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|--------------|---------------------------------|
| Household ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| | Dist TA VC HH |

Questionnaire Serial Number |_|_|_|_|_|

Malawi Economic, Health and Demographic Survey (MEHDS) 2014 - 17-mo Follow-up

Center for Social Research, UNIMA & Carolina Population Center, UNC

Metadata – ALWAYS FILL IN BASIC INFORMATION BEFORE THE INTERVIEW

12. Interviewer name and code _____ |_|_|

13. Supervisor name and code _____ |_|_|

(Supervisor, please sign below after checking the work)

2. Time start interview: |_|_| : |_|_| (24 hr clock)

14. Is this a repeat visit? Yes...1 |_|
No...2>>Q17

4. District: _____ |_|

15. Time start repeat interview: |_|_| : |_|_| (24 hr clock)

16. Time end repeat interview: |_|_| : |_|_| (24 hr clock)

5. Traditional Authority: _____ |_|_|

6. Village Cluster: _____ |_|_|

17. Questionnaire status
 Complete Interview...1 Refusal...4 |_|
 Partially complete (reason)...2 Other (specify)...5
 Non-contact.....3

6a. Name of Main Respondent from **BASELINE** _____

7. Community: _____ |_|_|_|_|

17a. Did the household move? |_| YES...1 NO...2 <<Q18

17b. Was the household contacted? |_| YES...1 NO...2 < Q18

8. SCT Household Yes...1 No..2 |_|

17c. Cell phone number for household
 Enter 96 if no cell number available. (0) |_|_|_|_| |_|_|_|_| |_|_|_|_|

9. GPS Coordinates South |_|_|_| . |_|_|_|_|_|_|_|_|

RANGE: 32.67000-35.9399

East |_|_|_| . |_|_|_|_|_|_|_|_|

RANGE: 9.36000- 17.14999

17d. Did the household move out of the Village Cluster?
 Yes=1, No=2>> Q17f]: |_| e. VC Name _____

17f. Did the household move out of the Traditional Authority?
 Yes=1, No=2>> Q17h]: |_| g.TA Name _____

10. Main Respondent Name from **FOLLOW-UP** _____

|_|_|_|

17h. Did the household move out of the District?
 Yes=1, No=2>> Q18]: |_| i. District Name _____

11. Main Respondent ID CODE (from roster)

18. Comments/ Observations: (if hh moved, give all info you found out (e.g. where moved, why, and whether they may return:

19. Write down address and directions for the house

MODULE A1: HOUSEHOLD COMPOSITION CONFIRMATION

[ENUMERATOR: REVIEW PREFILLED INFORMATION ON HOUSEHOLD MEMBERS FROM BASELINE. USE IT TO VERIFY MEMBERSHIP STATUS. VERIFY REPOSES TO QUESTIONS 1 -5, 7. QUESTIONS 6,8- 14 SHOULD BE FILLED IN DURING THE INTERVIEW.]

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7b | 7c | 7d | 7e | 7f | 7g |
|---------|----------------|---|---|--|--|---|---|---|------------|---|------------|--|
| ID CODE | Name of member | Confirm Age of [NAME] at Baseline (June/July/August 2013) 1=YEAR 2=MONTHS | Sex of [NAME] 1=MALE 2=FEMALE | Relationship to Main Respondent in 2013 [SEE CODES BELOW] | Is [NAME] currently a member of the household? 1=YES >>NEXT MEMBER/SECTION 2=NO | [FOR AGES 14-21 ONLY. ALL OTHERS <<Q8] Interviewed for youth module in 2013? 1=YES 2=NO <<Q8 | Cell phone number where youth can be contacted? [IF NONE, ENTER 96.] | Did the youth move out of the Village Cluster? 1=YES 2=NO <<Q7i | Name of VC | Did the youth move out of the Traditional Authority? 1=YES 2=NO <<Q7i | Name of TA | Did the youth move out of the District? 1=YES 2=NO <<Q7i |
| | AGE CODE | | | | | | | | | | | |
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RELATIONSHIP TO INTENDED RESPONDENT

- | | |
|----------------------------|---------------------------------------|
| INTENDED RESPONDENT..... 1 | GRANDFATHER/MOTHER... 10 |
| WIFE/HUSBAND..... 2 | FATHER/MOTHER-IN-LAW.. 11 |
| CHILD/ADOPTED CHILD .. 3 | OTHER RELATIVE..... 12 |
| GRANDCHILD 4 | SERVANT OR SERVANT'S RELATIVE..... 13 |
| NIECE/NEPHEW..... 5 | LODGER/LODGER'S RELATIVE..... 14 |
| FATHER/MOTHER..... 6 | OTHER NON-RELATIVE... 15 |
| SISTER/BROTHER..... 7 | OTHER (SPECIFY)..... 16 |
| SON/DAUGHTER-IN-LAW.. 8 | |
| BROTHER/SISTER-IN-LAW... 9 | |

MODULE A1: HOUSEHOLD COMPOSITION CONFIRMATION

| 1 | 7h | 7i | 8 | 9a b | 10 | 11a | 11b | 12 | 13 | 14 |
|----------------|---|---|--|--|---|---|---|--|--|--|
| ID CODE | Name of District [If outside of Malawi, write country name.] | Please give all info you found out about the youth's move. (e.g. where moved, why, and whether they may return) [IF YOUTH DID NOT MOVE, ENTER 'NA']. | Why is [NAME] no longer in the household? [SEE CODES BELOW] [CODE 12 >> NEXT PERSON/MODULE CODE 13 >>Q13] | When did [NAME] leave the household? [CHECK DATE. SHOULD NOT BE BEFORE 2013] Month MM Year YYYY | Where did [NAME] move to? 1=SAME VILLAGE 2=NEIGHBOURING VILLAGE 3= OTHER TOWN IN MALAWI 4=LILONGWE 5=BLANTYRE 6=MOZAMBIQUE 7-SOUTH AFRICA 8=OTHER (SPECIFY) 9=DON'T KNOW | Has [NAME] sent any money or in-kind assistance to the household in the last 12 months? 1=YES 2=NO >>Q12 | What is the total value of cash or in-kind assistance sent by [NAME] in the last 12 months? 1=YES 2=NO 7=DON'T KNOW >>NEXT MEMBER/SECTION MWK | Is [NAME] likely to return to live in this household in the next three years? 1=YES 2=NO 7=DON'T KNOW | Was deceased continuously sick for at least 3 months prior to death? 1=YES 2=NO 7= DON'T KNOW | After this person died, did you or members of your household lose any land or other assets due to inheritance traditions or theft of property? 1=YES 2=NO 7= DON'T KNOW |
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REASON FOR LEAVING HOUSEHOLD

- | | |
|--|--|
| Moved for work1 | Pregnancy.....7 |
| Moved for school...2 | Set up new household... 8 |
| Moved to live w/ relatives.....3 | Recover from illness.....9 |
| Death of caregiver(s) residing in this household.....4 | Break-up of household10 |
| Death of person living outside this household.....5 | Other (specify).....11 |
| Marriage.....6 | Never a member of the household.....12 |
| | Deceased.....13 |
| | Ghost.....14 |
| | DK.....98 |

MODULE A2: NEW HOUSEHOLD MEMBERS LISTING

15. Are there usual household members living here currently that have joined the household since August 2013?
 [CURRENT MEMBER NOT LISTED IN MODULE A1]? [IF NO, CONFIRM ALL CURRENT MEMBERS ARE LISTED IN MODULE A1.]

1=YES;
 2=NO >>**INSTRUCTION
 AT BOTTOM OF PAGE**

[LIST NEW HOUSEHOLD MEMBERS NOT LISTED IN SECTION A1] Include visitors who have lived with the household for **six months or more** and share the same economic resources (eat from the same 'pot') and sleep under the same roof; Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.

| 16 | 17 | 18 | 19 | 20a | 20b | 21 | 22 | 23 |
|--------------------|------------------------------------|-----------------------------------|---|--|-------------|--|---|---|
| New Member ID Code | What is [NEW MEMBER'S] first name? | What is [NEW MEMBER'S] last name? | Why did [NAME] join this household? [SEE CODES BELOW] [IF CODE 12 IS THE RESPONSE, >> NEXT PERSON/MODULE] | When did [NAME] join the household? [FOR NEW BORN BABIES ENTER DATE OF BIRTH AND SKIP TO Q23] Month (MM) | Year (YYYY) | Where did [NAME] come from? 1=SAME VILLAGE 2=NEIGHBOURING VILLAGE 3= OTHER TOWN IN MALAWI 4=LILONGWE 5=BLANTYRE 6=MOZAMBIQUE 7-SOUTH AFRICA 8=OTHER (SPECIFY) 9= DON'T KNOW | How long is [NAME] expected to stay in the household? 1= LESS THAN 6 MONTHS 2= 6-11 MONTHS 3=1-2 YEARS 4= 2-5 YEARS 5= MORE THAN 5 YEARS | Is anyone sending money or in-kind assistance to this household to support [NAME]? 1=YES 2=NO |
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| 210 | | | | | | | | |
| 211 | | | | | | | | |
| 212 | | | | | | | | |

REASON FOR NEW MEMBER JOINING THE HOUSEHOLD

- | | |
|--|---|
| Moved for work...1 | Set up new household..8 |
| Moved for school..2 | Recover from illness...9 |
| Moved to live w/ relatives ...3 | Break-up of former household.....10 |
| Death of person residing in former household.....4 | New born child...11 |
| Death of person living in this household...5 | Household member missed during 2013 survey...12 |
| Marriage.....6 | DK/Other.....97 |
| Pregnancy.....7 | |

[NOW GO TO *MODULE 1: ROSTER* AND COMPLETE FOR ALL MEMBERS CURRENTLY LIVING IN THE HOUSEHOLD. THAT IS, PAST RESIDENTS WHO STILL RESIDE IN THE HOUSEHOLD LISTED IN *MODULE A1* AND NEW MEMBERS LISTED ABOVE IN *MODULE A2*, IF APPLICABLE.]

MODULE 1: HOUSEHOLD ROSTER

| MODULE 1: HOUSEHOLD ROSTER | | | | | | | | | |
|---|--------------------------------|--|---|--|---|---|---|---|------------|
| ALL HOUSEHOLD RESIDENTS | | | | | AGE 12 AND OVER | | | | |
| FILL IN ID CODE AND NAMES FOR CURRENT HOUSEHOLD MEMBERS FROM MODULE A1 & A2. | | | | | [ENUMERATOR: IF UNDER AGE 12 »Q13] | | | | |
| 1 | 2 | 3 | 4 | 8 | 9 | 10 | 11 | 12 | |
| NAME: | SEX: | RELATIONSHIP TO MAIN RESPONDENT: | How old is [NAME]? | What is [NAME]'s cell phone number? | What religion, if any, does [NAME] practice?' | What is [NAME]'s present marital status? | Does [NAME]'s spouse live in this house-hold now? | COPY THE ID CODE OF THE SPOUSE LISTED NEXT TO THEIR NAME IN Q1. | |
| <p>HOUSEHOLD RESIDENTS ARE ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE MAIN RESPONDENT. DO NOT INCLUDE ANYONE WHO HAS BEEN AWAY FOR 6 MONTHS OR MORE.</p> <p>[CONFIRM THAT MAIN RESPONDENT IS SAME AS MAIN RESPONDENT FROM BASELINE; LIST CURRENT MR FIRST.]</p> <p>[CONFIRM/FILL IN Q2-4 FOR ALL HOUSEHOLD MEMBERS BEFORE GOING ON.]</p> | <p>MALE...1 FEMALE...2</p> | <p>MAIN RESPONDENT.....1 WIFE/HUSBAND.....2 CHILD/ADOPTED CHILD...3 GRANDCHILD.....4 NIECE/NEPHEW.....5 FATHER/MOTHER.....6 SISTER/BROTHER.....7 SON/DAUGHTER-IN-LAW...8 BROTHER/SISTER-IN-LAW...9 GRANDFATHER/MOTHER...10 FATHER/MOTHER-IN-LAW.11 OTHER RELATIVE.....12 SERVANT OR SERVANT'S RELATIVE.....13 LODGER/LODGER'S RELATIVE.....14 OTHER NON-RELATIVE...15 OTHER (SPECIFY).....16</p> | <p>[Check that age is consistent with previous age (+/- 2 years). If not, probe for correct age.]</p> <p>WRITE AGE IN YEARS. IF < 1 YEAR, WRITE 0.</p> | <p>[Remind them that we will readminister the survey in 6 months and will need to contact them.]</p> <p>IF THERE IS NO CELL PHONE THAT THIS PERSON USES THEN ENTER 96.</p> | <p>NONE.....1 TRADITIONAL..2 CHRISTIANITY.3 ISLAM.....4 OTHER RELIGION....5</p> | <p>MONOGAMOUS MARRIED OR NON-FORMAL UNION.....1 POLYGAMOUS MARRIED OR NON-FORMAL UNION.....2 SEPARATED...3 >>Q13 DIVORCED...4 >>Q13 WIDOW OR WIDOWER...5 >>Q13 NEVER MARRIED...6 >>Q13</p> | <p>YES...1 NO...2 >> Q13</p> | ID CODE | |
| | | | | | | | | 1st SPOUSE | 2nd SPOUSE |
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MODULE 1: HOUSEHOLD ROSTER (CONTINUED)

| AGES 0-18 [ENUMERATOR: IF OVER AGE 18» NEXT PERSON/MODULE 2] | | | | | | | AGES 5-18 | | | |
|---|---|---|--|---|--|---|---|---|--|---|
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| I D C O D E | Is the biological mother of [NAME] alive, and if so does she live in the household? YES, MOTHER LIVES IN HOUSEHOLD.... WRITE ID CODE FROM ROSTER >>Q16 YES, ALIVE BUT MOTHER NOT LIVING IN HOUSEHOLD.....77 NO, MOTHER IS DEAD.....88 >>Q15 DON'T KNOW..97 >>Q16 | If [NAME's] mother not living in household, has she been very sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? YES....1 NO.2 DON'T KNOW...7 >> Q16 | If child's mother is dead, when did she die? IN THE LAST YEAR.1 LAST 5 YEARS...2 MORE THAN 5 YEARS.3 | Is the biological father of [NAME] alive, and if so, does he live in the household? YES, FATHER LIVES IN HOUSEHOLD. WRITE ID CODE FROM ROSTER >>Q19 YES, BUT FATHER NOT IN HOUSEHOLD. .77 NO, FATHER IS DEAD....88 >>Q18 DON'T KNOW...97 >>Q19 | If [NAME's] father not living in household, has he been very sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? YES.1 NO.2 DON'T KNOW..7 >>Q19 | If child's father is dead, when did he die? IN THE LAST YEAR.1 LAST 5 YEARS...2 MORE THAN 5 YEARS.3 | Has the child been registered? YES...1 NO...2 DK... 7 | Does child have a blanket? (EITHER SHARED OR OWNED) YES..1 NO..2 | Does child have a pair of shoes? YES..1 NO..2 | Does child have at least 2 sets of clothes? YES..1 NO..2 |
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MODULE 2: EDUCATION

ALL MEMBERS OF THE HOUSEHOLD AGE 3 AND ABOVE.

| I D C O D E | 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | AGE 3-18 ONLY | |
|----------------------------|--|------------|----------------------------------|--|--|--|--|---|--|--|----------------|
| | Is [NAME] able to read and write in the following languages? | | Has [NAME] ever attended school? | What was the reason [NAME] never attended school? LIST ONLY ONE MAIN REASON. [THEN »Q8A] | What class is the highest class level [NAME] ever completed? | Did [NAME] attend school in the last academic year (from 2013-2014)? | What class was [NAME] in during the 2013-2014 academic year? | Is [NAME] currently attending school (2014-2015 academic year)? | Why did [NAME] not continue their education? | 8a Using normal mode of transport. How long would it take [NAME] to get to school if s/he were to attend? | |
| | A) Chichewa | B) English | YES...1 >> Q4 NO...2 | STILL TOO YOUNG TO ATTEND SCHOOL1 NO MONEY FOR FEES, UNIFORM .2 POOR QUALITY OF SCHOOLS...3 ILLNESS OR DISABILITY...4 NOT INTERESTED, LAZY...5 PARENTS DID NOT ALLOW...6 HAD TO WORK OR HELP AT HOME.7 SCHOOL TOO FAR FROM HOME .8 CARING FOR OTHERS ...9 OTHER (SPECIFY)..... 10 | NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 FORM 6 - 14 PRIMARY STND. 1 - 1 UNIVERSITY STND. 2 - 2 UNIV. 1 - 15 STND. 3 - 3 UNIV. 2 - 16 STND. 4 - 4 UNIV. 3 - 17 STND. 5 - 5 UNIV. 4 - 18 STND. 6 - 6 UNIV. 5 & STND. 7 - 7 ABOVE - 19 STND. 8 - 8 TRAINING COLLEGE FORM 1 - 9 TC YR. 1 - 20 FORM 2 - 10 TC YR. 2 - 21 FORM 3 - 11 TC YR. 3 - 22 FORM 4 - 12 TC YR. 4 - 23 | YES...1 NO...2 >> Q7 | NURSERY/ PRE-SCHOOL-0 PRIMARY STND. 1 - 1 FORM 5 - 13 STND. 2 - 2 FORM 6 - 14 STND. 3 - 3 UNIVERSITY STND. 4 - 4 UNIV. 1 - 15 STND. 5 - 5 UNIV. 2 - 16 STND. 6 - 6 UNIV. 3 - 17 STND. 7 - 7 UNIV. 4 - 18 STND. 8 - 8 UNIV. 5 & ABOVE - 19 SECONDARY FORM 1 - 9 TC YR. 1 - 20 FORM 2 - 10 TC YR. 2 - 21 FORM 3 - 11 TC YR. 3 - 22 FORM 4 - 12 TC YR. 4 - 23 | YES..1>>Q9 NO...2 | ACQUIRED ALL EDUCATION WANTED..1 NO MONEY FOR FEES OR UNIFORM...2 TOO OLD TO CONTINUE...3 MARRIED / BECAME PREGNANT...4 ILLNESS OR DISABILITY5 FOUND WORK6 NOT INTERESTED, LAZY.....7 PARENTS STOPPED ALLOWING...8 HAD TO WORK OR HELP AT HOME...9 POOR/CROWDED SCHOOL FACILITIES...10 POOR QUALITY INSTRUCTION/ TEACHERS OFTEN ABSENT11 SCHOOL TOO DANGEROUS FOR GIRLS.12 SCHOOL TOO FAR FROM HOME...13 LEFT TO CARE FOR OTHERS14 FAILED PROMOTION EXAM15 DISMISSED / EXPELLED.....16 OTHER (SPECIFY)17 | >>SKIP TO NEXT PERSON | |
| | | | | REASON | NONE...99 | | | | | 8a1 | 8a2 |
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MODULE 2: EDUCATION

