respondent at home at time of visit	02
Entire household absent for extended period of time	03
Postponed	04
Refused	05
Dwelling vacant or address not a dwelling	06
Dwelling destroyed	07
Dwelling not found	08
Other (specify) _____	97

Outcome of second visit:	
Completed	01
No household member at home or no competent respondent at home at time of visit	02
Refused	04
Other (specify) _____	97

Date: ddmmyyyy	Time at Start: hhmm	Time at Finish: hhmm	Main Interviewee:		Consent Given? Yes: 1 No 2
			Name	ID	

Interviewer Details

	Name:	ID code:	Date: (ddmmyyyy)	Signature:
Interviewer:				
Checked by:				
Data entered by:				

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Section A: Preliminary Questions

Preamble

My name is _____ from Research Solutions. With the District Children's Office and UNICEF we are doing a study in this area about a scheme to help poor children and orphans. It is to understand more about the needs of various members in the community. The results will be used to make the scheme better. I would like to ask you some questions about your household and the people in it. I would like to talk to the head of the household or somebody who can answer on behalf of the household. I would like also to speak with anyone who cares for children less than 18 years old. The questions won't take more than one hour to answer. We would greatly appreciate your co-operation in this research. You may decide not to be questioned if you would prefer. But we will be happy if you agree because your experience and your suggestions are very important. The information that you provide us with will be kept confidential, and is for research purposes only. Your name will not appear in any report that comes out of this study. The information will be used for improving services only.

At end of interview: Thankyou for your time. We would like to come back and interview you again, maybe in one year's time.

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Section B: Household roster

For this section, we would like to talk to the head of the household or an adult who knows about the household. We would like to know about each person who uses this household as their main place of residence, even if they may be away for long periods of time to work, receive education or visit relatives. Please include any children who are fostered into the household and any servants (houseboy or housegirl).

ID	What is this person's first name in full?	What is this person's surname?	What sex is [NAME]?	Relationship to head of the household:	What is [NAME]'s marital status?	How old is [NAME]?	What is [NAME]'s date of birth?
	<i>Put household head first in list.</i> <i>Then list <u>all</u> household members in decreasing order of age (approximate).</i> <i>CHECK that no babies or small children have been omitted.</i>		Male 1 Female 2	Head 01 Wife / Husband / Partner 02 Son / Daughter 03 Son / Daughter-in-law 04 Grandchild 05 Father / Mother 06 Father / Mother-in-law 07 Brother / Sister 08 Adopted / foster child 09 Stepchild 10 Nephew / niece 11 Not related – servant 12 Not related – other 13 Other relative 97 Don't know 98	Never 1 married Currently 2 married Widow / 3 Widower Divorced / 4 Separated For children, use 1 – Never married	<i>Write the age in completed years.</i> <i>If not known, write 98.</i> <i>If under 1 year, write 00.</i> <i>If 18 or older →Q18 (skip next page)</i>	<i>Format ddmmyyyy</i> <i>Write date of birth for children under 18 only</i>
	1	2	3	4	5	6	7
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

ASK THIS SECTION ABOUT CHILDREN UNDER 18 ONLY

ID	Is [NAME]'s biological father alive?	What is the biological father's ID Code?	Has [NAME]'s father provided money or material support to child or this HH in the last three months?	Is [NAME]'s biological mother alive?	What is mother's ID Code?	Has [NAME]'s mother provided money or material support to child or this HH in the last three months?	If it is not the child's mother, who is the <u>main</u> person who cares for this child?	Does [NAME] have a birth notification form (piece of paper specifying place and date of birth)?	Does [NAME] have a birth certificate (piece of paper proving birth registration)?	If not, why not?	
	Yes 1 No 2 →Q11 Don't know 8 →Q11	<i>If [NAME]'s father is not a HH member, then write 99.</i> <i>If he is listed, write his ID code and</i> →Q11	Yes 1 No 2	Yes 1 No 2 →Q14 Don't know 8 →Q14	<i>If [NAME]'s mother is not a HH member, then write 99.</i> <i>If she is listed, write their ID code and</i> →Q15	Yes 1 No 2	<i>Write the id code of the person who cares for the child..</i>	Yes 1 No 2 Don't know 8	Yes 1 →Q22 No 2 Don't know 8 →Q22	Too expensive 01 Not necessary 02 Do not know where to get one 03 Place to get one is too far 04 Do not have necessary documents 05 Lost 06 Burned 07 Other (specify) 97 →Q22	
	8	9	10	11	12	13	14	15	16	17	<i>Specify OTHER</i>
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

