Institute of Statistical, Social & Economic Research (ISSER),

University of Ghana, Legon



**GHANA LEAP ISS IMPACT EVALUATION**

**BASELINE SURVEY**

*HOUSEHOLD INSTRUMENT*

2021

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# COVER SHEET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **METADATA** |  |  | Cluster ID | |\_\_\_|\_\_\_| |
|  |  |  |  |  |  |  |
| 1 | Date of interview | |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| |  |  | Household ID  | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
|  |  |  |  |  |  |
| 2 | Time start (MM:HH)  | |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| 24-hour clock | 3 | Time end interview | |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| 24-hour clock |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4 | Region | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | 12 | Enumerator  |  |
|  |  |  |  | name and code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |
| 5 | District | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |  |  |  |
|  |  |  | 13 | Supervisor name |  |
| 6 | Locality/community | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  | and code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |
|  |  |  |  |  |  |
| 7 | Name of household head and PID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| | 14 | GPS coordinates |  |
|  |  |  | 14a | Latitude | N |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_|  |
| 8 | Name of main respondent and PID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_| |  |  |  |
|  |  |  | 14b | Longitude | E /W |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_||\_\_\_||\_\_\_||\_\_\_||\_\_\_|  |
| 9 | Language used by respondent | |\_\_\_| |  |  |  |
|  | (Refer to CODE BOOK for details on sub-groups) |  | Akan 1Ga-Dangme …….2Ewe 3Guan 4Gurma 5 | Mole-Dagbani …………… 6Grusi 7Mande 8English 9Other (specify) 10 | 15 | Contact number of Respondent …………….. |
| 10 | Interpreter used? | |\_\_\_| |  |  |
|  |  |  | Yes 1 No 2 |  |  |
|  | Response status  | |\_\_\_| |  | 16. Overall Comments/Observations (if hh could not be found or refused, provide explanation): |  |
|  | LAST ITEM AFTER INTERVIEW | Complete interview 1Partially complete (reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)….... 2Non-contact3Refusal 4Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)…....................... 5 |  |
|  |  |  |  |  |  |

# FUTURE CONTACT INFORMATION

Enumerator: please remind the household that it will be interviewed again in 2022, and thus having a way to contact them in the future is critical to the success of the survey. We are going to ask them for two people who can be contacted in the future should the family move from the village. If you left this place, who would be the most likely people to know where you are?

|  |  |  |
| --- | --- | --- |
|  | Contact 1 | Contact 2 |
| 1. Name of contact people |  |  |
| 2. Relationship to you |  |  |
| 3. Where do these people currently live? |  |  |
| Community  |  |  |
| 4. Phone numbers of these people |  |  |
| 5. How best would we be able to contact these people? (Pls. feel free to give as many options as necessary) e.g. Contact address, landmarks, street numbers, nicknames |  |  |

|  |  |  |
| --- | --- | --- |
| Question 0:  | I would like to ask you a very important question about how you feel about your life. Taking all things into consideration, are you happy with your life? | Yes 1No 2 |

# SECTION 1: HOUSEHOLD ROSTER

**Instruction**: *Please give me the names of all persons who usually live with this household and eat from the same pot. Start with the head of the household, followed by spouse(s) and children. Also include visitors who have lived or intend to live with the household for six months or more. Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc. [*For new members, IDs need to be THREE DIGITS LONG, starting with 201, 202, etc.*]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
|  |  |  |  |  | **For those 12 years or older** |
| ID | Name of the member | Sex1 = Male2 = Female | What is [NAME’S] relationship with the head?1 = Head2 = Spouse3 = Child4 = Grandchild5 = Parent/Parent-in-law 6 = Son/Daughter-in-law7 = Other relative 8 =Adopted/ Foster/Stepchild9 = House help10 = Non-relative | How old is [NAME] now?Record exact age in completed years for all household members. For those under 5 years old, also record the number of months since the last birthday (use child health book or birth certificate if available.) | What is (NAME’S) present marital status?1 = Married, monogamous2 = Married, polygamous3 = Consensual Union4 = Separated (>> Q9)5 = Divorced (>> Q9)6 = Widowed (>> Q9)7 = Never Married (>> Q10) | Does (NAME’S) spouse live in this household?1 = Yes2 = No (>> Q9) | COPY THE I.D. CODE OF THE SPOUSE(IF MORE THAN ONE SPOUSE, THE FIRST ONE) | At what age did (NAME) first get married or started living with a partner?(AGE IN YEARS) |
| **AGE IN YEARS** | **IF <5 YRS: MONTHS SINCE LAST BDAY** |
| 01 |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  |  |  |

**SECTION 1: HOUSEHOLD ROSTER (Continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 10 | 11 | 12 | 13 |
|  | **For those aged 0 – 17 years** | **For those aged 5 – 17 years** |
| ID | Is the biological mother of [NAME] alive?WRITE PID =YES, MOTHER LIVES IN HOUSEHOLD88=YES, BUT MOTHER NOT IN HOUSEHOLD 99=NO, MOTHER IS DEAD7777=DON’T KNOW | Is the biological father of [NAME] alive?WRITE PID =YES, FATHER LIVES IN HOUSEHOLD88=YES, BUT FATHER NOT IN HOUSEHOLD 99=NO, FATHER IS DEAD7777=DON’T KNOW | Does [NAME] have a pair of shoes or sandals? 1=YES2=NO8=DON’T KNOW | Does [NAME] have at least 2 sets of clothes?1=YES2=NO8=DON’T KNOW |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |

# SECTION 2: EDUCATION OF ALL HOUSEHOLD MEMBERS AGED 3 YEARS OR OLDER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4a** | **4b** | **5** | **6** | **7** |
|  | **All members 3 years or older** |  | **Members aged 3 – 24 years old only** |
| **ID** | During 2020/ 2021 academic year, did (NAME) attend school?1=YES (>>Q3)2=NO | What was the highest grade [NAME] completed?**[SEE CODES BELOW]****[Enter 00 if did not complete any grade]****>>NEXT PERSON** | What grade of education was/is (NAME) attending during 2020/2021 academic year?**[SEE CODES BELOW]** | How long does it take (NAME) to get to school on a typical day using normal mode of transport?**[DK=99]**HH MM | What is the normal mode of transport to get to school for (NAME)? 1=WALK2=BUS/Trotro3=PVT CAR4=BOARDING5=Pvt motorcycle6=Taxi/Ride-hailing services (Uber, Bolt, etc)7=Commercial motorcycle (Okada)8=Bicycle9=OTHER (Specify) | In the last five school days when school was in session, how many days did (NAME) attend school?1=1 day2=2 days3=3 days4=4 days5=5 days8=did not attend school (0 days)9=holiday | On a typical school day, how many hours does name spend studying outside of school?HH MM |
| Does (NAME) participate in a school feeding programme?**[ANY KIND]**1=YES, GSFP2=YES, Other SFP3=YES, FREE MEALS AT SHS 4=NO5=NO, no SFP in school6=NO, SF available but do not participate7=NO, SF available but not eligibleDK=999 |
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| **Codes for Q2 & Q3:**Never attended school 00Pre-school 01 P1 11P2 12 P3 13P4 14 P5 15 |  |  |  | P6 16MS/JSS1/JHS1 17MS/JSS2/JHS2 18MS/JSS3/JHS3 19MS4 20SSS1/SHS1 24SSS2/SHS2 25SSS3/SHS3 26**SHS4** **27** | Voc/Tech/Comp/ Comm/Agric 41Teacher Training 42Nursing 43Polytechnic 51University 52Other Tertiary 53Other (specify 61 |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **12** | **13** | **14** | **15** |
|  | **Members aged 3 – 24 years old only** |
| **ID** | I want to ask you about the educational expenses for (NAME) during the past 12 months?(DO NOT INCLUDE BURSARY AND SCHOLARSHIP)How much was spent on ......... |
| School fees and registra-tion fees?in GH¢ and GHpDK=999 | Contribu-tions to parent/ teacher associa-tions (PTA)?in GH¢ and GHpDK=999 | Uniforms and sports clothes?in GH¢ and GHpDK=999 | Books and school supplies (e.g., pens, shool bags, etc.)?in GH¢ and GHpDK=999 | Transpor-tation to and from school?in GH¢ and GHpDK=999 | Food, boarding & lodging at school?in GH¢ and GHpDK=999 | Expenses on extra classes?in GH¢ and GHpDK=999 | In-kind expenses?in GH¢ and GHpDK=999  | OTHER(e.g., charges for breakages, ‘collections’, covid items, etc.)in GH¢ and GHpDK=999 | (IF CANNOT GIVE BREAK DOWN)in GH¢ and GHp |
|  |  |  |  |  |  |  |  |  |  |  |
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# SECTION 3: HEALTH OF ALL HOUSEHOLD MEMBERS