ALL MEMBERS OF THE HOUSEHOLD AGE 3 AND ABOVE CURRENTLY ATTENDING SCHOOL.

| 9 | | 10 | 11 | 12 | 13 | 14 | 15a | 15b | 16 | 17 | 18 | |
|----------------------------|---|---|--|---|---|---|---|--|----------------------------|--|--|--|
| I D C O D E | What class is [NAME] in this academic year (2014-2015)? | How old was [NAME] when [NAME] started school? | What type of school does [NAME] attend? | How many days of school did [NAME] attend in the last week? | Is [NAME] a day scholar or a boarder at the school? | How does [NAME] get to school each day? | How long does it usually take [NAME] to get to school by this means of transport? | At any time in the past 12 months, did [NAME] ever temporarily withdraw from school, so that [NAME] missed more than two consecutive weeks of instruction? | | What was the main reason [NAME] temporarily withdrew from school? | Did any person or organisation from outside this household contribute to school costs for [NAME] in this school year (2014-2015), either cash or material support? | |
| | NURSERY/ PRE-SCHOOL-0 | FORM 5 - 13 FORM 6 - 14 | NURSERY...1 | | | | | | YES..1 NO...2>> Q18 | NO MONEY FOR NECESSARY EXPENSES...1 OWN-ILLNESS.2 HELP NEEDED AT HOME...3 SUSPENSION...4 TEACHERS ON STRIKE.....5 TEACHERS ABSENT.....6 FUNERAL.....7 OTHER (SPECIFY)...8 | YES...1 NO...2 | |
| | PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 | UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 | PRIMARY LEA/GOVERNMENT...11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL...14 OTHER PRIMARY...15 | [If previous week was during a holiday, write 96] | | DAY SCHOLAR..1 | | | | | | |
| | SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 | TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23 | SECONDARY GOVERNMENT (CONVENTIONAL)...21 COMMUNITY DAY (CDSS) .22 CHURCH/MISSION SCHOOL .23 ISLAMIC SCHOOL...24 NIGHT SCHOOL...25 OTHER SECONDARY...26 | | | BOARDER..2 >>Q16 | FOOT.....1 BICYCLE..2 BUS/MINI-BUS.....3 PRIVATE VEHICLE..4 OTHER (SPECIFY).5 | | MINUTE... 1 HOUR..... 2 | | | |
| | | YEARS | | | DAYS | | | TIME AMOUNT | UNIT | | | |
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MODULE 2: EDUCATION

ALL MEMBERS OF THE HOUSHOLD AGE 3 AND ABOVE CURRENTLY ATTENDING SCHOOL.

19

How much was spent on [NAME]'s education in this school year (2014-2015 academic year) by the household, family, and friends for:

[IF NOTHING WAS SPENT, RECORD '0' (ZERO). IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, ENTER '0' (ZERO) IN COLUMNS A-I, THEN ENTER THE TOTAL AMOUNT IN COLUMN J.]

I
D

C
O
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E

| A | B | C | D | E | F | G | H | I | J |
|-------------------------------|--|---------------------------|-------------------------|---------------|---|-----------|--|-------|---|
| Tuition, including extra fees | Expenditures on after school programs & tutoring (extra lessons) | School books & stationery | School uniform clothing | Boarding Fees | Contribution for school building or maintenance | Transport | Parent/ Teacher Association & other related fees | Other | TOTAL [ONLY FILL IN IF EXPENDITURES CAN NOT BE DISAGGREGATED INTO CATEGORIES A-I] |
| MWK | MWK | MWK | MWK | MWK | MWK | MWK | MWK | MWK | MWK |
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MODULE 3: HEALTH

| PAST 2 WEEKS | | | | | PAST 4 WEEKS | | |
|---|---|---|---|---|--|--|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| During the past 2 weeks has [NAME] suffered from an illness or injury? YES..1 NO...2>>Q6 | What was the <u>most recent</u> illness or injury? FEVER/ MALARIA ..1 COUGH/COLD/CHEST INFECTION2 TUBERCULOSIS (TB)... 3 ASTHMA 4 HEART PROBLEM/ CHEST PAIN ...5 DIARRHEA/ VOMITTING/ABDONIMAL PAIN... 6 SKIN PROBLEM ...7 DENTAL PROBLEM ..8 EYE PROBLEM.9 EAR/NOSE/THROAT...10 BACKACHE11 DIABETES12 MENTAL DISORDER...13 SEXUALLY TRANSMITTED DISEASE14 HIV/AIDS15 FRACTURE/ WOUND/ INJURY ...16 OTHER (SPECIFY)...17 | What <u>action</u> did [NAME] take to find relief for the illness or injury? [IF TOOK MORE THEN ONE ACTION, ASK FOR FIRST ACTION.] DID NOTHING1 USED MEDICINE HAD IN STOCK...2 SOUGHT TREATMENT AT PUBLIC FACILITY 3 SOUGHT TREATMENT AT PRIVATE/ CHURCH/MISSION FACILITY. 4 WENT TO LOCAL PHARMACY . . 5 SOUGHT TREATMENT WITH TRADITIONAL HEALER.6 OTHER7 | During the past 2 weeks, for how many days did [NAME] have to stop their normal activities because of this illness(es)? IF NONE, RECORD ZERO AND >>Q6 | During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for [NAME]? IF NONE, RECORD ZERO. | How much in total did household spend in the past 4 weeks for all of [NAME's] illnesses and iniuries, including for medicine, tests, consultation, & in-patient fees, if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. | How much in total did household spend on [NAME] in the past 4 weeks for medical care not related to an illness - preventative health care, pre-natal visits, check-ups, etc., if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. | How much in total did the household spend on [NAME] in the past 4 weeks for non-prescription medicines - Panadol, Fansidar, cough syrup, etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. |
| | | | DAYS | DAYS | MWK | MWK | MWK |
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MODULE 3: HEALTH

| MODULE 3: HEALTH | | | | | | | | | | | | |
|----------------------------|--|---|---|--|--|--|--|---|--|--|---|--|
| PAST 12 MONTHS | | | | | FOR AGES 10 AND ABOVE | | | | | | | NAME 2 MOST IMPORTANT; IF ONLY 1, ENTER '00' FOR SECOND |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 a | 20b |
| I D C O D E | During the last 12 months, was [NAME] hospitalized or had overnight stay(s) in a medical facility? | What was the total cost of [NAME]'s hospitalization(s) or overnight stay(s) in a medical facility during the last 12 months including any travel and food expenses? | Did you or other members of your household have to borrow money or sell assets in order to pay for these costs during the last 12 months? | How would you rate [NAME]'s health in general? | Compared with one year ago, would you say that [NAME]'s health is: | Kodi [DZINA] amavutika kuona? <i>[ngakhala atavala magalasi?]</i> [Difficulty seeing] | Kodi [DZINA] amavutika kumva? <i>[ngakhala atavala zomuthandiza kumva?]</i> [Difficulty hearing] | Kodi [DZINA] amavutika kuyenda kapena kukwela masitepesi? [Difficulty walking/climb steps] | Kodi [DZINA] amatha kukumbukila kaoena kutsatila zinthu? [Difficulty remembering/concentrating] | Kodi [DZINA] amatha kulankhulana ndi kumvana ndi anzake? [Difficulty communicating] | Kodi [DZINA] amadwala matenda amgongona monga TB, Cancer, asima, nyamakazi ndi ena otelo, kapena wakhala akudwala kwa nthawi yayitali kufikila miyezi 12 yapitayi? [Chronic illness] | Which chronic illness(es) does [NAME] have? |
| | YES...1 NO...2 >> Q12 | INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. MWK | YES...1 NO...2 | POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD...4 EXCELENT....5 | BETTER....1 ABOUT THE SAME....2 WORSE.....3 | [READ RESPONSES FOR EACH QUESTION ABOVE] ANSWER CODES FOR Q14-Q18 No difficulty / ..1 Yes - Some difficulty....2 Yes - A lot of difficulty....3 Cannot Perform Activity At All4 | | | | | YES...1 NO...2>> NEXT MODULE | CHRONIC MALARIA.... 1 TUBERCULOSIS2 HIV/AIDS3 DIABETES4 ASTHMA5 BILHARZIA/ SCHISTOSOMIASIS ...6 ARTHRITIS/ RHEUMATISM7 NERVE DISORDER ...8 STOMACH DISORDER... 9 SORES THAT DO NOT HEAL10 CANCER11 PNEUMONIA12 EPILEPSY 13 MENTAL ILLNESS ... 14 OTHER (SPEC)15 |
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MODULE 4: CHILD HEALTH & ANTHROPOMETRY

| ALL CHILDREN AGED 0-5 YEARS | | | | | | PAST 2 WEEKS | | | | | | | |
|-----------------------------|---|---|---|--------|--|---|--|---|---|---|---|--|---|
| I D C O D E | 1 | 2 | 3a | b | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSE-HOLD | Does the child have a Health Passport? [If yes, please ask to see card.] YES, CARD SEEN.....1 YES, CARD NOT SEEN.....2 NO..... 3 DON'T KNOW..7 | How old is [NAME]? [RECONFIRM EXACT AGE USING HEALTH PASSPORT IF AVAILABLE- MUST INCLUDE BOTH YEARS AND MONTHS.1 | | Does the child participate in a <u>nutrition programme</u> ? | Does the child participate in an <u>under-five clinic</u> ? | Has the child been taken to a well-baby or under-5 clinic for a check-up in the <u>last 6 months</u> ? | Has the child had diarrhea in the <u>last 2 weeks</u> ? | Where did the child get treatment for this condition? PUBLIC FACILITY ..1 PVT FACILITY...2 PHARMACY...3 TRADITIONAL HEALER.....4 DID NOT SEEK TREATMENT..5 | Has the child been ill with fever in the <u>last 2 weeks</u> ? YES..1 NO ...2 >>Q11 | Where did the child get treatment for this condition? PUBLIC FACILITY ..1 PVT FACILITY...2 PHARMACY...3 TRADITIONAL HEALER.....4 DID NOT SEEK TREATMENT..5 | Has the child had an illness with a cough at any time in the <u>last 2 weeks</u> ? YES..1 NO ..2 >>Q13 | Where did the child get treatment for this condition? PUBLIC FACILITY ..1 PVT FACILITY...2 PHARMACY...3 TRADITIONAL HEALER.....4 DID NOT SEEK TREATMENT..5 |
| | HH ROSTER ID code | | YEARS | MONTHS | | | | | | | | | |
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MODULE 4: CHILD HEALTH & ANTHROPOMETRY

| ALL CHILDREN AGED 0-5 YEARS | | | | | ANTHROPOMETRY (AGES 6-71 months) | | | | |
|-----------------------------|--|---|---|--|---|---|---|--|---|
| | | | | | FOR THOSE MEASURED AT BASELINE, CHECK THAT NEW MEASURES ARE IN RANGE | | | | |
| I D C O D E | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | How many times is the child currently given solid foods in a day (porridge, n'sima, rice, cerelac, etc)? [WRITE NUMBER OF TIMES. IF MORE THAN 7, WRITE 7.] | Did the child eat any of the following foods in the last day? Pumpkin (Maungu) Red or yellow yams or squash (Zilazi) Carrots (Kaloti) Red sweet potato (Mbatata yoyera ndi yofiira mkati) Dark green leafy vegetables (masamba obiliwira) Mango (Mango) Papaya (Papaya) Guava (Gwafa) IF CHILD ATE ANY OF THESE, YES.. 1 NO.... 2 | Where was child born? HOSPITAL1 HEALTH FACILITY.....2 VILLAGE HEALTH POST.....3 DISPENSARY OR PHARMACY...4 AT HOME OF TRADITIONAL BIRTH ASSISTANT OR MIDWIFE.....5 AT OWN HOME OR RELATIVE/FRIEND'S HOME.....6 OUTSIDE.....7 OTHER (SPECIFY).....8 | Who assisted with the delivery of the child? DOCTOR1 NURSE.....2 MIDWIFE...3 CLINICAL OFFICER...4 TRADITIONAL BIRTH ASSISTANT...5 RELATIVE/FRIEND...6 OTHER (SPECIFY)...7 | [WAS [NAME] MEASURED?] YES,1 NOT AT HOME DURING SURVEY PERIOD. ...2 TOO ILL. ...3 UNWILLING..4 OTHER. ...5 >>NEXT CHILD | WEIGHT OF CHILD [KGS TO ONE DECIMAL PLACE] [IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK] | HEIGHT / LENGTH OF CHILD CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING. IN CM, TO ONE DECIMAL PLACE. [IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.] | HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN? STANDING...1 LYING DOWN.2 | WAS THE MEASUREMENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASUREMENT DIFFICULT? NORMAL...1 DIFFICULT...2 |
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MODULE 4B: CHILD HEALTH KNOWLEDGE

| MODULE 4B: CHILD HEALTH KNOWLEDGE | | | | | | | |
|---|---|---|--|---|------------------------------|------------------------------|-----------------|
| | [MARK ALL ANSWERS GIVEN. DO NOT MAKE SUGGESTIONS. PROBE FOR ADDITIONAL ANSWERS.] | | | | | | |
| 22 | 23 | 24 | 25 | 26 | | | |
| <p>At what age should a baby be fed other foods and liquids (other than maternal milk)?</p> <p>[AGE IN MONTHS]</p> <p>Less than 1 month...0 One month.....1 Two months....2, etc.</p> | <p>There is a nutrient found in food called 'iron' which helps children 'accumulate' blood (nutrient that makes blood strong).</p> <p>Can you tell me some foods that are a good source of iron?</p> <p>Anything else?</p> <p>[DO NOT PROMPT. RECORD ALL MENTIONED]</p> | <p>Vitamin A is a nutrient that help children grow. Can you tell me some of the foods that are rich in vitamin A?</p> <p>Anything else?</p> <p>[DO NOT PROMPT. RECORD ALL</p> | <p>What needs to be done when a child has diarrhea?</p> <p>Anything else?</p> <p>[DO NOT PROMPT. RECORD ALL MENTIONED]</p> | <p>What signs/ symptoms would lead you to think that a person has malaria?</p> <p>Anything else?</p> <p>[DO NOT PROMPT. RECORD ALL MENTIONED]</p> | | | |
| AGE (MONTHS) | ITEM | ITEM | ITEM | ITEM | ITEM | ITEM | ITEM |
| | A. Meat | A. Orange colored fruits/ vegetables | A. GIVE ORS/ THANZI | A. FEVER | | | |
| | B. Fish | | | | | B. GIVE LESS FOOD THAN USUAL | B. FEELING COLD |
| | C. Eggs | B. Green leafy vegetables | C. GIVE SAME QUANTITY OF FOOD AS USUAL | C. HEADACHE | | | |
| | D. Breast milk | C. Eggs | | | D. GIVE MORE FOOD THAN USUAL | D. NAUSEA/VOMITING | |
| | E. Cow's milk | D. Liver | E. GIVE LESS LIQUIDS THAN USUAL | E. DIARRHEA | | | |
| | F. Beans/lentils | E. Breast milk | F. GIVE THE SAME AMOUNT OF LIQUID AS USUAL | F. DIZZINESS | | | |
| | G. Blood from cattle or other animals | F. Cow's milk | | | G. LOSS OF APPETITE | | |
| | H. Don't know | H. Don't know | | H. BODY ACHE OR JOINT PAIN | | | |
| | | | G. GIVE MORE LIQUID THAN USUAL | I. PALE EYES | | | |
| | | | H. KEEP BREASTFEEDING | J. SALTY-TASTING PALMS | | | |
| | | | i. INCREASE BREASTFEEDING. | K. FEELING WEAK | | | |
| | | | j. GIVE SYRUP | L. REFUSE TO EAT OR DRINK | | | |
| | | | K. GIVE TRADITIONAL MEDICATION | M. OTHER (SPECIFY) | | | |
| | | | L. GIVE TREATED WATER | N. DON'T KNOW | | | |
| | | | M. GIVE CARROT JUICE OR RICE WATER | | | | |
| | | | N. OTHER (SPECIFY) | | | | |
| | | | O. DON'T KNOW | | | | |