THIS SECTION ONLY FOR ADULTS 18 YEARS OR OLDER										
ID	Does [NAME] have an ID card?	If not, why not?		Has [NAME] ever been to school?	What is the highest school grade completed by [NAME] so far?	What is [NAME]'s religion?		What is [NAME]'s ethnic group?		During the past 12 months, how many months was [NAME] away from this house in total?
	Yes 1 →Q2 0 No 2	Too expensive 1 Not necessary 2 Do not know where to get one 3 Lost 4 Burned 5 Other 7 (specify)		Yes 1 No 2 →Q2 2	Std 1 01 Std 2 02 Std 3 03 Std 4 04 Std 5 05 Std 6 06 Std 7 07 Std 8 08 Form 1 11 Form 2 12 Form 3 13 Form 4 14 Form 5 15 Form 6 16 Above secondary 17 Does not know 98	Roman Catholic 1 Protestant 2 Other Christian 3 Muslim 4 Traditionalist 5 No religion 6 Other (specify) 7		Embu 01 Kalenjin 02 Kamba 03 Kikuyu 04 Kisii 05 Luhya 06 Luo 07 Masai 08 Meru 09 Mijikenda / Swahili 10 Somali 11 Taita / Taveta 12 Mixed 13 Other (specify) 97		<i>Number of months</i> <i>Write 0 if always present, or if away less than a month.</i>
	18	19	<i>Specify OTHER</i>	20	21	2 2	<i>Specify OTHER</i>	2 3	<i>Specify OTHER</i>	24
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

ID	Was [NAME] born in this location?	How long ago did [NAME] first move into this location?	What was [NAME]'s main reason for moving into this location?	What was [NAME]'s main activity in the last month?	What kind of employment does [NAME] usually have?
	Yes 1 →Q28 No 2 <i>Here, it is meant location in the formal sense of the word, as associated with a chief (in the same way that a sub-location is associated with an assistant chief).</i>	<i>Write total number of years since arrival in two digits (e.g. if member arrived eight years ago, write 08)</i> <i>If not known, write 98</i>	Marriage / partnership 01 Separation / divorce 02 Join family 03 Better economic opportunity 04 Employment / transfer 05 Better education 06 Better health facilities 07 Drought 08 Seasonal 09 Better infrastructure 10 Fostered / adopted 11 Other (specify) 97	Working 01 On leave 02 Off season inactivity 03 Seeking work 04 Retired →Q30 05 Homemaker →Q30 06 Student →Q30 07 Temporary illness / injury →Q31 08 Chronic illness / disabled →Q31 09 No activity →Q30 10 Other (specify) →Q30 97	Paid employee 01 Casual Labour 02 Household owns farm 03 Livestock keeping 04 Own business 05 Employer 06 Unpaid family worker 07 Apprentice 08 Other (specify) 97
	25	26	27 <i>Specify OTHER</i>	28 <i>Specify OTHER</i>	29 <i>Specify OTHER</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

ID	Has [NAME] suffered from any sickness or injury in the past month?	How many days in the past month did [NAME] suffer from sickness?	How many days did [NAME] miss from work, housework or school due to illness?	Has [NAME] had a test to see if they are HIV-positive?	Can you tell me [NAME]'s HIV status?	Has [NAME] been diagnosed with AIDS?	How much has been spent on AIDS drugs for [NAME] in the last 3 months?
	Yes 1 No →Q33 2		Write in digits eg 012 If [NAME] is too young to attend work or school then write 999	Yes 1 No →Q37 2 Prefer not to answer →Q37 3 Don't know →Q37 8	Positive 1 Negative →Q37 2 Prefer not to answer →Q37 3 Don't know →Q37 8	Yes 1 No →Q37 2 Prefer not to answer →Q37 3 Don't know →Q37 8	KSh If don't know, write 99998
	30	31	32	33	34	35	36
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