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **ID** | Has [NAME] been sick or injured during the **last two weeks**?1=Yes, sick/ injured2=No>>Q79=Don’t know>>Q7  | During the last 2 weeks, did [NAME] have to stop the usual activities because of this condition?0=NoIF YES: PUT NUMBER OF DAYS (1 – 14) | During the last 2 weeks has [NAME] consulted a health practitioner, visited a health facility or consulted a traditional healer for this injury/illness?1=YES2=NO (>>Q7) | On the most recent visit whom did [NAME] consult?01=Doctor02=Dentist03=Nurse04=Medical assistant05=Midwife06=Pharmacist07=Drug/chemical seller08=Traditional Healer09=Trained TBA10=Untrained TBA11=Spiritualist12=Community Health Officer (CHO)12=Other (specify) | Where did the consultation take place?1=Public Facility2=Private Facility3=Pharmacy4=Traditional Healer5=Drug store6=Drug seller7=Home8=Community Health Session9= Other (Specify) | How much in total was spent on [NAME]’s medication and consultation **in the last two weeks?** **[Include both cash and in kind]****[GIVE AMOUNT IN GH¢ AND GHp]****[ENTER ‘00’ IF NONE]** | During the last 2 weeks did [NAME] buy any medicine or medical supplies?**[OTHER THAN ALREADY INCLUDED IN Q6!]**1=YES2=NO>>9 | How much in total was spent on [NAME]’s medicine or medical supplies **in the last two weeks?** **[GIVE AMOUNT IN GH¢ AND GHp]** | Does [NAME] have any serious disability that limits his/her full participation in life activities (such as mobility, work, social life, etc.)1=YES2=NO (>> Q11) | What type of disability does [NAME] have?1=Sight2=Hearing3=Speech4=Physical5=Other (specify)**[RECORD UP TO 3 DISABILI-TIES]** |
| 1ST  | 2ND  | 3RD  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**SECTION 3: HEALTH OF ALL HOUSEHOLD MEMBERS (CONTINUED)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **11** | **12** | **12a** | **13** | **13b** | **13c** | **14** |
| **ID** | Is [NAME] currently registered or covered by health insurance?1=YES2=NO **(>> Q12a**) | If [NAME] is registered or covered, what type of health insurance scheme is he/she registered with?A=National/District Health Insurance (NHIS)B=Mutual Health Organization/Community-based Health InsuranceC=Other Privately Purchased Commercial Health InsuranceX=Other Health Insurance (specify)**RECORD ALL MENTIONED** | Has NAME ever been enrolled in NHIS?1=YES2=NO (**>>Q18**) | Does [NAME] hold a valid National Health Insurance Scheme (NHIS) card?1=Yes (**>>Q13c**)2=No  | Why has [NAME] not renewed the NHIS card for the current year? 1=Does not know it has to be renewed annually2=Has not been sick3=Enrollment fee/premium is too expensive4=Travel time/cost too high5=Waiting time at renewal site is too long6=Poor quality care for those paying with NHIS7=Preferred services not covered8=Use clinics/ traditional healers that don’t accept NHIS9=Didn’t realise card is expired=910=Didn’t renew on time11=Other(specify)**[Do not prompt; mark most important, up to 3]** | Was a fee/premium paid for [NAME] when last renewed?1=Yes (**>>Q14**)2=No (**>>Q16**)3=No, never renewed (>>Q18) | How much was the fee and premium for NHIS per year for [NAME]?**[GIVE AMOUNT IN GH¢ AND GHp]** |
|
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
|  |  | A B C X |  |  |  |  |  |
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|  |  | A B C X |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
| How much did you expect to pay?**[GIVE AMOUNT IN GH¢ AND GHp]** | Who paid for the premium? 1=Household2=LEAP-Exempt (>>Q22)3=NGO (>>Q22)4=Exempt (>>Q22)5=Other (specify)6=Friend or relative**(>> Q18)** | What is the usual mode of payment?1=Cash2=Mobile money3=Other (specify) | What are the reasons for never having NHIS?1=Fees/Premium too expensive2=Travel time/cost too high3=Waiting time at enrollment site too long4=Poor quality care for those paying with NHIS5=Preferred services not covered6=Use clinics/ traditional healers that don’t accept NHIS7=Don’t understand NHIS8=I don’t fall sick9=Don’t have money10=Other (specify)**(>> Q22)** | How long did you need to travel using your usual mode of transportation to go get your NHIS card (during most recent acquisition/renewal) and coming back? [Only travel time]99=Don’t know/ remember  | What is your usual mode of transportation?1=WALK2=BUS/Trotro3=PVT CAR4=Pvt motorcycle5=Taxi/Ride-hailing services (Uber, Bolt, etc)6=Commercial motorcycle (Okada)7=Bicycle8= Other (specify) | How much money did you spend on transportation to travel from your house to point of collection of NHIS card and back again (during most recent registration/renewal)?(**Amount in** **GH¢ and GHp**)999= Don’t know/ remember | Did (NAME) sleep under a mosquito net last night?1=YES2=NO |
|  | HOURS | MIN |
|  |  |  |  |  |  |  |  |
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# SECTION 4A: HOUSING CONDITIONS AND WASH

*Respondent for this section should be the head of household or other knowledgeable adult*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 1 | How many rooms does this household occupy?Count living rooms, dining rooms, bed rooms but not bathrooms, toilet & kitchen | ROOMS |\_\_\_|\_\_\_| |  |
| 2 | What is the main source of lighting for your dwelling? | Electricity (mains) 1Electricity (private generator) 2Kerosene lamp 3Gas lamp 4Solar energy 5Candle 6Flashlight/Torch 7Firewood 8Crop residue 9Other (specify) 10 |  |
| 3 | What is the main construction material used for the outer wall? | Mud/Mud bricks/Earth 1Wood 2Metal Sheet/ Slate/Asbestos 3Stone 4Burnt bricks 5Cement blocks/Concrete 6Landcrete.............................................................7Bamboo 8Palm leaves/Thatch (Grass/Raffia) 9Tarpaulin/Fabric/Canvass………………………..10Other (specify) 11 |  |
| 4 | What is the main material used for the roof? | Mud/Mud bricks/Earth 1Wood 2Metal sheet 3Slate/Asbestos 4Cement/Concrete 5Bamboo 6Palm leaves/Thatch (Grass/Raffia) 7Roofing tile 8Other (specify) 9 |  |
| 5 | What is the main construction material used for the floor? | Earth/Mud 1Cement/Concrete 2Stone 3Burnt brick 4Wood 5Vinyl tiles 6Ceramic/Porcelain/Granite/Marble tiles..............7Terrazzo/Terrazzo tiles.........................................8Other (specify) 9 |  |
| 6 | What is the main source of drinking water for members of your household? | Piped waterPiped into dwelling 11Piped into compound, yard or plot 12Piped to neighbor 13Public tap / standpipe 14Tube Well, Borehole 21Dug wellProtected well 31Unprotected well 32Protected spring 41Unprotected spring 42Rainwater collection 51Tanker supplied/vendor provided 61Cart with small tank / drum 71Surface waterRiver/ stream 81Dam, lake, pond, canal, irrigation channel) 82Bottled water 91Sachet water 92Other (specify) 96 |  |
|  | **Question** | **Answers** | **Skip** |
| 7 | Do you do anything to the water to make it safer to drink? | Yes 1No 2Don’t know 8 |  Q9 Q9 |
| 8 | What do you usually do to make it safer to drink?Anything else?**RECORD ALL ITEMS MENTIONED** | Boil AAdd bleach / chlorine BStrain it through a cloth CUse water filter (ceramic, sand, composite, etc.) DSolar disinfection ELet it stand and settle FAdd camphor/naphthalene GAdd water tablet HOther (specify) XDon’t know Z |  |
| 9 | What is the main source of water used by your household for other purposes such as cooking and hand washing? | Piped waterPiped into dwelling 11Piped into compound, yard or plot 12Piped to neighbor 13Public tap / standpipe 14Tube Well, Borehole 21Dug wellProtected well 31Unprotected well 32Protected spring 41Unprotected spring 42Rainwater collection 51Tanker-truck 61Cart with small tank / drum 71Surface waterRiver/ stream 81Dam, lake, pond, canal, irrigation channel) 82Bottled water 91Sachet water 92Other (specify) 96 |  |
| 10 | What type of toilet facility is usually used by members of your household?If “flush”, probe: WHERE DOES IT FLUSH TO?If necessary, ask permission to observe the facility. | FlushFlush to piped sewer system 11Flush to septic tank 12Flush to pit (latrine) 13Flush to somewhere else 14Flush, don’t know where 15Pit latrineVentilated Improved Pit latrine (VIP) 21Pit latrine with slab 22Pit latrine without slab / Open pit 23Composting toilet 31Bucket/pan/chamber pot 41Mobile Toilet 61No facility, Bush, Field, Beach 95Other (specify) 96 |  Q11 |
| 10a | Is this toilet facility used only by your household, or is it shared with others? | Private (for exclusive use by household members) 1Shared - no pay per use 2Public – pay per use 3Public –no pay per us……………………………4 |  |
| 11a | What is the **primary** type of fuel your household mainly use for cooking (including boiling and boiling of medication)? | Electricity 01Liquefied Petroleum Gas (LPG) 02Biogas 03Kerosene 04Charcoal 05Wood/Firewood 06Straw / Shrubs / Grass 07Animal waste 08Agricultural crop residue/sawdust 09N/A 95Other (specify) 96 |  Q13 Q13 Q13 Q13 Q13 |
| 11b | What is the **secondary** type of fuel your household mainly use for cooking (including boiling and boiling of medication)? | Electricity 01Liquefied Petroleum Gas (LPG) 02Biogas 03Kerosene 04Charcoal 05Wood/Firewood 06Straw / Shrubs / Grass 07Animal waste 08Agricultural crop residue/sawdust 09N/A 95Other (specify) 96 |  Q13 Q13 Q13 Q13 Q13 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 12 | In this household, what type of biomass cook stove does the household use? ***NB: Biomas includes: firewood, charcoal, briquette, pellets, agric-waste.*** | None (Use other fuel)...……………………………..1 Traditional coalpot /three stone fire………………....2Car rim/type metal stove…………………………….3Improved mud stove with/without chimney (e.g. mukyea)………………………………………4Ceramic/clay stove (e.g. gyapa, toyola, holy cook)….5Improved Pellet/Briquette stove……………………..6Other (Specify)………………………………………7 |  |
| 13 | Is the cooking usually done in the house, in a separate building, or outdoors?*If ‘in the house’, probe: is it done in a separate room used as a kitchen?* | In the houseIn a separate room used as kitchen 1Elsewhere in the house 2In a separate building 3Outdoors 4Other (specify) 5 |  |

# SECTION 4B: FOOD SECURITY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 1 | How many meals excluding snacks do you normally have in a day? | One 1Two 2Three 3More than three 4 |  |
| 2 | In the **past four weeks**, did you worry that your household would not have enough food? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2a | In the past **four** weeks, were you or any household member not able to eat the kinds of foods you preferred because of lack of resources? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2b | In the past **four** weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2c | In the past **four** weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2d | In the past **four** weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?  | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2e | In the past **four** weeks, did you or any household member have to eat fewer meals in a day because there was not enough food? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2f | In the past **four** weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?  | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 2g | In the past **four** weeks, did you or any household member go to sleep at night hungry because there was not enough food? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 3 | In the **past four weeks**, did you or any household member go a whole day and night without eating anything because there was not enough food? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
|  | **CHECK HOUSEHOLD ROSTER: ANY CHILDREN YOUNGER THAN 5 YEARS IN THE HOUSEHOLD?*** YES  Q4
* NO  Q6
 |  |
| 4 | In the **past four weeks**, was there a time when any of the children younger than 5 years old did not eat healthy and nutritious foods because of a lack of money or other resources? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |
| 5 | In the **past four weeks**, was there a time when any of the children younger than 5 years old was not given enough food because of a lack of money or other resources? | Never 1Rarely (once or twice) 2Sometimes (3 – 10 times) 3Often (more than 10 times) 4 |  |