MODULE 4B: CHILD HEALTH KNOWLEDGE

| [MARK ALL ANSWERS GIVEN. DO NOT MAKE SUGGESTIONS. PROBE FOR ADDITIONAL ANSWERS.] | | | | | | | |
|---|--|--|--|--|--|--|--|
| 27 | | 28 | | 29 | | 30 | |
| What do you think is the cause of malaria? Anything else? [DO NOT PROMPT. RECORD ALL MENTIONED] | | How can someone protect themselves against malaria? Anything else? [DO NOT PROMPT. RECORD ALL MENTIONED] | | Have you ever heard of an illness called tuberculosis or TB? YES....1 NO....2 <<END OF SECTION | | How does tuberculosis spread from one person to another? Anything else? [MARK "1" NEXT TO EACH ITEM FOR ALL ANSWERS GIVEN. DO NOT MAKE SUGGESTIONS. PROBE FOR ADDITIONAL ANSWERS.] | |
| ITEM | | ITEM | | | | ITEM | |
| A. MOSQUITO BITES | | A. SLEEP UNDER A MOSQUITO NET | | | | A. THROUGH THE AIR WHEN COUGHING OR SNEEZING | |
| B. EATING IMMATURE SUGARCANE | | B. SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET | | | | B. THROUGH SHARING UTENSILS | |
| C. EATING COLD N'SIMA | | C. USE MOSQUITO REPELLANT | | | | C. THROUGH TOUCHING A PERSON WITH TB | |
| D. EATING DIRTY FOOD | | D. AVOID MOSQUITO BITES | | | | D. THROUGH FOOD | |
| E. DRINKING DIRTY WATER | | E. TAKE PREVENTIVE MEDICATION | | | | E. THROUGH SEXUAL CONTACT | |
| F. GETTING SOAKED IN RAIN | | F. SPRAY HOUSE WITH INSECTICIDE | | | | F. THROUGH MOSQUITO BITES | |
| G. COLD OR CHANGING WEATHER | | G. USE MOSQUITO COILS | | | | G. DON'T KNOW | |
| H. WITCHCRAFT | | H. CUT GRASS AROUND THE HOUSE | | | | H. OTHER (SPECIFY) | |
| I. OTHER (SPECIFY) | | I. FILL IN PUDDLES (STAGNANT WATER) | | | | | |
| J. DON'T KNOW | | J. KEEP HOUSE AND SURROUNDINGS CLEAN | | | | | |
| | | K. BURN LEAVES/ DUNG | | | | | |
| | | L. AVOID DRINKING DIRTY WATER | | | | | |
| | | M. AVOID EATING BAD FOOD | | | | | |
| | | N. PUT SCREENS ON WINDOWS | | | | | |
| | | O. AVOID GETTING SOAKED IN RAIN | | | | | |
| | | P. OTHER (SPECIFY) | | | | | |
| | | Q. DON'T KNOW | | | | | |

MODULE 5: FERTILITY

ASK FOR ALL RESIDENT WOMEN AGE 12-49.

Q7 & Q9, CAN NOT BE LESS THAN THE NUMBER AT BASELINE (2013).

| I D C O D E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------------|--------------------------------|--|-------------------------|---|--|--|--|--|--|---|
| | Has [NAME] ever been pregnant? | At what age did [NAME] first get pregnant? | Is [NAME] pregnant now? | How many months pregnant is [NAME]? ENTER TOTAL NUMBER OF COMPLETED MONTHS. IF LESS THAN A MONTH, RECORD '00' DON'T KNOW...97 | Has [NAME] sought any antenatal care for this pregnancy? If so from whom did [NAME] seek care? [RECORD UP TO FOUR.] DOCTOR.....1 NURSE.....2 MIDWIFE.....3 CLINICAL OFFICER..4 TRADITIONAL BIRTH ATTENDANT.....5 RELATIVE/FRIEND..6 NO ONE.....7 >>Q7 OTHER (SPECIFY)..8 DON'T KNOW.....97 >>Q7 | How many months pregnant was [NAME] when she first received antenatal care for this pregnancy? DON'T KNOW..97 | Has [NAME] ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? WRITE 0 IF NONE DON'T KNOW..97 | Has [NAME] ever given birth to live births? If yes, how many? [PROBE: Was there any baby who cried or showed signs of life at birth, whether or not it survived?] WRITE 0 IF NONE >> NEXT MODULE | Has [NAME] ever given birth to a boy or girl who was born alive but later died? WRITE 0 IF NONE | How many children to whom [NAME] has given live birth are currently alive? [MUST EQUAL DIFFERENCE BETWEEN Q8 AND Q9] |
| | | AGE IN YEARS | | | | MONTHS PREG | NUMBER | NUMBER | NUMBER | NUMBER |
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MODULE 6A: TIME USE

ENUMERATOR: ASK OF ALL HH MEMBERS 6 YEARS OF AGE & ABOVE (INCLUSIVE). FIRST IDENTIFY ID CODES FOR ALL HH MEMBERS AGE 6 AND ABOVE, THEN PROCEED WITH QUESTION 1.

| I D C O D E | LAST 24 HOURS | | | PAST SEASON | | | LAST SEVEN DAYS | | | | | |
|---|--|--|---|---|--|--|---|---|---|--|--|--|
| | DOMESTIC CHORES | | | FARMING | | | FISHING | OTHER ACTIVITIES | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | How many hours did [NAME] spend <u>yesterday</u> <u>collecting water</u> ? | How many hours did [NAME] spend <u>yesterday</u> <u>collecting firewood</u> (or other fuel materials)? | How many hours did [NAME] spend <u>yesterday</u> <u>taking care of children</u> , <u>cooking</u> or <u>cleaning</u> ? | How many days in the past rainy season did [NAME] spend in land preparation or planting (e.g. ploughing)? | How many days in the past rainy season did [NAME] spend in weeding, fertilizing, other non-harvest work? | How many days in the past rainy season did [NAME] spend in harvesting? | How many days in the <u>past week</u> did [NAME] spend in fishing activities? | How many hours in the <u>last seven days</u> did [NAME] <u>run</u> or <u>help</u> in any of the household's non-agricultural or non-fishing <u>household businesses</u> ? | How many hours in the <u>last seven days</u> did [NAME] spend in livestock herding, preparing fodder or other livestock activities for the <u>household</u> ? | How many hours in the <u>last seven days</u> did [NAME] spend collecting nuts or other tree fruits, honey, or other products from forests, either for food consumption, medicine or sales for the <u>household</u> ? | How many hours in the <u>last seven days</u> did [NAME] <u>engage in</u> casual, part-time or <u>ganyu labour</u> outside the household? | How many hours in the <u>last seven days</u> did [NAME] <u>do any work for a wage, salary, commission</u> , or any payment in kind, <u>excluding ganyu labor</u> , for <u>anyone who is not a member of your household</u> ? |
| [IF SPENT MORE THAN 0 BUT <1 HOUR, ENTER "1"] | [IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | [IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | | | | | | | | | | |
| HOURS | HOURS | HOURS | DAYS | DAYS | DAYS | DAYS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS |
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MODULE 6B: LABOUR

ENUMERATOR: ASK OF ALL HH MEMBERS 10 YEARS OF AGE & ABOVE (INCLUSIVE). FIRST IDENTIFY ALL APPLICABLE ID CODES, THEN PROCEED WITH QUESTION 13.

| LAST 12 MONTHS | | | | | | | | | |
|--------------------------------|---|---|--|--|---|---|---|--|--|
| WAGE LABOR | | | | GANYU LABOR | | | | | |
| I D C O D E | 13 | 16 | 17 | 18 | 21 | 22 | 23 | 24 | 25 |
| | At any time over the last 12 months, was [NAME] employed for a wage, salary, commission or any payment in kind, excluding <i>ganyu</i> labor, for anyone who is not a member of your household? | In the last 12 months, approximately how many months did [NAME] work at this job? | In the last 12 months, approximately how many weeks per month did [NAME] work at this job? | In the last 12 months, approximately how many days per week did [NAME] work at this job? | At any time over the last 12 months did [NAME] do any <i>ganyu</i> labour for anyone who is not a member of your household? | In the last 12 months, approximately how many months did [NAME] do <i>ganyu</i> labour? | In the last 12 months, approximately how many weeks per month did [NAME] do <i>ganyu</i> labor? | In the last 12 months, approximately how many days per week did [NAME] do <i>ganyu</i> labour? | What was the average daily wage, in cash or in kind, that [NAME] received for the days worked at <i>ganyu</i> labor during the last 12 months? |
| | YES...1 NO...2 >> Q21 | | | | Yes...1 No...2 >> NEXT PERSON / MODULE | | | | |
| | MONTHS/ YEAR | WEEKS/ MONTHS | DAYS/ WEEKS | | MONTHS/ YEAR | WEEKS/ MONTHS | DAYS/ WEEKS | MWK | |
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MODULE 7: HOUSEHOLD ENTERPRISES

ENUMERATOR: ASK THE MAIN RESPONDENT.

1. Over the past 12 months has anyone in your household operated any (non-farm) income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?

(Enterprises might include, for example, making bricks or charcoal; mason; firewood selling; metalwork; tailoring; repair work; food processing, petty trading, food selling or trading, etc.)

YES=1
NO=2 >>NEXT MODULE

| 2 | | 3a | | 4 | 7 | | 8 | | |
|-----------------|--|---|--------------------------|--|---|--|---|--------------|---------------|
| ENTERPRISE CODE | What income-generating enterprises did individuals in your household <u>operate</u> over the past 12 months? [ENUMERATOR:COLLECT INFORMATION ON 3 MOST IMPORTANT ENTERPRISES HERE BEFORE GOING ON TO Q3a. IF >3, SELECT THOSE WITH HIGHEST REVENUE] [SEE CODES BELOW] | Who makes the decisions for this business? | | How many months during the past 12 months did [NAME] operate this enterprise? | X | | How many years and months has this enterprise been in existence since opening? | | |
| | WRITTEN DESCRIPTION | BUSINESS CODE | HH MEMBER ID CODE | | | | MONTHS | YEARS | MONTHS |
| | 1 | | | | | | | | |
| | 2 | | | | | | | | |
| 3 | | | | | | | | | |

BUSINESS CODES

- | | | | | | |
|--------------------------|-----------------------------|------------------------------|---|--------------------------------------|-----------------------|
| 1=Tuck Shop | 2=Petty trader | 3=Butchery | 4= Bottle Shop/Grocery | 5= Clothing/Shoe Store | 6=Hardware Store |
| 7=Ag inputs Store | 8=Selling Airtime | 9= Mill | 10= Charcoal/ Firewood | 11=Mechanic/tire repair | 12=Traditional healer |
| 13= Taxi/transportation | 14=Bar/Restaurant/Take-Away | 15= Electronics/phone repair | 16=Agricultural inputs and tools rental | 17=Seamstress/tailor/clothes repair | 18=Hairdresser/Barber |
| 19= Making Bricks | 20. Home Brewery | 21=Construction | 22=Carpenter | 23=Crafts (basket/ reedmat making..) | 24=Fishmonger |
| 25. Other(specify):_____ | | | | | |

MODULE 7: HOUSEHOLD ENTERPRISES

| E N T E R P R I S E C O D E | 9 | 10 | 10a | 10b | | 14 | 15 | 16a | 16b |
|--|---|--|--|--|--|--|--|---|-----|
| | What was the main source of <u>start-up capital</u> for this enterprise? 1. LOAN FROM FAMILY/FRIENDS 2. GIFT FROM FAMILY/FRIENDS 3. SALE OF ASSETS OWNED 4. PROCEEDS FROM ANOTHER BUSINESS 5. OWN SAVINGS 6. CREDIT, FROM BANK 7. CREDIT, OTHER FINANCIAL INSTITUTION 8. LOAN FROM MONEY LENDER/TRADE MAN 9. CREDIT, OTHER (Specify) 10. RESOURCES FROM NGO 11. RESOURCES FROM SCT PROGRAM 12. RESOURCES FROM OTHER GOV PROGRAM 13. ROTATING SAVINGS & CREDIT (CHIPELENGANYU) 14. NONE 15. OTHER (SPECIFY) 16. VILLAGE SAVINGS & LOAN | Do you own any assets that were purchased for the business or any that are used primarily for the business (e.g. storefront, vehicle, generator)? 1. YES 2. NO >>Q14 | Did you purchase any of these assets in the past 12 months? 1. YES 2. NO >>Q14 | How much did you spend on these assets? MWK | | How much did you spend on inputs or items for resale in the last month of operation (excluding hired labor)? [ENUMERATOR: IF INPUTS ARE HOME PRODUCED, ASK FOR VALUE.] MWK | What were the total sales for the enterprise last month in operation? MWK | What was the amount you earned or lost from this enterprise over the last operating month? [INDICATE FIRST WHETHER PROFIT OR LOSS, THEN CORRESPONDING AMOUNT.] 1. PROFIT 2. LOSS 3. BREAKEVEN [ENTER '0000' FOR MWK] >>>NEXT ENTERPRISE PROFIT/LOSS | MWK |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

| MODULE 8: TRANSFERS RECEIVED & MADE | | | |
|-------------------------------------|---|---|--|
| TRANSFERS RECEIVED | | | |
| TRANSFER TYPE ID | TRANSFER TYPE | 1 | 2 |
| | | ENUMERATOR: PLEASE ASK FOR TRANSFERS FROM INDIVIDUALS WHO DO NOT LIVE IN THE HOUSEHOLD. THIS CAN BE FAMILY, FRIENDS OR NEIGHBORS. [ASK Q1 FOR EACH TRANSFER TYPE. IF 'YES', ASK Q2 & 3. IF "NO" SKIP TO Q4.] [DO NOT INCLUDE LOANS, SCT, FISP OR OTHER PROGRAMS!!!] | During the last 12 months, did you or any members of your household receive any [TRANSFER TYPE]? YES=1 NO=2 >> Q4 |
| | | | 4 If you did not receive any [TRANSFER TYPE], is there someone you could ask to provide [TRANSFER TYPE] in case of need? YES.....1 NO.....2 |
| | | | MWK |
| 1 | Cash Transfers | | |
| 2 | Food or other consumables | | |
| 3 | Labor or time | | |
| 4 | Agricultural implements OR inputs | | |
| TRANSFERS MADE | | | |
| TRANSFER TYPE ID | TRANSFER TYPE | 5 | 6 |
| | ENUMERATOR: PLEASE ASK FOR TRANSFERS TO INDIVIDUALS WHO DO NOT LIVE IN THE HOUSEHOLD. THIS CAN BE FAMILY, FRIENDS OR NEIGHBORS. [ASK Q5 FOR EACH TRANSFER TYPE. IF 'YES', ASK Q6 & 7. IF "NO" >>NEXT MODULE.] | During the last 12 months, did you or any members of your household provide any [TRANSFER TYPE]? YES=1 NO=2 >> NEXT TRANSFER TYPE | How much [TRANSFER TYPE] did your household provide in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS MADE |
| | | | MWK |
| 1 | Cash Transfers | | |
| 2 | Food or other consumables | | |
| 3 | Labor or time | | |
| 4 | Agricultural implements OR inputs | | |
| MODULE 9: OTHER INCOME | | | |
| Source ID | SOURCE | 1 | 2 |
| | | During the last 12 months, did you or any members of your household receive any [SOURCE]? YES=1 NO=2 >> NEXT SOURCE OF INCOME/ MODULE | How much [SOURCE] did your household receive in total during the last 12 months? |
| | | | MWK |
| 1 | Income from rentals (land, animals, machinery) | | |
| 2 | Income from selling assets | | |
| 3 | Pension from government or private sector | | |

MODULE 10: CREDIT

| 1 | 2 | 3 | 4 | 6 | 8 |
|---|---|---|--|--|---|
| <p>Does your household still owe money for any loan contracted before June 2013?</p> <p>1. Yes 2. No >> Q3</p> | <p>How much does your household still owe?</p> | <p>In the last 12 months did you or anyone in your household borrow money from any person or institution (excluding purchase on credit)?</p> <p>1. Yes >>Q10 and report only two largest loans 2. No</p> | <p>In the last 12 months, did you or anyone in your household apply for a loan?</p> <p>1. Yes >>Q17 2. No</p> | <p>Would someone lend to you or anyone in your household if you applied?</p> <p>1. Yes >> Q17 2. No</p> | <p>If you were certain you could obtain a loan would you apply for one?</p> <p>1. Yes 2. No</p> <p>NOW SKIP TO >>Q17</p> |
| | MWK | | | | |
| | | | | | |

MODULE 10: CREDIT

| ENUMERATOR: FOR EACH SOURCE OF LOAN, ASK MAIN RESPONDENT ABOUT TWO LARGEST LOANS. | | | | | | | | |
|--|--|--|---|---|--|---|---|--|
| L O A N I D | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| | Who in the household received each loan? [REPORT THE ROSTER ID CODE] | Who provided the loan? 1. Relative 2. Neighbor 3. Grocery/ local merchant 4. Money lender 5. Employer 6. Religious institution 7. Bank 8. Village Savings & Loan 9. Other (specify) | What was the loan used for? 1. Farm activity 2. Off-Farm business activity 3. Education 4. Consumption 5. Buy or improve land/building/equip. 6. Health 7. Other (specify) | How much was borrowed, in the last 12 months? | Do you have to pay interest on this loan? 1. Yes 2. No | How much do you still owe? [INCLUDE BOTH INTEREST AND CAPITAL] | Would you have wanted a larger loan at the same interest rate? 1. Yes 2. No >>NEXT LOAN or Q17 | |
| | ROSTER ID | | | MWK | | MWK | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |

| PURCHASES ON CREDIT (LAST 12 MONTHS) | | | | | | | | |
|--|---|--|---|--|--|---|---|---|
| | | | | | ENUMERATOR: ASK FOR LAST TIME CREDIT WAS OBTAINED IN LAST 12 MONTHS | | | |
| 17 | 18 | 20 | 22 | 24 | 25 | 26 | 27 | 28 |
| In the last 12 months, has anyone in your household purchased food or other goods on credit? 1. Yes >> Q24 2. No | In the last 12 months has anyone in your household asked to purchase on credit and been denied? 1. Yes >> NEXT MODULE 2. No | Could you purchase on credit if you asked? 1. Yes >> NEXT MODULE 2. No | If you were certain to gain approval to purchase on credit, would you ask? 1. Yes 2. No >> GO TO NEXT MODULE | What was the credit used for? 1. Farm activity 2. Off-Farm business activity 3. Education 4. Consumption 5. Buy or improve land/building/equip 6. Health 7. Other (specify) | How much overall has your household purchased with the most recent credit? MWK | How much have you paid back on these purchases from the most recent credit? MWK | How much do you still owe on these purchases for the most recent credit? [Difference of Q25 & Q26] MWK | Could you have purchased more on credit? 1. Yes 2. No |
| | | | | | | | | |

MODULE 11: EXPECTATIONS (CHIYEMBEKEZO)

ENUMERATOR: ASK MAIN RESPONDENT. "Now I am going to ask you some questions about what you think of the future, how you feel, and certain decisions you would make."