ID	INTERVIEWER: If [NAME] is a child, is there a “No” or “Don’t know” answer to either Q8 or Q11 for [NAME]?	Does [NAME] receive any help (cash, services, food or materials) from outside the household because they are an orphan?	What kind of help does [NAME] get?	What is the value (approximately per month) of the help that [NAME] gets?	Where does the help come from?	INTERVIEWER : Is [NAME] eligible for section 7 (aged 4 to 17 years old)?	INTERVIEWER : Is [NAME] eligible for section 8 (age less than 5 years)?		
	Yes 1 No 2 →Q42 [NAME] 9 is an adult → next household member	Yes 1 No 2 →Q42	A. Cash B. Food C. Clothes D. School equipment E. Medical services F. Extra education G. Counselling H. Youth activities I. Other (specify) <i>Prompt and circle all that apply</i>	<i>KSh</i> <i>If cannot estimate, write 9998</i>	Relative 1 Friend / neighbour 2 NGO 3 Church / mosque 4 School / PTA 5 Govt programme 6 Other (specify) 7 Don’t know / anonymous 8	Yes 1 No 2	Yes 1 No 2 → next household member		
	37	38	39	<i>Specify other</i>	40	41	<i>Specify OTHER</i>	42	43
1			A B C D E F G H I						
2			A B C D E F G H I						
3			A B C D E F G H I						
4			A B C D E F G H I						
5			A B C D E F G H I						
6			A B C D E F G H I						
7			A B C D E F G H I						
8			A B C D E F G H I						
9			A B C D E F G H I						
10			A B C D E F G H I						
11			A B C D E F G H I						
12			A B C D E F G H I						
13			A B C D E F G H I						
14			A B C D E F G H I						
15			A B C D E F G H I						

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Section C: Food Consumption and Expenditure

Number of household members

ID Code of most knowledgeable member

Item		Item code	Yes/No	Quantity	Unit	Ksh	Main	Secondary
			1	2	3	4	5	6
Maize – grain		01						
Maize – flour		02						
Rice		03						
Other grains (wheat, sorghum, millet, other types)		04						
Bread		05						
Potatoes (Irish)		06						
Sweet potatoes, cassava, arrow roots, yams, cooking banana		07						
Beans		08						
Other pulses/nuts (peas, grams, groundnuts)		09						
Eggs		10						
Fresh fish		11						
Dried/smoked fish (assume average fish about 10cm long)		12			5			
Beef		13						
Chicken		14						
Other meat (goat meat, mutton, pork, etc)		15						
Sukuma wiki (kales)		16						
Other vegetables (tomatoes, cabbage, lettuce, onions etc)		17						
Milk		18						
Bananas (ripe)		19						
Other fruits (mangoes, avocados, oranges, pawpaws, etc.)		20						
Cooking fat		21						
Other oils and fats		22						
Sugars (white/brown, sugarcane, etc.)		23						
Spices (salt and others, etc.)		24						
Tea leaves / tea bags		25						
Coffee and other non-alcoholic drinks		26						
Alcoholic beverages (beer, wines, spirits, home-brew)		27						
Meals eaten out		28						10
Other ready made foods (biscuits/mandazi/cakes/pasta/baby foods)		29						

Have you or members of your household consumed...(food item) ... during the past week?

Ask full list of items first, then the details

Unit table

1 Debe 1 gorogoro 1 mkebe 1 small glass /
= 18kg = 2.25kg = 250g = 200g

Yes 1

No 2
→ next
item

How much of this food did your household consume during the last week (7 days) - including food that was purchased, and food produced or grown by your household or received as a payment or a gift?

Unit codes

Kilogramme 1 Number 5
Gramme 2 Debe 6
Litre 3 Gorogoro 7
Millilitre 4 Mkebe 8

What was the total value of that food consumed?

What was the main source of this food? Did you obtain from any other source?