# SECTION 4C: TIME USE AND EMPLOYMENT

*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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  |  | **Last 24 hours – Domestic chores** |  | **Current rainy season** | **Other activities – last week** |
| **ID** | How many hours did [NAME] spend yesterday collecting water?[IF SPENT MORE THAN 0 BUT <1 HOUR, ENTER "1"] | How many hours did [NAME] spend yesterday collecting firewood (or other fuel materials)?[IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | How many hours did [NAME] spend yesterday in fishing?[IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | How many hours did [NAME] spend yesterday taking care of children, cooking or other adult members?[IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | How many hours did [NAME] spend yesterday cooking or cleaning?[IF SPENT MORE THAN 0, BUT <1 HOUR, ENTER "1"] | How many days in the last 30 days did [NAME] spend in land preparation or planting (e.g. ploughing)?[N/A = 99] | How many days in the last 30 days did [NAME] spend in weeding, fertilizing, other non-harvest work?[N/A = 99] | How many hours in the last 7 days did [NAME] run or help in any of the household's non-agricultural or non-fishing household businesses?[N/A = 99] | How many hours in the last 7 days did [NAME] spend in livestock herding, preparing fodder or other livestock activities for the household?[N/A = 99] | How many hours in the last 7 days did [NAME] spend collecting nuts or other tree fruits, honey, or other products from forests, either for food consumption, medicine or sales for the household? | How many hours in the last 7 days did [NAME] engage in casual, part-time or casual labour for anyone who is not a member of your household? | How many hours in the last 7 days did [NAME] do any work for a wage, salary, commission, or any payment in kind, excl. casual labour, for anyone who is not a member of your household? |
|  | HOURS | MINS  | HOURS | MINS | HOURS | MINS | HOURS | MINS | HOURS | MINS | DAYS | DAYS | HOURS | MINS | HOURS | MINS | HOURS | MINS | HOURS | MINS | HOURS | MINS |
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| --- | --- | --- |
| 1 | Has this household owned any livestock, farm animals or poultry in the **last 12 months**? | 1=YES2=NO**>> Q3** |
|  |  | 2a | 2b | 2c | 2d | 2e | 2f |
| Live-stock code | **Name** | How many of the following animals does the household have?**[IF NONE, RECORD ‘00’]** **[IF 95 OR MORE, RECORD ‘95’. IF UNKNOWN, RECORD ‘98’.]** | **In the last 12 months**, how many have you bought to raise?**[IF NONE, RECORD "0" AND SKIP TO Q2d]** | How much did you spend in total to buy these [ANIMAL] **in the last 12 months?****[Estimate a value for in-kind payments]** | In the last 12 months how many have you received as gifts? | **In the last 12 months,** how many [ANIMAL] have you sold alive?**[IF NONE, RECORD "0" AND GO TO NEXT ANIMAL]** | What was the total value of sales?**[Estimate a value for in-kind payments]** |
|  |  | **Number** | **Number** | **In GH¢ and GHp** | **Number** | **Number** | **In GH¢ and GHp** |
| A) | Draught animals e.g. donkey, horse, bullock |  |  |  |  |  |  |
| B) | Cattle, including calves |  |  |  |  |  |  |
| C) | Sheep |  |  |  |  |  |  |
| D) | Goats |  |  |  |  |  |  |
| E) | Pigs |  |  |  |  |  |  |
| F) | Rabbits |  |  |  |  |  |  |
| G) | Chicken |  |  |  |  |  |  |
| H) | Guinea fowl |  |  |  |  |  |  |
| I) | Duck |  |  |  |  |  |  |
| J) | Other poultry |  |  |  |  |  |  |
| K) | Fish |  |  |  |  |  |  |
| L) | Other animals |  |  |  |  |  |  |

# SECTION 4D: PRODUCTIVE LIVELIHOODS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 3 | Does your household have any outstanding debts to other households or institutions obtained in the last 12 months (excluding purchases on credit)? | Yes 1No 2 |  Q9 |
|  |  | **4** | **5** | **6** | **7** | **8** |  |
|  | Loan ID | How old is the loan/debt (in months)? | What is the main source of the loan/debt?**SEE CODES BELOW** | What is the primary purpose of the loan/debt?**SEE CODES BELOW** | What is the total amount borrowed/owed?**In GH¢ and GHp** | What is the current outstanding amount?**In GH¢ and GHp** |  |
|  | 01 |  |  |  |  |  |  |
|  | 02 |  |  |  |  |  |  |
|  | **CODES FOR Q5**State Bank............................01Private Bank........................02Cooperative..........................03Gov’t Agency.......................04NGOs...................................05Business firm.......................06Employer..............................07Money lender.......................08Savings and loans scheme...09Susu scheme........................10Trader...................................11Farmer..................................12Relative/Friend/Neighbour..13Mobile money loan (e.g., MTN Quickloan, Vodafone ReadyLoan)……………….14Other (specify)….................15 | **CODES FOR Q6**a) **Family**For meeting day-to-day expenses …..................................................01For emergency (funeral, medical, etc ….............................................02To pay off debts.................................................................................. 03To pay off someone else’s debts.........................................................04For social reasons such as wedding, travel or bride price...................05For education of self, children, siblings or others...............................06For renting your family’s apartment...................................................07b) **Assets**For purchasing or building a house.....................................................08Improving your house.........................................................................09To acquire household assets or property other than car or motorcycle............................................................................................10For purchasing a car, motorcycle/bicycle...........................................11For purchasing land.............................................................................12c) **Agriculture and fishing**For purchasing of livestock e.g. fish, cattle etc.......................................................13For agricultural improvements e.g. Irrigation, a dam, fencing, preparing land........14For agricultural implements e.g. plough, hoe etc................................15For agricultural inputs e.g. seeds, fertilizer.........................................16For fishing equipment e.g. net, outboard motor etc............................17d) **Business**For expanding your business/buy business stock...............................18For starting a business.........................................................................19For investing in someone else’s business............................................20e) **other (specify)….................................................................................**21 |
| 9 | In the last 12 months, has anyone in your household purchased food or other goods on credit? | Yes 1No 2 |  Q12 |
| 10 | In the last 12 months has anyone in your household asked to purchase on credit and been denied? | Yes 1No 2 |  Q15 |
| 11 | Could you purchase on credit if you asked? | Yes 1No 2 |  Q15 Q15 |
| 12 | **Ask for the last time credit purchases was obtained in the last 12 months.**What was the credit used for? | **SEE CODES FOR Q6**CODE: **|\_\_\_|\_\_\_|** |  |
| 13 | How much overall has your household purchased with the most recent credit?**In GH¢ and GHp** | AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 14 | How much do you still owe on these purchases for the most recent credit?**In GH¢ and GHp** | AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 15 | During the current agricultural season, have you incurred any of the following [COST] (with or without credit)? | A. 1=YES2=NO>> Next item | B. What quantity did you buy?Unit codes:1=LITER 2=KG3=PIECE4=DAYS5=BOWL | C. How much did you spend on [COST] during the current **agricultural season**?**[Sum cash and estimated value of in-kind payments]****In GH¢ and GHp** |  |
| QTY | Unit |
|  | 1. Seeds
 |  |  |  |  |  |
|  | 1. Equipment (rental, repairs, spare parts), tools
 |  |  |  |  |  |
|  | 1. Hired labor for production (planting, weeding, harvest)
 |  |  |  |  |  |
|  | 1. Fertilizer, manure
 |  |  |  |  |  |
|  | 1. Bags, containers, strings, packaging
 |  |  |  |  |  |
|  | 1. Pesticides
 |  |  |  |  |  |
|  | 1. Weedicides/Herbicides
 |  |  |  |  |  |
| 16 | Has the household **sent**/given any money, goods or gifts (including food) to anyone outside the household in the last 12 months?  | Yes 1No 2 | **Q17** |
| 16a | What is the overall value of all the money, goods or gifts sent by the household to individuals outside the household in the past 12 months? **In GH¢ and GHp** | AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 17 | Has the household **received** any money, goods or gifts (including food) from individuals who were not members of the household in the past 12 months?  | Yes 1No 2 |  SECT 4E |
| 17a | What is the overall value of all the money, goods or gifts received by the household by individuals who were not members of the household in the past 12 months?**In GH¢ and GHp** | AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 17b | Did you or will you have to give something back in return? | Yes, all 1Yes, part 2No 3 |  |

# SECTION 4E: NON-FARM ENTERPRISES

1. Did you or anyone in your household operate any non-farm enterprises or provide any services (store, transport, home brewing, trade, etc) in the last 12 months?
	* 1=Yes
	* 2=No  NEXT SECTION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2** | **3** | **4** | **5** | **6** |
| BUSINESS ID | What non-farm enterprises did the household operate **in the last 12 months**?**[See code sheet****below (Q2)]** **[Record up to TWO in order of importance]** | Who in your household has the main responsibility for this enterprise?**[ENTER PID OF HOUSEHOLD MEMBER]** | Since the last 12 months, how many months was the business in operation?**[write number of months]****[Write 01 if less than one month]** | What was your total sales (revenue) from this business in the average month?**[GIVE AMOUNT IN GH¢ AND GHp]** | What was your total profit from this business in a typical month?**[GIVE AMOUNT IN GH¢ AND GHp]** |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |

**BUSINESS CODES (Q2)**

Ghana informal sector trade/skills/classifications codes (Refer to Code Book/Manual)

# SECTION 5A: REPRODUCTIVE HEALTH OF ALL WOMEN 12 – 49 YEARS OLD

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **ID** | Is [NAME] pregnant now? 1=YES2=NO (>>Q7)9=UNSURE (>>Q7) | Did (NAME) see anyone for antenatal care during this pregnancy?1=YES (>>Q4)2=NO  | Why didn’t (NAME) go for antenatal care?1=Can’t afford2=No health care available3=Health care too far4=Not necessary5=Health personnel not friendly6=Other (specify)(>>Q7) | Whom did (NAME) see?Health professional:A=DoctorB=Nurse / MidwifeC=Auxiliary midwifeOther person:F=Traditional birth attendantG=Community health workerX=Other (specify)[**CIRCLE ALL THAT APPLY]** | Did a Community Health Officer (CHO) ever come to visit (NAME)? 1=Yes2=No | How many months pregnant was (NAME) when she first received antenatal care for this pregnancy?[MONTHS] 98= DON’T KNOW | How many times did (NAME) receive antenatal care during this pregnancy?[NUMBER]98= DON’T KNOW | Has [NAME] ever given birth?[Live birth]1=YES2=NO>>**Q11** |
|  |  |  |  | A B C F G X |  |  |  |  |
|  |  |  |  | A B C F G X |  |  |  |  |
|  |  |  |  | A B C F G X |  |  |  |  |
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|  |  |  |  | A B C F G X |  |  |  |  |
|  |  |  |  | A B C F G X |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **9** | **10** | **11** | **12** | **13** | **14** |
| **ID** | How many children to whom [NAME] has given birth are currently living in this household?[number] | How many children to whom [NAME] has given birth are alive but do not live in this household?[number] | Has [NAME] ever given birth to a boy or girl who was born alive but later died?**[IF NO, PROBE:** I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?**]**1=YES2=NO>>**Q12** | What is the total number of children that have died? | **ENUMERATOR:** Sum the answersto Q8, Q9 and Q11 | So just to make sure I have this correct, [NAME] has had in total (*Q12*) live births during her life, is this correct?**IF ‘YES’ NEXT PERSON/ SECTION**)**IF ‘NO’ >> CHECK RESPONSES Q7 – Q11 AND MAKE CORREC-TIONS**  |
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# SECTION 6: Young Child Health (Children age 0-5 years only)

*These questions need to be asked for all children age 0-5 years who are members of the household.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5a** | **5b** | **6** |
| ID of child**[FROM HOUSE -HOLD ROSTER]** | ID of primary caregiver of child**[FROM HOUSE -HOLD ROSTER]** | Who assisted with the delivery of [NAME]?[IF RESPONDENT SAYS NO ONE, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.]**[RECORD ALL PERSONS MENTIONED]**Health professional:A=DoctorB=Nurse / MidwifeC=Auxiliary midwifeOther person:F=Traditional birth attendantG=Community health workerH=Relative or friendX=Other (specify)Y=No oneZ=Don’t know | Where was [NAME] born?1=Hospital2= Health Centre/Clinic3= Village Health Post/ Centre/Clinic4= Dispensary Or Pharmacy, 5=At Home Of Traditional Birth Attendant Or Midwife, 6=At Own Home, Neighbor Or Friend’s Home, 7=Outside, (e.g. in a car, on the roadway, etc.)8=Other, Specify (e.g. at religious centre etc.)9=Don’t know | When [NAME] was born, was s/he very big, bigger than average, average, smaller than average, or very small?1=Very big2=Bigger Than Average3=Average4=Smaller Than Average5=Very Small9=Don’t know | Did you or someone else take (NAME) to a health facility in the past 12 months?1=YES2=NO (>>Q3) | Where was [NAME] taken to?1=Hospital2= Health Centre/Clinic3= Village Health Post /CHPS compound4= Dispensary Or Pharmacy, 5=At Home Of Traditional Birth Attendant Or Midwife, 6=At Own Home, Neighbour Or Friend’s Home, 7=Other, Specify 9=Don’t know | How many times was (NAME) there for consultations in the past 12 months? |
|  |  | A B C F G H X Y Z |  |  |  |  |  |
|  |  | A B C F G H X Y Z |  |  |  |  |  |
|  |  | A B C F G H X Y Z |  |  |  |  |  |
|  |  | A B C F G H X Y Z |  |  |  |  |  |
|  |  | A B C F G H X Y Z |  |  |  |  |  |
|  |  | A B C F G H X Y Z |  |  |  |  |  |