1. ID CODE of Respondent: **"Tsopano tikambirana zamalingaliro a tsogolo lanu, mmene mukumvera ndi zisankho zina zomwe mungapange."**

| | | |
|--|-----------------|------------|
| 1a. Is your life better than it was 1 year ago?/ Kodi moyo wanu uli bwino panopa kusiyana ndi chaka chatha? | YES...1 NO....2 | |
| 2. Do you think your life will be better in [...] from now? / Kodi mukuganiza kuti moyo wanu ukhala bwino [chaka] kuchokera pano? | YES....1 | A. 1 YEAR |
| | NO....2 | B. 2 YEARS |
| | | C. 3 YEARS |

Q3-12 Enumerator script: "I am going to read some statements. Please tell me the extent to which you agree with the statement." [SHOW CARD WITH BARS TO PERSON.] "ONE means you STRONGLY DISAGREE and FIVE means you STRONGLY AGREE. The higher the bar (number) the more you agree with the statement". [ENTER CODES 1-5 TO THE RIGHT OF THE QUESTION.]

| | |
|--|--|
| 3. In most ways my life is close to ideal. | Munjira zambiri moyo wanga uli pafupifupi mmene ndimafunira |
| 4. The conditions in my life are excellent. | Moyo wanga uli mchimake. |
| 5. I am satisfied with my life. | Ndine okhutitsidwa ndi moyo wanga. |
| 6. So far I have gotten the important things I want in life. | Pakadali pano ndili ndi zinthu zofunikira mmoyo wanga. |
| 7. If I could live my life over, I would change almost nothing. | Nditati ndikhalenso moyo wanga, sindingasithe kanthu. |
| 8. I feel positive about my future. | Ndikuona ngati ndili ndi tsogolo labwino. |
| 9. I generally feel happy. | Nthawi zambiri ndimakhala osangalala. |
| 10. I am satisfied with my health. | Ndine okhutitsidwa ndi umoyo wanga. |

Q10a & b: "These questions refer to the last 12 months. Answer YES or NO."

| | |
|--|-----------------|
| 10a. In the past year did you have a food shortage at any time? | YES...1 NO....2 |
| 10b. In the past year did you seek financial help from anyone? | YES...1 NO....2 |

Q11-12 "Now I will ask you about HOW LIKELY you think it is that these events will occur in the next year. The HIGHER THE NUMBER/ BAR, THE MORE CERTAIN THEY WILL OCCUR. [1-5.]

| |
|---|
| 11. In the next year what is the chance you will have a food shortage? / Mu chaka chikubwerachi nkuthekera kotani kapena mpata otani kuti chakudya chidzakuperewerani? |
| 12. In the next year, what is the chance you will need to seek financial assistance from someone? / Mu chaka chikubwerachi nkuthekera kotani kapena mpata otani kuti mutha kudzapempha chithandizo cha ndalama kuchokera kwa munthu wina ndi wotanio? |

Q 13-16 Enumerator script: "Next I will ask you to tell me how often you've had certain feelings in the last month". [SHOW CARD] "1 = NEVER and 5 =ALWAYS". [ENTER CODES 1-5.]

| |
|---|
| 13a. In the last month, how often have you been upset because of something that happened unexpectedly? / Mmwezi wathawu, ndi mowirikiza bwanji pamene mwakhalako okhumudwaa chifukwa cha zinthu zochitika mwadzidzidzi? |
| 13. In the last month, how often have you felt that you were unable to control the important things in your life? / Mmwezi wathawu, ndi mowirikiza bwanji pamene mumaona kuti mumalephera kuwongolera zinthu zofunikira mmoyo mwanu? |
| 13b. In the last month, how often have you felt nervous and "stressed"? / Mmwezi wathawu ndi mowirikiza bwanji mmene mumakhala ndi nkhwawa? |
| 14. In the last month, how often have you felt confident about your ability to handle your personal problems?/ Mmwezi wathawu, ndi mowirikiza bwanji pomwe munazikhulupirira kuti mukhoza kuthana ndimavuto anu? |
| 15. In the last month, how often have you felt that things were going your way? Mmwezi wathawu, ndi mowirikiza bwanji momwe munaona kuti zinthu zimakuyenderani? |
| 15a. In the last month, how often have you found that you could not cope with all the things that you had to do?/ Mmwezi wathawu ndi mowirikiza bwanji pamene mumalephera kukwanilitsa zinthu zonse zomwe mumayenera kuchita? |
| 15b. In the last month, how often have you been able to control irritations in your life?/ Mu mwezi wathawu ndi mowirikiza bwanji pamene mumatha kuzigwira zinthu zosowesta mtendere/zosasangalatsa zikachitika mmoyo mwanu? |
| 15c. In the last month, how often have you felt that you were on top of things?/ Mu mwezi wathawu ndi mowirikiza bwanji pamene munaona kuti munapambana pa zinthu zambiri? |
| 15d. In the last month, how often have you been angered because of things that were outside of your control? / Mu mwezi wathawu ndi mowirikiza bwanji pamene munakwiyitsidwa chifukwa cha zinthu zimene simukanatha kuchitapo kanthu? |
| 16. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?/ Mmwezi wathawu, ndi mowirikiza bwanji mumaona kuti mavuto anakuchulukirani mpakana kulephera kuthana nawo? |

MODULE 11: EXPECTATIONS (CHIYEMBEKEZO) (CONTINUED)

17. Now I am going to ask you about a hypothetical situation. Please think about what you would do if this situation were to occur. Suppose you suddenly find that a relative has left you MWK 10,000. You can choose to receive the MWK 10,000 now or an amount at a later date? What would you choose? This is not a real situation and there is no real money./

“Tsopano tikambirana za nkhani yongoyerekeza. Ndipo ndipo ndikufiuna kumva maganizo anu kuti inu mukapanga chani. Tiyerekeze kuti mbale wanu wakusiyilani ndalama zokwana MK10,000. Inuyo mili ndi ufulu wotenga ndalama nthawi yomweyo kapena ndalama nthawi ina mtsogolo. Kodi inuyo mungasankhe chani.”

- | | | | | |
|------------------------|----|--|----|--|
| A. 1. MWK 10,000 today | or | 2. MWK 10,000 in one month. Which do you choose? | A. | |
| B. 1. MWK 10,000 today | or | 2. MWK 20,000 in one month. Which do you choose? | B. | |
| C. 1. MWK 10,000 today | or | 2. MWK 17,000 in one month. Which do you choose? | C. | |
| D. 1. MWK 10,000 today | or | 2. MWK 40,000 in one month. Which do you choose? | D. | |
| E. 1. MWK 10,000 today | or | 2. MWK 13,000 in one month. Which do you choose? | E. | |
| F. 1. MWK 10,000 today | or | 2. MWK 25,000 in one month. Which do you choose? | F. | |

MODULE 11B: ASPIRATIONS & EXPECTATIONS FOR YOUTH

[ENUMERATOR, PLEASE LIST THE PID OF 3 HOUSEHOLD RESIDENTS AGE 18 OR YOUNGER BELOW AND ASK THE RESPONDENT THESE QUESTIONS. IF THERE ARE MORE THAN 3, CHOOSE THE 3 OLDEST.]

“I am going to ask you a series of questions about your ideal situation for these young people and what you actually expect will happen to them.”

EXPECTATIONS:

“Now I am going to ask you questions about the reality of what you believe will happen to these same young people living in your household.”

| 1 | 4 | 5 |
|---------|--|--|
| ID CODE | What level of formal education do you think [NAME] will <u>ACTUALLY</u> complete? | At what age do you think [NAME] will <u>ACTUALLY</u> get married? |
| | Kodi mukuganizira kuti [DZINA] aza lekezera pati maphunziro ake? [SEE EDUCATION LEVEL CODES BELOW.] | Kodi mukuganizira kuti [DZINA] azakwatira ali ndi zaka zingati? [CODED IN YEARS; 98 =ALREADY MARRIED; 97 =NEVER GET MARRIED.] |
| | | AGE IN YEARS |
| A. | | |
| B. | | |
| C. | | |

ASPIRATIONS:

“These questions are about your ideal situation and aspirations for these young people living in your household.”

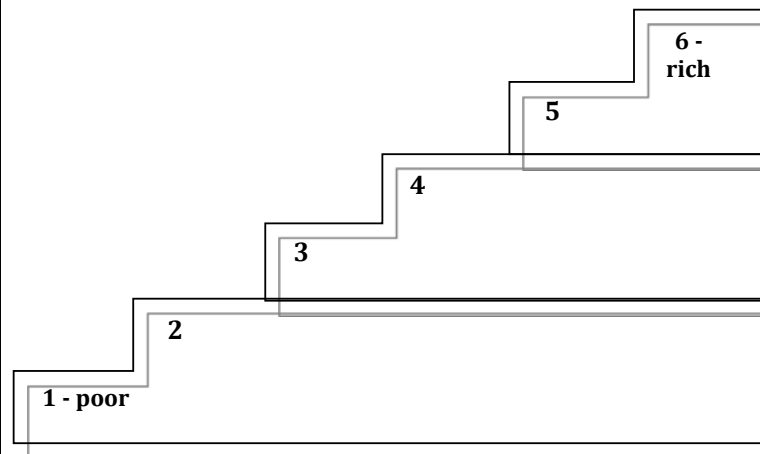
| 2 | 3 |
|--|---|
| <u>IDEALLY</u> , what level of formal education would you like [NAME] to complete? Kodi mungakonde [DZINA] atafika pati ndi maphunziro ake? [SEE EDUCATION CODES BELOW.] | <u>IDEALLY</u> , at what age would you like [NAME] to get married? Kodi mungakonde [DZINA] atakwatira ali ndi zaka zingati? [CODED IN YEARS; 98 =ALREADY MARRIED; 97 =NEVER GET MARRIED.] |
| | AGE IN YEARS |
| | |
| | |
| | |

EDUCATION LEVEL CODES

| NURSERY/PRE-SCHOOL-0 | <u>SECONDARY</u> | <u>UNIVERSITY</u> | <u>TRAINING COLLEGE</u> |
|----------------------|------------------|----------------------|-------------------------|
| <u>PRIMARY</u> | FORM 1 - 9 | UNIV. 1 - 15 | TC YR. 1 - 20 |
| STND. 1 - 1 | FORM 2 - 10 | UNIV. 2 - 16 | TC YR. 2 - 21 |
| STND. 2 - 2 | FORM 3 - 11 | UNIV. 3 - 17 | TC YR. 3 - 22 |
| STND. 3 - 3 | FORM 4 - 12 | UNIV. 4 - 18 | TC YR. 4 - 23 |
| STND. 4 - 4 | FORM 5 - 13 | UNIV. 5 & ABOVE - 19 | |
| | FORM 6 - 14 | | NONE...99 |

MODULE 12: SUBJECTIVE ASSESSMENT OF WELL-BEING

| 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|
| <p>Imagine six steps. On the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich.</p> <p>SHOW THE RESPONDENT THE PICTURE OF THE STEPS TO THE RIGHT.</p> | | | <p>In the past year, would you say alcohol consumption in your community has:</p> <p>Increased....1</p> <p>Stayed the same....2</p> <p>Decreased....3</p> <p>Don't know...7</p> | <p>In the past year, would you say domestic violence in your community has:</p> <p>Increased....1</p> <p>Stayed the same....2</p> <p>Decreased....3</p> <p>Don't know...7</p> |
| On which step are you today? | On which step are most of your neighbors today? | On which step are most of your friends today? | | |
| | | | | |



MODULE 13: FOOD SECURITY

| | | | | | | ONLY FOR HOUSEHOLDS WITH MEMBERS AGE 0-15; CHECK ROSTER | |
|--|--|--|---|--|--|---|---|
| 1 | 1A | 1B | 2 | 3 | 4 | 5 | 6 |
| <p>In the past 7 days, did you worry that your household would <u>not</u> have enough food?</p> <p>YES..1 NO...2</p> | <p>In the past 7 days did you ever have to skip a meal because there was not enough money for food?</p> <p>YES....1 NO.....2</p> | <p>In the past 7 days, did you eat less than you thought you should because of a lack of money?</p> <p>YES....1 NO.....2</p> | <p>How many meals, including breakfast are taken per day in your household?</p> | <p>For how many months did the maize from this harvest (2013-14) last?</p> <p>[If still has maize in grainary write 99 and go to Q4, OTHERWISE>> Q5]</p> | <p>The maize <u>currently</u> in the grainery will last for how many months?</p> | <p>In the past 7 days did any children (ages 0-15) ever have to skip a meal because there was not enough money for food?</p> <p>YES....1 NO.....2</p> | <p>In the past 7 days, did any children (age 0-15) eat less than you thought they should because of a lack of money?</p> <p>YES....1 NO.....2</p> |
| | | | NUMBER OF MEALS | MONTHS | MONTHS | | |
| | | | | | | | |

MODULE 14: SOCIAL SAFETY NETS

ENUMERATOR: ASK MAIN RESPONDENT

| CODE | PROGRAMME | 1 | 2 | | |
|------|--|---|---|--------------|--------------------------------|
| | | In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]? | In the last 12 months, what was the total assistance received from [PROGRAMME]? | | |
| | | | YES...1 NO...2 >>NEXT PROGRAMME | CASH MWK | IN-KIND CASH VALUE - MWK |
| 101 | Free maize | | | | |
| 102 | Free food (other than maize) | | | | |
| 103 | Food/Cash-for-Work Programme (e.g., MASAF - Public Works Programme [PWP]) | | | | |
| 105 | School Feeding Programme | | | | |
| 106 | Free distribution of likuni phala to children and mothers (Targeted Nutrition Programme [TNP]) | | | | |
| 107 | Supplementary feeding for malnourished children at a nutritional rehabilitation unit | | | | |
| 108 | Scholarships/Bursaries for secondary education (e.g., CAMFED) | | | | |
| 111 | Malawi Social Cash Transfer Programme (SCTP) | | | | |
| 112 | Community Based Childcare (CBCC) | | | | |
| 113 | Direct cash transfers from others (development partners, NGOs) | | | | |
| 114 | Vouchers or coupons to buy fertilizers or seeds (FISP) | | | | |
| 115 | Other (Specify) _____ | | | | |