Purchased 1 Gift/aid from relatives 5
Home produced 2 Gift/aid from neighbours 6
Gathered 3 Gift/aid from organisation (NGO, religious, govt) 7
Payment in kind 4 Not applicable 9

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Section D: Non-Food Consumption & Expenditure (1 month, 3 month & 12 month recall)

LAST MONTH		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST MONTH?
Item	Item code	Amount in Ksh (Write 0 if none)
Tobacco (cigarettes, tobacco) and miraa	01	
Paraffin/kerosene	02	
Water	03	
Charcoal, firewood (including gathered)	04	
Other utilities (electricity, gas)	05	
Toilet soap	06	
Other toiletries (shampoo, toothpaste, hair cream, etc)	07	
Washing powder, laundry soap, detergents	08	
Other cleaning expenses, equipment (brushes, shoe polish, etc)	09	
Matches, candles	10	
Batteries, bulbs	11	
Bus fares, matatu, taxis	12	
Other transport expenses (bicycle, car repair, petrol etc) <i>excluding transport to and from school or health facilities</i>	13	
Hair cut and other personal services	14	
Books, notebooks, newspapers, stationery, etc (not for school)	15	
Communications (phone calls -- fixed and mobile, post office expenses, etc.)	16	
TKK ("to cooperate")	17	
Rent, including utilities if paid together as a lump sum	18	

LAST 3 MONTHS		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST 3 MONTHS?
Item	Item code	Amount in Ksh (Write 0 if none)
Men's clothing	19	
Women's clothing	20	
Children's clothing excluding school uniforms	21	
Material for clothes, and tailoring	22	
Footwear (including repair costs)	23	
Recreation (toys, cinema, photography, records etc)	24	
Personal articles (umbrella, watch, lighter, belts, etc)	25	
Medical Expenditure (both inside and outside health facilities) – categories listed below:		
- Medicines and medical supplies (eg bandages etc) <i>excluding AIDS drugs</i>	26	
- Transport to and from health facilities	27	

LAST 3 MONTHS		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST 3 MONTHS ?
Item	Item code	Amount in Ksh (Write 0 if none)
- Consultation & treatment fees including gifts	28	
- Laboratory & diagnostic test fees	29	
- Visits to traditional healers	30	
- Hospitalisation fees including food ("bed bill")	31	
- Other health expenditure <i>excluding AIDS drugs</i>	32	

LAST 12 MONTHS		What is the total value of all [ITEM] PURCHASED, PRODUCED AT HOME and RECEIVED AS GIFT during the LAST 12 MONTHS ?
INTERVIEWER: When you are asking about expenditure over the last 12 months, it may be appropriate for some categories (ie where these items are difficult to estimate over a complete year) to ask about monthly costs and multiply up to get a complete year, eg transport costs for school etc		
Item	Item code	Amount in Ksh (Write 0 if none)
Textiles (blanket, bedsheet, towels, mosquito netting, etc., not for clothes)	33	
Kitchen equipment (cutlery, pots, plates, small equipment – kettle and sufuria)	34	
Lanterns, lamps, torches	35	
Education Expenditure (Primary, Secondary and Nursery) (categories listed below)		
- Tuition fees, registration fees, exam fees & other fees <i>either paid or owed</i>	36	
- Private tuition	37	
- Transport to and from school	38	
- Uniforms including school shoes	39	
- School supplies including textbooks	40	
- Food	41	

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Section E: Sources of income and ownership of productive assets