# SECTION 6: YOUNG CHILD HEALTH (CONTINUED)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
| ID of child**[FROM HOUSE -HOLD ROSTER]** | In the last two weeks, has (NAME) had diarrhoea?1=YES2=NO (>>Q9) | Where did (NAME) seek treatment for this condition?1=Public Facility2=Pvt Facility3=Pharmacy4=Traditional Healer5-Drug Store6=Drug Vendor7=Did Not Seek8= Other (Specify)) | At any time in the last two weeks, has (NAME) had an illness with a cough?1=YES2=NO (>>Q11) | Where did (NAME) seek treatment for this condition?1=Public Facility2=Pvt Facility3=Pharmacy4=Traditional Healer5-Drug Store6=Drug Vendor7=Did Not Seek8= Other (Specify) | Has (NAME) been ill with fever in the last 2 weeks?1=YES2=NO (>>Q14) | Where did (NAME) seek treatment for this condition?1=Public Facility2=Pvt Facility3=Pharmacy4=Traditional Healer5-Drug Store6=Drug Vendor7=Did Not Seek8= Other (Specify)) | How much was spent on (NAME) for health-related services including medicines and consultations **in the last two weeks?** **[GIVE AMOUNT IN GH¢ AND GHp]** | Did (NAME) sleep under a mosquito net last night?1=YES2=NO |
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# SECTION 6: YOUNG CHILD HEALTH (CONTINUED)

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|  |  |
|  | **All children 0 – 59 months old** |
| ID of child**[FROM HOUSE -HOLD ROSTER]** | Now I would like to ask you about (other) liquids and foods that (NAME) may have had yesterday during the day or the night. I am interested to know whether your child had the item even if combined with other foods. Did (NAME) eat (name of food) during the day or the night before:1=YES 2=NO |
| **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** |
| Bread, rice, noodles or other foods made from grain (kenkey, banku, koko, tuo zaafi, akple, weanimix…)? | Pumpkin, red or yellow yams, carrots, and orange or yellow sweet potatoes…? | White potatoes, white yams, manioc, cassava, cocoyam, fufu or any other foods made from roots, tubers or plantain? | Any dark green leafy vegetables (kontomire, aleefu, ayoyo, kale, cassava leaves)? | Ripe mangoes, pawpaw? | Any other fruits or vegetables (bananas, avocados, tomatoes, oranges, apples...)? | Liver, kidney, heart or other organ meats? | Any meat such as beef, pork, lamb, goat, chicken, guinea fowl, pigeon, or duck? | Eggs? | Fresh or dried fish or shellfish (prawns, lobsters)? | Any foods made from beans, peas, cowpea or nuts? | Cheese, yogurt or other milk products? | Any oil, fats or butter, or foods made with any of this? | Any sugary foods as chocolate, sweet candies, pastries, cakes or biscuits? | Any other solid or semi-solid foods? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SECTION 8: IMMUNIZATIONS

*This part covers all children under 5 (0- 59 months) in the household.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| ID of child**[FROM HOUSE -HOLD ROSTER]** | Do you have a card where (name)’s vaccinations are written down?(IF YES) may I see it please?1=Yes, seen2=Yes, not seen3=No | Check health card for vaccination history. If health card not available inquire from respondent. For PEN, OPV and BCG vaccinations record number of times vaccination received.1=YES2=NO | Has (NAME) received a Vitamin A dose like this within the last 6 months?[SHOW COMMON TYPES OF AMPULES /CAPSULES / SYRUPS]1=YES2=NO | In the last 7 days was (NAME) given micronutrient powder like this?[SHOW MICRONUTRIENT POWDER PACKAGE]1=YES2=NO |
| **BCG**Vaccination against Tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar | **POLIO**Vaccination drops in the mouth to protect him/her from getting diseases | **PENTA**An injection in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough, or diphtheria | **MEASLES**A shot in the arm at the age of 9 months or older to prevent him/her from getting measles | **YELLOW FEVER**A shot in the arm at the age of 9 months or older to prevent him/her from getting yellow fever |
| OPV0 | OPV1 | OPV2 | OPV3 | PEN1 | PEN2 | PEN3 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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# SECTION 10: BIRTH REGISTRATION

*This part covers all children age 0-5 in the household.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| ID of child**[FROM HOUSE -HOLD ROSTER]** | Does (NAME) have a birth certificate?If yes, may I see it?1=Yes, seen (>>Q3)2=Yes, not seen (>>Q3)3=No | Has (NAME)’s birth been registered with the Births and Deaths Registry?1=YES2=NO (>>Q4) | Was (NAME)’s birth registered within the first year of birth?1=YES2=NO**(>>Q4)** | What is the main reason why (NAME)’s birth is not registered?1=Costs too much2=Must travel too far3=Did not know it should be registered4=Did not want to pay fine5=Did not find it important6=Do not know where to register7=Other (specify) |
|  |  |  |  |  |
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**SECTION 11: MAIN RESPONDENT HEALTH**

Respondent for this section should be the LEAP *beneficiary / or care taker of beneficiary*.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Record PID for respondent | |\_\_\_|\_\_\_|\_\_\_| |  |
|  | Question | Answers | Skip |
| 1 | I will now ask you some questions about your physical health in general:How would you rate your health in general? | Excellent 1Very Good 2Good 3Fair 4Poor 5 |  |
| 2 | Compared with your health one year ago, would you say that your health is:  | Better 1About the same 2Worse 3 |  |
| 3 | How would you rate yourself when engaging in vigorous activities (such as run, lift a heavy load, lift a bucket of water)? Would you do this … | Easily 1With Difficulty 2Not at all 3 |  |
| 4 | Can you engage in moderate activities (such as work on the farm, carry a baby, or walk 5 km)? | Easily 1With Difficulty 2Not at all 3 |  |
| 5 | Can you carry a 10 KG bag of shopping for 500 meters?**Show distance** | Easily 1With Difficulty 2Not at all 3 |  |
| 6 | If you had to bend, squat, or kneel, could you do it: | Easily 1With Difficulty 2Not at all 3 |  |
| 7 | Are you able to walk 2 KMS? | Easily 1With Difficulty 2Not at all 3 |  |
| 8 | Can you see? | Easily 1With Difficulty 2Not at all 3 |  |
| 9 | Can you hear? | Easily 1With Difficulty 2Not at all 3 |  |
| 10 | Can you remember/concentrate? | Easily 1With Difficulty 2Not at all 3 |  |
| 11 | Can you communicate? | Easily 1With Difficulty 2Not at all 3 |  |

# SECTION 12: MAIN RESPONDENT MODULE

*Respondent for this section should be the LEAP beneficiary / or care taker of beneficiary*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Record PID for respondent** | |\_\_\_|\_\_\_|\_\_\_| |  |
|  | **Question** | **Answers** | **Skip** |
| 1 | Some people try to save some money for emergencies or to buy something special in the future. Are you currently saving (in cash)? | Yes 1No 2 | **** Q4 |
| 2 | How much have you saved in cash in the last one month? | GH¢: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3 | What are up to 3 most important things for which you are saving money?**[LIST UP TO 3 RESPONSES****DO NOT READ, ALLOW RESPONDENT TO STATE]** | To purchase bulk or other food items ATo purchase household consumables (lighting, fuel, washing powder) BSchool fees/schooling expenses CTo buy new clothing/shoes DMedical expenses/health care ETo repay debts FTo purchases household durable assets (furniture, pots/pans, radio etc.) GTo purchase livestock HTo purchase agricultural inputs or tools ITo purchases assets to start a new small business/income generating activity JTo make home improvements (new roof, latrine) KTo purchase new land or house LTo spend on services (hair, beauty, sporting, buy into associations, religious functions etc.) MCeremonies NOther, specify X |  |
| 4 | Do you think your life will be better in […] from now? | Yes……..1No………2 |  |
| A | 1 year?  |  |
| B | 3 years?  |  |
| C  | 5 years?  |  |
| 5 | [modified Medical Outcomes Study Social Support Survey]People sometimes look for companionship, assistance or other types of support. If you needed it, how often is someone available… | **Answer categories:**None of the time 1A little of the time 2Some of the time 3Most of the time 4All of the time 5 |  |
| a | to help you if you were confined to bed? | 1 2 3 4 5 |  |
| b | to take you to the doctor if you need it? | 1 2 3 4 5 |  |
| c | to prepare your meals if you are unable to do it yourself? | 1 2 3 4 5 |  |
| d | to help with daily chores if you were sick? | 1 2 3 4 5 |  |
| e | to have a good time with? | 1 2 3 4 5 |  |
| f | to turn to for suggestions about how to deal with a personal problem? | 1 2 3 4 5 |  |
| g | who understands your problems? | 1 2 3 4 5 |  |
| h | to love and make you feel wanted? | 1 2 3 4 5 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 6 | [Cohen stress scale] **[Reference period is last 4 weeks]** The following questions ask about your thoughts and feelings during the last month. Please indicate how often you felt or thought a certain way. | **Answer categories:**Never 1Almost Never (1 day per week ) 2Sometimes (2-3 days per week) 3Fairly Often (4-5days per week) 4Very Often/Always (6-7days per week) 5 |  |
| a | In the last 4 weeks, how often have you been upset because of something that happened unexpectedly? |  |
| b | In the last 4 weeks, how often have you felt that you were unable to control the important things in your life?  |  |
| c | In the last 4 weeks, how often have you felt nervous and “stressed”?  |  |
| d | In the last 4 weeks, how often have you felt confident about your ability to handle your personal problems?  |  |
| e | In the last 4 weeks, how often have you felt that things were going your way?  |  |
| f | In the last 4 weeks, how often have you found that you could not cope with all the things that you had to do?  |  |
| g | In the last 4 weeks, how often have you been able to control irritations in your life? |  |
| h | In the last 4 weeks, how often have you felt that you were on top of things? |  |
| i | In the last 4 weeks, how often have you been angered because of things that were outside of your control?  |  |
| j | In the last 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them? |  |
| 7 | In the last 12 months, how often did you feel that … | **Answer categories:**None of the time 1A little of the time 2Some of the time 3Most of the time 4All of the time 5 |  |
| a | Your life is determined by your own actions |  |
| b | You have the power to make important decisions that change the course of your own life |  |
| c | You have the power to make important decisions that change the wellbeing of your family/children |  |
| d | You have the power to make important decisions that change the wellbeing of your household |  |
| e | You are capable of protecting your own interests within your household |  |
| f | You are capable of protecting your own interests outside of your household (e.g. in the community, in groups in which you participate) |  |
| g | You are satisfied with your life |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 8 | **EMPOWERMENT (vignettes)** |  |  |
| a | Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Imagine a ladder where on the bottom step, the first step are people with who have no free choice and no control over their lives, and on the highest step, the tenth are people who have completely free choice and total control over their lives. On which step of the ladder would you say you are today? [*Show ladder*] | 1 2 3 4 5 6 7 8 9 10 |  |

|  |
| --- |
| **Cognitive Social Capital**  |
|  | **Question** | **Answers** | **Skip** |
| 9 | I now want to know whether you agree or disagree with the following statements: |  |  |
| a | The majority of people in this community generally get along with each other. | Strongly disagree...........................1Disagree.........................................2Agree.............................................3Strongly agree...............................4 |  |
| b | I feel part of this community. | Strongly disagree...........................1Disagree.........................................2Agree.............................................3Strongly agree...............................4 |  |
| c | The majority of people in this community would try to take advantage of you if they got the chance.  | Strongly disagree...........................1Disagree.........................................2Agree.............................................3Strongly agree...............................4 |  |