MODULE 14A: ACCESS TO FACILITIES AND PROGRAMS

INTRODUCTION: I am now going to ask you questions about distances to various facilities

| | | 1 | 2 | 3a | 3b |
|---------------|---|--|---|---|--|
| Facility Code | Facility Type | Do you know where the nearest [FACILITY] is located? YES. 1 NO....2 >> NEXT FACILITY [READ OUT FACILITIES.] | How far is it to the nearest [FACILITY]? [GIVE DISTANCE IN KM. IF <1 KM, ENTER 00. IF >90KM ENTER 90. IF DON'T KNOW=99] | If you were to go there using normal means how much time would it take you? NUMBER OF MINUTES | Indicate normal or likely means of transportation. Normal means: ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 OX CART..4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7 |
| 1.01 | Food Market | | | | |
| 1.02 | CBCC/ Preschool (under age 6) | | | | |
| 1.03 | Junior Primary School (Std. 1 – 5) | | | | |
| 1.04 | Full Primary School (Std. 1-8) | | | | |
| 1.05 | Private Primary School | | | | |
| 1.06 | Community Day Secondary School (Form 1-4) | | | | |
| 1.07 | District Secondary School (Day) | | | | |
| 1.08 | District Secondary School (Boarding) | | | | |
| 1.08 | Private Secondary School | | | | |
| 1.09 | Health Facility (Health post/ center/ clinic/ hospital) | | | | |
| 1.10 | Bank | | | | |
| 1.11 | Public transport (road, or rail, or water transport) | | | | |
| 1.12 | Pharmacy | | | | |

MODULE 15: SHOCKS & COPING STRATEGIES

ENUMERATOR: ASK MAIN RESPONDENT.

| SHOCK ID | SHOCK | 1 | 2 | COPING STRATEGY ID: 1.RELIED ON OWN-SAVINGS 2.RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS 3.RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT 4.RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION 5.CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.) 6.EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT 7.ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK 8.HOUSEHOLD MEMBERS MIGRATED 9.REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION 10.OBTAINED CREDIT/ TOOK LOAN 11.SOLD AGRICULTURAL ASSETS 12.SOLD DURABLE ASSETS 13.SOLD LAND/BUILDING 14.SOLD CROP STOCK 15.SOLD LIVESTOCK 16.INTENSIFIED FISHING/ FARMING 17.SENT CHILDREN TO LIVE ELSEWHERE 18.ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS 19.DID NOT DO ANYTHING 20. SCT PAYMENT 21.OTHER (SPECIFY) |
|----------|--|--|--|--|
| | | During the last 12 months , was your household affected negatively by any of the following [SHOCK]? Yes....1 No.....2 >> NEXT SHOCK | What did your household do in response to this [SHOCK] to try to regain your former welfare level? NOTE THE MOST IMPORTANT COPING STRATEGY FOR THE SHOCK. IF SHOCK HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. USE CODES ON THE RIGHT. | |
| 101 | Drought/Irregular rains | | | |
| 102 | Floods/Landslides | | | |
| 103 | Unusually high level of crop OR livestock pests or disease | | | |
| 104 | Unusually low prices for agricultural output | | | |
| 105 | Unusually high costs of agricultural inputs | | | |
| 106 | Unusually high prices for food | | | |
| 107 | End of regular assistance/aid remittances from outside household | | | |
| 109 | Serious illness or accident of household member(s) | | | |
| 110 | Birth in the household | | | |
| 111 | Death of household income earner(s) | | | |
| 112 | Break-up of household | | | |
| 113 | Theft of money/valuables/assets/agricultural output | | | |
| 115 | Other (Specify) | | | |

MODULE 16A: EXPENDITURES- FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: THE QUANTITY CONSUMED NOTED IN Q2 SHOULD BE EQUAL TO THE SUM OF Q3, Q5, AND Q7. USE SAME UNIT CODE ACROSS ENTIRE ROW.

| ITEM CODE | Over the past one week (7 days), did you or others in your household consume any [...]? [INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
|--|--|------------------------------------|--|-------------------------------|---|------------------------------------|---|---|-----|----------|------|
| | | YES..1 NO...2>> NEXT ITEM | How much in total did your household consume in the past week? | How much came from purchases? | How much did you spend? [Refers to Q3] | How much came from own-production? | How much would this cost if you were to buy it? [Refers to Q5] | How much came from gifts and other sources? | | | |
| | | QUANTITY | UNIT | QUANTITY | UNIT | MWK | QUANTITY | UNIT | MWK | QUANTITY | UNIT |
| Cereals, Grains and Cereal Products | | | | | | | | | | | |
| 101 | Maize <i>ufa mgaiwa</i> (normal flour) | | | | | | | | | | |
| 102 | Maize <i>ufa</i> refined (fine flour) | | | | | | | | | | |
| 103 | Maize <i>ufa madeya</i> (bran flour) | | | | | | | | | | |
| 104 | Maize grain (not as <i>ufa</i>) | | | | | | | | | | |
| 105 | Green maize | | | | | | | | | | |
| 106 | Rice | | | | | | | | | | |
| 107 | Finger millet (<i>mawere</i>) | | | | | | | | | | |
| 108 | Sorghum (<i>mapira</i>) | | | | | | | | | | |
| 109 | Pearl millet (<i>mchewere</i>) | | | | | | | | | | |
| 110 | Wheat flour | | | | | | | | | | |
| 111 | Bread | | | | | | | | | | |
| 112 | Buns, scones | | | | | | | | | | |
| 113 | Biscuits | | | | | | | | | | |
| 114 | Spaghetti, macaroni, pasta, noodles | | | | | | | | | | |
| 115 | Breakfast cereal | | | | | | | | | | |
| 116 | Infant feeding cereals | | | | | | | | | | |
| 117 | Other (specify) | | | | | | | | | | |
| Roots, Tubers, and Plantains | | | | | | | | | | | |
| 201 | Cassava tubers | | | | | | | | | | |
| 202 | Cassava flour | | | | | | | | | | |
| 203 | White sweet potato | | | | | | | | | | |
| 204 | Orange sweet potato | | | | | | | | | | |
| 205 | Irish potato | | | | | | | | | | |
| 206 | Potato crisps | | | | | | | | | | |
| 207 | Plantain, cooking banana | | | | | | | | | | |
| 208 | Cocoyam (<i>masimbi</i>) | | | | | | | | | | |
| 209 | Other (specify) | | | | | | | | | | |

CODES FOR UNIT:
 KILOGRAMME...1
 50 KG. BAG...2
 90 KG. BAG...3
 PAIL (SMALL)...4
 PAIL (LARGE)...5
 No. 10 PLATE...6
 No. 12 PLATE...7
 BUNCH...8
 PIECE...9
 HEAP...10
 BALE...11
 BASKET (*DENGU*) (SHELLED)...12
 BASKET (*DENGU*) (UNSHELLED)...13
 OX-CART (UNSHELLED)...14
 LITRE...15
 CUP...16
 TIN...17
 GRAM...18
 MILLILITRE...19
 TEASPOON...20
 BASIN...21
 SATCHET/TUBE...22
 OTHER (SPECIFY)...23

MODULE 16A: EXPENDITURES- FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: THE QUANTITY CONSUMED NOTED IN Q2 SHOULD BE EQUAL TO THE SUM OF Q3, Q5, AND Q7. USE SAME UNIT CODE ACROSS ENTIRE ROW.

| ITEM CODE | Over the past one week (7 days), did you or others in your household consume any [...]? [INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
|------------------------|--|------------------------------------|--|-------------------------------|------|---|------------------------------------|-----|---|---|-----|
| | | YES..1 NO...2>> NEXT ITEM | How much in total did your household consume in the past week? | How much came from purchases? | | How much did you spend? [Refers to Q3] | How much came from own-production? | | How much would this cost if you were to buy it? [Refers to Q5] | How much came from gifts and other sources? | |
| | | | | QUANTITY | UNIT | QUANTITY | UNIT | MWK | QUANTITY | UNIT | MWK |
| Nuts and Pulses | | | | | | | | | | | |
| 301 | Bean, white | | | | | | | | | | |
| 302 | Bean, brown | | | | | | | | | | |
| 303 | Pigeonpea (<i>nandolo</i>) | | | | | | | | | | |
| 304 | Groundnut | | | | | | | | | | |
| 305 | Groundnut flour | | | | | | | | | | |
| 306 | Soyabean flour | | | | | | | | | | |
| 307 | Ground bean (<i>nzama</i>) | | | | | | | | | | |
| 308 | Cowpea (<i>khobwe</i>) | | | | | | | | | | |
| 309 | Macademia nuts | | | | | | | | | | |
| 310 | Other (specify) | | | | | | | | | | |
| Vegetables | | | | | | | | | | | |
| 401 | Onion | | | | | | | | | | |
| 402 | Cabbage | | | | | | | | | | |
| 403 | <i>Tanaposi</i> /Rape | | | | | | | | | | |
| 404 | <i>Nkhwani</i> | | | | | | | | | | |
| 405 | Chinese cabbage | | | | | | | | | | |
| 406 | Other cultivated green leafy vegetables | | | | | | | | | | |
| 407 | Gathered wild green leaves | | | | | | | | | | |
| 408 | Tomato | | | | | | | | | | |
| 409 | Cucumber | | | | | | | | | | |
| 410 | Pumpkin | | | | | | | | | | |
| 411 | Okra / <i>Therere</i> | | | | | | | | | | |
| 412 | Tinned vegetables (specify: _____) | | | | | | | | | | |
| 413 | Mushroom | | | | | | | | | | |
| 414 | Other vegetables (specify) | | | | | | | | | | |

CODES FOR UNIT:
 KILOGRAMME...1
 50 KG. BAG...2
 90 KG. BAG...3
 PAIL (SMALL)...4
 PAIL (LARGE)...5
 No. 10 PLATE...6
 No. 12 PLATE...7
 BUNCH...8
 PIECE...9
 HEAP...10
 BALE...11
 BASKET (*DENGU*) (SHELLED)...12
 BASKET (*DENGU*) (UNSHELLED)...13
 OX-CART (UNSHELLED)...14
 LITRE...15
 CUP...16
 TIN...17
 GRAM...18
 MILLILITRE...19
 TEASPOON...20
 BASIN...21
 SATCHET/TUBE...22
 OTHER (SPECIFY)...23

MODULE 16A: EXPENDITURES- FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: THE QUANTITY CONSUMED NOTED IN Q2 SHOULD BE EQUAL TO THE SUM OF Q3, Q5, AND Q7. USE SAME UNIT CODE ACROSS ENTIRE ROW.

| ITEM CODE | Over the past one week (7 days), did you or others in your household consume any [. . .]? [INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
|---------------------------------------|--|-----------------------------------|--|-------------------------------|------|---|------------------------------------|-----|---|---|-----|
| | | YES..1 NO..2>> NEXT ITEM | How much in total did your household consume in the past week? | How much came from purchases? | | How much did you spend? [Refers to Q3] | How much came from own-production? | | How much would this cost if you were to buy it? [Refers to Q5] | How much came from gifts and other sources? | |
| | | | | QUANTITY | UNIT | QUANTITY | UNIT | MWK | QUANTITY | UNIT | MWK |
| Meat, Fish and Animal products | | | | | | | | | | | |
| 501 | Eggs | | | | | | | | | | |
| 502 | Dried fish | | | | | | | | | | |
| 503 | Fresh fish | | | | | | | | | | |
| 504 | Beef | | | | | | | | | | |
| 505 | Goat | | | | | | | | | | |
| 506 | Pork | | | | | | | | | | |
| 507 | Mutton | | | | | | | | | | |
| 508 | Chicken | | | | | | | | | | |
| 509 | Other poultry - guinea fowl, doves, etc. | | | | | | | | | | |
| 510 | Small animal - rabbit, mice, etc. | | | | | | | | | | |
| 511 | Termites, other insects (eg Ngumbi, caterpillar) | | | | | | | | | | |
| 512 | Tinned meat or fish | | | | | | | | | | |
| 513 | Smoked fish | | | | | | | | | | |
| 514 | Fish Soup/Sauce | | | | | | | | | | |
| 515 | Other (specify) | | | | | | | | | | |
| Fruits | | | | | | | | | | | |
| 601 | Mango | | | | | | | | | | |
| 602 | Banana | | | | | | | | | | |
| 603 | Citrus - naartje, orange, etc. | | | | | | | | | | |
| 604 | Pineapple | | | | | | | | | | |
| 605 | Papaya | | | | | | | | | | |
| 606 | Guava | | | | | | | | | | |
| 607 | Avocado | | | | | | | | | | |
| 608 | Wild fruit (<i>masau, malambe, etc.</i>) | | | | | | | | | | |
| 609 | Apple | | | | | | | | | | |
| 610 | Other fruits (specify) | | | | | | | | | | |

CODES FOR UNIT:
 KILOGRAMME...1
 50 KG. BAG...2
 90 KG. BAG...3
 PAIL (SMALL)...4
 PAIL (LARGE)...5
 No. 10 PLATE...6
 No. 12 PLATE...7
 BUNCH...8
 PIECE...9
 HEAP...10
 BALE...11
 BASKET (*DENGU*) (SHELLED)...12
 BASKET (*DENGU*) (UNSHELLED)...13
 OX-CART (UNSHELLED)...14
 LITRE...15
 CUP...16
 TIN...17
 GRAM...18
 MILLILITRE...19
 TEASPOON...20
 BASIN...21
 SATCHET/TUBE...22
 OTHER (SPECIFY)...23

MODULE 16A: EXPENDITURES- FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: THE QUANTITY CONSUMED NOTED IN Q2 SHOULD BE EQUAL TO THE SUM OF Q3, Q5, AND Q7. USE SAME UNIT CODE ACROSS ENTIRE ROW.

| ITEM CODE | Over the past one week (7 days), did you or others in your household consume any [...]? [INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.] | 1 | 2 | | 3 | | 4 | 5 | | 6 | 7 | |
|----------------------------------|---|---------------------------------|--|------|-------------------------------|------|---|------------------------------------|------|---|---|------|
| | | YES..1 NO...2>> NEXT ITEM | How much in total did your household consume in the past week? | | How much came from purchases? | | How much did you spend? [Refers to Q3] | How much came from own-production? | | How much would this cost if you were to buy it? [Refers to Q5] | How much came from gifts and other sources? | |
| | | | QUANTITY | UNIT | QUANTITY | UNIT | MWK | QUANTITY | UNIT | MWK | QUANTITY | UNIT |
| Cooked Foods from Vendors | | | | | | | | | | | | |
| 820 | Maize - boiled or roasted (vendor) | | | | | | | | | | | |
| 821 | Chips (vendor) | | | | | | | | | | | |
| 822 | Cassava - boiled (vendor) | | | | | | | | | | | |
| 823 | Eggs - boiled (vendor) | | | | | | | | | | | |
| 824 | Chicken (vendor) | | | | | | | | | | | |
| 825 | Meat (vendor) | | | | | | | | | | | |
| 826 | Fish (vendor) | | | | | | | | | | | |
| 827 | Mandazi , doughnut (vendor) | | | | | | | | | | | |
| 828 | Samosa (vendor) | | | | | | | | | | | |
| 829 | Meal eaten at restaurant | | | | | | | | | | | |
| 830 | Other (specify) | | | | | | | | | | | |
| Milk and Milk Products | | | | | | | | | | | | |
| 701 | Fresh milk | | | | | | | | | | | |
| 702 | Powdered milk | | | | | | | | | | | |
| 703 | Margarine - Blue band | | | | | | | | | | | |
| 704 | Butter | | | | | | | | | | | |
| 705 | Chambiko - soured milk | | | | | | | | | | | |
| 706 | Yoghurt | | | | | | | | | | | |
| 707 | Cheese | | | | | | | | | | | |
| 708 | Infant feeding formula (for bottle) | | | | | | | | | | | |
| 709 | Other (specify) | | | | | | | | | | | |
| Sugar, Fats, and Oil | | | | | | | | | | | | |
| 816 | Sugar | | | | | | | | | | | |
| 817 | Sugar Cane | | | | | | | | | | | |
| 818 | Cooking oil | | | | | | | | | | | |
| 819 | Other (specify) | | | | | | | | | | | |

CODES FOR UNIT:
 KILOGRAMME...1
 50 KG. BAG...2
 90 KG. BAG...3
 PAIL (SMALL)...4
 PAIL (LARGE)...5
 No. 10 PLATE...6
 No. 12 PLATE...7
 BUNCH...8
 PIECE...9
 HEAP...10
 BALE...11
 BASKET (DENGU)
 (SHELLED)...12
 BASKET (DENGU)
 (UNSHELLED)...13
 OX-CART
 (UNSHELLED)...14
 LITRE...15
 CUP...16
 TIN...17
 GRAM...18
 MILLILITRE...19
 TEASPOON...20
 BASIN...21
 SATCHET/TUBE...22
 OTHER (SPECIFY). 23

MODULE 16A: EXPENDITURES- FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: THE QUANTITY CONSUMED NOTED IN Q2 SHOULD BE EQUAL TO THE SUM OF Q3, Q5, AND Q7. USE SAME UNIT CODE ACROSS ENTIRE ROW.