1. What are the main sources of income for your household?				<i>Specify (Other)</i>		
Salaried employment	01	Pension	06	A. Main (first) source	<input style="width: 100%;" type="text"/>	
Casual labour	02	Gifts in cash and kind (relatives / friends)	07	B. Second source (if any)	<input style="width: 100%;" type="text"/>	
Self employment – Agriculture	03	Transfers from Government (cash transfers / food aid etc)	08	<i>Write 99 if not applicable</i>		
Self employment – Non-agriculture	04	Other private transfers (Church / NGOs etc.)	09	C. Third source (if any)	<input style="width: 100%;" type="text"/>	
Property / Land Rental / Interest Revenue	05	Other (specify)	97	<i>Write 99 if not applicable</i>		
2. Does your household receive any support in the form of payments of cash or food or materials from people or organisations outside the household?			3. What is the source of this support?			
Yes	1	<input style="width: 100%;" type="text"/>		<i>Specify (Other)</i>		
No →Q5	2			Relative (in location) 01	Friend (in location) 03	Government 05
			Relative (outside location) 02	Friend (outside location) 04	NGO 06	Other (specify) 97
4. How much of this support did your household receive in the last 12 months?			5. Does your household own any cultivable land?			
A. Cash, in KSh	<input style="width: 100%;" type="text"/>		Yes		1	
B. Food / materials and other non-cash, estimated in KSh	<input style="width: 100%;" type="text"/>		No →Q7		2	
6. What is the total amount of cultivable land owned by the household?			7. Does your household own any livestock (ie cattle / donkeys / camels / sheep / goats / pigs / poultry)?			
<i>Write in acres, to the nearest 0.1 acres</i>			Yes		1	
<input style="width: 100%;" type="text"/>			No →next section		2	
8. How many of each of the following livestock does your household own, including livestock owned in other locations?						
A. Large animals (cows, donkeys, camels): <i>Put 98 if don't know</i>					<input style="width: 100%;" type="text"/>	
B. Small animals (pigs, sheep, goats): <i>Put 98 if don't know</i>					<input style="width: 100%;" type="text"/>	
C. Poultry (chickens, ducks etc): <i>Put 98 if don't know</i>					<input style="width: 100%;" type="text"/>	
D. Other (specify)					<input style="width: 100%;" type="text"/>	
_____					<input style="width: 100%;" type="text"/>	

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Section F: Housing characteristics and ownership of durable assets

1	How many rooms does your household occupy?	<i>Do not include kitchen, bathroom or rooms used for business. Rooms counted do not necessarily have to be attached to each other.</i>	
2	What is the main construction material of the outside walls?	01 = Stone 02 = Brick / block 03 = Mud / wood 04 = Mud / cement 05 = Wood only 06 = Corrugated iron sheet / mabati 07 = Grass / straw 08 = Makuti / palm 09 = Tin 97 = Other (specify)	
3	What is the main construction material of the roof?	01 = Corrugated iron sheet / mabati 02 = Tiles 03 = Concrete 04 = Asbestos sheet 05 = Grass / straw 06 = Makuti / palm 07 = Tin 97 = Other (specify)	
4	What is the main flooring material?	1 = Cement 2 = Tiles 3 = Wood 4 = Earth 7 = Other (specify)	
5	What is the main primary type of appliance used for cooking?	01 = Traditional stone fire 02 = Improved traditional stone fire 03 = Ordinary Jiko 04 = Improved Jiko 05 = Kerosene stove 06 = Gas cooker 07 = Electric cooker 97 = Other (specify)	
6	What kind of toilet facility does your household use?	01 = None →Q8 02 = Flush to sewer 03 = Flush to septic tank 04 = Pan/bucket →Q8 05 = Pit latrine with ground level cover over latrine 06 = Uncovered pit latrine	

		07 = Ventilation-improved pit latrine 97 = Other (specify) _____	
7	Is the toilet facility located within the main dwelling building?	1 = Yes 2 = No	
8	What is the main source of drinking water during the dry season?	1 = Piped into dwelling or compound 2 = Public outdoor tap or borehole with pump 3 = Protected well or spring 4 = Unprotected well, rainwater, spring 5 = River, lake, pond 6 = Mobile vendor 7 = Other (specify) _____	
9	Does your household own any of the following items? 1 = Yes; 2 = No	A. Bicycle	
		B. Motorcycle	
		C. Radio	
		D. Telephone / mobile	
		E. Refrigerator	
		F. Fan	
		G. Bucket / Basin	
		H. Wooden Stool	
		I. Bed	
		J. Bed Sheets	
		K. Blankets	
		L. Mosquito Net	
		M. Table	
		N. Chair	

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Section G: Education

For this section I need to ask questions about the children aged 4 to 17 in the household. I need to ask the parent or the main carer for each child.