Quality of Life Scale (WHO)

|  |
| --- |
| **Quality of Life Scale (WHO)** |
|  | **Question** | **Answers** | **Skip** |
| 10 | I now want to know whether you agree or disagree with the following statements: |  |  |
| A | In most ways my life is close to ideal | Strongly disagree...........................1Disagree.........................................2Agree.............................................3Strongly agree...............................4 |  |
| B | The conditions in my life are excellent |  |
| C | So far I have gotten the important things I want in life |  |
| ~~D~~ | If I could live my life over, I would change almost nothing |  |
| ~~E~~ | I feel positive about my future |  |
| F | I generally feel happy |  |
| G | I am satisfied with my health |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 11 | **GRIT SCALE** |  |  |
|  | I now want to know how often you engage in these behaviors/actions? | Yes, all the time..............................1Yes, sometimes...............................2Yes, once a while............................3Not at all.........................................4 |  |
| a | Do you work very hard? For example, do you keep working when others stop to take a break? |
| b | Are you able to keep working even when faced with challenges? |
| c | Do you finish whatever you begin? |
| ~~d~~ | Do you remain calm in stressful situations? |

**Elections**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 12 | In the 2020 presidential elections, some people cast their votes, while some didn't. Did you vote in the elections? | Yes......................1No.......................2Don’t know/Can’t say...................99 |  |
| 13 | Do you know the name of your MP? | Yes......................1No.......................2Don’t know/Can’t say...................99 |  |

**Public Service Delivery**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| **14** | In the last twelve months, did you or any household members visit any public/government office to receive these services? |  |  |
| **A** | Health services (public, not private)  | **Yes............1****No.............2** |  |
| **B** | NHIS enrolment or renewal |  |
| **C** | Social welfare |  |
| **D** | Identity document |  |
| **E** | Dispute resolution (e.g., ADR) |  |
| **F** | Legal services/others  |  |
|  |
| **15a** | In the last twelve months, did any staff from the Ghana health services speak to you about services they offer? | Yes..........1No............2 >>> Skip to 18 |  |
| **15b** | Where did this occur (do not prompt, allow multiple responses) | LEAP pay point.................1In the home.........................2Health facility.....................3District or local office.........4Other (specify)…................5 |  |
| **16a** | In the last twelve months, did any staff from social welfare speak to you about services they offer? | Yes..........1No............2 >>> Skip to 18 |  |
| **16b** | Where did this occur (do not prompt, allow multiple responses) | LEAP pay point.................1In the home.........................2Health facility.....................3District or local office.........4Other (specify)…................5 |  |
| **17a** | In the last twelve months, did any Community Health Officer (CHO) speak to you about services they offer? | Yes..........1No............2 >>> Skip to 18 |  |
| **17b** | Where did this occur (do not prompt, allow multiple responses) | LEAP pay point.................1In the home.........................2Health facility.....................3District or local office.........4Other (specify)…................5 |  |
|  |
| **18** | **To what extent are you satisfied with the following services?**  |  |  |
| **A1** | Health services provided by government health posts/CHPS Compound | Fully satisfied.................1Satisfied to some extent.........2Dissatisfied to some extent....3Fully dissatisfied.................4Don't know/can’t say............5 |  |
| **A2** | Health services provided by government health centre |  |
| **A3** | Health services provided by government hospitals |  |
| **B** | Social welfare services |  |
| **C** | Educational quality in government schools and colleges |  |
| **D** | General administration services (citizenship, passport, vital registration, etc.) |  |
| **E** | Land administration (land revenue, survey, ownership transfer, etc.) |  |
| **F** | Behaviour of government employees toward service recipients |  |
| **G** | Road infrastructure |  |
| **H** | Water and sanitation infrastructure |  |
| **G** | Electricity infrastructure  |  |
|  |
| **19** | I will read out a few statements about the public service environment in your local government. To what extent do you agree with them?  |  |  |
| **A** | Service can be received from government offices without any hassle | Strongly agree....................1Agree to some extent..........2Disagree to some extent......3Strongly disagree................4Don’t know/can’t say..........5 |  |
| **B** | Proper documentation is not enough to get work done in government; bribing is necessary |  |
| **C** | If one has connections/networks, work is done quickly |  |
| **D** | Services are provided in government offices within stipulated time |  |
| **E** | Services are provided in government offices according to specified standards |  |
| **F** | Most of the service recipients can access services on their own (without intermediary) |  |
|  |
| **20** | Based on your experience with public service providers’ behaviour, to what extent do you agree with the following statements?  |  |  |
| **A** | The government employees follow the rules | Strongly agree....................1Agree to some extent..........2Disagree to some extent......3Strongly disagree................4Don’t know/can’t say..........5 |  |
| **B** | The government employees properly listen to and understand concerns of service recipients |  |
| **C** | The government employees provide clear information about the service |  |
| **D** | The government employees use polite language |  |
| **E** | The government employees provide timely service |  |
| **F** | The government employees do not create any hassles or problems |  |
| **G** | The government employees treat all service recipients the same |  |
| **H** | The government employees provide services efficiently, with respect for service recipients’ time |  |

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| --- |
|  **COVID** |
|  | **MAIN RESPONDENT ONLY** |  |  |  |  |  |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| **Before today had you heard about the COVID-19 or the pandemic or epidemic associated with the coronavirus?**Yes........1No.........2 >>> next section | **Have you changed any of your behavior to reduce the risk of contracting the coronavirus since the inception of the disease? [Read each action and record Yes/No]**1. Wash hands more often than used to?
2. Avoid handshake or physical greeting?
3. Avoid large gatherings such as parties, family gatherings or religious activities?
4. Cancel or change travel plans?
5. Reduce movements to the market or shops?
6. Use of Nose mask/Sanitizer

YES...........................1NO............................2 | **Since the beginning of 2020, have you or any member of your household not been able to perform their normal income generating activities (selling goods, farming, livestock raising, fishing) due to the coronavirus?**Yes........1No.........2 | **How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (coronavirus disease)?**Very worried.......................1Somewhat worried...........2Not too worried.................3Not worried at all..............4  | **How much has the coronavirus reduced the support/help you receive from friends, neighbors and other relatives? [In-kind support only]**Very large......................1Somewhat large.........2Not too large................3No impact......................4  | **How much has the coronavirus reduced the financial support/help you receive from friends, neighbors and other relatives?** Very large..................1Somewhat large......2Not too large............3No impact..................4 |
|  |  |   |   |   |   |   |
|  |  |   |   |   |   |   |

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| --- |
| **COVID Cont’d** |
|  | **MAIN RESPONDENT ONLY** |  |  |  |  |  |
|  | **7** | **8** | **9** | **10a** | **10b** | **10c** | **10d** |
| Did you not seek or delay seeking health care services because of COVID-19? Yes........1No.........2  | Did any children in the household not return to school due to COVID-19? YES...........................1NO............................2 | Did prices of foods increase due to COVID-19?Yes........1No.........2 | In the next six months, what impact do you think COVID-19 will have on **Household income.**Very large......................1Somewhat large.........2Not too large................3No impact......................4   | In the next six months, what impact do you think COVID-19 will have on **Health of household members**Very large......................1Somewhat large.........2Not too large................3No impact......................4   | In the next six months, what impact do you think COVID-19 will have on **Prices of basic commodities**Very large......................1Somewhat large.........2Not too large................3No impact......................4   | In the next six months, what impact do you think COVID-19 will have on **Support of families and friends within the community**Very large......................1Somewhat large.........2Not too large................3No impact......................4   |
|  |  |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |

# SECTION 15A: FOOD CONSUMPTION & FREQUENTLY PURCHASED ITEMS

*Please ask the most knowledgeable household member about own produced food items, food items purchased, gift received and gifts given out by the household during the last 7 days*

**UNIT CODES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None 00All 01American tin 02Balls 03Bar 04Barrel 05Basket 06Beer bottle 07 | Bowl 08Box 09Bucket 10Bunch 11Bundle 12Crate 13Carton 14 | Dozen 15Fanta bottle 16Fingers 17Fruit 18Gallon 19Kilogram 20Litre 21 | Loaf 22Log 23Margarine tin 24Maxi bag 25Metre 26Mini bag 27Nut 28 | Packet 29Pair 30Pieces 31Plate 32Pot 33Pounds 34Sachet 35Set 36 | Sheet 37Single 38Stick 39Tonne 40Tree 41Tubers 42Yards 43Other (Specify) 44 |

[INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Item Code** | Over the last 7 days, did you or others in your household consume any [. . .]? | 1= Yes2= No >> Next item | How **many** in total did your household consume in the last 7 days? | How much came from purchases? | How much did you spend?**Refer to Q3** | How much came from own production? | How much would this cost if you were to buy it?**Refer to Q5** | How much came from gifts and other sources? |
| QTY | Unit | QTY | Unit | GH¢ | QTY | Unit | GH¢ | QTY | Unit |
| **CEREALS AND BREAD** |
| 001 | Guinea corn/sorghum |  |  |  |  |  |  |  |  |  |  |  |
| 002 | Millet |  |  |  |  |  |  |  |  |  |  |  |
| 003 | Rice – Local |  |  |  |  |  |  |  |  |  |  |  |
| 004 | Rice – Imported |  |  |  |  |  |  |  |  |  |  |  |
| 005 | Other cereals |  |  |  |  |  |  |  |  |  |  |  |
| 006 | Bread- sugar bread |  |  |  |  |  |  |  |  |  |  |  |
| 007 | Other bread |  |  |  |  |  |  |  |  |  |  |  |
| 008 | Biscuits |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | How much in total did your household consume in the past week? | How much came from purchases? | How much did you spend?**Refer to Q3** | How much came from own production? | How much would this cost if you were to buy it?**Refer to Q5** | How much came from gifts and other sources? |
|  |  |  | QTY | Unit | QTY | Unit | GH¢ | QTY | Unit | GH¢ | QTY | Unit |
| 009 | Flour (wheat) |  |  |  |  |  |  |  |  |  |  |  |
| 010 | Maize ground/corn dough |  |  |  |  |  |  |  |  |  |  |  |
| 011 | Kenkey/banku (without sauce) |  |  |  |  |  |  |  |  |  |  |  |
| 012 | Maize |  |  |  |  |  |  |  |  |  |  |  |
| 013 | Baby food (cerelac, etc) |  |  |  |  |  |  |  |  |  |  |  |
| 014 | Other cereal products |  |  |  |  |  |  |  |  |  |  |  |
| 015 | Other processed cereals |  |  |  |  |  |  |  |  |  |  |  |
| **MEAT: LIVE, FRESH, FROZEN, PROCESSED** |
| 016 | Beef |  |  |  |  |  |  |  |  |  |  |  |
| 017 | Goat meat  |  |  |  |  |  |  |  |  |  |  |  |
| 018 | Mutton |  |  |  |  |  |  |  |  |  |  |  |
| 019 | Chicken |  |  |  |  |  |  |  |  |  |  |  |
| 020 | Other meat or chicken |  |  |  |  |  |  |  |  |  |  |  |
| 021 | Fish (fresh, dried, smoked, fried, canned or salted) |  |  |  |  |  |  |  |  |  |  |  |
| **Item Code** | Over the past one week (7 days), did you or others in your household consume any [. . .]? | 1= Yes2= No >> Next item | How much in total did your household consume in the past week? | How much came from purchases? | How much did you spend?**Refer to Q3** | How much came from own production? | How much would this cost if you were to buy it?**Refer to Q5** | How much came from gifts and other sources? |
| QTY | Unit | QTY | Unit | GH¢ | QTY | Unit | GH¢ | QTY | Unit |
| **MILK AND MILK PRODUCTS** |
| 022 | Milk (fresh) |  |  |  |  |  |  |  |  |  |  |  |
| 023 | Milk (powder) |  |  |  |  |  |  |  |  |  |  |  |
| 024 | Baby milk |  |  |  |  |  |  |  |  |  |  |  |
| 025 | Tinned milk (any) |  |  |  |  |  |  |  |  |  |  |  |
| 026 | Other milk products including cheese |  |  |  |  |  |  |  |  |  |  |  |
| **EGGS** |
| 027 | Chicken eggs |  |  |  |  |  |  |  |  |  |  |  |
| 028 | Other eggs |  |  |  |  |  |  |  |  |  |  |  |
| 029 | Oil and fats (coconut oil, groundnut oil, palm kernel oil, palm oil, shea butter, margarine/butter or other vegetable oils) |  |  |  |  |  |  |  |  |  |  |  |
| **FRUITS, FRESH OR CANNED** |
| 030 | Coconut |  |  |  |  |  |  |  |  |  |  |  |
| 031 | Banana  |  |  |  |  |  |  |  |  |  |  |  |
| 032 | Orange/tangerine |  |  |  |  |  |  |  |  |  |  |  |
| 033 | Pineapple |  |  |  |  |  |  |  |  |  |  |  |
| 034 | Mango |  |  |  |  |  |  |  |  |  |  |  |
| 035 | Avocado pear |  |  |  |  |  |  |  |  |  |  |  |
| 036 | Water melon |  |  |  |  |  |  |  |  |  |  |  |
| 037 | Apple |  |  |  |  |  |  |  |  |  |  |  |
| 038 | Shea Nut |  |  |  |  |  |  |  |  |  |  |  |
| 039 | Canned or processed fruits |  |  |  |  |  |  |  |  |  |  |  |
| 040 | Oth. fruits not canned |  |  |  |  |  |  |  |  |  |  |  |
| **VEGETABLES INCLUDING POTATOES AND OTHER TUBER VEGETABLES** |
| 041 | Cocoyam leaves (kontomire) |  |  |  |  |  |  |  |  |  |  |  |
| 042 | Garden eggs |  |  |  |  |  |  |  |  |  |  |  |
| 043 | Okro |  |  |  |  |  |  |  |  |  |  |  |
| 044 | Carrots |  |  |  |  |  |  |  |  |  |  |  |
| 045 | Pepper (fresh or dried) |  |  |  |  |  |  |  |  |  |  |  |
| 046 | Onions (large /small) |  |  |  |  |  |  |  |  |  |  |  |
| 047 | Tomatoes (fresh) |  |  |  |  |  |  |  |  |  |  |  |
| 048 | Tomato puree (can) |  |  |  |  |  |  |  |  |  |  |  |
| 049 | Other vegetables |  |  |  |  |  |  |  |  |  |  |  |
| 050 | Sugar |  |  |  |  |  |  |  |  |  |  |  |
| 051 | Honey, ice cream, chocolate, or other confectionaries |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **FOOD PRODUCTS NOT ELSEWHERE CLASSIFIED – Condiments and Spices** |
| 052 | Black pepper |  |  |  |  |  |  |  |  |  |  |  |
| **Item Code** | Over the past one week (7 days), did you or others in your household consume any [. . .]? | 1= Yes2= No >> 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? |
| QTY | Unit | QTY | Unit | GH¢ | QTY | Unit | GH¢ | QTY | Unit |
| 053 | Salt |  |  |  |  |  |  |  |  |  |  |  |
| 054 | Ginger |  |  |  |  |  |  |  |  |  |  |  |
| 055 | Dawadawa |  |  |  |  |  |  |  |  |  |  |  |
| 056 | Other condiments (Royco, Maggie, etc) |  |  |  |  |  |  |  |  |  |  |  |
| **STARCHY STAPLES** |
| 057 | Cassava  |  |  |  |  |  |  |  |  |  |  |  |
| 058 | Cocoyam  |  |  |  |  |  |  |  |  |  |  |  |
| 059 | Plantain  |  |  |  |  |  |  |  |  |  |  |  |
| 060 | Yam  |  |  |  |  |  |  |  |  |  |  |  |
| 061 | Other starchy staples |  |  |  |  |  |  |  |  |  |  |  |
| 062 | Cassava - dough |  |  |  |  |  |  |  |  |  |  |  |
| 063 | Gari |  |  |  |  |  |  |  |  |  |  |  |
| 064 | Other processed starchy staples |  |  |  |  |  |  |  |  |  |  |  |
| **PULSES AND NUTS** |
| 065 | Beans |  |  |  |  |  |  |  |  |  |  |  |
| 066 | Groundnuts (roasted or raw) |  |  |  |  |  |  |  |  |  |  |  |
| 067 | Palm nuts |  |  |  |  |  |  |  |  |  |  |  |
| 068 | Cola nuts |  |  |  |  |  |  |  |  |  |  |  |
| 069 | Other pulses and nuts |  |  |  |  |  |  |  |  |  |  |  |
| **BEVERAGES & TOBACCO** |
| 070 | Coffee, Tea, Chocolate drinks |  |  |  |  |  |  |  |  |  |  |  |
| 071 | Mineral water, soft drinks and juices |  |  |  |  |  |  |  |  |  |  |  |
| 072 | Spirits |  |  |  |  |  |  |  |  |  |  |  |
| 073 | Wine |  |  |  |  |  |  |  |  |  |  |  |
| 074 | Beer |  |  |  |  |  |  |  |  |  |  |  |
| 075 | Other beverage drinks |  |  |  |  |  |  |  |  |  |  |  |
| 076 | Tobacco (cigarettes, cigars or other tobacco products) |  |  |  |  |  |  |  |  |  |  |  |
| 077 | Cooked meals (as wages) |  |  |  |  |  |  |  |  |  |  |  |
| 078 | Restaurants, cafés, Canteens, Hotels, etc. |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **PERSONAL CARE, MEDICATION, TRANSPORT, COMMUNICATION & ENTERTAINMENT (1-WEEK RECALL)**  |
| **Item Code** | Was anything spent by the household on […] in **the past 7 days**? | 1= Yes2= No >> Next item | How much was spent on […] in the **past 7 days** altogether? | Has the household used, consumed out of its own output or has received as gift […] in the **past 7 days**?1= Yes2= No >> Next item | How much of […] has the household used or consumed out of own production, or has received as gift in the **past 7 days**?  |
| GH¢ |  | VALUE IN GH¢ |
| 079 | Soaps, bleaches, disinfectants, cleaners, and toilet papers |  |  |  |  |
| 080 | Insecticides - coils and sprays |  |  |  |  |
| 081 | Matches and candles |  |  |  |  |
| 082 | Medicine (pain killers, antibiotics, anti-malaria medicines, condoms, tablets, syrups, etc) |  |  |  |  |
| 083 | Fuel for personal transportation |  |  |  |  |
| 084 | Passenger transportation (by road, rail, sea or air) |  |  |  |  |
| 085 | Telephone calls |  |  |  |  |
| 086 | Other communication (postage, internet, email) |  |  |  |  |
| 087 | Entertainment & gambling |  |  |  |  |
| 088 | Newspapers, magazines, and books |  |  |  |  |
| 089a | Personal care items (toothpaste, razor blades, combs, scent) |  |  |  |  |
| 089b | Sanitary hygiene materials |  |  |  |  |

# SECTION 15B: CONSUMPTION OF DURABLE GOODS (6-MONTH RECALL)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** |
| **Item Code** | Was anything spent by the household on […] in **the past 6 months**? | 1= Yes2= No >> Next item | How much was spent on […] in the past 6 months altogether? | Has the household used, consumed out of its own output or has received as gift […] in the past 6 months?1= Yes2= No >> Next item | How much of […] has the household used or consumed out of own production, or has received as gift?  |
| GH¢ |  | VALUE IN GH¢ |
| **CLOTHING** |
| 090 | Suits - for children |  |  |  |  |
| 091 | Suits - for adults |  |  |  |  |
| 092 | Smocks - for children |  |  |  |  |
| 093 | Smocks - for adults |  |  |  |  |
| 094 | Cloth (eg. Kente). [**Exclude cloth for garment**] - for children |  |  |  |  |
| 095 | Cloth (eg. Kente). [**Exclude cloth for garment**] - for adults |  |  |  |  |
| 096 | Zalabiya-Children |  |  |  |  |
| 097 | Zalabiya-Adults |  |  |  |  |
| 098 | Trousers - for children |  |  |  |  |
| 099 | Trousers - for adults |  |  |  |  |
| 100 | Shirts/Jackets - for children |  |  |  |  |
| 101 | Shirts/Jackets - for adults |  |  |  |  |
| 102 | Jeans - for children |  |  |  |  |
| 103 | Jeans - for adults |  |  |  |  |
| 104 | Underwear - for children |  |  |  |  |
| 105 | Underwear - for adults |  |  |  |  |
| 106 | Cloth for garments. [ie. Cloth and other materials] - for children |  |  |  |  |
| 107 | Cloth for garments. [ie. Cloth and other materials] - for adults |  |  |  |  |
| 108 | Other garments & clothing - for children |  |  |  |  |
| 109 | Other garments & clothing - for adults |  |  |  |  |
| 110 | Footwear - for children |  |  |  |  |
| 111 | Footwear - for adults |  |  |  |  |
| 112 | Tailoring, laundry / cleaning, clothing repair - for children |  |  |  |  |
| 113 | Tailoring, laundry / cleaning, clothing repair - for adults |  |  |  |  |
| **OUT TRANSFERS** |
| 114 | Regular remittances / gifts |  |  |  |  |
| 115 | Gifts / support to help at the time of difficulty |  |  |  |  |
| 116 | Cultural festivals (donations) [Damba, Bugum,etc] |  |  |  |  |
| 117 | Religious donations |  |  |  |  |
| 118 | Funerals (donations) |  |  |  |  |
| **PERSONAL CARE, COMMUNICATION & ENTERTAINMENT** |
| 119 | Barbers and beauty shops |  |  |  |  |
| 120 | Insecticides - coils and sprays |  |  |  |  |
| **Item Code** | Was anything spent by the household on […] in **the past 6 months**? | 1= Yes2= No >> Next item | How much was spent on […] in the past 6 months altogether? | Has the household used, consumed out of its own output or has received as gift […] in the past 6 months?1= Yes2= No >> Next item | How much of […] has the household used or consumed out of own production, or has received as gift?  |
| GH¢ |  | VALUE IN GH¢ |
| 121 | Pets, pet food, veterinary services |  |  |  |  |
| 122 | Gardening expenses (plants, pots, fertilizers, compost, etc). |  |  |  |  |
| 123 | Maintenance & Care of vehicles  |  |  |  |  |
| **FUELS** |
| 124 | Electricity |  |  |  |  |
| 125 | Gas for household use |  |  |  |  |
| 126 | Kerosene |  |  |  |  |
| 127 | Charcoal |  |  |  |  |
| 128 | Firewood and other solid fuels |  |  |  |  |
| 129 | Petrol |  |  |  |  |
| 130 | Diesel |  |  |  |  |
| 131 | Dung cake |  |  |  |  |
| 132 | Crop by-products / waste |  |  |  |  |
| 133 | Rubbish / plastic |  |  |  |  |