| ITEM CODE | Over the past one week (7 days), did you or others in your household consume any [. . .]? [INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | |
|-----------------------------------|--|-------------------------------------|--|-------------------------------|------|---|------------------------------------|-----|---|---|
| | | YES...1 NO...2>> NEXT ITEM | How much in total did your household consume in the past week? | How much came from purchases? | | How much did you spend? [Refers to Q3] | How much came from own-production? | | How much would this cost if you were to buy it? [Refers to Q5] | How much came from gifts and other sources? |
| | | | | QUANTITY | UNIT | QUANTITY | UNIT | MWK | QUANTITY | UNIT |
| Beverages | | | | | | | | | | |
| 901 | Tea | | | | | | | | | |
| 902 | Coffee | | | | | | | | | |
| 903 | Cocoa, millo | | | | | | | | | |
| 904 | Squash (Sobo drink concentrate) | | | | | | | | | |
| 905 | Fruit juice | | | | | | | | | |
| 906 | Freezes (flavoured ice) | | | | | | | | | |
| 907 | Soft drinks (Coca-cola, Fanta, Sprite, etc.) | | | | | | | | | |
| 908 | Chibuku (commercial traditional-style beer) | | | | | | | | | |
| 909 | Bottled water | | | | | | | | | |
| 910 | Maheu | | | | | | | | | |
| 911 | Bottled /canned beer (Carlsberg, etc.) | | | | | | | | | |
| 912 | Thobwa | | | | | | | | | |
| 913 | Traditional beer (<i>masese</i>) | | | | | | | | | |
| 914 | Wine or commercial liquor | | | | | | | | | |
| 915 | Locally brewed liquor (<i>kachasu</i>) | | | | | | | | | |
| 916 | Other (specify) | | | | | | | | | |
| Spices & Miscellaneous | | | | | | | | | | |
| 810 | Salt | | | | | | | | | |
| 811 | Spices | | | | | | | | | |
| 812 | Yeast, baking powder, bicarbonate of soda | | | | | | | | | |
| 813 | Tomato sauce (bottle) | | | | | | | | | |
| 814 | Hot sauce (Nali, etc.) | | | | | | | | | |
| 815 | Jam, jelly | | | | | | | | | |
| 816 | Sweets, candy, chocolates | | | | | | | | | |
| 817 | Honey | | | | | | | | | |
| 818 | Other (specify) | | | | | | | | | |

CODES FOR UNIT:
 KILOGRAMME ...1
 50 KG. BAG ...2
 90 KG. BAG ...3
 PAIL (SMALL) ...4
 PAIL (LARGE) ...5
 No. 10 PLATE ...6
 No. 12 PLATE ...7
 BUNCH ...8
 PIECE ...9
 HEAP ...10
 BALE ...11
 BASKET (*DENGU*) (SHELLED) ...12
 BASKET (*DENGU*) (UNSHELLED) ...13
 OX-CART (UNSHELLED) ...14
 LITRE ...15
 CUP ...16
 TIN ...17
 GRAM ...18
 MILLILITRE ...19
 TEASPOON ...20
 BASIN ...21
 SATCHET/TUBE ...22
 OTHER (SPECIFY) 23

MODULE 16B: EXPENDITURES- NON-FOOD EXPENDITURES OVER PAST ONE WEEK / ONE MONTH

ENUMERATOR: FOR ALL ITEMS, ASK RESPONDENT TO INCLUDE VALUE OF OWN PRODUCTION

| ONE WEEK RECALL | | | |
|------------------------|--|----------------------|---------------------------------------|
| ITEM CODE | Over the past <u>one week</u> (7 days), did your household purchase or pay for any [...]? | 1 | 2 |
| | | YES.1 NO..2>>NEXT | How much did you pay in total? |
| | | MWK | |
| 101 | Charcoal | | |
| 102 | Paraffin or kerosene | | |
| 103 | Cigarettes or other tobacco | | |
| 104 | Candles | | |
| 105 | Matches | | |
| 106 | Newspapers or magazines | | |
| 107 | Public transport - Bicycle Taxi | | |
| 108 | Public transport - Bus/Minibus | | |
| 109 | Public transport - Other (truck, oxcart, etc.) | | |
| 110 | Firewood for cooking | | |

| ONE MONTH RECALL | | | |
|-------------------------|--|----------------------|---------------------------------------|
| ITEM CODE | Over the past <u>one month</u>, did your household purchase or pay for any [...]? | 3 | 4 |
| | | YES.1 NO..2>>NEXT | How much did you pay in total? |
| | | MWK | |
| 201 | Milling fees, grain | | |
| 202 | Bar soap (body soap or clothes soap) | | |
| 203 | Clothes soap (powder, paste) | | |
| 204 | Toothpaste, toothbrush | | |
| 205 | Toilet paper | | |
| 206 | Glycerine, Vaseline, skin creams | | |
| 207 | Other personal products (shampoo, razor blades, cosmetics, hair products, etc.) | | |
| 209 | Light bulbs | | |
| 210 | Postage stamps or other postal fees | | |
| 211 | Donation - to church, charity, beggar, etc. | | |
| 212 | Petrol or diesel | | |
| 213 | Motor vehicle service, repair, or parts | | |
| 214 | Bicycle service, repair, or parts | | |
| 215 | Wages paid to servants | | |
| 216 | Mortgage/ Rent - regular payment to purchase or rent house | | |
| 217 | Repairs & maintenance to dwelling | | |
| 218 | Repairs to household and personal items (radios, watches, etc., excluding battery purchases) | | |
| 219 | Expenditures on pets | | |
| 220 | Batteries | | |
| 221 | Recharging batteries, cell phones | | |

MODULE 16C:EXPENDITURES- NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

| ITEM CODE | Over the past <u>three months</u> , did your household purchase or pay for any [...]? | 1 | 2 |
|-----------|---|----------------------|---|
| | | YES.1 NO..2>>NEXT | How much did you pay in total? MWK |
| 301 | Infant clothing | | |
| 302 | Baby nappies/diapers | | |
| 303 | Boy's trousers | | |
| 304 | Boy's shirts | | |
| 305 | Boy's jackets | | |
| 306 | Boy's undergarments | | |
| 307 | Boy's other clothing | | |
| 308 | Men's trousers | | |
| 309 | Men's shirts | | |
| 310 | Men's jackets | | |
| 311 | Men's undergarments | | |
| 312 | Men's other clothing | | |
| 313 | Girl's blouse/shirt | | |
| 314 | Girl's dress/skirt | | |
| 315 | Girl's undergarments | | |
| 316 | Girl's other clothing | | |
| 317 | Lady's blouse/shirt | | |
| 318 | <i>Chitenje</i> cloth | | |
| 319 | Lady's dress/skirt | | |
| 320 | Lady's undergarments | | |

| ITEM CODE | Over the past <u>three months</u> , did your household purchase or pay for any [...]? | 1 | 2 |
|-----------|---|------------------------------|---|
| | | YES.1 NO..2>>NEXT ITEM | How much did you pay in total? MWK |
| 321 | Lady's other clothing | | |
| 322 | Boy's shoes | | |
| 323 | Men's shoes | | |
| 324 | Girl's shoes | | |
| 325 | Lady's shoes | | |
| 326 | Cloth, thread, other sewing material | | |
| 327 | Laundry, dry cleaning, tailoring fees | | |
| 328 | Bowls, glassware, plates, silverware, etc. | | |
| 329 | Cooking utensils (cookpots, stirring spoons and whisks, etc.) | | |
| 330 | Cleaning utensils (brooms, brushes, etc.) | | |
| 331 | Torch / flashlight | | |
| 332 | Umbrella | | |
| 333 | Paraffin lamp (hurricane or pressure) | | |
| 334 | Stationery items (not for school) | | |
| 335 | Books (not for school) | | |
| 336 | Music or video cassette or CD/DVD | | |
| 337 | Tickets for sports / entertainment events | | |
| 338 | House decorations | | |
| 339 | Night's lodging in rest house or hotel | | |

MODULE 16D: EXPENDITURES- NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

| ITEM CODE | Over the past one year (12 months), did your household purchase or pay for any [...]? | 1 | 2 |
|-----------|---|-------------------------------|---|
| | | YES.1 NO..2>> NEXT ITEM | How much did you pay in total? MWK |
| 401 | Carpet, rugs, drapes, curtains | | |
| 402 | Linen - towels, sheets, blankets | | |
| 403 | Mat - for sleeping or drying maize flour | | |
| 404 | Mosquito net | | |
| 405 | Mattress | | |
| 406 | Sports & hobby equipment, musical instruments, toys | | |
| 407 | Film, film processing, camera | | |
| 408 | Cement | | |
| 409 | Bricks | | |
| 410 | Construction timber | | |
| 411 | Council rates | | |
| 412 | Insurance - health (MASM, etc.), auto, home, life | | |
| 413 | Losses to theft (value of items or cash lost) | | |
| 414 | Fines or legal fees (estimate in kind payments) | | |
| 415 | Lobola (bridewealth) costs | | |
| 416 | Marriage ceremony costs | | |
| 417 | Funeral costs, household members | | |
| 418 | Funeral costs, non-household members (relatives, neighbors/friends) | | |

NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED

| ITEM CODE | Over the past one year (12 months) did your household gather, purchase, or pay for any [...]? | 3 | 4 | 5 |
|-----------|---|-------------------------------|--|---|
| | | YES.1 NO..2>> NEXT ITEM | What was the estimated total value of [...] consumed? MWK | What was the cost of amount consumed that which you purchased? MWK |
| 419 | Woodpoles, bamboo | | | |
| 420 | Grass for thatching roof or other use | | | |

[THE VALUE IN Q5 SHOULD NOT EXCEED THE VALUE IN Q4.]

MODULE 18: LAND

1. Did your household own or cultivate any land in the past rainy season? This includes all plots, including kitchen / garden plots, fallow, owned, shared-out, shared-in, rented-in, rented-out, by the household in the previous 12 months (DO NOT INCLUDE LAND PLOT IN WHICH YOU WORKED AS GANYU LABORER)?

Yes..1
No...2 >>
NEXT MODULE

2. How many plots of land did you own or cultivate (NOT INCLUDING THOSE THAT YOU CULTIVATE AS GANYU WORKER)?

ENUMERATOR: ASK FOR UP TO 3 PLOTS OF LAND. IF MORE THAN 3 PLOTS, REPORT THE 3 LARGEST. ALWAYS RECORD THE LARGEST FIRST.

| PLOT ID | | 3 | 4a | 4b | 5 | 6 | 8 | 10 |
|------------|---|--|--|------|--|---|---|---|
| | | Who in the household makes the decisions concerning crops to be planted, input use and the timing of cropping activities on this [PLOT]? | What is the area of this plot? UNIT: Acre...1 Hectare...2 | | Is the plot irrigated? 1. Yes 2. No 7. Don't know | What is your tenure on this plot? 1. Owned 2. Rented-in 3. Borrowed or free-leased in 4. Communal 5. Other | What type of arrangement did you have on this plot for the last rainy season ? 1. Used by the HH 2. Rented out>> MODULE 21 3. Sharecropped Out >> MODULE 21 4. Lent or free-leased out>>MODULE 21 5. Not in use >> MODULE 21 6. Other | Was [PLOT] left fallow for more than one year during the last five years before the last rainy season? 1. Yes 2. No |
| | | HH ROSTER ID CODE | AMOUNT | UNIT | | | | |
| Field/Plot | 1 | | | | | | | |
| Field/Plot | 2 | | | | | | | |
| Field/Plot | 3 | | | | | | | |

MODULE 18: LAND

| | | 11 | 12 | 13 | 14 |
|----------------|------------|--|---|--|--|
| PLOT ID | | <p>At the end of the last cropping season but before cultivation of this rainy season(May-Oct 2014) did you have cover crops remaining on [PLOT]?</p> <p>1. Yes 2. No</p> | <p>What did you do with the crop residues from this [PLOT] after the 2013-2014 harvest?</p> <p>1.Left in field until land prepared for cultivation this dimba season or next rainy season >>Q14 2.Left in field until land burned by household member 3.Left in field until land burned, by neighbor/non-household member 4.All residues cut and spread over plot >.Q14 5.Some residue cut and spread on plot >>Q14 6.All residue removed >>Q14 7. Used to feed livestock >> Q14 8. Used as combustible or construction material >> Q14 9.Other (specify) >Q14</p> | <p>In what month during 2014 was [PLOT] burned?</p> <p>1. January 2. February 3. March 4. April 5. May 6. June 7. July 8. August 9. September 10. October 11. November 12. December</p> | <p>How did you prepare land for planting on [PLOT] during the last rainy season?</p> <p>1.Traditional Ridging 2.Tied or Box Ridging 3.Planting pits 4.Zero tillage 5.Ripping 6.Minimum tillage (only part of field tilled; e.g. in zones or strips/contours) 7. Ploughing 8.Other (specify)</p> |
| | Field/Plot | 1 | | | |
| | Field/Plot | 2 | | | |
| | Field/Plot | 3 | | | |

| MODULE 18: LAND | | | | | | | | | | | |
|-----------------|--|---|---|---|--|--|---|--|---|--|--|
| PLOT ID | | 17 | 18 | 19 | 19a1 | 19a | 19b | 20 | 21 | 22 | 23 |
| PLOT ID | | Did you plant the same crop on this plot in the 2012-2013 & 2013-2014 cropping seasons? 1. Yes >> Q19 2. No | If no, which crop did you plant on this plot in the 2012- 2013 cropping season? 1. Legumes crop 2. Non-legumes crop | Did you use chemical fertilizer on this plot during 2012-2013? YES....1 NO...2 | Did you use chemical fertilizer on this plot during 2013-2014 rainy season? YES....1 NO...2>>Q20 | How much chemical fertlizer did you use on this plot during the 2013- 2014 season? UNIT CODES: GRAM.....1 KILOGRAM....2 2 KG BAG....3 3 KG BAG....4 3.7 KG BAG..5 5 KG BAG....6 10 KG BAG...7 50 KG BAG...8 OTHER (SPECIFY)...9 | | Did you use organic fertilizer (manure) on this plot? Yes...1 No.....2>> Q22 | Approximately how much is the value of manure used (both purchased and own)? MWK | Did you use pesticide on this plot? Yes...1 No....2 | What is the slope _of this [PLOT]? [READ ANSWERS] Flat...1 Slight slope...2 Moderate slope...3 |
| Field/ Plot | | 1 | | | | QUANTITY | UNIT | | | | |
| Field/ Plot | | 2 | | | | | | | | | |
| Field/ Plot | | 3 | | | | | | | | | |
| PLOT ID | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | |
| PLOT ID | | What is the predominant soil type of this [PLOT]? [READ ANSWERS] 1. Sandy (<i>Mchenga</i>) 2. Between sandy & clay (<i>Pakati pa mchenga ndi katondo</i>) 3. Clay (<i>Makande</i>) 4. Other (<i>Specify</i>) | What is the soil quality of [PLOT]? [READ ANSWERS] Good...1 Fair...2 Poor ...3 | How would you rate the extent of erosion on this [PLOT]? [READ ANSWERS] 1. No erosion 2. Low 3. Moderate 4. High | In the last rainy season, did you experience waterlogging on this [PLOT]? 1. Yes 2. No | How many trees (agroforestry) are on [PLOT], including border? NUMBER | How many trees (agroforestry) were removed in the past year from [PLOT] (including border)? NUMBER | What type of soil or water conservation structure(s) are on [PLOT]? 0=None >> Q32 1=Stone bunds 2=Earth bunds 3=Terraces 4=Ditches 5=Grass barriers 6=Other (specify) | When was the investment in [STRUCTURE] made? 1=during last 12 months 2=2 years ago 3=3 years ago 4=4 years ago 5=5 years ago 6=More than 5 years >> NXT MODULE | Why have you not invested in soil/ water conservation structures on [PLOT] ? 1. Requires too much labor 2. Materials not available 3. Materials too costly 4. No soil/water erosion problems on plots 5. Too risky / benefits unclear 6. Not aware 7. Other (specify) _ | |
| Field/ Plot | | 1 | | | | | | | | | |
| Field/ Plot | | 2 | | | | | | | | | |
| Field/ Plot | | 3 | | | | | | | | | |

MODULE 19: CROP PRODUCTION

ENUMERATOR: PLEASE ASK HOW MANY CROPS HAVE BEEN CROPPED IN EACH PLOT AND REPORT IN Q2. LIST UP TO 2 CROPS PER PLOT, LISTING LARGEST AREA PLANTED FIRST. THEN MOVE TO THE SECOND PLOT AND SO FORTH. AFTER YOU HAVE LISTED ALL THE CROPS, ASK THE REST OF THE QUESTIONS CROP BY CROP.

| 1. Did you or anyone in your household plant any crops during the LAST RAINY SEASON (2013-2014)? | | | | | | | | | | | | | | | |
|--|-----------|-----------|--|---|---|--|---|--|--|-----------------------------|------|----------|------|--------|--|
| | | | | | | | | | | YES..1 NO...2>>MODULE 21 | | | | | |
| PLOT ID | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8 | 9a | 9b | 9c | | | | |
| | CROP NAME | CROP CODE | What type of <u>crop stand</u> was on the [PLOT]? READ RESPONSES 1. Pure stand 2. Mixed stand | Was [CROP] planted in the <u>entire area</u> of the plot? 1. Yes >> 2. No Q7a | Approximately, how much of the [PLOT] is under [CROP]? Less than 1/4...1 1/4.....2 1/2.....3 3/4.....4 More than 3/4.....5 | How much seed did you plant for the [CROP] on this [PLOT] during the LAST RAINY SEASON? <u>CODES FOR UNIT:</u> GRAM.....1 KILOGRAM.....2 2 KG BAG.....3 3 KG BAG.....4 3.7 KG BAG.....5 5 KG BAG.....6 10 KG BAG.....7 50 KG BAG.....8 Other (specify).....9 | What variety of seed for this crop did you use? 1.Improved type 2.Local type 3. Hybrid 4. GMO | How much [CROP] did you harvest from this [PLOT] during the LAST RAINY SEASON? IF NO HARVEST/ CROP FAILURE, RECORD 0 FOR QUANTITY. THEN NOTE CODE (77 OR 88) FOR UNIT. >>NEXT CROP <u>CODES FOR UNIT:</u> 1.KILOGRAM 2.50 KG 3. 90 KG BAG 4. PAIL (SMALL) 5. PAIL (LARGE) 6. NO. 10 PLATE 7. NO. 12 PLATE 8. BUNCH 9. PIECE 10. BALE 11. BASKET (DENGU) 12. OX-CART 13. OTHER (SPECIFY) 77. CROP FAILURE 88. NOT YET HARVESTED | <u>CODES FOR CROP STATUS:</u> 1.SHELLED 2.UNSHELLED 3. NOT APPLICABLE | QUANTITY | UNIT | QUANTITY | UNIT | STATUS | |
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |

CROP CODES:

- | | | | | | | |
|--------------------|---------------------------|---------------|----------------------------|------------------------|---------------------|---------------------------|
| 1 = Maize | 2 =Tobacco | 3=Groundnut | 4=Rice | 5= Ground Bean (Nzama) | 6= Sweet Potato | 7 = Irish (Malawi) Potato |
| 8 =Wheat | 9= Finger Millet (Mawere) | 10=Sorghum | 11=Pearl Millet (Mchewere) | 12=Beans | 13 = Soyabeans | 14= Pigeonpea (nandolo) |
| 15=Cowpea (Khobwe) | 16= Cotton | 17= Sunflower | 18=Sugarcane | 19=Cabbage | 20=Tanaposi | 21= Nkhwani |
| 22=There're/ okra | 23=Tomato | 24= Onion | 25=Pea | 26=Paprika | 27= Other (specify) | |

MODULE 20: CROP USE & SALES

ENUMERATOR: REFER TO AG-MODULE 19: CROP PRODUCTION. LIST THE NAMES AND CODES OF ALL DIFFERENT TYPES OF CROPS HARVESTED DURING THE LAST RAINY SEASON. ONCE LISTING IS COMPLETED, GO THROUGH THE ENTIRE MODULE FOR EACH ROW, ONE ROW AT A TIME.

| CROP CODE | CROP NAME | 1 | 2a | 2b | 3 | 6a | 6b | 8a | 8b |
|---|--|--|---|------|--|---|--|----------|------|
| | | Did you <u>sell</u> any of the harvested [CROP] <u>last rainy season</u> ? | How much of the harvested [CROP] was <u>sold in total</u> ? | | What was the <u>total value of all</u> [CROP] sales? ESTIMATE THE VALUE OF IN-KIND PAYMENTS | How much of this harvested [CROP] during the LAST RAINY SEASON was consumed by your household? IF NOTHING, RECORD ZERO FOR "QUANTITY" AND 99 FOR UNIT. | How much of the harvested [CROP] during the LAST RAINY SEASON is still in the grainery? IF NOTHING, RECORD ZERO FOR "QUANTITY" AND 99 FOR UNIT. | | |
| PLEASE COPY THE CROP CODES FROM THE PREVIOUS PAGE | PLEASE COPY THE CROP NAME FROM THE PREVIOUS PAGE | 1. Yes 2. No >> Q6a | QUANTITY | UNIT | MWK | QUANTITY | UNIT | QUANTITY | UNIT |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

CODES FOR UNIT:
 1. KILOGRAM
 2. 50 KG BAG
 3. 90 KG BAG
 4. PAIL (SMALL)

5. PAIL (LARGE)
 6. NO. 10 PLATE
 7. NO. 12 PLATE
 8. BUNCH
 9. PIECE

10. BALE
 11. BASKET (*DENGU*)
 13. OX-CART
 14. OTHER SPECIFY)
 99. NONE

MODULE 21: AGRICULTURAL INPUTS & ASSETS

| INPUT CODE | ENUMERATOR, ANSWER Q1 FOR ALL ITEMS BELOW. ONCE LISTING IS COMPLETED, GO THROUGH THE ENTIRE MODULE FOR EACH ROW, ONE ROW AT A TIME. | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|--|---|-------------------------------|--|--|
| | | Did you use [ASSET] in the last rainy season? 1.Yes 2.No >>NEXT ASSET | Do you own, rent for pay, borrow, or use [ASSET] as part of a sharing arrangement (<i>sharecropping, partnership</i>) ? 1.Own 2. Rent > Q5 3.Borrow > Q5 4.Sharing arrangement > Q5 | How many [ASSETs] do you own? | Did you purchase [ASSET] in the last 12 months? 1.Yes 2.No >> NEXT ASSET | During the last 12 months, how much did you spend in total on [ASSET], including purchase, maintenance, and transport? |
| IMPLEMENTS | | | | NUMBER | | MWK |
| 601 | HAND HOE | | | | | |
| 603 | AXE | | | | | |
| 605 | PANGA KNIFE | | | | | |
| 606 | SICKLE | | | | | |
| 608 | WATERING CAN | | | | | |
| STRUCTURES/BUILDINGS | | | | | | |
| 622 | CHICKEN HOUSE | | | | | |
| 623 | LIVESTOCK KRAAL | | | | | |
| 624 | POULTRY KRAAL | | | | | |
| 626 | GRANARY | | | | | |
| 699 | OTHER (SPECIFY) | | | | | |

MODULE 22: HIRED LABOUR FOR CROP, FISHING AND LIVESTOCK ACTIVITIES

| | | 1 | 2 | | | | | | |
|---------------|---|-------------------|--|--|----------------------|-----------|------------------------|-----------|---------------------------|
| ACTIVITY CODE | ACTIVITY | RECALL PERIOD | During the last [RECALL PERIOD], did you hire any men, women or children to work on [ACTIVITY]? 1. Yes 2. No >>NEXT ACTIVITY | For how many days did you hire men, women and children that are not members of your household to work on [ACTIVITY] during the [RECALL PERIOD]? NOTE: CHILDREN SHOULD BE CONSIDERED <18 YEARS OF AGE. | | | | | |
| | | | | 2a1 | 2a2 | 2b1 | 2b2 | 2c1 | 2c2 |
| | | | | MEN | | WOMEN | | CHILDREN | |
| | | | | No. Hired | Total Days (All Men) | No. Hired | Total Days (All Women) | No. Hired | Total Days (All Children) |
| 1 | Land preparation and planting | LAST RAINY SEASON | | | | | | | |
| 2 | Weeding, fertilizing, or any other non-harvest activity | LAST RAINY SEASON | | | | | | | |
| 3 | Harvesting | LAST RAINY SEASON | | | | | | | |
| 6 | Non agricultural household enterprises | LAST 12 MONTHS | | | | | | | |

MODULE 23A: LIVESTOCK

ENUMERATOR: RECORD AN ANSWER FOR EACH TYPE OF LIVESTOCK BEFORE GOING THROUGH THE ENTIRE MODULE FOR EACH APPLICABLE ROW, ONE ROW AT TIME

| | 1 | 2 | 3a | 4 | 5 | 6 | 9 | 10 |
|---------------------|----------------------------|--|---|--|---|---|---|---|
| LIVESTOCK ID | LIVESTOCK TYPE | During the last 12 months, have you or any member of your household raised or owned any [LIVESTOCK]? 1. Yes 2. No >> GO TO NEXT ANIMAL RECORD AN ANSWER FOR EACH TYPE OF LIVESTOCK BEFORE GOING THROUGH THE ENTIRE MODULE FOR EACH APPLICABLE ROW, ONE ROW AT A TIME. | How many [LIVESTOCK] are owned by your household now (present at your farm or away)? IF NONE, RECORD ZERO. | During the last 12 months, how many [LIVESTOCK] did your household consume? IF NONE, RECORD ZERO. | During the last 12 months, how many [LIVESTOCK] did your household buy? IF NONE, RECORD ZERO AND >> Q9 | How much did you pay over the last 12 months? | During the last 12 months, how many [LIVESTOCK] did your household sell? IF NONE, RECORD ZERO AND >> NEXT ANIMAL | How much did you receive for the sale of [LIVESTOCK] over the last 12 months? >>GO TO NEXT ANIMAL/MODULE |
| | | NUMBER | NUMBER | NUMBER | MWK | NUMBER | MWK | |
| 301, 302, 303 | Calf, Steer/heifer, Cow | | | | | | | |
| 307 | Goat and/or sheep | | | | | | | |
| 309 | Pig | | | | | | | |
| 310 | Chickens | | | | | | | |
| 318 | Other (specify) | | | | | | | |

IF NO LIVESTOCK LISTED IN Q2, SKIP TO MODULE 25

MODULE 25: INFORMATION ON SUSTAINABLE LAND MANAGEMENT

| LAST 12 MONTHS. | | | | | | | | | | |
|--|--|--|--|--|---|--|--|---|---|---|
| Received any information... | | | | | | | | Participated in programmes... | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| <p>Has any member of the household received information on agro-forestry in the last 12 months?</p> <p>1. Yes 2. No >> Q3</p> | <p>What was the primary source of agro-forestry information?</p> <p>1=Gov't Extension 2=Pvt. Extension 3=Farmer Field School 4=Market Traders 5=Radio Programs 6=Relative 7=Neighbor 8=NGO (specify) 9= Other (specify)</p> | <p>Has any member of the household received information on minimum tillage practices in the last 12 months?</p> <p>1. Yes 2. No >> Q5</p> | <p>What was the primary source of tillage information?</p> <p>1=Gov't Extension 2=Pvt. Extension 3=Farmer Field School 4=Market Traders 5=Radio Programs 6=Relative 7=Neighbor 8=NGO (specify) 9= Other (specify)</p> | <p>Has any member of the household received information on cover crops or mulches in the last 12 months?</p> <p>1. Yes 2.No >> Q7</p> | <p>What was the primary source of cover crops or mulch information?</p> <p>1=Gov't Extension 2=Pvt. Extension 3=Farmer Field School 4=Market Traders 5=Radio Programs 6=Relative 7=Neighbor 8=NGO (specify) 9= Other (specify)</p> | <p>Has any member of the household received information on soil and water conservation in the last 12 months?</p> <p>1. Yes 2. No >> Q9</p> | <p>What was the primary source of soil/water conservation information?</p> <p>1=Gov't Extension 2=Pvt. Extension 3=Farmer Field School 4=Market Traders 5=Radio Programs 6=Relative 7=Neighbor 8=NGO (specify) 9= Other (specify)</p> | <p>Has any member of the household participated in any projects promoting agro-forestry in the last 12 months?</p> <p>1. Yes 2. No</p> | <p>Has any member of the household participated in any projects promoting soil and water conservation in the last 12 months?</p> <p>1. Yes 2. No</p> | <p>Has any member of the household participated in any projects promoting grazing land management in the last 12 months?</p> <p>1. Yes 2. No</p> |
| | | | | | | | | | | |

MODULE 26: HOUSING

| 1 | 2 | 3 | 4 | 10 | 11 | 12 | 13 | 14 | 15 |
|--|--|---|--|---|--|--|-----------------------------------|---|--|
| Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house? OWNED... 1 BEING PURCHASED . 2 EMPLOYER PROVIDES... 3 FREE, AUTHORIZED .4 FREE, NOT AUTHORIZED... 5 RENTED... 6 | THE OUTER WALLS of the MAIN DWELLING of the household are predominantly made of what material? GRASS.....1 MUD (YOMATA)....2 COMPACTED EARTH (YAMDINDO)...3 MUD BRICK (UNFIRED)...4 BURNT BRICKS...5 CONCRETE...6 WOOD...7 IRON SHEETS...8 OTHER (SPECIFY) . 9 | THE ROOF of the MAIN DWELLING is predominantly made of what material? GRASS.....1 IRON SHEETS....2 CLAY TILES....3 CONCRETE...4 PLASTIC SHEETING...5 OTHER | THE FLOOR of the MAIN DWELLING is predominantly made of what material? SAND.....1 SMOOTHED MUD .2 SMOOTH CEMENT .3 WOOD.....4 TILE 5 OTHER (SPECIFY) ...6 | Do you have electricity working in your dwelling? YES..1 NO...2>>Q14 | How much did you last pay for electricity? IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND >> Q14 | To what length of time does this cost for electricity refer? HOUR....1 DAY...2 WEEK...3 MONTH.4 YEAR...5 | MWK AMOUNT OF TIME UNIT | How many working cell phones in total does your household own? IF NONE, RECORD 0 >> NEXT MODULE | Estimate the total cost for all cell phone service for all household members in the last week. MWK |
| | | | | | | | | | |

MODULE 26B: DURABLE GOODS

| D U O R O A D B L E | ITEM CODE | ITEM | 1 | 2 | 5 | 6 |
|--|-----------|---------------------------------|-----------------------------------|---------------------|---|---|
| | | | Does your household own a [ITEM]? | [ITEM]s do you own? | Did you purchase or pay for any [ITEM] in the last 12 months? | How much in total did you pay for [ITEM] in the last 12 months? |
| | | | YES..1 NO...2 >> NEXT ITEM | NUMBER | YES..1 NO...2 >> NEXT ITEM/ MODULE | MWK |
| | 501 | Mortar/pestle (<i>mtondo</i>) | | | | |
| | 502 | Bed | | | | |
| | 503 | Table | | | | |
| | 504 | Chair | | | | |
| | 507 | Radio ('wireless') | | | | |
| | 516 | Bicycle | | | | |
| | 525 | Lantern | | | | |

Household ID

| Dist | T A | V C | H H |

MODULE 28: OPERATIONAL PERFORMANCE

Targeting / Selection

| | | | |
|----|---|---|--|
| 1a | Over the past year, has any child in your household been referred for child protection/support services (e.g. disability, nutrition, etc.)? | 1 = YES 2 = NO>>> SKIP TO Q4 | |
| 1b | Who advised you to seek these services? | 1=CSSC 2=Community Health Worker 3= Extension Worker 4= Community leader 5= Other | |
| 2 | What type of service(s) was the child(ren) referred to? [MARK ALL THAT APPLY] | 1 = Health services 2 = Schooling related services 3 = Food/Nutrition related services 4 = Psychological support 5 = Other, specify _____ | |
| 3 | Did the child(ren) use or receive any of those services? 1 = YES 2 = NO [MARK Yes or No FOR EACH SERVICE TO WHICH THEY WERE REFERRED] >> Q5a | 1 = Health services 2 = Schooling related services 3 = Food/Nutrition related services 4 = Psychological support 5 = Other, specify _____ | |
| 4 | Can you name some child support/protection services that are available in this community? [DO NOT PROMPT -MARK ALL THAT APPLY] | 1 = Health services 2 = Schooling related services 3 = Food/Nutrition related services 4 = Psychological support 5 = Other, specify _____ 7 = Don't know | |
| 5a | Over the past year, have any of the <u>adults</u> in your household been referred for support services <u>AND received those services</u> ? | 1 = YES 2 = NO>>> SKIP TO Q6 | |
| 5b | What type of service(s) was the adult referred to? [MARK ALL THAT APPLY] | 1 = Health services 2 = Technical training 3 = Food/Nutrition related services 4 = Psychological support 5 = Other, specify _____ | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

| | | | |
|----|---|--|--|
| 6a | Are you aware of the SCT programme? [IF 'NO', EXPLAIN WHAT THE SCT PROGRAMME IS TO DOUBLE-CHECK RESPONDENT'S AWARENESS.] | 1 = YES 2 = NO >> SKIP TO END OF HH QUESTIONNAIRE | |
| 6b | Who do you think are eligible to receive the transfer? [DO NOT PROMPT- MARK ALL THAT APPLY] | 1=INDIVIDUALS TAKING CARE OF ORPHANS 2=INDIVIDUALS TAKING CARE OF MANY CHILDREN 3= CHRONICALLY SICK INDIVIDUALS 4=WIDOWED INDIVIDUALS 5=INDIVIDUALS NOT ABLE TO WORK 6=HANDICAPPED INDIVIDUALS 7=OLD INDIVIDUALS 8=VERY POOR INDIVIDUALS 9= NOT ENOUGH TO EAT 10=DON'T KNOW 11=OTHER (SPECIFY) _____ | |
| 7 | How much do you agree or disagree with the following statement? <i>"The eligibility criteria for the SCT program are clear."</i> [SHOW FLASH CARD OF 1 TO 5 SCALE] | 5=STRONGLY AGREE 4=AGREE 3=NEITHER AGREE NOR DISAGREE 2=DISAGREE 1=STRONGLY DISAGREE | |
| 8 | Are you or any member of the household <u>currently</u> a beneficiary of the SCT program? | 1 = YES 2 = NO >> SKIP TO END OF HH QUESTIONNAIRE | |
| 9 | Why do you think you were selected to receive the transfer? [DO NOT PROMPT-MARK ALL THAT APPLY] | 1= I TAKE CARE OF ORPHANS 2= I TAKE CARE OF MANY CHILDREN 3= I AM SICK 4= I AM WIDOWED 5 = I AM NOT ABLE TO WORK 6 = I AM HANDICAPPED 7 = I AM OLD 8 = I AM VERY POOR 9 = I DON'T HAVE ENOUGH TO EAT 10= DON'T KNOW 11 = OTHER (SPECIFY) _____ | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

[ENUMERATOR; IF THE INTENDED RESPONDENT DOES NOT HAVE MORE INFORMATION ABOUT THE SCT PROGRAMME LET THEM CONSULT MOST KNOWLEDGEABLE HOUSEHOLD MEMBER & WRITE MEMBER'S ID CODE IN Q.A1]

A.1. ID CODE of most knowledgeable person about SCTP if not Main Respondent

ID CODE

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

Payment systems and operations

| | | | | | | | | | | | | | | | | |
|-------|---|--|------|--|--|--|--|--|--|-------|--|--|------|--|--|--|
| 10 | When was the last time the household received a SCT payment? [CONFIRM USING PASS BOOK.] [LIST MONTH AND YEAR NUMERICALLY] (MM YYYY) ENTER "0000 IN THE YEAR BOXES IF THE ANSWER IS NEVER-> Q12] [ENTER "9999" IN THE YEAR BOXES IF RESPONSE IS <u>DOESN'T KNOW</u>] | <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">MONTH</td> <td></td> <td align="center" colspan="4">YEAR</td> </tr> </table> | | | | | | | | MONTH | | | YEAR | | | |
| | | | | | | | | | | | | | | | | |
| MONTH | | | YEAR | | | | | | | | | | | | | |
| 11 | How much did you receive? [CONFIRM USING PASS BOOK.] [ENTER "00000 IN THE BOXES IF THE ANSWER IS <u>NEVER RECEIVED</u>; ENTER "99999" IF THE RESPONDENT DOESN'T KNOW] | <p>AMOUNT IN MWK</p> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="background-color: black; width: 30px; height: 30px;"></td> </tr> </table> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 12 | When do you expect to receive the next payment? | 1=IN NEXT 2 MONTHS 2=IN NEXT 3 TO 6 MONTHS 3=IN NEXT 7 TO 12 MONTHS 4=GREATER THAN TWELVE MONTHS 5=NEVER 7=DON'T KNOW | | | | | | | | | | | | | | |
| 13 | How long in the future do you expect to continue receiving this money? | 1= 0-6 MONTHS 2= 6 MONTHS - 1 YEAR 3= 1-2 YEARS 4= 2-5 YEARS 5=LONGER/FOR THE REST OF LIFE 7=DON'T KNOW | | | | | | | | | | | | | | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

| | | | | | | | | | | | | | | |
|---------|---|--|--|------|--|--|--|-------|--|--|--|--|---------|--|
| 14a | <p>For the LAST payment, what method of transport did you (or your representative) use to travel to and from the payment point to collect the payment?</p> <p>[MARK ALL THAT APPLY]</p> | <p>1 = CAR/TAXI 2= BUS/MINIBUS 3= MOTOR BIKE 4 = BICYCLE 5= WALK 6= DON'T KNOW/CAN'T SAY 7=OTHER (SPECIFY)/ _____</p> | | | | | | | | | | | | |
| 14b | <p>For your LAST payment, how much money did you (or your representative) spend on transportation to travel from your house to the payment point and back again?</p> <p>[TWO-WAY TOTAL FOR GOING FROM HOUSEHOLD TO PAYMENT POINT AND BACK. ENTER '0' IF NONE, 99999 IF DON'T KNOW]</p> | <p align="center">AMOUNT IN MWK</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 15a | <p>In general, how long does it take you (or your representative) to travel from your home to the payment point and back again?</p> <p>[TWO-WAY TOTAL FOR GOING FROM HOUSEHOLD TO PAYMENT POINT AND BACK AGAIN. THIS DOES NOT INCLUDE TIME / DAYS SPENT WAITING AT PAYMENT POINT. WRITE '-' IN CELLS NOT USED]</p> | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">DAYS</td> </tr> </table> | | DAYS | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">HOURS</td> <td></td> </tr> </table> | | | HOURS | | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">MINUTES</td> <td></td> </tr> </table> | | | MINUTES | |
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| HOURS | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| MINUTES | | | | | | | | | | | | | | |
| 15b | <p>In general, at the payment point how long did you have to wait to get your money?</p> <p>[WRITE '-' IN CELLS NOT USED]</p> | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">DAYS</td> </tr> </table> | | DAYS | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">HOURS</td> <td></td> </tr> </table> | | | HOURS | | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td align="center">MINUTES</td> <td></td> </tr> </table> | | | MINUTES | |
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| MINUTES | | | | | | | | | | | | | | |
| 16a | <p>Did you ever have to go to the payment point more than once to receive your payment? (i.e. same payment)</p> | <p>1 = YES 2 = NO</p> | | | | | | | | | | | | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

| | | | |
|------|--|---|--|
| 16b | Did you ever lose your payment because you missed the designated payment period? | 1 = YES 2 = NO | |
| 17 | For your last payment, how were you informed that the payment was ready to be collected at the payment point? | 1 = COMMUNITY LEADER (NON GOVERNMENT / ELDER) 2 = CHIEF /GOVERNMENT REPRESENTATIVE/MFUMU? 3 = ANOTHER BENEFICIARY 4 = OTHER COMMUNITY MEMBER 5 = FAMILY MEMBER 6 = SOCIAL SUPPORT OFFICER (SSO)/ SCT DESK OFFICER 7 = CSSC MEMBER 8 = SAW OTHERS GOING TO COLLECT THE PAYMENT 9 = OTHER SPECIFY _____ | |
| 17 b | Were you informed in public (in front of other community members), or in private? | 1=INFORMED IN PUBLIC 2= INFORMED IN PRIVATE | |
| 19 | Did you think the way you were told when to collect your last payment was appropriate? | 1 = YES 2= NO | |
| 22 | Have you identified somebody that can represent you at the payment point to collect your payment if you are sick, injured or not able to collect the payment yourself? | 1 = YES 2= NO >> Q27 | |
| 24 | What is your relationship to the representative you have identified for the SCT Programme? | 1 = FAMILY MEMBER / RELATIVE THAT LIVES IN YOUR HOUSEHOLD 2 = FAMILY MEMBER/RELATIVE THAT LIVES OUTSIDE YOUR HOUSEHOLD 3 = FRIEND 4 = ANOTHER BENEFICIARY 5 = OTHER COMMUNITY MEMBER 6 = COMMUNITY ELDER / LEADER 7 = CHIEF / GOVERNMENT REPRESENTATIVE 8= OTHER, SPECIFY: _____ | |
| 25 | Have you EVER sent your representative to collect the payment from the payment point? | 1 = YES 2= NO | |
| 26a | If you (and/or your representative, if designated) are not able to collect your payment in a payment cycle, will you still receive that payment in the future? | 1 = YES, THE FULL AMOUNT WILL BE PAID 2= NO, THE MISSED PAYMENT WILL BE LOST / NOT BE PAID 3= OTHER, SPECIFY _____ 7=DON'T KNOW | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

| | | | |
|----|--|---|-----------------|
| 27 | Are you aware of anyone that has had to pay any money (cash or in-kind) to the staff (Social Support Officer (SSO)/ SCT Desk Officer) at the payment point when they went to collect their payment? | 1 = YES 2 = NO 7=DON'T KNOW/CAN'T SAY | |
| 28 | Has anyone at the payment point ever asked you for money (gift) [USE LOCAL EXPRESSION] before or after payment of the SCT transfer? | 1 = YES 2= NO | |
| 29 | Have you ever heard of anyone who has had to pay money or give a gift to someone in the community (chief/village elder) [USE LOCAL EXPRESSION] before or after payment of the SCT transfer? | 1= YES 2= NO | |
| 30 | Have you ever had to pay any money [USE LOCAL EXPRESSION] to anybody in the community (e.g. village elder / chief) when you go to collect your payment? [This does not include the alternative recipient / representative or Payment point staff (Social Support Officer (SSO)/ SCT Desk Officer).] | 1 = YES 2 = NO 7 = DON'T KNOW/CAN'T SAY | |
| 31 | In general, do you feel safe collecting your money from the payment point and taking it back home? | 1= YES 2= NO | |
| 32 | In general, are you happy with the way you are treated by the payment point staff (Social Support Officer (SSO)/ SCT Desk Officer) when you go to collect your payment? | 1 = YES 2 = NO 7 = DON'T KNOW | |
| 33 | In general, are you happy with the way you are treated by the SCT programme representatives (CSSC)? | 1 = YES 2 = NO 7 = DON'T KNOW | |
| 34 | If you are having problems with payment or any other part of the SCT programme, is there anyone to contact? | 1 = YES 2 = NO>>38a 7 = DON'T KNOW>>38a | |
| 35 | For problems with payment or other parts of the SCT programme, who can you contact? [DON'T PROMPT. IF MORE THAN THREE, LIST THE MOST IMPORTANT THREE.] | 1 = COMMUNITY LEADER / NON GOVERNMENT / ELDER 2 = CHIEF /GOVERNMENT REPRESENTATIVE 3 = ANOTHER BENEFICIARY 4 = CSSC MEMBER 5 = FAMILY MEMBER 6 = SOCIAL SUPPORT OFFICER (SSO)/ SCT DESK OFFICER 7 = OTHER SPECIFY _____ | 1 st |
| | | | 2 nd |
| | | | 3 rd |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

| | | | | |
|-----|---|---|--------------------------------------|--|
| 36a | Have you contacted anyone with a problem? | 1 = YES 2 = NO | | |
| 38a | Is it a problem for you that others in the community know that you are receiving payments from the SCT programme? | 1 = YES 2 = NO >> Q40 7=DON'T KNOW >> Q40 | | |
| 38b | If yes, why would it be a problem if others know you are receiving payments from the cash transfer programme? | 1 = MAY BE ASKED FOR MONEY BY OTHERS 2 = MAY BE ASKED TO CARE FOR OTHER FAMILY MEMBERS 3 = EMBARRASSED 4 = CONCERNED FOR SAFETY 5 = JEALOUSY | 1 st (most important) | |
| | [DO NOT READ PROMPT. LET THE RESPONDENT STATE THEIR CONCERN(S). IF MORE THAN ONE CONCERN IS GIVEN, ASK THE RESPONDENT TO INDICATE NO MORE THAN THREE (3) AND TO RANK THEM IN ORDER OF IMPORTANCE]. | 6 = WITCHCRAFT 7 = CONCERNED WILL BE REMOVED FROM OTHER SUPPORT PROGRAMS 8 = MAY NOT GET ADDITIONAL HELP IN TIMES OF NEED 9 = DON'T ACTUALLY QUALIFY FOR THE PROGRAM | 2 nd | |
| | [IF FEWER THAN THREE RESPONSES ARE PROVIDED, ENTER '98' TO ANY NON-RESPONSE CELLS] | 10 = CAN'T SAY/DON'T KNOW 11 = OTHER (SPECIFY) _____ | 3 rd | |
| 39 | Would you prefer to receive your payments by [METHOD]? [READ EACH OPTION LISTED TO THE RIGHT TO RESPONDENT.] | 1=YES 2=NO | A. POST OFFICE | |
| | | | B. CELL PHONE (MPAMBA, AIRTEL MONEY) | |
| | | | C. BANK CARD | |
| | | | D. MOBILE BANK | |
| | | | E. SHOP KEEPER | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

Perceptions of beneficiary responsibilities

| | | | |
|-------|---|---|--|
| 40 | Do you think that families participating in the SCT programme have to follow any rules in order to continue receiving payments? | 1 = YES 2 = NO>>Q46 7=DON'T KNOW>>Q46 | |
| 41abc | Can you please list the rules that <u>you think</u> cash transfer families have to follow in order to receive the full payment from the SCT programme? [DO NOT PROMPT. IF MORE THAN ONE RULE IS LISTED, ASK THE RESPONDENT TO INDICATE NO MORE THAN THREE (3) AND TO RANK THEM IN ORDER OF IMPORTANCE] [IF FEWER THAN THREE RESPONSES ARE PROVIDED, ENTER '98' TO ANY NON-RESPONSE CELLS] | 1 = ENROLMENT / ATTENDANCE IN PRIMARY SCHOOLS 2 = ENROLMENT / ATTENDANCE IN SECONDARY SCHOOLS 3 = PURCHASE OF SCHOOL SUPPLIES (BOOKS, UNIFORM, ETC) 4 = ATTENDANCE TO HEALTH FACILITY FOR IMMUNIZATIONS/OBTAIN UNDER 5 HEALTH CARD 5 = ATTENDANCE TO HEALTH FACILITY FOR GROWTH MONITORING 6= ADEQUATE FOOD AND NUTRITION FOR CHILDREN 7 = CLEAN AND APPROPRIATE CLOTHING FOR CHILDREN 8 = BIRTH CERTIFICATE FOR CHILDREN 9= INVEST IN FARM OR NON-FARM BUSINESS 10 = PAY OFF DEBT 11= OTHER, SPECIFY _ _____ 12= DON'T KNOW | 41a, (most important) 41b, 41c, |
| 42 | Did someone tell you that there are specific rules of the SCT programme? If so who? [DO NOT PROMPT] [IF NO ONE TOLD THEM, USE CODE 10] | 1 = SCT PROGRAMME REPRESENTATIVE (IE. AT COMMUNITY AWARENESS SESSION) 2 = FLYER 3 = PAYMENT POINT 4 = NEIGHBOUR/FRIEND 5 = VILLAGE ELDER 6 = VILLAGE CHIEF 7 = ANOTHER BENEFICIARY 8 = CSSC MEMBER 9 = RELATIVE/FAMILY MEMBER 10= NO ONE TOLD ME 11 = DON'T REMEMBER 12 = OTHER, SPECIFY _____ | |
| 44 | What do you think would happen to a cash transfer family if they did not follow all of the rules? | 1 = NOTHING 2 = KICKED OUT OF THE PROGRAMME 3 = GO TO JAIL 4 = A PENALTY FINE WILL BE DEDUCTED FROM THE NEXT PAYMENT 5= DON'T KNOW 6 = OTHER _____ | |
| 45 | Is anyone checking to see if cash transfer families are following the rules? | 1 = YES 2 = NO 7 = DON'T KNOW | |

MODULE 28: OPERATIONAL PERFORMANCE (CONTINUED)

Use of the cash transfer

| | | | | | | | | | | |
|-------------|--|---|-----------|--|--|--|-------------|--|--|--|
| 46 | In this household, who generally decides how the payment from the SCT programme is used (member ID CODE from roster)? | _____ NAME OF MAIN DECISION MAKER <table border="1" data-bbox="1144 336 1480 411"> <tr> <td>ID</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CODE</td> <td></td> <td></td> <td></td> </tr> </table> FOR MAIN DECISION MAKER SEX OF THE MAIN DECISION MAKER 1 = MALE 2 = FEMALE <input data-bbox="1955 437 2027 501" type="checkbox"/> | ID | | | | CODE | | | |
| ID | | | | | | | | | | |
| CODE | | | | | | | | | | |
| 47 | <p>[REFER TO THE NAME OF MAIN DECISION MAKER PROVIDED IN Q46]</p> In general, who does [NAME] consult with when deciding how to use the payment from the SCT programme? | 1 = ALONE 2 = SPOUSE 3 = OTHER ADULT FAMILY MEMBERS (NOT SPOUSE) 4 = CHILDREN 5 = ALL FAMILY MEMBERS 6 = SOMEONE ELSE IN THE COMMUNITY 7 = DON'T KNOW | | | | | | | | |
| 49 | In general, can you tell me who in your household benefits from the payments of the SCT programme? <p>[DO NOT PROMPT OR GIVE EXAMPLES LIST AS MANY AS ARE MENTIONED]</p> | 1 = ALL HOUSEHOLD MEMBERS 2 = ADULT(S) ONLY 3 = ELDERLY 4 = ALL CHILDREN 5 = BIOLOGICAL CHILDREN 6 = ORPHAN CHILDREN 7 = DISABLED CHILDREN 8 = BENEFICIARY 9 = OTHERS | | | | | | | | |
| 50 | In general, list the main things that the payment from the SCT programme is used for. <p>[MARK WITH AN 'X' ALL THAT APPLY/ DO NOT PROMPT OR GIVE EXAMPLES]</p> | 1 = FOOD 2 = MEAT/FISH/POULTRY 3 = BUYING FOOD PREPARED OUTSIDE THE HOUSEHOLD 4 = CELL PHONE/AIRTIME 5 = LIVESTOCK 6 = AGRICULTURAL INPUTS 7 = FORMAL GOVERNMENT EDUCATION (FEES, BOOKS, UNIFORMS ETC.) 8 = OTHER EDUCATION (NURSERY, OTHER RELIGIOUS SCHOOL) 9 = HEALTH CARE 10 = SHELTER / ACCOMMODATION / RENT 11 = CLOTHING / SHOES (DOES NOT INCLUDE SCHOOL UNIFORMS) 12 = INVESTMENT/SMALL BUSINESS 13 = FORMAL SOCIAL OCCASIONS SUCH AS WEDDINGS / FUNERALS 14 = SAVINGS/VILLAGE SAVINGS 15 = OTHER SPENDING, SPECIFY _____ 16 = DON'T KNOW / CAN'T SAY | | | | | | | | |

END OF HOUSEHOLD QUESTIONNAIRE