ID	INTERVIEWER: Given Name	INTERVIEWER: is [NAME] aged 4 or 5 years old?	Is [NAME] currently attending nursery?	Why is [NAME] not attending nursery?	Has [NAME] ever attended school (not nursery)?	Why has [NAME] never attended school?	How old was [NAME] when he/she started school (years)?
Write IDs of all who qualify for the Education Section here (See Q42 in Section B)		Yes 1 No →Q5 2	Yes 1 → next child No 2	Sick 01 Sickness of family member 02 Working for family / farm 03 Paid work outside HH 04 House work 05 Away from home 06 Does not wish to attend 07 Cannot afford fees 08 Cannot afford uniform / supplies 09 School too far away 10 School full 11 School poor quality 12 Parents forbade it 13 Conflict with religious beliefs 14 Too young 15 Other (specify) 97 → next child	Yes →Q7 1 No 2	Sick 01 Sickness of family member 02 Working for family / farm 03 Paid work outside HH 04 House work 05 Away from home 06 Does not wish to attend 07 Cannot afford fees 08 Cannot afford uniform / supplies 09 School too far away 10 School full 11 School poor quality 12 Parents forbade it 13 Conflict with religious beliefs 14 Too old / finished school 15 Other (specify) 97 → next child	Age in years
	1	2	3	4 Specify OTHER	5	6 Specify OTHER	7

ID	What is the highest class that [NAME] ever completed?	Is [NAME] currently enrolled in school?	What is the main reason why [NAME] is not currently enrolled in school?	How long ago did [NAME] last attend school?	Who manages / owns the school that [NAME] is attending?	Does the school provide lunch (paid or free)?	How many days in the last 2 weeks has the school been open?		
	Nursery 00 Std 1 01 Std 2 02 Std 3 03 Std 4 04 Std 5 05 Std 6 06 Std 7 07 Std 8 08 Form 1 11 Form 2 12 Form 3 13 Form 4 14 Form 5 15 Form 6 16 Don't know 98	Yes 1 →Q12 No 2	Sick 01 Sickness of family member 02 Working for family / farm 03 Paid work outside HH 04 House work 05 Away from home 06 Does not wish to attend 07 Cannot afford fees 08 Cannot afford uniform / supplies 09 School too far away 10 School full 11 School poor quality 12 Parents forbade it 13 Conflict with religious beliefs 14 Too old / finished school 15 Too young 16 Other (specify) 97	Write answer in approximate months. → next child	Govt 1 Private - church 2 Private - mosque 3 Private - other 4 Community 5 Other 8 (specify)	Yes 1 No 2 Don't know 8	DK = 98		
	8	9	10	Specify OTHER	11	12	Specify OTHER	13	14

ID	Was/is [NAME] in school yesterday?	If [NAME] was not in school yesterday, what is the main reason?		How many school days did [NAME] miss school in the past 2 months, excluding holidays?	What was the main reason for him/her not attending?		Does [NAME] do any paid work outside school?	How many hours per week does [NAME] work?	How many hours per week does [NAME] do unpaid work, eg house work or work for family?
	Yes 1 →Q17 No 2 <i>If today is Sunday or Monday, refer to the last school day instead of "yesterday."</i>	Sick 01			Sick 01		Yes 1		
		Sickness of family member 02			Sickness of family member 02		No 2		
		Working for family / farm 03			Working for family / farm 03		→Q21		
		Paid work outside HH 04			Paid work outside HH 04				
		House work 05			House work 05				
		Away from home 06			Away from home 06				
		Does not wish to attend 07			Does not wish to attend 07				
		Cannot afford fees 08			Cannot afford fees 08				
		Cannot afford uniform / supplies 09			Cannot afford uniform / supplies 09				
		School too far away 10			School too far away 10				
		School full 11			School full 11				
		Parents forbade it 12			Parents forbade it 12				
		Other (specify) 97			Other (specify) 97				
	15	16	<i>Specify OTHER</i>	17	18	<i>Specify OTHER</i>	19	20	21