# SECTION 15C: CONSUMPTION OF DURABLE GOODS (12-MONTH RECALL)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 |
| **Item Code** | Was anything spent by the household on […] in **the past 12 months**? | 1= Yes2= No >> Next item | How much was spent on […] in the past **12 months** altogether? | Has the household used, consumed out of its own output or has received as gift […] in **the past 12** months?1= Yes2= No >> Next item | How much of […] has the household used or consumed out of own production, or has received as gift?  |
| GH¢ |  | VALUE IN GH¢ |
| **HOUSING COSTS** |
| 134 | Payment for rent |  |  |  |  |
| 135 | Owner occupy housing rent (estimate) |  |  |  |  |
| 136 | Plumbing, electrical, and carpentry services (labour cost) |  |  |  |  |
| 137 | Sewerage removal, refuse disposal, expenditure on public toilets |  |  |  |  |
| 138 | Water (pipe-borne, metered) |  |  |  |  |
| 139 | Water (well) |  |  |  |  |
| 140 | Water (borehole) |  |  |  |  |
| 141 | Water (tanker services) |  |  |  |  |
| 142 | Cement (for minor repairs of the dwelling) |  |  |  |  |
| 143 | Hired labour for dwelling repairs |  |  |  |  |
| 144 | Repairs to furniture and floor coverings (parts) |  |  |  |  |
| 145 | Repairs to household appliances (parts) |  |  |  |  |
| 146 | Car and truck repairs, maintenance, and other fees |  |  |  |  |
| 147 | House boys / house maids |  |  |  |  |
| 148 | House keepers / caretakers |  |  |  |  |
| 149 | Baby sitters, day care attendants, nannies, etc |  |  |  |  |

# SECTION 17 SHOCKS & COPING MECHANISMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 2A |
| **SHOCK ID** |  | During the last 12 months, was your household affected negatively by any of the following [SHOCK]?Yes=1No=2 (**>>NEXT SHOCK**)  | What did your household do in response to this [SHOCK] to try to regain your former welfare level?NOTE THE TWO MOST IMPORTANT COPING STRATEGIES FOR THE SHOCK. IF SHOCK HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. IF ONLY ONE STRATEGY, MARK ‘00’ FOR SECOND. **Use codes below** |
| **Most important coping strategy** | **Second most important coping strategy** |
| 101 | Drought/irregular rains |  |  |  |
| 102 | Floods/Landslides |  |  |  |
| 103 | Unusually high level of crop/livestock pests or disease |  |  |  |
| 104 | Unusually low prices for agricultural output |  |  |  |
| 105 | Unusually high costs of agricultural inputs |  |  |  |
| 106 | Unusually high prices for food and transport |  |  |  |
| 107 | End of regular assistance/aid remittances from outside household |  |  |  |
| 108 | Serious illness or accident of household member(s) |  |  |  |
| 108a | COVID-19 infection (not hospitalised) |  |  |  |
| 108b | COVID-19 infection (hospitalised) |  |  |  |
| 109 | Birth in the household |  |  |  |
| 110 | Death of household income earner |  |  |  |
| 111 | Break-up of household (divorce/separation/death/migration) |  |  |  |
| 112 | Theft of money/valuables/assets/agricultural output |  |  |  |
| 113 | High education costs |  |  |  |
| 114 | House destroyed (for example, burning, flood, winds) |  |  |  |
| 115 | Conflict |  |  |  |
| 116 | Crop/harvest destroyed (ex. Fire, Fulani)  |  |  |  |
| **COPING STRATEGY ID:**Relied on own savings 1Received unconditional help from relatives/friends 2Received unconditional help from government 3Received unconditional help from NGO/religious institution 4Changed eating patterns (relied on les preferred food options, reduced the proportion or number of meals per day, or household members skipped days of easting, etc.) 5Household members took on more employment 6Adult household members who were previously not working had to find work 7Household members migrated 8Reduced expenditures on health and/or education 9Obtained credit/took loan 10Sold agricultural assets 11Sold durable assets 12 | Sold land/building 13Sold crops stock 14Sold livestock 15Intensified fishing/farming 16Sent children to live elsewhere 17Engaged in spiritual efforts – prayer, sacrifices, diviner consultation 18LEAP payment 19Planted trees or built conservation structures 20Children sent to work 21Children worked more 22Did not do anything (>>skip if first coping strategy) 23Other (specify) 24None 99 |

# SECTION 17A POSITIVE SHOCKS

|  |
| --- |
| **Positive shocks and response strategies** |
|  |  | 1 | 2 | 2a |
|  | **Shock** | During the last 12 months, was your household affected positively by [SHOCK]?1=Yes2=No (>>NEXT SHOCK) | What did your household do in response to this [SHOCK] because of your increased welfare level?NOTE THE TWO MOST IMPORTANT STRATEGIES FOR THE SHOCK. IF SHOCK HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. IF ONLY ONE STRATEGY, MARK ‘00’ FOR SECOND |
| Most important strategy | Second most important strategy |
| 201 | Inheritance (money and assets) |  |  |  |
| 202 | Better pay/job |  |  |  |
| 203 | Improved infrastructure or services (electricity/road) |  |  |  |
| 204 | Death of a chronically ill household member |  |  |  |
| 115 | Other (specify) |  |  |  |
| **CODES FOR Q2-Q2a**Saved money 1Provided unconditional help to relatives/friends 2Provided unconditional help to NGO/religious institution 3Changed eating patterns (ate more preferred/luxury food options, increase the proportion or number of meals per day, etc.) 4Employed household members reduced hours worked 5Adults household members who were previously working were able to quit 6Increased expenditures on health and/or education 7Repaid loan/credit 8Purchased agricultural assets 9 | Purchased durable assets 10Purchased land/building 11Purchased crop stock 12Purchased livestock 13Reduced fishing/farming 14Children living elsewhere returned home 15Did not do anything 16Other(specify) 17Children no longer need to work 18Got married 19Started new non-farm enterprise 20Household members worked more 21Children worked more 22 |