ID	How many years of education has [NAME] completed?	What class is [NAME] in this year?		What class was [NAME] in last year?		Did any person or organisation from outside this household contribute to school costs for [NAME] in this school year, either cash or material support?	What was the value of this assistance to [NAME] in this school year?	Who contributed?	What did they contribute?
		Nursery	00	Nursery	00	Yes 1	<i>KSh</i>	A. Relative	A. Cash
		Std 1	01	Std 1	01	No → <i>next child</i> 2		B. Friend / neighbour	B. Fees
		Std 2	02	Std 2	02			C. NGO	C. Clothes
		Std 3	03	Std 3	03			D. Church / mosque	D. Books & materials
		Std 4	04	Std 4	04			E. School / PTA	E. Food
		Std 5	05	Std 5	05			F. Government	F. Transport
		Std 6	06	Std 6	06			G. Other	G. Extra tuition
		Std 7	07	Std 7	07			H. Don't know / anonymous	H. Fees waived
		Std 8	08	Std 8	08			<i>Circle all that apply</i>	<i>Circle all that apply</i>
		Form 1	11	Form 1	11				→ <i>next child</i>
		Form 2	12	Form 2	12				
		Form 3	13	Form 3	13				
		Form 4	14	Form 4	14				
		Form 5	15	Form 5	15				
		Form 6	16	Form 6	16				
		Don't know	98	Don't know	98				
	22	23	24	25	26	27	28		
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I
								A B C D E F G H I	A B C D E F G H I

Kenya OVC CCT Evaluation Household Survey
Section H: Child Health

For this section I need to ask questions about the children aged under 5 in the household. I need to ask the parent or the main carer for each child.

ID	INTERVIEWER: Given Name	INTERVIEWER : Is [NAME] aged 3 years old or under, but more than 12 months?	Does [NAME] have a health card (vaccination card, growth monitoring card)?	INTERVIEWER: Observe vaccination section of health card.								
Write IDs of all who qualify for the Child Health Section here (See Q43 in Section B)		Yes 1 No →Q23 2	Yes 1 No →Q14 2 Get all cards available	Write 1 against each vaccination recorded on the child's health card, and 2 if there is no record of that vaccination.								
		BCG	DPT / Hep / Flu 1	DPT / Hep / Flu 2	DPT / Hep / Flu 3	OPV 0	OPV 1	OPV 2	OPV 3	Measles		
1	2	3	4	5	6	7	8	9	10	11	12	

ID	Has [NAME] received any other vaccinations not listed on this health card?	Has [NAME] received any vaccinations including vaccinations received in a national immunisation day campaign?	Has [NAME] received BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?	Has [NAME] received Polio vaccine, that is, drops in the mouth?	How many times was the polio vaccine received in total?	Has [NAME] received DPT vaccination, that is, an injection in the thigh, sometimes at the same time as polio drops?	How many times was the DPT vaccine received in total?	Has [NAME] received an injection in the right upper arm to prevent measles?
	Yes →Q15 1 No →Q21 2 Don't know →Q21 8	Yes 1 No →Q21 2 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No →Q18 2 Don't know →Q18 8	<i>If DON'T KNOW then write 98</i>	Yes 1 No →Q20 2 Don't know →Q20 8	<i>If DON'T KNOW then write 98</i>	Yes 1 No 2 Don't know 8
	13	14	15	16	17	18	19	20

ID	In the last six months, has [NAME] been weighed or measured by a health worker?	Who did this?		Has [NAME] been ill with a fever or hot body at any time in the last month?	Has [NAME] had an illness with a cough at any time in the last month?	When [NAME] had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	INTERVIEWER : Did [NAME] have a fever or a cough in the last month?	Did you seek advice or treatment for the fever/cough from a health facility or shop?
	Yes 1 No →Q23 2 Don't know →Q23 8 <i>If this is shown on the health card, then record it from there.</i>	Government hospital 01 Government health centre 02 Government dispensary 03 Other public (specify) 04 Mission, church, mosque hospital 05 Private hospital or clinic 06 Pharmacy/chemist 07 Mobile clinic 08 Community health worker 09 Traditional healer 10 Other (specify) 97		Yes 1 No 2 Don't know 8	Yes 1 No →Q26 2 Don't know →Q26 8	Yes 1 No 2 Don't know 8	<i>Answer is YES if either Q23 or Q24 answers are YES</i> Yes 1 No 2 →Q30	Yes 1 No 2 →Q29
21		22	<i>Specify OTHER</i>	23	24	25	26	27

ID	Where did you seek advice or treatment? <i>Ring all that apply</i>	If you did not seek treatment, why not?	Has [NAME] been ill with diarrhoea at any time in the last month?	Did you seek advice or treatment for the diarrhoea?	Where did you seek advice or treatment? <i>Ring all that apply</i>	
	A. Government hospital B. Government health centre C. Government dispensary D. Other public (specify) E. Mission, church, mosque hospital F. Private hospital or clinic G. Pharmacy/chemist H. Nursing/maternity home I. Mobile clinic J. Community-based distributor K. Shop / market L. Friend/relative M. Community health worker N. Traditional healer O. Other →Q30	Cannot spare the time 01 Cannot leave other children behind 02 Place too far 03 Place too expensive to get to 04 Do not think treatment is of benefit 05 Illness not serious 06 Cannot afford fee for treatment 07 Cannot afford fee for drugs 08 Queue too long 09 Other 97	Yes 1 No →Q39 2 Don't know →Q39 8	Yes 1 No →Q33 2	A. Government hospital B. Government health centre C. Government dispensary D. Other public (specify) E. Mission, church, mosque hospital F. Private hospital or clinic G. Pharmacy/chemist H. Nursing/maternity home I. Mobile clinic J. Community-based distributor K. Shop / market L. Friend/relative M. Community health worker N. Traditional healer O. Other →Q34	
28		29	<i>Specify OTHER</i>	30	31	32
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O
	A B C D E F G H I J K L M N O					A B C D E F G H I J K L M N O

ID	If you did not seek treatment, why not?	During the whole period of the diarrhoea, was [NAME] given much less than usual to drink, slightly less, about the same amount, or more than usual to drink?	During the diarrhoea, was [NAME] given much less than usual to eat, slightly less, about the same amount, or more than usual to eat?	Was he/she given a fluid made from a special packet called Oralite or ORS?	Was anything (else) given to treat the diarrhoea?	What else was given?	
	Cannot spare the time 01 Cannot leave other children behind 02 Place too far 03 Place too expensive to get to 04 Do not think treatment is of benefit 05 Illness not serious 06 Cannot afford fee for treatment 07 Cannot afford fee for drugs 08 Queue too long 09 Other (specify) 97	Nothing 1 Much less 2 Less 3 Same 4 More 5 Don't know 8	Nothing 1 Much less 2 Less 3 Same 4 More 5 Don't know 8	Yes 1 No 2 Don't know 8	Yes 1 No →Q39 2 Don't know →Q39 8	Tablet or syrup 1 Injection 2 Intravenous 3 Home-made sugar / salt solution 4 Home / herbal / traditional remedies 5 Other (specify) 7	
33	<i>Specify OTHER</i>	34	35	36	37	38	<i>Specify OTHER</i>

ID	I would like to measure [NAME]'s height and weight. May I do that?	Measure [NAME] and record length / height (cm)	Weigh [NAME] and record weight (kg)	Have you heard of a disease called malaria?	What are the main causes of malaria that you know of?	Do you know any ways households or communities can try to prevent malaria?
	Yes 1 No 2 →Q42	Record to nearest 0.1cm	Record to nearest 0.1kg	Yes 1 No →next 2 child	A. Working in the sun B. Being in the rain C. Getting cold D. Drinking dirty water E. From another person with malaria F. Being bitten by mosquitoes G. Eating too many mangoes H. Poor nutrition I. Change of climate J. Other K. Don't know <i>Do not prompt – circle each that applies.</i> <i>Ask only once to each carer.</i>	A. Sleeping under a bednet B. Clearing away any standing water C. Spraying to kill mosquitoes D. Other E. Don't know <i>Do not prompt – circle each that applies.</i> <i>Ask only once to each carer.</i>
	39	40	41	42	43	44
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E
					A B C D E F G H I J K	A B C D E