# SECTION 18: OPERATIONALS

*Respondent for this section should be the LEAP beneficiary in the household, or caretaker of beneficiary who is knowledgeable of the program. NOTE that Q1-5 is for ALL Households. All households should be LEAP members. Some may have been previous members.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Record PID for respondent** | |\_\_\_|\_\_\_|\_\_\_| |  |
| **No.** | **Question** | **Answers** | **Skip** |
| 1 | Who do you think is eligible to receive a transfer from the LEAP programme?**CIRCLE ALL MENTIONED** | Pregnant women AWomen with children under one year BIndividuals caring for many orphans/children CSick individuals DWidowed individuals EIndividuals who are not able to work FIndividuals with a disability GOld individuals HVery poor individuals IOther (Specify) XDon’t know Z |  |
| 2 | Do you think the selection process for the LEAP programme is **clear**? | Yes, very clear 1Yes, somewhat clear 2Neutral 3No, not so clear 4No, not clear at all 5 |  |
| 3 | Do you think the selection process for the LEAP programme is **fair**? | Yes, very fair 1Yes, somewhat fair 2Neutral 3No, not so fair 4No, not fair at all 5 |  |
| 4 | Have you or any other member of the household **ever** received payments from the LEAP cash transfer programme? | Yes 1No 2 | ** Q8a**** Q5**  |
| 5 | Do you know anyone that has been receiving payments from the LEAP programme in the last 12 months? | Yes 1No 2 | ** Q36** |
| 6 | Who do you know that has been receiving payments from the LEAP programme in the past 12 months? [Multiple Response] | Relatives from this village 1Friends from this village 2Neighbours from this village 3Relatives from other village 4Friends from other village 5 |  |
| 7 | In the last 12 months, have you received any loans, transfers or monetary assistance from any of these people that you know receiving LEAP?** Q36** | Yes 1No 2 |  |
| 8a | Are you or any other member **still** receiving payments from the LEAP programme? | Yes 1No 2 | ** Q8b**** Q9** |
| 8b | When did you start receiving LEAP?  | MM YYYY | ** Q10** |
| 9 | If not, why not?** Q36** | No longer eligible 1Beneficiary moved out of household 2Missed the collection of 3 consecutive payments 3Voluntarily left the programme: didn’t need it 4Voluntarily left the programme: programme did not work properly 5Voluntarily left the programme: too many conditions 6Enrolled in another cash transfer programme 7Did not follow rules (conditions) 8Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9Don’t know/ 10 |  |
| 10 | How many eligible beneficiaries are there in this household? | One 1Two 2Three 3Four or more 4 |  |
| 11 | List Member IDs of eligible household members: | First: |\_\_\_|\_\_\_|\_\_\_|Second: |\_\_\_|\_\_\_|\_\_\_|Third: |\_\_\_|\_\_\_|\_\_\_|Fourth: |\_\_\_|\_\_\_|\_\_\_|Fifth: |\_\_\_|\_\_\_|\_\_\_|Sixth: |\_\_\_|\_\_\_|\_\_\_| |  |
| 12 | Who usually collects the payment from the payment point?  | Member ID: |\_\_\_|\_\_\_|\_\_\_|Not member of the household 98 |  |
| 13 | When was the last time you received a LEAP payment? **List month and year.** | Month: |\_\_\_|\_\_\_|Year: |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |  |
| 14 | How much did you receive? (**Amount in** **GH¢ and GHp**) | Amount received: |\_\_\_|\_\_\_|\_\_\_|Don’t know/remember 999 |  |
| 15 | When do you expect the next payment? | In the next 2 months 1In the next 6 months 2In the next 12 months 3After 12 months 4Never 5Don’t know………………………………………….6 |  |
| 16a | How long in the future do you expect to continue receiving this money? | 0 - 6 months 16 months - 1 year 21 - 2 years 33 - 5 years 4Longer/rest of my life 5 |  |
| 16b | Have you ever received a payment late/delayed in the last year?  | 1=once; 2=twice; 3=three times; 4=four times; 5=five times; 8=No |  |
| 17 | For the last payment, what payment method was used? | Cash payment in the community 1E-payment 2 |  |
| 18a | For the last payment, how long did you need to travel to the Payment point to collect the payment and coming back? [Only travel time]**[Always record both hours and minutes. E.g. 1,5 hours is 1 hour 30 minutes. 40 minutes is 0 hours and 40 minutes. 2 hours is 2 hours and 0 minutes]** | Hours: |\_\_\_|\_\_\_|Minutes: |\_\_\_|\_\_\_|Don’t know/remember 99 |  |
| 18b | How long did you wait at the paypoint before receiving your money? | Hours: |\_\_\_|\_\_\_|Minutes: |\_\_\_|\_\_\_|Don’t know/remember 99 |  |
| 19 | For the last payment, how much money did you spend on transportation to travel from your house to the Payment point and back again?(**Amount in** **GH¢ and GHp**) | Amount spent on transport: |\_\_\_|\_\_\_|\_\_\_|Don’t know/remember 999 |  |
| 20 | For the last payment, how were you informed that the payment was ready to be collected at the Payment point? (first/main source of information)? | **Informed in public (in front of other community member) by:**Community leader (non-government /elder) 1Chief 2Another beneficiary 3Other community member 4Family member 5Payment point staff 6CFP member 7**Informed in private by:**Community leader (non government /elder) 8Chief 9Another beneficiary 10Other community member 11Family member 12Payment point staff 13CLIC/CFP member 14 |  |
| 21 | Have you identified someone 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? | Yes, spouse 1Yes, other household member (not spouse) 2Yes, relative 3Yes, friend 4Yes, village leader 5No 6 |  |
| 22a | At any point before or after payment, were you **asked to** give money/ gifts OR **voluntarily gave** money / gifts to anyone in order to receive payment? | Asked to give and did so 1Asked to give and refused 2Voluntarily offered and person accepted the money/ gifts 3Voluntarily offered but person refused to take money/ gifts 4Don’t know/refused 5No…………………………………………………..6 | ** Q24**** Q24**** Q24** |
| 22b | Who asked you for money, or accepted the money you offered? [Multiple response] | DSWO 1Other government official 2CLIC/CFP member 34Other community leader 4Payment Service Provider 5Enumerator 6Assembly man 7Non-hh member (caregiver) who collects payment on behalf of my household 8 |  |
| 23 | The **LAST** time you paid any such money/ gifts to the payment point staff, village leader, or other, how much did you have to pay?(**Amount in** **GH¢ and GHp**) | Amount paid: |\_\_\_|\_\_\_|\_\_\_|Don’t know/remember 999 |  |
| 24 | Have you ever received an amount lower than you expected? | Yes 1No 2Don’t know/refused 3 |  |
| 25 | In general, do you feel safe collecting the money from the Payment point and taking it back home? | Yes, I feel safe 1No, I feel unsafe during transit 2No, I feel unsafe at the payment point 3No, I feel unsafe at the payment point AND in transit home 4 |  |
| 26 | Are you happy with the current payment method? | Yes, very happy 1Yes, somewhat happy 2Neutral 3No, not so happy 4No, not happy at all 5Don’t know/refused 9 |  |
| 27 | Would you prefer to receive your money by [METHOD]?METHOD:i. Mobile moneyii. Bank (ATM/Ezwich)iii. Post Office | 1=Yes 2=NO |  |
| 28 | For the last payment, were any of the following groups or representatives at the pay point? [List all that apply, allow multiple responses] | Ghana Health ServicesNHISSocial WelfareLEAP Management Secretariat |  |
| 29 | For any of the groups listed above, did anyone approach you and speak to you, or did you ask them any questions? [Allow multiple responses] | Ghana Health ServicesNHISSocial Welfare |  |
|  | **USE OF THE CASH TRANSFER** |  |  |
| 30 | In this household, who generally decides how the payment from the LEAP programme is used? | Member ID: |\_\_\_|\_\_\_|\_\_\_| |  |
| 31a | In general, who does [NAME] consult with when deciding how to use the payment from the LEAP programme? | Alone 1Spouse 2In consultation with other adult household family members 3In consultation with children 4In consultation with ALL household family members 5In consultation with someone else in the community……..6 | **if 3 or 5>> Q31b** |
| 31b | If answer to Q29 = 3 or 5, report IDs of consulted household members in order of importance | First: |\_\_\_|\_\_\_|\_\_\_|Second: |\_\_\_|\_\_\_|\_\_\_|Third: |\_\_\_|\_\_\_|\_\_\_|Fourth: |\_\_\_|\_\_\_|\_\_\_|Fifth: |\_\_\_|\_\_\_|\_\_\_|Sixth: |\_\_\_|\_\_\_|\_\_\_| |  |
| 32 | In general, list the main things that the payment from the LEAP programme are used for. List up to 3.  | Food and nutrition AFormal government education (fees, textbooks, uniforms etc.) BOther education (nursery, other religious school) CHealth care DShelter / Accommodation / Rent EClothing / Shoes (does not include school uniforms) FInvestment/small business GFormal social occasions such as weddings and funerals HSavings/Susu IAgriculture/farming JOther spending, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K |  |
| 33 | In return for providing money, it is okay/fair for LEAP to require recipients to spend the money in a certain way. | 5=strongly agree; 4=agree; 3=neither agree nor disagree; 2=disagree; 1=strongly disagree |  |
| 34 | People cannot be trusted to make good decisions with the money they receive from LEAP. | 5=strongly agree; 4=agree; 3=neither agree nor disagree; 2=disagree; 1=strongly disagree |  |
| 35 | LEAP should monitor how people spend the money they receive (from LEAP).  | 5=strongly agree; 4=agree; 3=neither agree nor disagree; 2=disagree; 1=strongly disagree |  |
|  | **OTHER PROGRAMMES** |  |  |
| 36 | What NGOs or other development programmes are active in this community? [Multiple response] | Right To Play 1Afrikids 2Basic Needs 3Association of Church Development (ACDEP) 4Campaign for Female Education (CAMFED) 5Youth harvest 6NORSAAC 7World Vision 8Empowerment for Life 9Spring 10Ring 11Savannah Signature 12Lively Minds 13Sabre Trust 14Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15Don’t know 16 | ** next section** |
| 37 | What type of support/services do they provide? [Multiple response] | Health promotion 1Schooling related services 2Food/nutrition related services 3Psychological support 4Livelihood services/support 5VSL (Village Savings and Loans) 6Sexual Reproductive health (SRH) 7Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ 8Don’t know 9 |  |
| 38 | Did any of the household member use any of the services, or receive any assistance, benefits or cash/in-kind transfers from one of these programmes? | Yes 1 No 2 | ** next section** |
| 39 | Which programmes did the household benefit from? | Health promotion 1Schooling related services 2Food/nutrition related services 3Psychological support 4Livelihood services/support 5VSL (Village Savings and Loans) 6Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ 7Don’t know 8 |  |

# SECTION 14: DOMESTIC VIOLENCE MODULE

*Respondent for this section should be the woman head of household. If woman head not available, oldest woman age 18-49 in household. Move to secluded location, ensure privacy.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Record PID for respondent** | |\_\_\_|\_\_\_|\_\_\_| |  |
|  | **Question** | **Answers** | **Skip** |
| 1 | **CHECK HOUSEHOLD ROSTER:*** CURRENTLY MARRIED OR LIVING WITH A MAN  CONTINUE
* FORMERLY MARRIED OR LIVED WITH A MAN  CONTINUE (read questions in past tense)
* EVER HAD A ROMANTIC PARTNER CONTINUE
* NEVER HAD A ROMANTIC PARTNER SKIP
* NEVER MARRIED OR LIVED WITH A MAN  NEXT SECTION
 |  |
| 2 | **CHECK FOR PRESENCE OF OTHERS:****DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED*** Privacy obtained  Continue
* Privacy not possible  Q12
 |  |
|  | **READ TO THE RESPONDENT**Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in your region. Let me assure you that your answers are completely confidential and will not be told to anyone, no one else will know that you were asked these questions, and no one else in this household is being asked these questions. |  |
| 3 | First, I am going to ask you about some situations which happen to some women. Thinking about your (current or most recent) husband/partner, would you say it is generally true, in the past 12 months, that he:  |  |  |
| Yes | No |  DK/Refuse |
| a. Tries to keep you from seeing your friends | 1 | 2 | 8 |  |
| b. Tries to restrict contact with your family of birth? | 1 | 2 | 8 |  |
| c. Insists on knowing where you are at all times | 1 | 2 | 8 |  |
| d. Ignores you and treats you indifferently? | 1 | 2 | 8 |  |
| e. Gets angry if you speak with another man? | 1 | 2 | 8 |  |
| f. Is often suspicious that you are unfaithful | 1 | 2 | 8 |  |
| g. Expects you to ask his permission before seeking health care for yourself | 1 | 2 | 8 |  |
| 4 | The next questions are about things that happen to many women, and that your current (or most recent) partner may have done to you.Has your current husband/partner, or most recent partner ever….  |  |  |
| A. Ever? | B. How often did this happen during the last 12 months: often, only sometimes, or not at all? |
| Often | Some-times | Not at all |
| a. Insulted you or made you feel bad about yourself? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| b. Belittled or humiliated you in front of other people? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| c. Done things to scare or intimidate you on purpose? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
|  | d. Threatened to hurt you or someone you care about? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Answers** | **Skip** |
| 5 | Does (did) your (last) husband/partner ever doany of the following things to you: | A. Ever? | B. How often did this happen during the last 12 months: often, only sometimes, or not at all? |  |
| Often | Some-times | Not at all |
| a. push you, shake you, or throw something at you?  | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| b. slap you?  | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| c. twist your arm or pull your hair?  | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| d. punch you with his fist or with something that could hurt you? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| e. kick you, drag you or beat you up?  | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| f. try to choke you or burn you on purpose?  | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| g. threaten or attack you with a knife, gun, or any other weapon? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| h. physically force you to have sexual intercourse with him even when you did not want to? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| i. force you to perform any sexual acts you did not want to? | Yes 1 No 2DK/Refuse 8 | 1 | 2 | 3 |  |
| 6 | **CHECK:*** Q5a-i: at least one ‘YES’  Q7
* Q5a-i: all ‘NO’  Q9
 |  |  |
| 7 | Thinking about what you yourself have experienced among the different things we have been talking about, have you ever told anyone about this, or seek help to stop it from happening? | Yes 1 No 2 | Q9 |
| 8 | Who did you tell, and/or seek help from?RECORD ALL MENTIONED PROBE: Anyone else? | Friends AParents BBrother or sister CUncle or aunt DHusband/partner’s family EChildren FNeighbours GPolice HDoctor/health worker IPriest/religious leader JCounsellor KNGO/Women’s organization LLocal leader MOther (specify) X |  |
| 9 | Does (did) your (last) husband/partner drink alcohol? | Yes 1 No 2 |  Q11 |
| 10 | How often does (did) he get drunk: often, only sometimes, or never | Often 1Sometimes 2Never 3 |  |
| 11 | THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS.FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY. |  |
| Did you have to interrupt the interview because some adult was trying to listen, or came into the room, or interfered in any other way? | Husband/partnerOther male adultFemale adult | Yes, once111 | Yes, more than once222 | No333 |  |
| 12 | Interviewer's comments / explanation for not completing the domestic violence module:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |