

Strictly Confidential



REPUBLIC OF ZAMBIA

The Zambia Access to ACT Initiative (ZAAI) Household Questionnaire 2009

INTERVIEWER'S INSTRUCTION MANUAL

Conducted with the support of the National Malaria Control Center (NMCC) and the World Bank

IMPLEMENTING FIRMS: PALM ASSOCIATES & GEO-HYDRO

MAY 2009

INTRODUCTION

1.1: Background to ZAAI and Purpose of the Household Survey for the Impact Evaluation

The Zambian National Malaria Program has achieved remarkable success in expanding access to preventive services in recent years. The percentage of households owning at least one bednet increased from 48% in 2006 to 72% in 2008, the population covered by IRS increased from 1.2 million to 3.5 million during the same period and the share of mothers taking 2 doses of IPT during their last pregnancy increased from 62% in 2006 to 67% in 2007 (2006 and 2008 Malaria Indicator Surveys [MIS]). The efforts to expand preventive services have translated into a significant drop in number of malaria cases and deaths caused by malaria. The percentage of children with parasitemia decreased from 29% in 2006 to 10% in 2008 and under-five mortality decreased from 168 (2002) to 117 (2007).

While the expansion of preventive services has been extraordinary; malaria case management is substantially lagging behind prevention efforts. According to the results from the 2008 MIS, only 29% of children under the age of five took an anti-malarial within 24 hours of onset of symptom. Furthermore, only 11% of children under-five living in urban area and 5% of those in rural areas took Artemisinin-based combination therapy (ACT), the adopted first line treatment for malaria, within the same/next day of onset of fever. The weakness in the area of case management was discussed during the 2008 mid-term review of the Malaria Booster Project. The National Malaria Control Center emphasized that interventions are needed in order to (i) improve access and guarantee availability of anti-malarial drugs and (ii) ensure availability of diagnostic tools.

Background studies indicate that the relative underperformance in case management is due to several factors including: i) inefficiencies in the public supply chain of drugs which results in frequent stock-outs of ACTs and Rapid Diagnostic Tests (RDTs) in public health facilities (Picazo, 2006) (ii) price barriers and lack of awareness about ACTs and diagnostics in the private sector, and (iii) limited coverage of the Community Health Workers (CHWs) that are trained in and have access to ACTs and RDTs. CHWs access ACTs and RDTs directly from public health facilities in Zambia.

The Zambia Access to ACT Initiative has, upon request by the Government of the Republic of Zambia (GRZ), been designed to inform the GRZ on how to best increase the access to ACTs and other essential drugs. ZAAI has been designed in close collaboration between the GRZ and several Cooperating Partners (CPs) and will be co-financed by DFID and USAID. The ZAAI has been designed to implement and evaluate the effectiveness of a combination of public and private sector strategies for improving access to ACTs and diagnostics in the country. The ZAAI has four main objectives:

- i. To enhance public sector supply chain management in order to reduce stock out rates of ACTs and RDTs and improve availability of important medicines and medical supplies at health centres and hospitals throughout Zambia.

ii. To improve access and affordability of ACTs as well as diagnostics through the private sector by introducing a combined ACT and RDT subsidy to private sector wholesalers and other outlets.

iii. To provide access to ACTs and RDTs through Community Health Workers (CHWs), the National Malaria Control Centre (NMCC) has rolled out a CHWs programme in 11 out of the 72 districts. Under the framework of this programme, the NMCC trains CHWs in diagnostics and makes ACTs and RDTs available through the public distribution system. ZAAI will provide funding to further expand the CHWs programme to 2-3 more districts.

iv. To inform policy decisions about the impact and effectiveness of the above interventions. Observing the impact of the three interventions when implemented either separately or co-jointly is a unique opportunity to quantify the relative effect of each intervention as well as their combined effect on the household decision making on malaria treatment.

Impact Evaluation and Related Survey Work: To achieve the fourth objective and in line with international best practice, the project will undergo a rigorous impact evaluation, using a randomized design to infer the effect of the interventions. This evaluative research will provide rigorous quantitative evidence on the effectiveness and cost effectiveness of each pilot intervention. The paired public and private sector interventions presents a unique opportunity to measure and evaluate concurrent improvement in both public and private sector accessibility and their joint effect on household access to first line treatment. A key input into this process will be the collection of high quality, comprehensive, and multi-purpose household data, as well as community level data to account for community effects.

1.2 Coverage

The survey will be conducted in three provinces of Zambia namely; Eastern, Northern and Luapuala provinces. In total, eight districts will be covered in these provinces, these are Milenge and Mwanse in Luapula Province, Kasama and Chinsali in Northern Province and Nyimba, Chadiza, Lundazi and Chama in Eastern province.

1.3 Sample Design

Rigorous evaluation demands that any observed change in outcomes in areas where the interventions/treatments are implemented is compared with a valid counterfactual representing the course of events that would have occurred in the absence of the intervention. There are various methodological approaches to construct a valid counterfactual, but by far the most rigorous evaluation design is an experimental design where treatment/control status is assigned to a locale on a randomized basis. Randomization assures that all units have an equal chance of control or treatment status and satisfies the conditions of a valid counterfactual comparison.

The public sector intervention is implemented at the district level. A total of 16 out of 58 peri-urban and rural districts will receive one of the two public sector intervention. Urban districts are not included because of the relatively high performance of the health system in urban areas as well as relatively low malaria burden. Districts will be randomly selected from strata (defined below) to ensure a balance across treatment arms in regards to district characteristics.

An additional eight districts will be selected in the public sector study to serve as controls. Maintaining a relative balance between peri-urban and rural districts, this implies the selection of 8 peri-urban and 16 rural districts among the total 24 selected. The treatment arms and control status will be randomly assigned within this sample of 24, stratified by rural or peri-urban status as well as by the three macro-regions of the country.

Facility data collected in 2006 indicates there are 4 significant predictors of ACT stock outage at the facility level (in addition to rural/peri-urban status). These predictors are: malaria incidence (a positive relationship), likelihood of phone at facility level (a negative relationship), district population (negative relationship), and average catchment area of facility (positive relationship). Together these predictors account for about 15% of the variation in observed ACT outages in the non-urban districts.

Given these findings, districts within each region and peri-urban or rural category are further grouped into "high risk" districts (those that have either 3 or all 4 of these risk factors) and "low risk" districts (those with 2 or fewer risk factors). An equal proportion of high and low risk districts are randomly selected into the study sample. As a final step, the assignation of districts to System A (district stores plus CP), B (cross-docking plus CP), or Control (existing system) are also randomly determined.

This method results in the selection of districts listed in Annex 1 Table 1.

The private sector intervention is geographically targeted to four districts. Limiting the private pilot's scale (compared to the public intervention) is required due to the costly nature of the ACT and RDT subsidy. Because of the cross-over nature of the study, two of the districts with the private intervention will also receive some version of the public sector intervention.

Again, only rural and peri-urban districts will be randomly selected into the private sector intervention since the malaria burden in urban districts is comparatively low.

The four selected private sector districts are listed in

Scope of ZAAI Household and Community Survey Sample Coverage:

- *Household Survey*, with a sample size of 2,700 households, covering 8 districts in Zambia. A total of 20 communities will be sampled in 7 districts, and 40 communities will be selected in 1 district, resulting in a total of 180 communities across the 8 districts. In each community 15 households will be sampled.
- *Community-Level Survey*, covering the 180 sampled communities in the 8 districts.

To reflect recent discussions with the NMCC regarding the evaluation of CHWs, this contract is scheduled to be extended to cover additional 2 districts with 40 communities, resulting in a total increase of 80 communities. The addition of these districts will require the Firm to integrate this sub-component into the ZAAI survey.

Table 1. Survey Districts

	Province	District	Public Pilot	Private Pilote	CHW Pilot
1	Eastern	Chadiza			
2	Eastern	Chama	B		
3	Eastern	Lundazi		Yes	
4	Eastern	Nyimba			
5	Northern	Chinsali		Yes	
6	Northern	Kasama	B	Yes	
7	Luapula	Milenge	A	Yes	
8	Luapula	Mwense	A		*TBD

1.4 Survey instrument

To offset these limitations, the evaluation will include a household survey. A combined malaria indicator and socioeconomic household survey will be administered in randomly selected households in both the control and intervention districts prior to the intervention (baseline), and one year following the baseline survey (follow up).

- The household survey modules will provide data on: household composition (age, gender, etc.), consumption, assets, education, labor supply, health seeking behavior, fever/malaria episode-related KAP, history of malaria within the household, treatment seeking behavior, WTP for anti-malarials, fever/malaria related expenditures, and opportunity costs of illness.
- In addition, the survey will collect biomarker tests: parasite prevalence, hemoglobin, and anthropometry will be collected from all household residents. Upon consent from the household member or his/her guardian, parasite prevalence will be tested using rapid diagnostic test kits (RDTs). The procedure is mildly intrusive, whereby a small sample of blood is taken by standard finger-prick methods using a sterile lancet (the same sample will be used for hemoglobin assessment). Trained public health technicians will be responsible for all blood collections.

All surveys will be performed according to the international guidelines for human experimentation in clinical research. Ethical clearance for the surveys will be obtained from the MOH prior to fielding the surveys.

Complementary data will also be collected to track and understand the effect of potential confounders, and to, ideally, ensure lack of contamination between treatments and control groups, or, if unavoidable, to best mitigate these effects during the analytical work. Complementary data includes: i) monthly weather statistics; ii) community factors, including changes in behavior communication related to fever/malaria prevention and

treatment, etc.; and iii) specialized agency consultations (MOH, NMCC, NRA, MLS, DHMT, etc.) to track/control for confounding interventions, such as introduction of new programs (e.g. additional preventive intervention ITNs, IRS etc. through other donors; changes in the regulatory regime, etc.)

In addition to tracking operational progress and the impact of the interventions on the population, the study includes a rigorous costing and cost effectiveness component. The cost-effectiveness analysis will provide evidence on the relative costs and consequences of different interventions in order to assist in priority-setting and budget allocation. Costing will inform on accounting and economic costs of the interventions. Cost effectiveness will inform on the gross (incremental cost of intervention only) and net costs (incorporating potential cost savings as a result of the intervention, measured e.g. as cases averted, reduction in productivity loss, etc.) of the interventions.

Table #: Table of Content (TOC) ZAAI (Version 04.08/09)

B#	BOOK COMPONENTS	RESPONDENT	Section #	SECTION	Sub-Section #	SUB-SECTIONS
0	Consent Forms	Interviewer & Respondent		Informed Consent		
BOOK 1	1.A Roster	Interviewer	0	Survey Cover ZAAI		
				Interviewer Notes		
		HH Head or Eligible Adult	1	HH Listing & Flap (Names, ID, Eligibility)		
			2	Education		
			3	Labor		
			5	Housing		
	1.B Household Socioeconomic Status	Respondent: HH Head or Eligible Adult	6	Household Assets	6.1	
			7	Household-level Economic Activity	6.2	Non-Farm Enterprise
	1.C. Household Consumption and Malaria Behavioral Questions	Housewife or Eligible Adult		Transfers and Other Income	6.3	Farm Enterprise
			8	Consumption	7	
BOOK 2	2.A. Adult Health	HH members >12 (*ill with fever in past 3 months)			8.1	Weekly Food
		HH members >12 (*ill with fever in past 3 months)	10	Adult Health	8.2	Monthly Non-Food
		HH members >12			8.3	Annual Non-Food
		HH members >15	11	Mental Health	8.4	Bednets / IRS
		HH members >18			8.5	Malara KAP
	2. B. Willingness to Pay (WTP) for ACT & RDT	1 HH member >18 (Random Selection)			10.1	Health Status and Utilization
					10.3	Health Care Satisfaction (Only for Fever/Malaria Care)
					11...	
					11.2	Risk Preference (G/H Likelihood)
					11.3	Risk Preference (F-SG)
B4	4. Child Health	Mothers/primary caretakers with children <12 (*ill with fever in past 3 months)	14	Child Health	11.4	Time Preference (F-SG)
					11.5	Base Questions
B5	5. Anthro & Biometrics	Children Under 5 & Women (15-49)	16	Medical	11.6	WTP Bid Game
					11.7	Malara Risk Profile (HH-Level Experience)
					14.1	Health Status & Utilization
					14.2	Health Care Satisfaction (Only for Fever/Malaria Care)
					16.1	Anthropometrics
					16.2	Biomarkers (Anemia and RDT)

Notes: F-SG Financial Standard Gamble; G/H Likelihood General / Health-Specific Likelihood Questions

<u>Eligibility / Age Cutoff Note</u>	Risk Preference (G/H Likelihood)	11.2	HH members > 18
	Risk Preference (F-SG)	11.3	HH members >18
	Time Preference (F-SG)	11.4	HH members > 18
	WTP ACT & RDT	11.5-7	HH members > 18

Chapter: 2

DUTIES AND PERFORMANCE OF ACTIVITIES

(a) Importance of Interviewer Performance

As an interviewer, your work is of great importance because the collection of quality data highly depends on you. An interviewer serves as a link between those who analyze and use the data and the respondents who furnish the data. The information collected in any survey is only as good as the interviewers working on the survey. Quality depends on all interviewers following the same procedures. Only when the same techniques have been used for all interviews can the data be effectively analyzed and interventions confidently implemented.

(b) Ethics and Rules of Conduct of Interviewers

As an interviewer, it is your responsibility to keep completely confidential anything you learn and observe during an interview. Never disclose any facts about anyone you interview to someone else. Respondents should be told that the information they provide will be used in statistical form only and that their names will not be associated with their answers when the data are analyzed.

Things You Must Do

- You must introduce yourself on every visit and explain to the respondent the reason for your visit before starting the interview.
- You must read and intensively study your manual to become thoroughly familiar with its contents in order to do your work efficiently.
- You must ask the questions in exactly the same way to each respondent and in the same order in which they are presented in the questionnaire, since, if the interviews are to be comparable the question order needs to be standard from respondent to respondent.
- You must make every effort to write legibly, and keep the documents you are working on clean and free from damage.
- You must attend to all 'call-backs' as early as possible, and must be punctual in keeping all appointments made.

(c) List of Basic Duties and Responsibilities

As a primary data collector, you must understand that data quality starts at the source. This means that you play a major role in collecting quality information from the households. After the data is collected, and is found to be erroneous, at the processing stage it will not only be an expensive venture to go back and make corrections from the source, but it could prove to be impossible since you may be dealing with a different respondent. Your duties and responsibilities are as follows:

- Attend the training course and all other scheduled meetings
- Study this manual very carefully and remember the main points that are explained here. Become fully familiar with the questionnaire
- Complete all the data collection activities as required
- Review each completed questionnaire for accuracy and completeness
- Submit completed questionnaires to your Supervisor as promptly as possible
- Enumerate all the Households sampled in the SEA
- Ensure that all survey materials are looked after properly and returned to the supervisor after the survey exercise is over
- Keep all information received completely confidential.

(d) Timeliness of the submission of questionnaires

Prompt submission of the questionnaires is absolutely crucial for timely processing. If submission of the forms is delayed, it will be impossible to process them on a timely basis. The value of the data for planning and decision-making is directly related to its timeliness.

GENERAL INTERVIEWING PROCEDURES

3.1 Preparing for the interview

There are four important steps that must be taken before you visit the household.

a) Reviewing the Interviewer's Manual

This includes reviewing the general interviewing procedures, the specific field procedures and the question-by-question instructions.

b) Reviewing the Questions on the Survey Questionnaire

Before you begin interviewing, practice using the questionnaire to build up your confidence. A successful interview requires an interviewer who fully understands the survey questionnaire and can use it easily and correctly. Stumbling through the questionnaire (losing your place, shuffling papers, etc.) can disturb the person being interviewed.

c) Organizing Survey Materials

Be sure you know what survey materials you need and that you have them with you before going into the field to interview.

d) Appearance and Behaviour

The first thing a respondent notices about the interviewer is his appearance. It is important to create a good impression by being polite, neat and courteous.

3.2 Establishing a good working relationship

A comfortable relationship between the interviewer and the respondent is the foundation for good interviewing. The person's impression of you during your visit will largely determine the atmosphere during the interview. If you seem bored, uninterested or hostile, the respondent will probably act in a similar way. This means that you have to impress the respondent as being someone who is friendly and understanding. Through your behaviour you can create an atmosphere in which the respondent can talk freely.

3.3 Using the survey questionnaire and asking the questions

The goal of the interview is to collect accurate information by using the questionnaire and following standard interviewing practices. To reach this goal, the interviewer needs to understand the survey questionnaire, including how to ask the questions, how to follow the instructions in the questionnaire and how to identify the various types of questions.

In asking the questions, observe the following rules:

Remaining Neutral

The questions in the questionnaire are all carefully worded to be neutral. They do not suggest that any answer is preferable to another, therefore when asking these questions you must maintain a neutral attitude with the respondent. You must be careful that nothing in your words or manner implies criticism, surprise, approval, or disapproval of either the questions asked or the respondent's answers.

You can put respondents at ease with a relaxed approach and gain their confidence. The respondent's answers to the questions should be obtained with as little influence as possible by the interviewer. Another interviewer should be able to obtain the same answers as you.

Asking Questions in the Order Presented

Never change the order of the questions in the questionnaire. The questions follow one another in a logical sequence; to change that sequence could alter the intention of the questionnaire. Asking a question out of sequence can affect the answers you receive later in the interview.

Asking Questions as Worded

Do not change the question. If the respondent does not seem to understand the question, simply repeat it. In order that the information from the questionnaire can be put together, each question must be asked in exactly the same way to each respondent.

In some unusual cases, the respondent may simply not be able to understand a question. If it is apparent that a respondent does not understand a question after you have repeated it using the original language, you can rephrase it in simpler or colloquial language. However, you must be careful not to alter the question when doing this.

Avoid Showing the Questions to the Respondent

Respondents can be influenced by knowing what questions are coming next or by seeing the answer categories that are not asked together with the questions.

3.4 Instructions in the questionnaire

In addition to the questions you must ask, the questionnaire contains instructions for you, the interviewer. The instructions are for you to use the questionnaire correctly and must be followed closely.

`Skip'= Instructions

`Skip' instructions usually are written out. You must read the `Skip' instructions with care, so that you do not skip questions, which should have been asked. Likewise, it is important that you skip to the correct question when necessary. If you are careless, you may skip some questions incorrectly and miss some essential questions. When questions are not asked because of a `Skip' instruction, leave the

response boxes blank. The questionnaire has a good example of an important skip pattern.

EXAMPLE: Question 2.05 Has ever attended school?

Answer:

1=Yes

2=No → go to next person /section

Question-specific Instructions

In addition, there are 'question-specific' instructions for you in the questionnaire. These instructions usually alert you to a consistency check that has to be made at the time of the interview, or tell you how to record an answer. All these instructions are either boldface and or in italics. E.g. the statement in CF11A '*Enter "0" if they did not apply*' is an instruction to you.

3.5 Probing

(a) Probing and Why It Is Necessary

Probing is the technique of questioning by the interviewer to obtain a full, complete and relevant answer. An answer is probed whenever it is not meaningful or complete, that is when it does not adequately answer the question.

Probing must be done without introducing bias or antagonizing the respondent. Respondents must never be made to feel that you are probing because their answer is incorrect or unacceptable.

(b) Understanding the Intention of the Questions

When you understand what the intention of each question is, you will know in what way a particular answer falls short of being satisfactory. Then you will be able to devise a probe in such a way that you are able to meet that gap. This will require ingenuity, tact and persistence.

(c) Neutral Probing Methods

It is always very important to use neutral probes. By 'neutral', we mean that you must not imply to the respondent that you expect a particular answer or that you are dissatisfied with an answer.

The reason for probing is to motivate the respondent to answer fully or precisely without introducing bias. Bias is the distortion of responses caused by the interviewer favouring one answer to another.

EXAMPLE of a biased probe: Section 6.3

Question 6.3.1: What is the quantity of maize sold from last agricultural season?

ANSWER: 50 or 60 bags.

IMPROPER PROBE: Oh, you mean 60 bags?

(This improper probe is pushing the respondent to say 60 bags when it may be 50 bags!)

PROPER PROBE: Was it 50 or 60 bags?

Some respondents have difficulty putting their thoughts into words. Others may give unclear or incomplete answers; still others may be reluctant to reveal their attitudes. You must deal with such factors and use procedures that encourage and clarify responses. The following kinds of probes might help you obtain more accurate responses.

(e) When to Stop Probing

You should stop probing when you have a clear, relevant answer. However, if at any time the respondent becomes irritated or annoyed, stop probing that question. We do not want the respondent to refuse to complete the rest of the interview.

3.6 Controlling the Interview

While it is important to maintain a pleasant, courteous manner in order to obtain the respondent's co-operation, you must also be able to control the interview so that it may be completed in a timely and orderly fashion. For example, when answering questions, the respondent may offer a lengthy explanation of problems or complaints. In this situation, you must be able to bring the discussion to a close as soon as possible so that the interview may continue. Politely, tell the respondent that you understand what he is saying but that you would like to complete the interview. If necessary, you may try to postpone any outside discussion by saying 'Please, let's finish this interview first and we can talk about that later'.

In some cases, the respondent may start to provide information about some aspect of his farm that is covered at a later time during the interview. Again, you must control the interview by telling the respondent that you must ask other questions first and that he should wait until later to provide information on that particular aspect.

3.7 Recording the Answers

Asking the questions correctly and obtaining clear answers is only part of your job. Equally important is recording the answers given by the respondents.

(a) Legibility

It should be obvious to you that all the entries you make in the questionnaire must be legible. If your Supervisor cannot read an entry, the questionnaire will be returned to you for correction. When this happens, much time will be wasted. Since you must spend a great deal of time to go to a household and obtain the information in the first place, why not take care in recording information so that no one else will have difficulty in reading it later.

(b) Recording responses

All responses that require written words should be clearly printed in block letters rather than script. All numbers should be clearly written so that one number is not confused with another. Remember that the numbers will be used in both hand and computer calculations.

3.8 Interviewer comments/calculations

The only kinds of entries that should be made in the spaces provided for answers are names or numbers. If any other notes or explanations are necessary or if you must do some arithmetic, use the spaces around the table or below the questions. Do not make any comments or calculations inside a space provided for an answer. If you require more space for comments/ calculations, use any available space on the page with reference to the item number on which the comments/calculations are being made. The use of the spaces around the table for comments or calculations is very important. An important phrase to remember is 'When in doubt, write it out'.

3.9 Ending the interview

It is important that you leave the respondent with the idea that you are grateful for his or her co-operation. After all the questions have been asked, thank the respondent and mention that his or her co-operation has been most helpful in providing the information for the survey

Chapter: 4

GENERAL CONCEPTS AND DEFINITIONS

It is important that you acquaint yourself with the general concepts and definitions used for this survey before embarking upon the fieldwork.

Definitions

Qualified Respondent is an adult member of the household who is knowledgeable about agricultural and other activities of the household. A child is not a suitable respondent. It is not necessary that all the information be given by one person. A respondent may consult any other member of the household on different items in the questionnaire.

Household consists of all members of one family who are related by blood, marriage, or adoption, including other persons, such as house-help or farm labourers, if any, who normally live together in one house or closely related premises and take their meals from the same kitchen. It may also consist of one member.

Household Member A household member is:

1. Any individual who in the last 12 months has lived with the household for at least six months regardless of whether they have intentions to stay or not;
2. An individual attending school away from home;
3. Newly born babies;
4. Individuals who are newly wedded-in;
5. Individuals who have stayed for less than six months but have come to stay with the household.

A non-household member is:

1. An individual who may have left the household with no intention of rejoining the household;
2. Individuals who are married away.
3. All other household who do not meet the criteria for household membership

Head of Household

is a person who is considered to be the head by the members of the household. The husband, in a matrimonial household is usually taken as the head of the household. In his absence it is the wife or the eldest member of the household who assumes responsibility of head of household.

Rapid Diagnostic Test (RDT) This a device which can be used to test whether or not a person has malaria. The test is safe to use and causes no pain or discomfort, as they require only a drop of blood obtained through a finger prick and results are ready in 15 minutes. It can be used on both children and adults of all ages, including children under five years old and recently born infants.

Atimisinin-Based Combination Therapies (ACTs)

This is basically "Coartem", the most recommended medicine for the treatment of malaria. It is recommended by the National Malaria Control Centre. There are many kinds of such therapies and Coartem is very effective in Zambia.

Chapter: 5

LISTING PROCEDURE

Introduction

Your supervisor will show you a standard Enumeration Area (SEA) where you will carry out your field work in two stages.

The first stage will involve listing all the households in the Standard Enumeration Area assigned to you. The second stage will involve canvassing the main questionnaire. This should be done to households selected from the listing done in the first stage.

At the time of listing you will be required to fill in the identification and other particulars on the front page of the listing booklet. Inside the booklet you will be required to fill in the household serial number, name of locality of village, name of household head, sex of household head and other particulars required on the listing form.

Identification particulars

For province, district, constituency and ward, write down the appropriate names and codes. The codes will be given to you by your supervisor. For CSA and SEA write down the codes only. Also indicate whether the SEA is rural or urban using the information provided to you by your supervisor.

Note that if you use more than one listing book, say 3 books, in one SEA, you should record 'Book 1 of 3' on the first completed book, followed by 'book 2 of 3' on the second completed book and 'book 3 of 3' on the third book in the space provided.

You should also indicate your name where it says Enumerator's name and you should also show the dates when the listing was done. It is also expected that the enumerator may give a brief explanation of where the SEA is located in the space provided under remarks.

SELECTION OF SAMPLE HOUSEHOLDS

To start the sampling procedure, identify the households that are 'non-contact' and those that refused to cooperate and mark them by writing 'NON CONTACT' or 'REFUSAL' in the margin against them. After this is done, the households that remain are the households from which complete information was collected during listing.

Category 1

The next step is to stratify households according to whether or not there was at least one member of the household who had fever/malaria in the past month. Check question 8 in the listing book to identify such households. All households that had code '1' in question 8, meaning at least a member of that household had fever/malaria in the past month, will be marked with an X in the column indicated as category 1.

Category 2

Make sure you check and are satisfied that all the non-contacts have been indicated as such and those that refused to cooperate have also been identified and marked then all those households that answered 'yes' in question 8 have been put in category 1. If you are sure, then all remaining households will be in category 2. Just like in category 1, put a mark (x) against all the remaining households in the column for category 2.

Assign Sampling Serial Numbers within each category, following where you put (x). The sampling serial numbers will sequentially be assigned, starting with '1' in each category. In addition assign serial numbers to 'NON CONTACT' and 'REFUSAL' households in the 'NON CONTACT/REFUSAL' column.

NOTE: (a) The sum of the last sampling serial numbers in categories 1 and 2 must be equal to the total number of households that gave complete information during listing of the SEA.

(b) The sum of the last serial numbers in the column for category 1,2 and non-contact/refusal must be equal to the last total number of households listed in the SEA.

The next step is to select a Sample, and it is done as follows. A total of 15 households in each SEA will be selected. Seven (7) households will come from category 1 and 8 households will come from category 2. In cases where there are shortfalls in any category get the shortfall from the other category.

Systematic Sampling Procedure

The allocated number of sample households to each category will be selected independently using the following procedure:

1. Divide the total number of households listed in the category by the number of households to be selected (according to sample allocation) to give the Sampling Interval (SI). Calculate this to two (2) decimal places.
2. From the table of random numbers, get a random number (RS) between '1' and the SI, inclusive. The random number obtained will give the first household that will be in the sample.
3. Add the SI to the random number (RS), and the integer part of the sum will give the second household to be in the sample.
4. Continue with the procedure, adding SI to each successive sum until you have all the allocated sample size for the category.
5. Put a circle round each sampling serial number (column 11), in the listing book, corresponding to the numbers you have worked out for each category. The sampling serial numbers circled will indicate the households selected for the sample.
6. Transcribe onto the 'LIST OF SELECTED HOUSEHOLDS' sheet, now copying the household serial numbers (column 2) of the selected households.

Summary of Households Listing and Sample Household Selection

Category	H/H's Listed	Non-contact allocation	Adjusted list of H/H's	Sample size	Sampling interval	Random Start
1	57	2	59	7	8.14	7
2	63	3	66	8	7.88	3
Sub total	120	5				
Non contact or refusal	5					
Total	125		125			

Cat. 1

$$SI = 57/7 = 8.14$$

$$RS = 7$$

$$7 + 8.14 = 15.14$$

$$15.14 + 8.14 = 23.28$$

$$23.28 + 8.14 = 31.42$$

$$31.42 + 8.14 = 39.56$$

$$39.56 + 8.14 = 47.70$$

$$47.70 + 8.14 = 55.84$$

$$55.84$$

Cat. 2

$$SI = 63/8 = 7.88$$

$$RS = 3$$

$$3 + 7.88 = 10.88$$

$$10.88 + 7.88 = 18.76$$

$$18.76 + 7.88 = 26.64$$

$$26.64 + 7.88 = 34.52$$

$$34.52 + 7.88 = 42.40$$

$$42.40 + 7.88 = 50.28$$

$$50.28 + 7.88 = 58.16$$

$$58.16$$

In category 1, households bearing sampling serial numbers 7, 15, 23, 31, 39, 47 and 55 are selected. In category B, households bearing sampling serial numbers 3, 10, 18, 26, 34, 42, 50 and 58 are selected. For each of these households in the SEA, a detailed questionnaire will be administered. With the above sampling method, there will be no replacement for any household. The selected household must be interviewed.

Chapter 6:

Zambia Access to ACT Initiative (ZAAI) DATA COLLECTION PROCEDURES

Approaching a Household

The interviewer is expected on the onset to identify himself/herself by name and explain the purpose of the visit, the confidential nature of the interview, and the expected time the interview will take. The purpose of the interview is to collect data which when processed will provide information, which will assist policy makers plan and make better decisions. The interviewer is not expected to make promises. Just stick to the purpose. The interviewer can mention that he/she is merely the eyes and ears of government.

Identification information

Informed Consent and Ethical Considerations

[See Consent Form Draft Separately - Need to Customize]

BOOK 1A

1. A Roster	Interviewer	0	Survey Cover ZAAI
			Interviewer Notes
	HH Head or Eligible Adult	1	HH Listing & Flap (Names, ID, Eligibility)
		2	Education
		3	Labor
		5	Housing

0. Identification Information and Interviewer Notes

Items 1 to 8 will be entered on each questionnaire prior to the interview. The Supervisor should ensure that the interviewer completes all the entries.

1. Province

Write, in the space provided, the name of the province in which you are operating, and enter the province code in the box provided.

2. District

Write, in the space provided, the name of the district in which you are operating, and enter the district code in the boxes provided.

3. Constituency

Write, in the space provided, the name of the Constituency in which you are operating, and enter the Constituency code in the boxes provided.

4. Ward

Write, in the space provided, the name of the Ward in which you are operating, and enter the Ward code in the boxes provided.

5. Census Supervisory Area (CSA)

Your supervisor will give you the number of the CSA in which your work area is located. Enter this number in the boxes provided.

6. Standard Enumeration Area (SEA)

This is the area allocated to you for enumeration. Enter the number in the box provided.

7. Household Serial Number

Enter the household serial number as shown on the LIST OF SELECTED HOUSEHOLDS, in the boxes provided.

8. Village/Locality

Write the name of the village/locality in which the household is located. This is also indicated on the LIST OF SELECTED HOUSEHOLDS.

9. Chief / Chieftainess area

Indicate in which chiefdom the household is located LIST OF SELECTED HOUSEHOLDS.

10. Name of Head of Household

Write, starting with the family or second name, the full name of the head of the household you are interviewing. This is also shown on the LIST OF SELECTED HOUSEHOLDS.

11. Name of Main Respondent

Identify the household head but if the head is not there, the interviewer should identify a qualified respondent who is knowledgeable and can answer questions. Write, starting with the family or second name, the name of the main respondent.

12. GPS Coordinates of household

The Global Positioning System (GPS) is a world wide space based navigation system, operated by the Department of Defence (DoD) of the United States of America (USA). The satellite gives out signals that can be picked up by GPS receivers for positioning and navigation. Basically, GPS is usable everywhere, except at the poles and where it is impossible to receive the signals, such as inside buildings, in caves and under water.

Write down the coordinates of the homestead from the GPS receiver starting with the longitude, followed by latitude and then the altitude in meters.

13. Interviewer's name

Write your name against 'Interviewer's name' and the date on which you first interviewed this household against 'Date of first interview'. If you visited a particular household more than once indicate your name and the date of the second visit against 'Date of second interview', the same should be done if a household was visited three times. Leave the spaces for 'Supervisor' blank. The Supervisor will complete this part

14. Result of interview

Record the response status for the questionnaire by using the following codes:-

1 - Complete Response: i.e., the interview was successfully completed.

2 - Partially completed: i.e. the interview was not wholly completed.

3 - Refusal: i.e., the household refused to co-operate.

4 - Household moved out of SEA: i.e., the household established itself or settled somewhere else. If the household moved to another location within the SEA you will still cover the household. If the household moved to another CSA/SEA but is reachable, you will cover the household.

4 - Household member not present (Non-contact): i.e., for some reason, no responsible adult member was available during the period of the survey. The Supervisor has to ensure that the interviewer visits these non-contact households at least three times during the course of the survey.

5 - Other (specify) - Any other response which can not fit in the above categories should be coded as '5' and write down the answer given.

Circle the appropriate response status code and enter it in the box provided.

The interviewer should report to the supervisor all response status entries other than 'completed' and the supervisor should investigate all such cases. Final entries of the response codes other than 'completed' should be done only after the supervisor has completed his/her follow ups.

15. Languages

- a) Enter the code of the language used for the interview in the box provided.
- b) Enter the code of the respondent's local language (mother tongue) in the box provided.
- c) Enter code '1' if a translator was not used at all during the interview, '2' if a translator was sometimes used during the interview and '3' if a translator was used throughout the interview.

16. Screener

Find out from the respondent if there is/was any household member who has/had fever or malaria in the past one month. Recode code '1' if the response is yes and '2' if the response is no in the box provided.

17. Tracker

18. Supervisor's name:

Leave the spaces for 'Supervisor' blank. The Supervisor will complete this part

19 and 20. Data Entry Operator and Data Entry Supervisor:

This space should also be left blank for the Data Entry Operator and Data Entry Supervisor respectively.

HOUSEHOLD ROSTER

Section 1: Household Listing and Flap

Q1.00: Make sure that only members of the household are included in the interview. Use the definition from the manual.

Q1.01: List the names of all usual members of the household. Write in block letters starting with the head of the household. Ensure that you start with their family or surnames first.

Q1.02: Is male or female?

Record the sex of each household member. If you can tell the sex of a person you are talking about you should record the response without asking. If you are in doubt about the person's sex who may not be present at the time of the interview, ask for the sex of that person. Record code '1' if the response is male and '2' if the response is female.

Q1.03: Copy the age of each household member from Q1.12. For babies and infants under the age of one record zero in the year column.

Q1.04: Circle the IDs of all household members above 18 years old.

Q1.05: Circle the IDs of all household members above 12 years old.

Q1.06: Circle the ID of all women 15 - 49 years old

Q1.07: Circle the ID of all women with children 0 to 12 years old

Q1.08: Circle IDs of all children under the age of 5.

Q1.09: Pregnant women.

Q1.10: What is’s relationship to the head of the household?

This question seeks to find out the household member’s relationship to the household head. In most cases, members of the household are related in one way or another. The emphasis rests on how each member of the household is related to the head of the household. A list of upto 14 different relationship to the household head is provided in the questionnaire. Record the appropriate response code in the space provided. There may be need to probe further to ascertain the exact relationship, e.g., to differentiate between step son / daughter and own son / daughter.

Q1.11: What is’s date of birth?

Ask for the date of birth of each member of the household and record the response starting with the day, month and year the particular member was born in. If the respondent does not know the day and month a member was born, write 99 in the day and month box. If the respondent does not know the year, probe using the calendar of events. There should be at least an entry in the year column.

Q1.12: How old is?

Ask for the age of each member of the household and record the response in completed years. For example if a person is 8 years 11 months, you should record 8 only in the year column and leave the month column blank. If the date of birth for a household member, is already given in the previous question just confirm with the respondent the age of that member. For children under the age of 5, write their age in years and months. For instance you may find a child in a household who is 4 years 3 months old, write '4' in the year column and '3' in the month column. If a child is only 4 months old, write 0 in the year column and 4 in the month column. And if a child is only 6 days old write '0' in the year column and '0' in the month column.

Q1.13: What is’s current marital status?

The question is only intended for adult members of the household aged 12 years or older. Do not ask for household members who are less than 12 years. If the answer is single, probe further to ascertain if the person has never married or whether he/she is widowed, separated or divorced.

Q1.14: spouse’s ID code: Enter the ID code of the spouse/s for the particular household member. There are upto three ID codes in ID1, ID2 and ID3 to cater for polygamous households. If the spouse is not a member of the household enter 98. This question is only targeted at household members that are 12 years and above.

Questions 1.15 and 1.16 are intended to determine the survivorship and residence of household members biological parents. This information will be used to measure the prevalence of orphanhood and child fostering, and to identify the vulnerable children in

the population. These questions are to be asked to all members of the household. The age limit may apply at analysis stage.

Q1.15: Copy and enter the father's ID code: Verify the name of the biological father of the household member and enter the ID code of the member's biological father (biological means the man who gave birth to the child). In many cultures, people consider other people's children whom they are raising as their own, especially children of their spouses, sisters, brothers or other close relations. So you should be certain that the respondent understands that you are talking about the household member's biological other. If the father is not a household member enter code 98 and if the father is dead enter code 99.

Q1.16: Copy and enter the mother's ID code:

Just like in the previous question, verify the name of the biological mother of the household member and enter the biological mother's ID code in this column. If the biological mother of the household member is not a household member enter code 98 and if she is deceased, enter code 99. If the respondent does not know whether the member's biological mother is alive, enter code 97.

Q1.17: What is 's religion?

Find out which religion each household member belongs to. There are five possible answers:

None - means the member does not belong to any religion.

Catholic - A member belongs to the Roman catholic church.

Protestant - These Christian churches that broke away from the Catholic church, examples are the united church of Zambia, presbetyrian church, Pentecostal churches, RCZ etc.

Islam/muslim religion - a monotheistic religion based on the word of Allah as revealed to muhammed during the 7th century.

Traditional - These are all churches that believe in worshipping the creator through ancestors. For instance, Zion, Mutumwa Chipangano e.t.c.

Other Christian churches - These are all other Christian churches that do not fall in the categories given above e.g Jevoha's witnesses, the mormons (Jesus Christ of latter day saints), Evangelical church.

Q1.18: Has been away from the household for more than six months in the last 12 months?

Find out from the respondent if any member of the household has been away from the household for more than six months in the last 12 months. Recode '1' if the answer is yes and if the answer is no recode '2' and skip to Q 2.01. If a household member is less than 1 year old, skip to Q 2.01.

Q1.19: For how many months during the past 12 months has been away?

This question will be asked to all members who have been away for more than 6 months in the last 12 months. Find out how many months they have been away. Make sure that the answer given is greater or equal to 6 months and less or equal to 12 months.

Section 2:

EDUCATION

This section is aimed at gathering information which focuses on the educational characteristics of individuals, such as literacy, school attendance and highest levels of education attained. Education plays an important role in a person's life and has a bearing on his/her socio-economic well being.

Q2.01: What is 's mother tongue?

This question aims at finding out the language that was first learned by each member of the household. Find out from the respondent the mother tongue of each household member. Record the appropriate code in the space provided.

Q2.02: Can.....read and write in any language?

Find out whether each of the household members aged 5 years and above can read and write in any language. Record code '1' if the response is yes and if the response is no record code '2'.

Q2.03: Iscurrently attending school?

Be cautious when asking this question to persons who seem obviously not to be attending school. Attending school is taken to mean that the person attends school as a full time or part time student i.e. in the formal school system.

For example:

Students attending vocational training including teacher training should be considered as attending school.

Students at colleges and Universities.

Persons attending night schools should be taken as attending school.

Students/pupils at primary and secondary schools.

People on unpaid or paid study leave to a formal educational institution.

People engaged in correspondence studies with a correspondence school.

All those who will be deemed to be attending school or college/university should be recorded under answer category '1'.

Q2.04: What grade/level iscurrently attending?

Now that you have established that is currently attending school, this question will assist in determining the grade/level of educationis currently attending. Record the appropriate response code as provided in the table in question . Please refer to the table in question.... Note however, that college and University students have been assigned 'special' codes outside the standard grading system of the country's education system. For all respondents who answer this question, do not ask Q 2.05. Instead, go to Q 2.06.

Q2.05: Has.....ever attended school?

This question is to be asked to household members who answer '2' which is 'no' in question 2.04 above. If they are not currently attending school, this question would like to establish whether that household member has ever attended school in his/her lifetime. Find out from the respondent if the household member has ever attended school. Recode code '1' if the response is yes. If the response is no recode '2' and skip go to the next household member or otherwise go to the next section.

Q2.06: What is the highest grade/level has completed?

Find out from the respondent what the highest grade or level each member of the household has completed. For those currently attending school, the highest grade/level completed is one which they fully completed. For example, a person that may be in grade 12 now has not completed grade 12. The highest grade completed is grade 11.

Section 3:

ECONOMIC ACTIVITIES

This section is for all members of the household aged 5 years and above. The age lower cut off is 5 years in order to capture child labour.

Q3.01: What is 's main economic activity?

The main objective of this question is to find out what a person is engaged in currently. For example someone's main activity may be a student and while on school holidays this person finds temporary employment at the time of the survey, record them as full-time students. In cases where the respondent spent an equal amount of time on two activities, find out which one they regard as their main activity.

01 Wage employment: This refers to persons employed by someone on a fixed monthly/weekly/daily wage/salary. Students on school holidays who manage to find jobs and might be working during the reference period are to be recorded as full-time students and not as working. All persons who get paid partly in cash and in kind are included in this category (e.g. hotel workers and farm labourers).

02 Own business / self employed: This refers to persons who are running their own business such as marketers, hawkers, cobblers, tinsmiths, grocery store owners, bar/bottle store operators, e.t.c. Included in this group are two or more persons running a business on partnership basis, and street vendors. Call boys at bus stations (ng'wang'wazis or kusogolo boys) and those who carry people's shopping from shops like mealie meal carriers are also classified as self employed as long as this is their main economic activity.

03 Farming, fishing and forestry (agriculture): Included in this category are farmers who till and manage their own farms, with or without the help of from other persons. Make sure all the small scale and subsistence farmers are included in this category. The current working status of all persons in agricultural and allied activities will be determined as follows:-

Agriculture: growing crops, fruits and vegetables, raising of poultry and livestock and fish farming.

Forestry: collecting or cutting wood, charcoal burning, gathering of honey and bee wax from trees, gathering of mushrooms, caterpillars, collecting wild fruits for sale e.t.c.

04 Piecework: This is work that is paid according to the quantity produced or according to agreement between the worker and the employer. It is usually on a short term basis.

05 Unpaid family worker: These are persons who normally assist in family business or farm but do not receive any pay or profit for the work so performed.

06 Not working but looking for work / means to do business: This refers to persons who are currently seeking jobs or means to do business. This includes persons who have:-

registered at various labour offices/recruitment centers, e.t.c;

gone to see possible employers to ask for jobs;

written/applied for jobs

asked friends, relatives, neighbours, e.t.c to help them find a job;

sat for interviews and are awaiting letters of offer;

made an effort to start a business e.g opening a market stall, clearing a piece of land for agricultural activity, e.t.c.

If a person did not do any of the things above but only wished to get a job or business without actually trying to find a job or means to do business then do not classify that person as looking for work but include him/her in the answer category below.

07 Not working and not looking for work/means to do business but available for work: Refers to a person who wishes to get a job or is interested in getting a job or means to do business but has not made any practical effort to get a job or means to do business. Included in this category are those persons who;-

are not sure there is any job available

imagine they are not qualified or that there is no suitable vacancies for them

are not looking for work but are very much interested in working. They may not be looking for work due to temporary reasons such as illness

Those persons who are not working and not looking for work because they are full-time housewives or students or for any reasons should be classified in their rightful categories.

08 Full-time students: This refers to all persons whose main current activity is full-time students/pupils even if they may be engaged in some work for pay or profit at the time of the survey. Make sure you exclude students on paid study leave. These are to be classified as working (the ones on paid study leave).

09 Housewife/homemaker: These are persons who devote most of their time to looking after their own household/families/children. Homemakers who are subsistence farmers should be regarded as farmers.

10 Retired: These are persons who retired and are depending mainly on pension or retirement benefits. If a retired person is engaged in any job or business for a pay or profit or is doing some subsistence farming then he/she is to be regarded as in wage employment or farming as the case may be.

11 Too old/young to work: This refers to persons who say they are too old/young to work.

12 Too sick to work: Refers to persons who cannot work due to any type of sickness including mental illness.

96 Other (specify): This category includes all those persons that cannot be fitted in any of the above categories. In this case enter code 96 and specify the activity the person is mainly engaged in.

Q3.02: In the last 12 months, did do anything to earn income or help the family earn income?

This question is in reference to the last 12 months. Find out from the respondent if any household member was engaged in any activity that earned him/her money or helped the family earn money. If the response is yes enter '1' and '2' if the response is no and go to the next section.

Q3.03: Which main INDUSTRY of economic activity is engaged in?

This question refers to the kind of business or service (industry) carried out at his/her workplace. The type of product or service that is produced will depend upon the industry or type of job a person is employed in.

EXAMPLE:

A carpenter may work in:-

The industry will be:-

A furniture workshop

Furniture manufacturing

Building construction company

Construction

Zambia railways

Transport

There is a list of 17 possible answers. Record the appropriate response code in the space provided. If the response given cannot be fitted in any answer categories, record 98 and specify the answer given.

Q3.04: In’s primary work, is the business or enterprise she/he works from.....?

This question is intended to identify the sector within which the business or enterprise the household member works, falls. Primary work comes in, in cases where the household member is engaged in more than one economic activity. Primary work is the economic activity which consumes most of the person's time. Pre-coded answer categories of various sectors are provided below;

Central government: is generally composed of government departments or ministries. This includes government funded schools, clinics, health centers e.t.c.

Local government: The local government comprises District Councils. This sector includes commercial activities operated by the councils like Nyika Motel in Petauke District. The Ministry of Local government and its departments, however, belong to the central government.

Parastatal/State owned firm: These are establishments in which the government has a controlling interest. Some of these parastatal companies are partly owned by private individuals although the government owns at least 51% shares. Other parastatals are wholly owned by the government e.g. ZESCO, ZSIC, ZAMTEL.

Private: These are profit-making organizations owned by private individuals or a group of individuals. Profits of the private organizations go to owners.

NGOs: These are non-profit making institutions that provide goods and/or services free of charge or at prices that are not economically significant. Included in this sector are charities, relief and aid organizations like the red cross. Others are trade unions, professional associations, consumer associations, political parties, social, cultural recreational and sport clubs.

International Organisations: Examples of these are United Nations, International Labour Organisations, ILO, JICA, DANIDA e.t.c.

Household: This refers to a business or enterprise that is owned by members or a member of the household.

Q3.05: How much does..... normally earn in his/her primary work?

a) Find out from the respondent how much the household member earns in his/her primary work. Record the amount in kwacha in the amount column.

b) Also find out how frequent/often the household member receives this amount. Five possible codes are given in the questionnaire enter the appropriate code in the period column.

Q3.06: During the last 12 months, how many months did engage in this primary work to earn income or help the family earn income?

This question aims to find out if the household member has been working throughout the last 12 months or worked for some months in the last 12 months. Find out from the respondent how many months in the last 12 months the household member was engaged in the primary work to earn income or help the household earn income.

Q3.07: In addition to this primary work, did engage in any other activity to earn income or help the family earn income in the last 12 months?

Find out if in the past 12 months, the household member was engaged in any other activity to earn income or help the family earn income, apart from the primary activity.

Q3.08: How much does..... normally earn in his/her secondary work?

a) Find out from the respondent how much the household member earns in his/her secondary work. Record the amount in kwacha in the amount column.

b) Also find out how frequent/often the household member receives this amount. Five possible codes are given in the questionnaire enter the appropriate code in the period column.

Q3.09: During the last 12 months how many months didengage in the secondary work to earn income or help the family earn income?

Find out from the respondent how many months in the last 12 months the household member was engaged in the secondary work to earn income or help the household earn income.

Section 5:

DWELLING CHARACTERISTICS AND HOUSEHOLD AMENITIES

Points to note:

Most questions in this section refer to the present situation and will require you the interviewer to be very observant. Questions on main source of supply however, are asked for the wet and dry season separately, as the source of water can vary according to season.

Some questions are asked of the main source of various housing facility. If a household uses more than one source of a particular facility, only record the main one i.e. the one that is most commonly used. In some cases, you may have to probe further in order to ascertain the main source.

Q5.01: INTERVIEWER: What kind of dwelling does the household live in?

The main aim of this question is to find out exactly the type of dwelling the household lives in. The materials and outlook of the dwelling matters. E.g. most traditional huts are constructed using mud, dagga, poles, reeds, grass and have a roof with a hut shape.

Traditional Hut: Traditional hut is the type of housing found in the rural Zambia. It is made of mud around the walls and the roof is usually thatched. Even if it is found in urban area, it should be recorded as traditional hut.

Improved Traditional House: This is the type of housing also common in the rural areas but has been improved by the materials used for either the walls and/or the roofing. Some of these huts may have red brick or burnt brick walling and in some cases asbestos or even iron sheets on the roof. In all respect, they are traditional huts but have a relevant improvement that sets them apart from typical traditional huts.

Detached house: This is usually a housing structure that is split into two or more housing units. Each housing unit is independently detached from the other and stands on its own. It is structurally separated part of the permanent building by the way it is built, rebuilt or converted.

House attached to/on top of shop: This is a living quarter that is part of a commercial building.

Semi detached house: This is a housing structure that is split into two or more housing units. The separate housing unit usually has a set of rooms and its accessories are not independently defined from the permanent structure and are separated by a wall.

Servant quarters: This is a housing structure that is separate from the main house. The separate housing unit has a room or set of rooms and its accessories in a permanent structure. It is a private housing unit usually meant for the house servant or maid to live in. Sometimes, a servant quarter may be rented out to a private individual/family.

Guest house/wing: This is a housing structure that is separated from/or part of the main house. The separate housing unit has a room or a set of rooms and its accessories in a permanent structure. It is a private housing unit, which is kept for visitors to stay and have meals.

Flat/Apartment/Multi-unit: This is a housing structure that has a set of rooms and its accessories in a permanent building. It can also be a structurally permanent building by the way it is built, rebuilt or converted having several housing units.

Q5.02: INTERVIEWER: What kind of building materials is/are the of this main dwelling made of?

This question is important in assessing the quality of the main dwelling the household lives in. There are various types of materials used for roof, walls and floor. In some cases, you may need to ask the respondent what material their wall, roof or floor is made of if you are not able to see them. Be observant.

Roof

Asbestos sheets: these are roofing sheets that are made from a soft, grey, mineral that are used as a building material. When made into solid sheets they become good protection or insulation against fire and heat.

Tiles: these may be made from asbestos, concrete, wood, etc.

Iron sheets: usually galvanized iron sheets or can be corrugated. These are the lightest roofing materials and can be obtained in length from 1.2 meters to 3.6 meters. Large lengths can be obtained on specific order. They can also be used on walls when flat.

Concrete: This is a kind of roof made from strong tangible solid material made out of cement, sand, gravel etc.

Grass/Straw/Thatch: a traditional roofing material that works well at angles of 35 degree and more with thatch thickness of 12 centimeters to 15 centimeters. The thatch thickness increases with the decline in angle.

Walls

Pan brick: These are made from clay and molded into a shape of a brick and baked under intense heat, industrially

Burnt brick: bricks made from mud. They are usually then put on fires under intense heat so as to harden.

Mud brick: brick made of mud and sun dried.

Concrete brick or block: This is a mixture of crushed stones, river sand and cement, with the right amount of water. It is molded into the shape of a brick.

Pole: these are walls made from a stack of wooden poles assembled around a structure.

Pole and dagga: these are walls made from a stack of wooden poles assembled around a structure. Smearing dagga or mud between the poles usually reinforces them.

Mud: these are walls made by heaping mud piles on top of each other until the desired structure is achieved.

Grass/straw: these are wall made by thatching straw or grass around the structure in order to create a desired enclosure.

Iron sheets: these are walls made from flattened iron sheets erected around the structure.

Q5.03: What is the ownership status of your house?

Find out whether the household lives in housing they own (owner occupied), or rented, or is free housing. If rented or free housing- record from whom. If the dwelling is owned by the household or it is free housing, skip to Q 5.05.

Q5.04: How much rent are you charged?

This question is to be asked to households that are renting the dwelling they live in.
a) Find out from the respondent how much they are charged and record the amount in kwacha in the box provided.

b) Also find out how frequent/often the household is charged rent. Record the appropriate frequency code in the box provided. If the household pays rent, skip to Q5 5.07.

Q5.05: If you were to sell this dwelling today, how much would you receive for it?

This question is aimed at getting the perception of the household members on the worth of the dwelling they are living in. Find out from the respondent how much he/she thinks the household would receive if the dwelling they live in were to be sold. Record the amount in kwacha in the box provided. If the dwelling has no market value, record '0'.

Q5.06: If you rented out this dwelling, how much rent would you receive per month?

Find out from the respondent how much they think they would receive per month if they had to rent out the dwelling. Record the amount in Zambian Kwacha in the box provided. If nothing record '0'.

Q5.07: How many rooms does your household have (including rooms outside the main dwelling but excluding kitchen and bathrooms)?

Find out the number of rooms a particular household has. Include rooms outside the main dwelling if they are used by the household but exclude bathrooms and toilets. For rural households, include all huts used by the households.

Q5.08: How many rooms are used for sleeping (including rooms outside the main dwelling but excluding bathrooms but include kitchen)?

Find out from the respondent how many rooms are used for sleeping. Include rooms outside the main dwelling if used for sleeping by the household. The number of rooms used for sleeping should not exceed the number of rooms the household has.

Q5.09: What is the main source of drinking water for this household during dry or wet season?

A protected well is one, which has a ring of concrete wall and/or is covered. A borehole differs from a well in that it is deeper and requires a pump to bring the water to the surface. Public tap refers to taps set up and meant to be used by several households such as the ones found in George compound, Misisi compound, etc. It does not include taps, which are built at a particular house and are used by neighbours and others. The latter should be recorded as 'Own tap'.

Q5.10: How far is this source from the house?

Note that the household could have many sources of drinking water, but here we are interested in the main source of drinking water. The household could be getting water for other uses from a source that is different from the source of drinking water, this question is interested in only the source of drinking water. Find out the distance in kilometres (km) of the homestead from the main source of drinking water for the household during wet and dry season. If the main source of drinking water is less than 1 km record '0'.

Q5.11: How is water treated by the household during the dry and wet seasons?

Treat" means the treatment done by the household not by the public water system such as the council. It is well known that water from the public system is treated but the household does further treatment to ensure the safety of the water. If the

household purchases safe drinking water from shops such as spring water, then the answer to be recorded is '4' 'Does not treat'.

Q5.12: What is the main type of toilet facility for this household?

This question is trying to establish the main source of toilet facility, the household uses. They might be using several toilet facilities but you have to record the main one. If a household do not have a toilet facility but used the bush like in the case of rural households, do not put bush as a facility. Bush is not a toilet facility. Therefore enter the code for 'none' for bush.

Own flush toilet inside - This is where the flush toilet facility owned by the household is situated inside the house.

Own flush toilet outside - This is where the flush toilet facility owned by the household is outside the house.

Communal shared flush toilet outside - This is where the flush toilet facility is communally owned and is shared by nearby households.

Own pit latrine - This is where the household uses its owns pit latrine

Communal pit latrine -This is where the household does not have a pit latrine of its own but communally owns and shares the pit latrine with other nearby households e.g a flat of several households in garden compound renting from one landlord and sharing a single toilet facility.

Neighbours/Other household pit latrine- This is where the household does not have a pit latrine of their own but uses the neighbours pit latrine.

VIP latrine - This is a pit latrine with a pipe on the roof. The pipe is for ventilation, getting rid of smelly gases and trapping flies.

Communal VIP latrine - This is as defined previously but it does not belong to one particular household instead it is for communal use by more than one household.

Other - Any other apart from the ones given should fall under other and give a short description of what it is.

None - This is where the household does not have a toilet facility of its own and maybe using the bush or the river.

Q5.13: How many other households does your household share the toilet with?

Find out from the respondent if the household shares the toilet facility with other households e.g. for communal toilets. How many other households share the toilet facility with the household. If the toilet is for the household, find out if the household shares the toilet facility with any household.

Q5.14: How do you mainly dispose off the household's refuse / rubbish?

Find out from the respondent the main method of garbage disposal. Enter the appropriate code in the box provided.

Refuse collection - This is where the household enters into an arrangement where the garbage is collected on a regular basis. This is usually done by some private companies at a fee.

Pit - This is where a pit is dug near the homestead and all domestic refuse is thrown there.

Dumping - This is a situation where the garbage is piled or damped in a place usually not designated for disposal of waste materials.

Burning - This is where the refuse is burned

Other - Any other method apart from what has been already mentioned should be given this code and specify what the other method of disposal is.

Q5.15: What is your household's main source of energy for lighting?

This question is basically trying to establish what the household mainly uses for lighting when it's dark or at night.

Q5.16: What is your household's main source of energy for cooking?

This question is trying to establish the main source of energy, the household uses for cooking. They might be using several types of energy but you have to record the main one.

Q5.17: Does your household have electricity?

Find out from the respondent if the household has electricity. Enter '1' if the response is yes. if the response is no enter '2' and go to Q 4.19.

Q5.18: For how many hours in a day does your household normally have electricity?

Find out from the respondent how many hours in a day the household normally Enter '1' if the response is yes. if the response is no enter '2' and go to Q 4.19.

Q5.19: What is the nearest body of water to your household?

This question tries to establish the presence of a water body nearby which could be a breeding ground for mosquitoes, especially if the water is stagnant. Find out from the respondent if there is any body of water nearby. The body of water could be a river, lake swamp marsh pond e.t.c. If there is no body of water nearby enter '0' and go to the next section.

Q5.20: How far from your household is this body of water?

Find out from the respondent the distance from the homestead to the nearest body of water mentioned in Q 5.19. Where the respondent is not clear ask other people who are knowledgeable or go there physically and estimate the distance. If less than 100 metres enter '00'.

Section 6:

HOUSEHOLD ASSETS

This section refers to household assets that are owned by the household and are in good working condition or temporarily out of order but are usable. If a household is keeping an asset for somebody else and using it, do not include it among the assets used no matter how long they have kept it. Assets that are inherited should be included among assets owned so long they are in working condition.

Q6.01: How many.....s does your household own?

Record the total number of a specific asset owned by the household.

Q6.03: Does your household own the land for this residence?

Find out from the respondent if the land where the household is currently residing owned by the household. Enter code '1' if yes. and if no enter code '2' and skip to Q 6.04.

Q6.04: What is the size of this land for the residence?

This question is to be asked to households that agreed to owning land for their residence in Q 6.02. Find out from the respondent the size of land for the residence. Record the size and the corresponding units. Do not change anything just enter the size in whatever units given. Just be cautious to enter the units as well.

Q6.05: Does your household own any other land besides this residence?

Find out from if the household owns any ther land apart from the one given in Q 6.03. This could be land where the household caltivates or land that has been rented/borrowed out e.t.c. Enter code '1' if yes. and if no enter code '2' and skip to Q 6.06.

Q6.06: What is the size of this land?

This question is to be asked to households that agreed to owning other piece/s of land apart from land for their residence in Q 5.04. Find out from the respondent the size of land this extra land. Record the size and the corresponding units. Do not change anything just enter the size in whatever units given. Just be cautious to enter the units as well.

Q6.07: If you were to sell the land you own, how much do you think you would receive for it?

This question should be asked if the answer in Q 6.03 or Q 6.05 is yes. The aim is to get the perception of the household members on the worth of the piece/s of land owned by the household. This will include land for their dwelling as well as other pieces

of land which the household may own. Find out from the respondent how much he/she thinks the household would receive if the piece/s of land they own were to be sold. Record the amount in kwacha in the box provided. If none record '0'.

Q6.08: What is the total size of cultivated land?

The interviewer should take particular attention when asking this question and be very patient so that all the pieces of land cultivated are captured. The best way to go about this is to have a small sketch of the fields cultivated on the bottom of the page. The first step would be to find out the crops that were cultivated the season in question. Then find out in how many fields each crop was cultivated then last but not least get the area of each field. Make sure you indicate the crop/s grown in each field. Then sum up the areas of all the fields to get the total. If different areas for the fields are given in different units, use the conversion table to change to one unit.

Q6.09: How much of the cultivated land is crop mixed?

Interviewer: Find out from the given sketch how much of the total area cultivated is crop mixed i.e which field has more than one crop. Add the area of all the fields that are in mixture.

Q6.10: How manys does your household own?

Find out how many of a particular livestock owned by the household. If none record '0'.

Section 6.2:

NON-FARM ENTERPRISE

This section looks at one of the coping strategies that some household are engaged in to generate income for the household. This section therefore deals with business activity that are non-agriculture in nature. The non farm enterprise characteristics consist of both the formal and informal enterprises. Identify all those that answered '2' i.e. own business/self employed and '4' piecework to answer questions in this section.

Q6.11: Does your household operate a non-farm microenterprise?

Find out from the respondent whether any household member operate a non-farm business activity. Record '1' if the response is yes. If the response is no record '2' and go to Q 6.20.

Q6.12: What is/are the type/s of business activity/ies operated by this household during the past 12 months? (*List up to 3 in order of financial importance to the household*).

Find out from the respondent the type/s of business/es that the household was engaged in 12 months prior to the survey. Give a detailed description of the type of business activity carried out by the household in the answer boxes provided. If a particular household is engaged in more than one business activity e.g. selling of charcoal and running a kantemba, you are required to list up to three activities starting with the business which brings in more income.

Q6.13: Who is mainly responsible for decisions in running this business?

For each of the business activities listed above, find out from the respondent the person who makes most decisions or is in charge of the day to day running of the business. Enter the PID of the person responsible for the particular business, if the person responsible for the business is not a household member enter 89.

Q6.14: INTERVIEWER: Record ID of respondent. (If possible speak to the decision-making member for the questions regarding each business activity).

If possible, identify the person in charge of each of the listed business activities and speak to him/her regarding the business. Enter the ID code of the respondent for each of the business activities listed.

Q6.15: What is the ownership status of business (1, 2 or 3) by members of this household?

This question aims to determine the ownership status of the business/es operated by this household. Is the business wholly or partly owned by the household. If partly

owned, is it more than or less than half shared owned by the household. Record the appropriate code in the boxes provided.

Q6.16: During the past month, how many household members did this enterprise employ (Part-time or full-time)?

Find out from the respondent how many household members were employed either on full time or part time basis in each of the business activities in the month prior to the survey. Record the number of non-household members employed for each of the businesses listed in the boxes provided.

IS THIS THE PAST MONTH OR PAST ONE MONTH? If say this household was covered on the 8th of May, are we talking about the past month which is 1st April to 30th April or the past one month which is 8th April to 8th May?

Q6.17: During the past month, how many non-household members did this enterprise employ (Part-time or full-time)?

Find out from the respondent how many non-household members were employed either on full time or part time basis in each of the business activities in the month prior to the survey. Record the number of non-household members employed for each of the businesses listed in the boxes provided.

Q6.18: What was the total expenditure on this business during the most recent month including the wages of employees but excluding any income paid to household members.

For each of the listed businesses, find out from the respondent the total amount spent on the business during the most recent month. These expenses should *include wages paid to employees* but *excluding income paid to household members*. Record the amount in Zambian Kwacha in the box provided.

Q6.19: What was the total gross income from this business during the most recent month after paying all expenses including the wages of employees but excluding any income paid to household members. In other words, what is the profit of this business in the most recent month?

For each of the listed businesses, find out from the respondent the total income the business earned during the most recent month. This is the profit after all expenses including the wages of the employees have been paid off. Make sure the income paid to household members is included in the profit. Record this amount in Zambian Kwacha in the box provided.

Section 6.3:

FARM ENTERPRISE

Farm enterprise refer to agricultural activities. Agricultural activities such as production of food crops and ownership of livestock and poultry contribute to household food security as well as provide means of earning income that enable households to get goods and services vital for their welfare. Last agricultural season refers to the period 1st of October 2007 to 30th September 2008.

Q6.20: INTERVIEWER: Identify the farm enterprise owner (or head of household) Enter the ID code of the respondent for this section in the space provided

Q6.21: Does your household have land for farming?

This question refers to any piece/s of land that the household uses for cultivation regardless of ownership status. Include land that is rented, borrowed inherited or owned by the household for cultivation purposes. Enter code '1' if yes and if no enter code '2' and go to Q 6.12.

in Q6.25.

Q6.22: What is the total size of land available for farming owned by your household?

The interest in this question is land owned by the household. Only land that has been inherited should be included in this question. Include also land that has not been cultivated but is available for cultivation and is owned by the household. **Exclude rented in and borrowed in land.** Find out from the respondent the total size of land available for farming owned by the household. Enter the total quantity and unit in the boxes provided. (If the household owns several pieces of land suitable for cultivation, add them up and give the total).

Q6.23: Did any member of this household grow any crops last agricultural season (1st of October 2007 - 30th September 2008?)

Find out from the respondent if any household member grew any crop during the last agricultural season. If the response is yes enter code '1'. If it is no enter code '2' and go to section 7.

Q6.24: Who is mainly responsible for decisions in running this business?

Find out from the respondent who makes most of the decisions in the daily running to the business. If the person is a household member write his/her id code. if not write 96.

Q6.25: If the responsible decision maker is at home try to talk to that person - record personal id of respondent.

Recode the personal ID of the respondent but try as much as possible to talk to a responsible decision maker.

Q6.26: What is the size of the land cultivated by all the members of your household this agricultural season (including own, rented mixed-cropped).

This question refers to total land that was cultivated by all members of the household. Any piece/s of land that was cultivated irrespective of whether it was rented in, borrowed in, should be included. Find out from the respondent the total size of land cultivated by the household. Enter the total quantity and unit in the boxes provided. (If the household cultivated several fields last agricultural season, add them up and give the total).

Q6.27: What are the three most valuable crops that the household harvested last agricultural season?

Find out the three most important crops that the household harvested. In other words three crops the household harvested which would fetch more money if sold.

Q6.28: What is the quantity of harvested during the last agricultural season?

For each of the listed crops above, find out the quantity harvested during the last agriculture season. Enter the quantity and the unit of measure in the boxes provided. If nothing was harvested, enter '0' in the quantity box, leave the unit of measure box blank and go to Q 6.32.

Q6.29: From the quantity harvested what quantity of was sold?

Check if the household harvested any of the three most valuable crops in Q 6.12 above. If the household did harvest any, find out from the respondent for each of the crops if the household sold any from the harvest. If the household bartered the crop, find out the quantity bartered out. Enter the quantity in the box provided.

Q6.30: What is the price of per unit sold?

This question seeks to establish the **unit** price that different crops were sold at. For each of the crops sold, find out from the respondent how much was realized per unit i.e per bag, per tin e.t.c.

For instance, if a farmer in Eastern Chadiza **sold** 30 by 50kg bags of maize from his 40 by 50kg **harvest**, and got K1, 500, 000 in total, then the unit price will be the price of a 50kg bag which can be calculated as follows:-

$1\ 500\ 000/30 = K50,000$ per 50kg bag. The price will therefore be indicated as K50,000 and the unit will be 50kg which has code '4'.

Q6.31: What is the total value of sold from the last agricultural season?

This question seeks to establish the **total** price that different crops were sold at. For each of the crops sold, find out from the respondent how much in total was realized from the sell.

If we take the same example of the farmer in Chadiza who sold 30 by 50kg bags of maize from his 40 by 50kg harvest. And say he sold each bag at K45,000. To get the total value of maize sold, just multiply 45,000 by 30 = K1,350,000. Therefore in the total box for maize, K1,350,000 will be entered and the unit will be 50kg which has code '4'.

If only one crop was sold, the figure in the grand total box will be equal to the figure in the total box for that crop. If there were more than one crop the household sold, add up the totals and record the amount in the grand total box. Even in the case where the household harvested and sold more than 3 crops, add the totals for all the crops sold and enter this amount in the grand total box.

Q6.32: What is the number of sold in the past 12 months?

Find out from the respondent if the household owned any of the listed livestock last agricultural season. If they did find out if they sold any in the past 12 months and which ones among the ones sold were the three most valuable livestock. Enter the appropriate code for the livestock in the code box and the quantity sold in the quantity box.

Q6.33: What is the price per unit of the sold?

For each of the listed livestock, find out from the respondent the price of each of the livestock sold. For example, if a farmer sold 15 pigs find out the price for one pig. Follow procedure as in Q. 6.30.

Q6.34: What is the total value of sold in the last 12 months?

For each of the livestock sold get the total value the farmer realized from the sell. Follow procedure in Q.6.31.

If there were more than one kind of livestock/poultry the household sold, add up the totals and record the total in the grand total. Refer to question 6.31.

Section 7:
TRANSFERS AND OTHER INCOME AND SUBJECTIVE LIFE VALUATION (SLV)

This is a short section that holds two different subparts: (1) Transfers received by all household members during the past 12 months and (2) some questions about how the respondent (head or spouse) subjectively evaluates his/her household's life.

(1) TRANSFERS AND OTHER INCOME.

Many households receive income unrelated to any of their members' current work activities. Here we capture information on both public and private transfers. Note that we only ask for the total amount received during the past 12 months, from each source and that it does not matter who in the household is/was the recipient of it. Proceed line by line, as you do with the other lists:

Q7.00: Here you are required to enter the ID of the respondent you will be interviewing in this section in the box provided. The respondent in this case is supposed to be the head of household or the most knowledgeable member of the household as the instruction in the questionnaire states.

Q7.01: How much did any member of the household receive from...(SOURCE)...in the last 12 months?

You are required to ask this question to determine if any member of the household received any money or goods in kind from the following sources: If did not receive from this source enter '00'. If [transfer] was in kind, record value recipient would expect to pay for an equivalent transfer.

Interest or Investment income: This is money you receive from some investments you made or money the bank or related institutions gives you at the end of a stipulated period of time e.g. the interest the bank gives you monthly for saving with them.

Renting buildings and/or land to others: This is money received from renting out of buildings or land to others.

Renting equipment/vehicles/machinery to others: This is just the same as the source above but in this case it is money from renting out of things like vehicles, machinery such as ploughs, lawn mowers etc.

Renting animals to others: In this case it is money received from allowing others to use your animals such as cattle, donkeys etc.

Workman's compensation (working inability insurance): This is money you are given by an insurance company that represents workers (e.g. workman's compensation fund) for the injury you incur while on duty.

Other Government transfer: This is money you receive from the Government other than your salary e.g. Grants, Gratuity etc.

Scholarship for study or training : This is where your school or study /training is paid-for by someone else other than yourself (household). This can be by the Government, Other Institution, Company or an Individual.

Assistance from community groups, NGOs, churches, etc: This is assistance you receive from Non-Governmental Organizations, Churches, or from the community. This can either be in cash or in kind.

Remmitances/Gifts (in cash or in-kind) from relatives, co-workers or friends within zambia (for weddings, funerals, EID, etc: This is money or gifts which was sent to the household from other households/friends/relatives within Zambia.

Remmitances/gifts (in cash or kind) from relatives, co-workers or friends outside Zambia (for weddings, funerals, EID, etc.): This is money or gifts which was sent to the household from other households/friends/relatives outside Zambia.

Inheritance: This is money/goods that are acquired by the household/household member after the death of a relative/friend.

Other income not from work? (Specify): This is any other income that is received by the household member from any other source other than what is already outlined above.

(2) SUBJECTIVE LIFE VALUATION.

Throughout all the interview you have been instructed to remain neutral in front of the respondent, but in the case of subjective questions, such as this subpart, this becomes fundamental. If you influence in any way the respondent then the responses are not longer valid. We don't want to get an objective evaluation of their wellbeing, but what the respondent thinks or believes. You may find households that according to your criteria and comparing with the neighbors, are not so poor, but still receive an answer that shows them as very poor. You must ask the question and wait for a response.

In questions (7.03) and (7.05) you must not read the alternatives. Prompt for reasons that the respondent thinks that make them to be poor/moderate poor/very poor and write up to three answers.

Q7.02: Do you consider your household to be non-poor, moderately poor or very poor today?

This question aims at establishing how the household rates themselves. Interviewer: Try to bring in a scenario where you talk about the locality where this household is, and allow them to compare themselves with other households. Do they think they are among the non-poor, moderately poor or very poor households.

Q7.03: What do you think has led your household to poverty?

Ask for three causes, starting with the most important. If only one or two reasons are given, enter code 88 in the other boxes.

This question seeks to find out what the household thinks has led them to being poor and it is to be asked to households that answered moderately poor or very poor in the question above. There are 18 answer categories given. You are to enter up to three causes of poverty ranked in order of importance, starting with the most important.

Q7.04: *Compared to last year*, do you consider your household to be better off, the same, or worse off now?

Comparing to how the household was last year economically, how does the household rate themselves now. Are they worse off, the same or better off today?

Q7.05: Check value in 7.04, then ask the relevant question. Why do you think your household is better off/worse off today compared to where it was last year?

Ask for three causes, starting with the most important. If only one or two reasons are given, enter code 88 in the blank boxes.

This question seeks to find out what the household thinks is the reason why they are either better off or worse off now than they were last year. There are 22 answer categories, enter the appropriate answer codes in the boxes provided.

Section 8.1:

WEEKLY FOOD CONSUMPTION

Expenditure is an important indicator of the welfare of a household. The status of individuals or households in society depends, among other things, on their level of consumption of goods and services. The share of food expenditure from total expenditure on goods and services or income is one of the indicators of how constrained a household is. Generally, households in the low income group tend to spend more of their incomes on food - Engel's law. Households have a tendency to acquire or consume much more than just food the more income they earn. Therefore the proportion of food expenditure decreases with increased income.

This section refers to the consumption of food items listed in the questionnaire, 2 weeks prior to the survey. The following questions are to be asked to knowledgeable female members of the household e.g. a housewife.

Q8.01: Did your household consume in the last 2 weeks?

These food items could either have been purchased, home produced or received in kind. Find out from the respondent if the household consumed any of the food items listed in the questionnaire. Enter code '1' if they did consume which is a yes and if no enter code '2' and go to the next item.

Q8.02: What is the total value of the purchased in the last 2 weeks?

For each particular food item that was consumed, find out which one was purchased and ask this question. Find out from the respondent the total value purchased in the last 2 weeks. For instance, if a particular household bought kapenta three times in the last 2 weeks, sum up the three purchases and enter the total value in Zambian Kwacha in the appropriate box.

For all consumed food items that were purchased, add up the total and indicate in the box provided.

Q8.03: What is the total value of home produced or gifted in the last 2 weeks?

This question refers to both home produced and gifted food items. For each particular food item consumed, find out if it was home produced, received in kind/gifted. E.g. if within the last 2 weeks, a household **consumed** a tin of maize grain which was received from a relative and they also had quarter tin of home produced maize grain which was **consumed**, you have to find out from the respondent how much the 1.25 tin of maize grain would cost if they had to buy. Enter the total value in Zambian Kwacha in the appropriate box. Just like in Q 8.03, add up the total for all consumed food items that

were home produced or received as gifts and indicate the total value in the box provided.

Section 8.2:

MONTHLY NON-FOOD CONSUMPTION

This section refers to the consumption of non-food items listed in the questionnaire, 30 days prior to the survey.

Q8.04: Has your household purchased or received for free during the past 30 days?

Find out from the respondent if the household paid for or received for free any of the non-food items listed in the questionnaire. Enter code '1' if the response is yes and code '2', if the response is no and go to next item.

Q8.05: How much did your household spend on in the past 30 days?

This question will only be asked for non-food item that were purchased or received for free. Find out from the respondent how much the household spent on a particular non-food item 30 days prior to the survey. If a particular non-food item was purchased more than once in the last 30 days, these purchases have to be added up and the total value in Zambian Kwacha be indicated in the appropriate box.

Then, for all purchased or gifted non-food items add up the total and indicate in the box provided.

Public transport to and from work - refer to costs incurred by a household in the past 30 days on public transport when going to and coming back from work.

Public transport to and from school - refer to costs incurred by a household in the past 30 days on public transport when going to and coming back from school.

Public transport to and from health facility - refer to costs incurred by a household in the past 30 days, on public transport when going to and coming back from a health facility.

Other Public transport - Refer to any other costs not mentioned, incurred by a household on public transport in the past 30 days.

Health consultations - This refers to both medical consultation for a medical doctor and/or for a traditional healer.

Lab fees - These are fees related to any laboratory tests e.g blood samples, urine, stool sputum test etc.

Medicines - These are fees spent on drugs at the facility or bought at a pharmacy e.g amoxyl, coartem, brufen etc.

Hospitalisation - This is commonly known as admission. E.g at UTH in a high cost ward a patient is required to pay admission fee. This will also include cost for food consumed during the time of admission.

Other related expenditure - Any other costs not mentioned.

Section 8.3:

ANNUAL NON-FOOD CONSUMPTION

This section refers to the consumption of non-food items listed in the questionnaire, 12 months prior to the survey.

Q8.07: Has your household paid for or received for free during the past 12 months?

Follow the steps in question 8.04. Only that the reference period is 12 months.

Q8.08: How much did your household spend on in the past 12 months?

Follow the steps in question 8.05. Only that the reference period is 12 months.

Section 8.4:

MOSQUITO NETS

Q8.10: At any time in the past 12 months has anyone sprayed the interior walls of your dwelling against mosquitoes?

Find out from the respondent if the interior walls of the dwelling were sprayed against mosquitoes in the past 12 months. Some households regularly spray their dwellings against cockroaches and in the process even a number of mosquitoes are eliminated but the intention for spraying is to eradicate cockroaches. In this case therefore, assume the house was not sprayed against mosquitoes.

Q8.11: How many months ago did they spray?

If the answer to question 8.10 is yes i.e. in the past 12 months the household did spray against mosquitoes, find out from the respondent how many months ago they sprayed. If they sprayed in less than a month, recode '0'.

Q8.12: Who sprayed the house?

Find out from the respondent who sprayed the dwelling. There are 3 possible answers, enter the appropriate answer category in the box provided.

Q8.13: How many mosquito nets does your household own?

The interest is the number of mosquito nets **owned** by the household. If there are any mosquito nets that have been left by visitors or are for visitors, they should not be counted. Include mosquito nets that have been inherited and are used by the household. Enter the number of mosquito nets in the appropriate box provided.

Q8.14: Could you show me the mosquito nets for the household?

Ask the respondent to show you the mosquito nets owned by the household. If you are shown or can see the mosquito nets record '01' if not record '02'. If the household has more than 3 mosquito nets use additional questionnaire to record all.

Q8.15: How long ago did your household obtain the mosquito nets?

Find out from the respondent when each of the mosquito nets recorded were obtained. Record the appropriate code in the box provided.

Q8.16: Interviewer: Observe or find out what type of brand the mosquito net is.

Check the mosquito net, the brand name should be on the mosquito net. Enter the brand name of each mosquito net in the box provided. If the brand name of the mosquito net is any other apart from the ones already given, but it is a pre-treated net

record '07'. And if for some reason, the interviewer cannot observe the mosquito nets and the respondent does not know the brand of the mosquito net, find out if the mosquito net is pre-treated and if it is record '07'.

Q8.17: Where did you obtain the net?

Find out from the respondent where each of the nets recorded were obtained. There are 8 possible answers, enter the appropriate code in the box provided.

Q8.18: When you obtained the net, was it already treated?

For each particular net, find out from the respondent if the mosquito net was already treated with insecticide at the time the household was obtaining it. It could be that the mosquito net was already treated when it was purchased or when it was given either at a health center or given as a gift. Recode '1' if the answer is yes and '2' if the answer is no. If the respondent does not know recode 99

Q8.19: Did you purchase the net?

Find out from the respondent if the mosquito net was bought by a member of the household. If it was bought by another household member and given to a member of this household, the answer should be no. Record '1' for yes and '2' for no.

Q8.20: How much did you pay when you purchased?

If the answer to Q 8.19 is yes find out the cost of the mosquito net. Record the amount in Zambian in the box provided.

Q8.21: Who slept under this mosquito net last night?

This question tries to establish which household member slept under the mosquito net the previous night.

Q8.22: Verify in which category each person sleeping under the bed last night was.

The aim of this question is to establish which category the household member who slept under a particular net is in. It could be that the household member was a child under 5 years of age or it could be that it was a pregnant woman e.t.c. Check and verify from the ages of the household members which category the individual falls in and code it appropriately. If no one slept under the mosquito net, enter '0'.

Q8.23: Do members of your household protect themselves from mosquito bites in any other way?

Find out from the respondent if household members use anything to protect themselves from mosquito bites apart from sleeping under the mosquito net.

Section 8.5:

MALARIA RELATED KNOWLEDGE, ATTITUDE AND PRACTICE (KAP)

The aim of this section is get the perception of the household members on their knowledge form malaria

Q8.23: What is the main cause of malaria?

Find out from the respondent what he/she thinks is the main cause of malaria. Note that the interviewer should not suggest any disapproval or surprise either in speech or body language. Code the answer.

Q8.24: What are the danger signs or symptoms of malaria

Ask the respondent what he/she thinks are the danger signs or symptoms of malaria. In other words how does the member feel or gets the indication that s/he has malaria. Record upto three.

Q8.25: How can someone protect themselves against malaria?

Find out from the respondent how s/he thinks someone can protect themselves from getting malaria. Do not read the answers to the respondent but listen from the respondent and record a given answer appropriately in the response boxes provided.

Q8.26: Which of the following have members of your household done to protect themselves against malaria?

For this question, the answer categories must be read aloud to the respondent. Find out if any of the household members have done any of the following to protect themselves against malaria.

Q8.27: What is the best way to treat malaria?

Find out from the respondent what s/he thinks is the best way to treat malaria. Enter the appropriate code in the response box provided.

Q8.28: Where do you typically hear more about malaria?

This question is aims to find out the source/s of information on malaria for household members. Record upto three sources.

SECTION 10.1 HEALTH STATUS AND UTILISATION (ADULT)

Note: the respondent should be a household member greater than 12 years old (13 years and above). This section is similar to Section 14.1 (children's version)

General Health

Question 10.01: How is your health today?

Find out the health status of the person at the time of the survey. Is it excellent, good, fair or poor?

Excellent the person is tremendously or exceptionally ok, he/she is able to do any kind of work he/she works without a single problem.

Good person is fine, can work or do any other thing without any problem.

Fair person is pale, neither in a healthy condition nor is a poor condition.

Poor person is unhealthy, hardly does any form of work. Playing with friends is not exceptional

Question 10.02: 12 years ago, how was your health on a normal day?

Ask only if Q10.01 is "Fair" or "Poor". Find out the person's health on an ordinary day 12 months ago. Ask the respondent on his/her health 12 months prior to the day of the interview. Is it the same, worse or better? Probe to get these differences.

Better person has improved from that Fair or Poor health condition

Worse person's health has deteriorated from the previous Fair or Poor condition

The Same person's health condition has neither improved nor deteriorated. For example, if the condition was fair, it is still fair and if was poor, it is still poor. There is no difference in the way the person is feeling.

Question 10.03: Given your health, how are you currently able to do your daily activities, such as working, going to school or playing?

Considering the person's current health condition, determine whether he/she can perform daily activities such as working, going to school or playing. Is it easily, with difficult or cannot do it at all?

Illness Episodes in the Past 4 weeks

Question 10.04: In the last 4 weeks, have you been sick at any time?

Record '1' for YES also if a person's illness started earlier than the 4 weeks period before the survey as long as the person was still sick during the 4 weeks period before

the survey or currently as you enumerate. If the child was sick during the last 4 weeks period before the survey and is no longer sick, you still record '1' for YES. If a person was not sick during the last 4 weeks and not sick at the time of the interview go to NEXT SECTION.

Question 10.05: What were you mainly suffering from?

This question applies only to those who were sick at any time in the last 4 weeks or is still sick. Find out what he/she was/is mainly suffering from. Record up to 3 illnesses starting with the most severe. For example, if the person had a cough/cold and also a fever - record cough/cold. Fever is normally a symptom of other illnesses. Unless the person only had fever or it has been established that it was malaria - only then do you record fever/malaria. Illnesses such as Jaundice is commonly known as Yellow fever, Hypertension is also called BP, Diabetes is Sugar Disease etc.

Question 10.06: How long ago did the last episode of illness start?

Possible answer categories have been provided. Enter number of days/weeks/months in the "Number column" and the answer codes (01 or 02 or 03) in the "Unit column".

Question 10.07: How long ago did the illness stop?

Possible answer categories have been provided. Enter number of days/weeks in the "Number column" and the answer code in the Unit column. If person is still sick record answer category 03 in the "Unit column" and leave the "Number column" blank.

Health Care Seeking

Question 10.08: Did you consult any health institution/personnel for this illness?

A health consultation is one where a person has approached or sought medical advice/attention from any medical officer, spiritual healer or traditional healer (including herbalists) whether at a public or private health institution or merely by calling a medical officer on a private engagement, or by consulting a church pastor. This consultation could even be done outside Zambia. If the person took medicine that was bought without consultation or was available in the home, then that is self-administered medicine and the answer should be NO. If this medicine did not work and consultation was done later, then the answer category should be 'YES'.

Question 10.09: Why didn't you consult a health institution/personnel for care?

Determine why the household did not approach or sought medical advice/attention from any health facility, spiritual healer and/or traditional healer so that the sick person could receive treatment.

Too expensive: Meaning the charge for consultation at the health facility or traditional healer or spiritual healer is too high.

Too far: meaning the distance from the household to the point of service is too much to be travelled.

Too busy (work, children): The person had many things to do or was busy taking care of children.

Wasn't sick enough: The illness was not severe enough to seek consultation.

Facility has poor infrastructure: The facility has poor buildings such as waiting room, treatment room, toilets/bathrooms etc.

Facility poorly stocked: Health Facility does not have enough drugs and/or equipment to use.

Poor staff attitude: Medical personnel have bad approach, behaviour or have no manners.

Poor staff knowledge: Medical staff or other personnel at the point of service have little information on the operations of the medical field.

Don't trust the staff: Person has no confidence in the people working at the point of service.

Question 10.10: Who decided you should go there for your illness?

Find out the person who decided that the sick person should be taken to the said health care giver for the illness. It should be in relation to the sick person or respondent in the case of the children or absentees.

Question 10.11: How long after the illness started did you seek care?

This question is trying to find out how long it took the household after the sickness had started to seek health care for the illness. Was it within 24 hours, after 24 hours, within the same week, within 2 weeks or 3 weeks?

Question 10.12: Where did you seek care?

Probe for the health institution/personnel or any other place where the sick person was taken to seek health care for the illness. Possible options have been provided. Record only the primary and main place the household sought care from.

Question 10.13: If public hospital/clinic or centre/post, probe for name of facility and record code.

If answer for Q10.12 is hospital/clinic/centre, find out the name and record the code for the same facility. Codebooks for public facilities will be compiled for each district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to each enumerator. For example, if the name of the facility is Nangwenya Clinic, Record Nangwenya in the "Name column" and the code for this facility in the "Code column".

Question 10.14: How far is your household to this point of service?

Find out the distance from the dwelling/residence to the point of service (health facility where the sick person was taken to seek care) . Distance can be obtained from any knowledgeable person including health worker, school teacher, student, religious leader etc. Distance is also commonly given in terms of time e.g. 20 minutes, 45 minutes or 1 hour walk. In this case a standard conversion factor is going to be used (On average a person takes 1 hour to walk a distance of 5 km).

Question 10.15: For the last visit, how much time did it take you to travel to the institution?

Find out the time it took to travel to the institution in the last time the sick person was taken to the institution. This is regardless of the mode of transport used. Enter time in hours and minutes as instructed in the questionnaire.

Question 10.16: For the last visit, how much time did you wait to be seen in the institution?

The last time the sick person was taken to the institution, find out how long it took to wait in order to be attended to by the health care provider at the institution. Enter time in hours and minutes.

Question 10.17: For the last visit, who attended to you during the consultation?

Indicate the most qualified person. For example, if during the consultation, a nurse, and then a doctor were consulted, the answer category entered should be 'medical doctor'.

Doctor/Clinical Officer: a Doctor is a qualified person licensed to practice medicine. He/she may be a specialist/expert in such areas as bones, children, reproduction etc.

Nurse/Midwife: a nurse is a person usually a woman who looks after the sick or injured in a health facility while a midwife is a qualified birth attendant.

Community Health Worker: Is a medical assistant who has been trained by the Ministry of Health to help people living in respective localities. They help sick people right in their homes, e.g. the chronically ill.

Lab Technician: A person skilled in mechanical, industrial or in particular technical field. In this case a person employed to work in a laboratory

A pharmacist is a person rather than a Nurse or Medical Doctor qualified to prepare and dispense drugs. Usually work in health facilities or Pharmacy/Chemist (Big shops for selling drugs) to buyers who in most cases produce a prescription from a health facility).

Traditional Healer: A person who handles customs and beliefs from generations to restore to health, to friendly relations, to peace etc. In most cases uses herbs to cure diseases.

Spiritual Healer: Is the person who relates to the spirit or soul and minds of the persons seeking assistance or healing. They see things and pray for the sick to heal.

Drug Seller: The person who sells drugs or medicine in a drug store, Kantemba, chemist etc.

Temporary worker is someone who is not permanently employed e.g. a student or a volunteer at a health facility.

Environmental Health Technician: A person skilled in environmental health, ensures surrounding is kept clean to reduce or get rid of health hazards such as garbage, stagnant water etc.

Other, Specify: Any other health personnel who can attend to a sick person at the point of service.

Diagnosis

Question 10.18: How was your illness diagnosed?

Determine how the illness was detected or identified in the sick person. Was it by symptomatic diagnosis (identify illness using symptoms or description of the pain given by the sick person), clinical diagnosis (by physical examination)-examining the sick person by touching or checking the affected part(s) of the body, microscopy/blood slide (diagnosis by examining blood sample using a microscope).

Malaria

Question 10.19: If the person was tested for malaria, what was the result of the lab/RDT?

Ask only for those who had their blood samples taken. Find out if he/she was tested for malaria, and if so, what was the test result. Was it positive (malaria parasites present in the blood) or negative (malaria parasites absent in the blood).

Health Expenditures

Question 10.20: In the last 4 weeks, how much did you spend for treatment at this institution on the following.....? (Registration, consultation, laboratory and transportation).

Record the amount spent on registration, consultation, laboratory and transportation. If the medicine was given without any consultation or laboratory tests, then enter zero in the "consultation column" and the "laboratory column".

Question 10.21: If the payment was forgone/ postponed because the household could not afford it, record the total amount here.

If the person could not afford to pay for any of the services in Q10.20 but was attended to without the charge or that it should be paid later, record the amount that was supposed to be paid. If two or more services were forgone/postponed, record the total. For example, Consultation fee (K5,000) and Laboratory fee (K3,000) are forgone, then the amount to be recorded here is K8,000.

Hospitalization

Question 10.22: In the last 4 weeks, were you hospitalized to treat this illness?

Find out if the sick person was admitted in the hospital or clinic in the last four weeks in order to be treated for the illness. Those who were hospitalized but did not consult any health institution/personnel in Q10.08 include accident victims.

Question 10.23: Probe for name of public hospital/clinic and record code.

If it was a public hospital/clinic, find out the name and record the code. Codebooks for public facilities will be compiled for each district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to the enumerator.

Question 10.24: For how long were you hospitalized?

Find out how long the sick person was admitted at the hospital or clinic to treat the illness. Was it for hours, days, weeks? If the person is still hospitalized/admitted, record code 04.

Question 10.25: In the last 4 weeks, how much did you spend on hospitalisation to treat this illness?

Record the amount spent on hospitalization/admission to treat the illness. If no money was spent on hospitalization, then enter zero. Also ensure that you are asking for admission fee and does not include the service charge in Q10.20.

Drugs

Question 10.26: In the last 4 weeks, did you take any medication to treat this illness?

Find out if person took any medicine to treat the said illness. If NO go to Q10.33.

Question 10.27: How long after the illness started did you start taking this medication?

This question is trying to find out how long it took after the sickness had started to start taking medicine to treat the illness. Was it within 24 hours, after 24 hours, within the same week, within 2 weeks or 3 weeks?

Question 10.28: In the last 4 weeks, did you take any of the following medication in order to treat your illness?

List of medicines have been provided, read out each one of them to the respondent. Each interviewer will have sample boxes for all medicines listed here to show to the respondent who might not know them by name. If respondent mentions a medicine that is not on the list, record the name in the "other, specify column".

Question 10.29: Where did you obtain the medication?

You are to record the code for the first institution or personnel where the medicine was obtained from, to cure the illness. The answer category 'personal supply' refers to a situation where the sick person took medicine directly from what is stored in the house or dugout or collected herbs without going through an institution or anyone else.

Question 10.30: If public hospital, clinic or centre, probe for name and record code.

Public facility codebooks will be compiled per district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to each enumerator.

Cost of Drugs

Question 10.31: In the last 4 weeks, how much did you spend on each of the following medication in order to treat your illness?

Record how much was spent on each of the medicines taken in Q10.28. If the medicine was not bought or no money was paid e.g. just given by friends, neighbours, relatives, then record zero.

Reason for not taking medication

Question 10.32: In the last 4 weeks, how much did you spend on drugs in total?

Add the amount spent on each medicine, then confirm with the respondent by asking him/her for the total amount that was spent on medication alone in order to treat the illness. Then skip to Q10.35.

Question 10.33: Why didn't you take medication for the illness?

There could be many reasons for not taking medication, but record only the main one. Possible answers have been provided.

Question 10.34: What information was this decision based on?

Find out the information on which the decision not to take or give the sick person medication was based on. What was the source of information on which the decision in Q10.32 was made. Possible options have been provided.

Outcome of Illness

Question 10.35: In the last 4 weeks, how many days of work or other main activities *did you* miss due to poor health?

Record the number of days that the sick person stayed away from doing usual activities like playing, going to school or working. Probe to be precise.

Question 10.36: If the person's main income is from farming, how many of these days occurred during the farming season? (During the last 4 weeks)

From the number of days the sick person stayed away from doing usual activities find out how many of them occurred during the farming season if person's main income was from farming.

Question 10.37: In the last 4 weeks, how many days have you been confined to bed due to poor health?

Record the number of days that the sick person was confined/restricted to bed due to poor health. Probe to be precise.

Question 10.38: What was the outcome of your illness?

Find out the result or effect of this illness. Was it full or partial recovery or have not yet recovered? Probe to get the closest answer.

Malaria

Question 10.39: How many episodes of fever/malaria have you had in the last 3 months?

Record the number of times the person had fever/malaria in the past 3 months. Episode is the occurrence or event, the number of times something has happened in a given period, in this case 3 months.

Question 10.40: How many days of regular activity did you miss during these episodes of fever/malaria?

Record the number of days the person stayed away from usual activity (e.g. income generating activity or any livelihood/employment/business) due to fever/malaria in the past 3 months.

Ill for 3 months

Question 10.41: Have you been continuously ill for at least 3 months in the last 12 months?

Find out if person was constantly ill for a period of 3 months in the past 12 months. If the person was only sick for 3 months during the 12 months reference period, the answer should be NO.

Question 10.42: What have you been mainly suffering from?

If more than 1 illness, record the main 2. This question refers to the illness that the person suffered continuously/constantly for 3 months in Q10.41.

SECTION 10.2: MALARIA PREVENTION DURING PREGNANCY

This section is to be administered on women of 15 to 49 years who are currently pregnant or have delivered in 2009. Multiple pregnancies (for twins, triplets etc) should be recorded as one. Men present should be excused to ensure that there is privacy and confidentiality. Introduce the topic to the respondent and create a rapport so that she may be free to speak. Interviewing one person at a time would help to get precise answers.

Question 10.43: Are you pregnant now?

Find out if the woman is currently pregnant. If has never been pregnant before, write 98 and skip to next woman but if has been pregnant before but not at the time of the interview skip to Q10.45. If she is in doubt, not sure whether is pregnant or not, record 03 and skip to next section. Remember to circle the codes of the pregnant women in the flap.

Question 10.44: How many months pregnant are you?

Find out the number of months the woman has been pregnant, from the time she conceived to the day of the interview. Probe to be precise.

Question 10.45: Have you delivered a baby in 2009?

Ask only if the answer to Q10.43 is NO. Woman has been pregnant before but not at the time of the interview. Find out if she has given birth to a baby this year (2009). If she didn't go to next section.

Malaria Prevention at Antenatal Care(ANC).

Question 10.46: Did you consult any health institution/personnel for antenatal care for this pregnancy?

Ask on both current pregnancy and that which was delivered in 2009. A health consultation is one where a person has approached or sought medical advice/attention from any medical officer, spiritual healer or traditional healer (including herbalists) whether at a public or private health institution or merely by calling a medical officer on a private engagement, or by consulting a church pastor. This consultation could even be done outside Zambia. Find out if she consulted any for antenatal care for this pregnancy.

Question 10.47: Who did you see for antenatal care for this pregnancy?

If more than one, record only the primary and qualified person. For example, if during the consultation, a nurse, and then a medical doctor were seen, the answer category entered should be 'medical doctor'.

Question 10.48: Where did you seek antenatal care for this pregnancy?

If more than one record only the primary/key point of service. You are to record the code for the first institution or personnel where she went to sought antenatal care for this pregnancy.

Answer category number 12 "Home" is a situation where the medical personnel goes to attend to a pregnant woman at her home. For example a pregnant woman sends for a Community Health Worker to go to her home for antenatal consultation.

Question 10.49: How many months pregnant were you when you went for your first antenatal care visit for this pregnancy?

Find out how old the pregnancy was when she first went for her first antenatal care visit at the institution, traditional healer, spiritualist etc..

Question 10.50: What was the date of the first antenatal care visit for this pregnancy?

Find out the date (month and year) when the woman went for her first antenatal care visit for the current pregnancy or the one she delivered in 2009, if she is not pregnant at the time of the interview but delivered within 2009. If she cannot recall the date, request for the antenatal care card if she visited the health institution and copy from there.

Question 10.51: How many times did you receive antenatal care for this pregnancy?

Record the number of times she received antenatal care from qualified personnel. If she cannot recall, ask for the antenatal care card if she visited the health institution .

Question 10.52: How many months pregnant were you when you went for your last antenatal_care visit for this pregnancy?

Find out how old the pregnancy was the last time the woman went for antenatal care visit at the formal health institution/personnel. The visit referred to is the one just before delivery (2009) or before the day of the interview for the one who is currently pregnant. Record in months.

Malaria Prevention-Intermittent Presumptive Treatment (IPT)

Question 10.53: Why didn't you consult any formal health institution/personnel for antenatal care for this pregnancy?

Ask only if Q10.46 is NO. Find out the reasons for not consulting any health institution/personnel for antenatal care, then try and see which one matches any of the answer categories that have been provided.

Question 10.54: During this pregnancy, did you take any drugs to prevent you from getting malaria?

Find out if woman took any anti-malaria drugs to prevent her from getting sick of malaria. The drugs might have been obtained from the health institution or bought from a drug store or given by friend, neighbours etc. If did not take any such drugs skip to next section.

Question 10.55: What drugs did you take?

This question is trying to determine the name of the anti-malaria drug that the pregnant woman took to prevent her from getting malaria. Is it "Fansidar" or "Chloroquine"?

Question 10.56: Where did you get these drugs?

Probe for the name of the place or institution/personnel where the drugs to prevent her from getting malaria were obtained during pregnancy. Possible answer categories for either fansidar or chloroquine have been provided.

Question 10.57: How many courses of each drug did you take?

The question is trying to find out the number of times prescribed amount or courses of fansidar or chloroquine were taken during the period she was pregnant.

SECTION 10.3: HEALTH CARE SATISFACTION

This section is on household members greater than 12 years who have been reported with the most recent case of fever/malaria episode in the in the past 3 month. He/she must have had fever/malaria episode during one month prior to the day of the interview. *If one person experienced many episodes record the most recent. This section is similar to Section 14.2 (children's version)*

Malaria

Question 10.58: If you suffered fever or malaria in the past 1 month, did you attend any health facility and/or have been seen by a Community Health Worker (CHW)?

Ask only if person had malaria episodes in the past 3 month. If NO go to Next Section.

General Health Facility Related Questions

Question 10.59: When you went to the health institution to seek care, how satisfied were you with the following?

Determine the level of satisfaction/happiness/fulfilment of each household member at the health facility in relation to the following services concerning the health institution. Was the person satisfied, neither satisfied nor unsatisfied or unsatisfied?

Distance to the point of service: the person's satisfaction on the distance travelled from the house to the health institution.

Transport available to the point of service: person's satisfaction on the availability of transport to the health institution. First determine the mode of transport used by the community to the health institution and its availability.

Cost of getting to the point of service: Find out how satisfied the person is on the money spent on transport and other expenses (food, accommodation etc) to get to the health institution.

Operational hours of the point of services: The number of hours or the time the health institution is open to attend to patients in a day. Is it enough for a reasonable number of patients to be attended to? Does it open early and close late or vice versa?

Time needed for paperwork and registration at point of service: person's satisfaction on time required to register a patient and do other paperwork at the reception desk or consultation room before the sick person is examined.

Availability of facilities for waiting with family members: waiting room/lounge where family members and/or sick person can comfortably sit as they wait to be attended to at the institution.

Cleanliness of examination room and equipment: Find out if the person was happy with the level of hygiene in the room where the medical personnel carry out the examinations and that of the equipment used.

Cleanliness of point of service (waiting room and bathroom): hygiene/cleanliness in the waiting room and bathroom. Was the person satisfied, unsatisfied or neither of the two?

Number of doctors/nurses/attendees: Determine the level of satisfaction of the person with the number of medical personnel attending to sick people at the institution.

Visit-Specific Questions

Privacy at the reception desk and during examination: level of satisfaction on privacy practiced by health personnel at the reception and during examination at the institution. For example, other people hearing everything that is being discussed at the reception and/or seeing how the health care provider is conducting a physical or symptomatic examination on the sick person.

Waiting time before being treated: Satisfaction on the time spent waiting to receive medicine to treat the illness.

Medical staff taking enough time for your treatment: Doctors/Clinical Officer/Nurses in a hurry or taking their time to carry out diagnosis and administer medication.

Medical staff being helpful and responsive: Medical staff being supportive and quick to respond to situations. Determine the level of satisfaction the person was with that.

Medical staff showing respect: Medical staff showing some regard to the patients or people that get to the institution for assistance.

Medical staff asking for your feedback and complaints: Medical staff (e.g. doctor/nurse) asking for further explanation on how the sick person is feeling.

Getting an explanation about the diagnosis: Getting explaining on the findings of the medical examination from medical personnel.

Getting an explanation about the purpose of the treatment: Getting explanation on the kind of illness that is being treated.

Understanding the diagnosis: Understanding the findings of the medical examination when the medical personnel give an explanation.

Receiving information about further treatment: Information about additional medication to cure the illness if the preceding medicine was unsuccessful.

Receiving information about side effects of treatment: To be provided with adequate information about the negative/positive impacts of a kind of medication being administered to a patient.

Cost of treatment (out of pocket): Satisfaction on the amount paid to cure the illness. Out of pocket is money from your own pocket.

Clarity about cost of treatment: Transparency in disclosing the cost of the entire treatment (cost of curing the illness).

Clarity about cost of medication: Transparency in disclosing the cost of the medicine or drugs.

Point of service having sufficient medication and drugs available: Point of service well stocked with medicines/having enough medicine.

Question 10.60: Would you recommend the health institution to others?

Find out if the respondent would encourage other people to go or take their patients to the same institution for medical consultation or treatment.

Question 10.61: Why wouldn't you recommend?

Find out the reason for not encouraging other people to go to the same institution for medical consultation and/or treatment. Is it because of poor quality of care, medical staff not helpful, treatment too expensive or facility not clean?

Question 10.62: Where you transferred for the treatment of this illness to another clinic/hospital?

Find out if the sick person was moved from this facility to another clinic/hospital for further and appropriate treatment. Follow closely the skip instructions.

Question 10.63: How satisfied were you with the transfer process? Find out if the person received a referral letter of transfer to another clinic/hospital, and determine the level of satisfaction. Refer to Q10.60.

Question 10.64: Were you seen by a Community Health Worker (CHW) during the past 3_month?

If NO skip to next section.

Question 10.65: How satisfied were you with the following.

Ask only if the person was attended to by a Community Health Worker. Find out the level of happiness or fulfilment from the services of the CHW. Was the respondent satisfied, neither satisfied nor unsatisfied or unsatisfied? Refer to Q10.60

Community health workers being helpful and responsive: Find out if the CHW was helpful and quick to respond to situations. If he/she was, determine the respondent's level of happiness with that.

Number of Community Health Workers: Number of Community Health Workers attending to sick people in the community.

Community Health Worker's time availability to attend to you: CHW taking enough time_attending to the sick person.

Community Health Workers show respect: CHWs showing some regard to the sick person and people in the community.

Community Health Workers are good role models: CHWs are excellent job representations/hard working, they are people that inspire others because of their dedication to work.

Question 10.66: Would you recommend Community Health Works to others?

Find out if the respondent would encourage other people to visit the Community Health Workers for care or treatment. If YES skip to next Section.

Question 10.67: Why wouldn't you recommend them? Find out the reason for not encouraging other people to seek medical care or treatment from the community health workers. Is it because of poor quality of care, not helpful, treatment too expensive or difficult to access CHWs?

Poor Quality of Care: CHWs don't take very good care of patients e.g. shouting at them anyhow, not explaining the purpose for medication clearly.

Not helpful: For example, CHWs not supportive, not accommodating and generally not paying attention to patients.

Treatment too expensive: Cost of curing illness too high. This is in a situation where CHWs charge for treatment.

Difficult to access CHWs: CHWs are not usually found or they live in faraway places or they are not just easily approachable.

SECTION 11: MENTAL HEALTH

Respondents should be a household member aged 18 years and above. Interview one person at a time to get precise responses.

Question 11.01: I would like to get an idea of how you have been feeling in the last 12 months. During the last 12 months, was there a time when you felt/do any of these nearly at least 2 weeks at a time?

It might not have happened continuously for 2 weeks but at least had frequent occurrences during this period.

Thinking too much: For example someone having too many things to do and is stressed.

Headaches

Things crawling through your body: Any feeling of things like insects moving on the body.

Dizziness: A feeling of faintness or weakness.

Crying alone: weeping without any common cause.

Inability to focus: Not being able to pay attention to anything.

Problems which make you feel worried: Difficulties or troubles which make the person to be bothered or nervous.

Wanting to be alone: Feeling of desiring to be in isolation, away from others

Problems getting to sleep or opening eyes too early: Experiencing difficulties in getting to sleep or waking up.

Daily work suffering due to things that keep coming into your mind: Daily work being affected because of disturbing thoughts running through one's mind.

Slowed down and taking longer in your way of doing things: Reduced pace of doing things (work, playing etc) because of the way he/she has been feeling.

More short tempered than usual: Being irritable or angered easily than he/she has normally been.

Loss of interest in food: lack of hunger or appetite or desire for food.

Frightened with your heart beating fast in your chest: Scared or alarmed by own heart beat-heart beating very fast.

Deep sadness: Strong unhappiness or misery.

Less worth than/beneath other people: To feel less important than other people around you.

No longer enjoying the things you used to enjoy in life: Not liking the things he/she used to enjoy the most e.g. reading books, watching sports, travelling or eating fried fresh fish.

Exhausted and worn out even when you are not working hard: Getting tired in the body even when he/she hasn't been doing anything difficult.

Felt like giving up, like life is hopeless: A feeling of giving up on life.

SECTION 11.2: GENERAL AND HEALTH-SPECIFIC RISK PREFERENCE

Respondents should be a household member aged 18 years and above.

Question 11.02: How likely are you to bet a day's income at a high-stake game, such as pick-a-lot? Kodi mukuganiza kwanu muona kuti mungafune bwanji kupeleka malipilo yanchito_yasebenzedwa pasiku limodzi ku masewela kapena mpikitsano wa njuga.

Find out the probability of the respondent to gamble a day's earning. To bet is to gamble or to play a game of chance. Below are the definitions of the levels of probability to gamble. Probability is the likelihood or possibility of doing something. In terms of percentages, the answer category should be;

Extremely likely: is 100% likely to bet a day's income

Very likely: is 75% likely to bet a day's income

Not sure: 50% likely to bet a day's income

Not very likely: 25% to bet a day's income

Extremely likely: 0% likely to bet a day's income, it is a certain rejection.

A likely and/or risky ranking module or scale will be given to all interviewers to help in explaining to the respondent in order to get precise responses.

Question 11.03: How likely are you to invest 1 month's income in a new farming technology?

Find out the probability of the respondent to invest or put in a month's earnings into a new farming skills e.g. machinery, equipment. Refer to Q11.02.

Question 11.04: How likely are you to invest 1 month's income in a new business venture?

Find out the probability of the respondent to invest or put in a month's earnings into a new business. Refer to Q11.02 for answer categories.

Question 11.05: How likely are you to drink untreated water?

Find out the probability of the respondent to drink untreated water. Refer to Q11.02 for answer categories.

Question 11.06: How likely are you to drink alcohol heavily on a social occasion?

Find out the probability of the respondent to drink beer heavily in a social occasion e.g. wedding, kitchen party or initiation ceremony. Refer to Q11.02 for answer categories.

Question 11.07: How likely are you to sleep without an insecticide treated net to protect you from hazardous insects?

Find out the probability of the respondent to sleep outside a treated mosquito net to protect the household from harmful insects such as mosquitoes.

Question 11.08: How risky do you think it is to bet a day's income on a game, such as pick-a-lot? Kodi mukuganiza kwanu muona kuti chiyopsya bwanji kupeleka malipilo yanchito yasebenzedwa pasiku limodzi ku masewela kapena mpikitsano wa njuga.

Find out whether it is dangerous/hazardous to gamble the earnings from a day's work. If it is dangerous/hazardous, find out the extent or severity of the danger/hazard/risk. Refer to Q11.02 on the definitions of the levels of severity of the risky involved. The likely and/or risky ranking module used in Q11.02 applies to the risky questions as well. The way to ask these questions is generally the same.

Question 11.09: How risky do you think it is to invest 1 month's income in a new farming technology?

Find out whether it is dangerous/hazardous to invest a 1 month's earning into a new farming technology e.g. machinery. If it is dangerous/hazardous, find out the severity of danger/hazard. To invest is to put money into a business, in this case farming technology. Refer to Q11.02 on the definitions of the answer categories.

Question 11.10: How risky do you think it is to invest 1 month's income in a new business venture?

Find out the extent or severity of the danger/hazard that is in investing a 1 month earning into a new business.

Question 11.11: How risky do you think it is to drink untreated water?

Find out the extent or severity of the danger/hazard that is in drinking untreated water.

Question 11.12: How risky do you think it is to drink alcohol heavily on a social occasion?

Find out the extent or severity of the danger/hazard in drinking beer on a social occasion such as wedding, kitchen party or initiation ceremony.

Question 11.13: How risky do you think it is to sleep without an insecticide treated net to protect you from hazardous insects?

Find out the extent or severity of the danger/hazard in sleeping outside a treated mosquito net to protect the household from harmful insects e.g. mosquitoes.

SETION 11.3: TIME PREFERENCE (FINANCIAL STANDARD GAMBLE)

Respondents should be adult household members above 18 years old. Pay particular attention to skip instructions.

Question 11.14: You have won the lottery. You can choose between being paid 400,000_Kwacha today or 400,000 Kwacha in 1 year. Which will you choose?

This question is trying to determine whether the respondent would choose to be paid 400,000 Kwacha today or in 1 year if he/she won a lottery of 400,000 Kwacha. Lottery is a draw or gamble or raffle or a game of chance. The winner is given a chance to decide when the money should be paid, and two options are given, to be paid a lump sum today or in instalments to be completed in 1 year.

Question 11.15: Now you can choose between 400,000 Kwacha today and 1.2 million Kwacha_in 1 year. Which will you choose?

Refer to Q11.14. The amount for the second option has increased to 1.2 million Kwacha. The respondent has won the same raffle of 400,000 Kwacha and needs to choose between being paid the same amount today or be paid 1.2 million Kwacha in instalments for 1 year.

Question 11.16: Now you can choose between 400,000 Kwacha today and 2.4 million Kwacha in 1 year. Which will you choose?

This question is a check to find out if the responded would maintain the response for Q11.15 if the second option is increased to 2.4 million Kwacha.

Question 11.17: Now you can choose between 400,000 Kwacha today and 800,000 Kwacha_in 1 year. Which will you choose?

Ask only if Q11.15 is 2 "400,000 Kwacha in 1 year". This question is a check to find out if the responded would maintain the response for Q11.15 if the second option is reduced to 800,000 Kwacha. It is basically the same concept.

Question 11.18: Are you sure you prefer the same amount in the future although you get the same amount if you do not wait.

Ask only if Q11.14 is 2 "400,000 Kwacha in 1 year". This question is trying to establish whether the respondent is very certain with the answer given in Q11.14, to get the money won in a lottery in one year when the same amount can be collected on the actual day of the draw. If he/she changes his/her mind, prefers getting the money on the same day, go back and administer Q11.15.

SECTION 14.1 HEALTH STATUS AND UTILISATION (CHILD)

Note: the respondent should be a mother or any knowledgeable household member of child aged 0 to 12 years. This section is administered for each and every child found in this range of age in all the households. However, ensure that the ID Code of a child is recorded.

Mapping

Question 14.01: Record the IDENTITY CODE of the main respondent from the flap.

Each household member is numbered (given a serial number) in the flap. These serial number are also known as identity codes.

General Health Status

Question 14.02: 12 months ago, how was.....'s health on a normal day?

Ask this question only on child of 2 years and above. Replace the dash (.....) with the name of the person. Ask the respondent to recall the health of the child 1 year (12 months) ago, on a normal day. Was it excellent, good, fair or poor? Probe to get these differences.

Excellent the person is tremendously or exceptionally ok, he/she is able to do any kind of work he/she wants without a single problem.

Good person is fine, can work or do any other thing without any problem.

Fair person is pale, not in a healthy condition but on another hand not in a poor condition,

Poor person is unhealthy, hardly does any form of work. Playing with friends is not exceptional

Question 14.03: How is.....'s health today?

Ask only if Q14.02 is 03 "Fair" or 04 "Poor". Find out the person's health today as compared to 12 months ago. Having Known the health of the child 12 months prior to the time of the interview, ask the respondent to compare it with that of today. Is it the same, worse or better? Probe to get these differences.

Better person has improved from that Fair or Poor health condition

Worse person's health has deteriorated from the previous Fair or Poor condition

The Same person's health condition has neither improved nor deteriorated, it is still the same

Question 14.04: Given.....'s health, how is.....currently able to do daily activities, such as working, going to school or playing?

Considering the person's current health condition, determine whether he/she can perform activities such as working, going to school or playing easily, without any difficulty or can not do it at all.

Illness Episodes in Past 4 Weeks

Question 14.05: In the last 4 weeks, has.....been sick at any time?

Record '1' for YES also if a person's illness started earlier than the 4 weeks period before the survey as long as the person was still sick during the 4 weeks period before the survey or currently as you enumerate. If the child was sick during the last 4 weeks period before the survey and is no longer sick, you still record '1' for YES. If a person was not sick during the last four weeks and not sick at the time of the interview skip to Q14.44.

Question 14.06: What was..... mainly suffering from?

This question applies only to those who were sick at any time in the last 4 weeks or is still sick. Find out what he/she was/is mainly suffering from. Record up to 3 illnesses starting with the most severe. For example, if the person had a cough/cold and also a fever - record cough/cold. Fever is normally a symptom of other illnesses. Unless the person only had fever or it was/is established that it was/is malaria - only then do you record fever/malaria.

Question 14.07: How long ago did the last episode of the illness start?

Possible answer categories have been provided. Enter number of days/weeks/months in the "Number column" and the answer codes (01 or 02 or 03) in the "Unit column".

Question 14.08: How long ago did the illness stop?

Possible answer categories have been provided. Enter number of days/weeks in the "Number column" and the answer code in the Unit column. If child is still sick record answer category 03 in the Unit column and leave the Number column blank.

Health Care Seeking

Question 14.09: Did you consult any health institution/personnel for this illness of.....?

A health consultation is one where a person has approached or sought medical advice/attention from any medical officer, spiritual healer or traditional healer (including herbalists) whether at a public or private health institution or merely by calling a medical officer on a private engagement, or by consulting a church pastor. This

consultation could even be done outside Zambia. If the child took medicine that was bought without consultation or was available in the house, then that is self-administered medicine and the answer should be NO. If this medicine did not work and consultation was done later, then the answer category should be 'YES'.

Question 14.10: Why didn't you consult a health institution or personnel for care?

Determine why the household did not approach or sought medical advice/attention from any health facility, spiritual healer and/or traditional healer so that the sick person could receive treatment. *Note: Skip to Q14.29 after administering this question.*

Too expensive: Meaning the charge for consultation at the health facility or traditional healer or spiritual healer is too high.

Too far: meaning the distance from the household to the point of service is too big to travelled.

Too busy (work, children): The person had many things to do or was busy taking care of children.

Wasn't sick enough: The illness was not severe enough to seek consultation.

Facility has poor infrastructure: The facility has poor buildings such as waiting room, treatment room, toilets/bathrooms etc.

Facility poorly stocked: Health Facility does not have enough drugs and/or equipment to use.

Poor staff attitude: Medical personnel have bad approach, behaviour or have no manners.

Poor staff knowledge: Medical staff or other personnel at the point of service have little information on the operations of the medical field.

Don't trust the staff: Person has no confidence in the people working at the point of service.

Question 14.11: Who decided.....should go there for the illness?

Find out the person who decided that the sick child should be taken to the said health care giver for treatment. It should be in relation to the mother or respondent.

Question 14.12: How long after the illness started did you seek care for.....'s illness?

This question is trying to find out how long it took the household after the sickness had started to seek health care for the illness. Was it within 24 hours, after 24 hours, within the same week, within 2 weeks or 3 weeks?

Question 14.13: Where did you seek care for 's illness?

Probe for the health institution/personnel or any other place where the sick person was taken for the treatment of the illness. Record only the main place the household sought care from. Possible options have been provided.

Question 14.14: Facility name and code.

If answer for Q14.13 is hospital/clinic/center, find out the name and record the code for the same facility. Codebooks for the public facilities will be compiled for each district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to each enumerator. Record the name and code in the appropriate columns.

Question 14.15: How far is your household to this point of service?

Find out the distance from the dwelling/residence to the point of service (health facility where the sick person was taken to seek care). Distance can be obtained from any knowledgeable person including health worker, school teacher, student, religious leader etc. Distance is also commonly given in terms of time e.g. 20 minutes, 45 minutes or 1 hour walk. In this case a standard conversion factor is going to be used (On average a person takes 1 hour walk a distance of 5 km).

Question 14.16: For the last visit with.....'s illness, how much time did it take to travel to and from your household to the institution?

Find out the time it took to travel to and from the institution in the last time the child was taken to the institution. This is regardless of the mode of transport used.

Question 14.17: For the last visit, how much time did.....wait to be seen at the institution?

The last time the sick child was taken to the hospital/clinic, find out the time it took them to wait in order to be attended to by the health care provider.

Question 14.18: For the last visit, who attended to.....during the consultation?

Indicate the most qualified person that attended to the child at the institution. For example, if during the consultation, a nurse, and then a doctor were consulted, the answer category entered should be 'medical doctor'. Refer to Q10.17.

Diagnosis

Question 14.19: How was.....illness diagnosed?

Determine how the illness was detected or identified in the sick child. Was it by symptomatic diagnosis (identify illness using symptoms), clinical diagnosis (by physical examination)- examining the sick person by touching or checking the affected parts of the body, microscopy/blood slide (diagnosis by examining blood sample using a microscope), Rapid Diagnostic Test or X-ray? Probe to be precise.

Malaria

Question 14.20: if the respondent was tested for malaria, what was the result of the lab/RDT test?

Ask only for those who were tested for malaria. Find out if the malaria test results from the lab/RDC test were positive (malaria parasites were present in the blood) or negative (absence of malaria parasites in the blood) of the sick child.

Health Expenditures

Question 14.21: In the last 4 weeks, how much did you spend for treatment of.....at this_institution on the following services? Services: Registration, consultation, laboratory_and transportation.

Record the amount spent on each of the following services (registration, consultation, laboratory and transportation). If the medicine was given without any consultation or laboratory tests, then enter zero in both the consultation and laboratory fees columns.

Question 14.22: If the payment was forgone/ postponed because the respondent could not afford it, record the total amount here.

If the respondent could not afford to pay for any of the services in Q14.21 but was attended to without the charge or that it should be paid later, record the amount that was supposed to be paid. If two or more services were forgone/postponed, record the total. For example, Consultation fee (K5,000) and Laboratory fee (K3,000) are forgone, then the amount to be recorded here is K8,000.

Hospitalization

Question 14.23: In the last 4 weeks, was.....hospitalized to treat this illness?

Find out if the sick child was admitted in the hospital or clinic in the last four weeks in order to be treated for the illness. Those who were hospitalized but did not consult any health institution/personnel include the accident victims.

Question 14.24: Probe for name of public hospital/clinic and record code.

If it was a public hospital/clinic, find out the name and record the code. Codebooks for public facilities will be compiled for each district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to enumerator.

Question 14.25: For how long was.....hospitalized?

Find out the period the sick child was admitted at the hospital or clinic in order to treat the illness. Was it for hours, days, weeks? If the child is still hospitalized/admitted, record "0" in the Number column and code 04 in the unit column.

Question 14.26: In the last 4 weeks, how much did you spend on.....'s hospitalization to treat this illness?

Record how much was spent for hospitalization/admission to treat the illness. If no money was spent on hospitalization, then enter zero. Also ensure that you are asking for admission fee and not any of the service charges in Q14.21.

Drugs

Question 14.27: In the last 4 weeks, did.....take any medication to treat this illness?

If didn't take any medication, skip to Q14.34.

Question 14.28: How long after the illness started did.....start taking medication?

This question is trying to find out how long it took after the illness started for the sick child to start receiving medication to treat the illness. Was it within 24 hours, after 24 hours, within the same week, within 2 weeks or 3 weeks?

Question 14.29: In the last 4 weeks, did.....take any of the following medicine in order to treat.....'s illness?

List of medicines have been provided, read out each one of them to the respondent. If possible explain those which he/she might not know. In addition, each interviewer will be provided with sample boxes for all medicines for easy identification by respondents. If respondent mentions a medicine that is not on the list, record 96 and specify the name.

Question 14.30: Where did you obtain the medicine?

You are to record the code for the first institution or personnel where the medicine was obtained to cure the illness. You are to find out the type of health institution, was it hospital/clinic/center? The answer category "personal supply" refers to a situation where the sick person took medicine directly from what is stored in the house or dugout or collected on herbs without going through an institution or anyone else.

Question 14.31:

If answer for Q14.30 is 'hospital/clinic/center', find out the name and record the code. Public facility codebooks will be compiled per district by supervisors with the help of the Ministry of Health/District Health Management Team and be provided to each enumerator.

Cost of Drugs

Question 14.32: In the last 4 weeks, how much did you spend on each of the following medicines to treat the illness?

Record the amount spent on each of the medicines that were paid for. If the medicine was not bought or no money was spent on it e.g. was just given by friends, neighbours or relatives then record zero.

Question 14.33: Add and confirm: In the last 4 weeks, how much did you spend on medication for.....in total?

Add the amount spent on medication, then confirm with the respondent by asking him/her for the total amount that was spent on medication alone in order to treat.....'s illness. Then skip to Q14.35.

Reason for not Taking Medication

Question 14.34: Why didn't.....take medication for the illness?

Ask only if Q14.27 is NO. There could be many reasons for not giving the child medication, but record only the main one. Possible answers have been provided.

Question 14.35: What information was this decision based on?

Find out the information on which the decision not to give the sick child medication was based on. Find out the source of information on which the decision in Q14.34 was made. Is it based on "previous experience", "head from friends" or "in the community"?

Outcome of Illness

Question 14.36: In the last 4 weeks, how many days of school, work, play or other main activities has.....missed due to poor health?

Record the number of days that the sick person stayed away from doing usual activities such as playing with friends, going to school or working. Probe to be precise.

Question 14.37: In the last 4 weeks, how many days has.....been confined to bed due to poor health?

Record the number of days that the child was restricted to bed due to poor health. For example, a person who was been ill for 2 weeks and on bed rest during the last 1 week, he/she was confined restricted to bed for 7 days . Probe to be precise.

Question 14.38: What was the outcome of.....illness?

Find out the results of this illness. Was it full or partial recovery or have not yet recovered? Find out if the child has been able to do things normally like when he/she is well.

Question 14.39: When.....was sick, did you stop working to take care of him/her?

Find out if the respondent or any other caregiver in the household ever stopped carrying out normal livelihood activities in order to care for this child. If NO skip to Q14.41.

Question 14.40: In the last 4 weeks, how many days of work did you miss to take care of.....? Find out the number of days the respondent stayed away from carrying out the livelihood activities in order to care for the sick.

Malaria

Question 14.41: How many episodes of fever/malaria has.....had in the last 3 months?

Record the number of times the sick person has had fever/malaria in the past 3 months. This is 3 months prior to the day of the interview. Refere to Q10.39.

Question 14.42: How many days of regular activity did.....miss during these episodes of fever/malaria?

Record the number of days the child stayed away from regular activity (e.g. going to school, playing) due to fever/malaria in the past 3 months.

Ill for 3 months

Question 14.43: Has.....been continuously ill for at least 3 months in the last 12 months?

Find out if the child was constantly ill for a minimum period of 3 months during the past 12 months. If the person was only sick for 3 weeks during that 12 months reference period, the answer should be NO.

Question 14.44: What has.....been mainly suffering from?

Record only up to 2 illnesses based on the severity. If the child suffered many illnesses, only consider 2 most serious ones. This question refers to the illness that the person suffered continuously/constantly for at least a period of 3 months in Q14.43.

SECTION 14.2: HEALTH CARE SATISFACTION

Note: the respondent should be a mother or any knowledgeable household member of child aged 0 to 12 years. This section is administered for each and every child found in this range of age and HAD FEVER/MALARIA EPISODES IN THE PAST 1 MONTH. If one child experienced many episodes record the most recent.

Question 14.45: Did you take.....to any health facility and/or has he/she been seen by the Community Health Worker (CHW)? Ask only if person had malaria episodes in the past 1 month or if Q14.41 is not ZERO (0). Find out if the sick child was taken to the health facility or to the CHW or even to both. If he/she was not taken to any of the 2 go to Next Section.

General Health Facility Related Questions

Question 14.46: When you went to the health institution to seek care for.....'s illness, how satisfied were you with the following?

Determine the level of satisfaction/happiness/fulfillment of the knowledgeable household member of the child at the health facility in relation to the following services concerning the health institution. Was the person satisfied, neither satisfied nor unsatisfied or unsatisfied?

Distance to the point of service: the person's satisfaction on the distance travelled from the house to the health institution.

Transport available to the point of service: person's satisfaction on the availability of transport to the health institution. First determine the mode of transport used by the community to the health institution and its availability.

Cost of getting to the point of service: Find out how satisfied the respondent is on the money spent on transport and other expenses (food, accommodation etc) to get to the health institution.

Operational hours of the point of services: The number of hours or the time the health institution is open to attend to patients in a day. Is it enough for a reasonable number of patients to be attended to? Does it open early and close late or vice versa?

Time needed for paperwork and registration at point of service: person's satisfaction on time required to register a patient and do other paperwork at the reception desk or consultation room before medical examinations are carried out.

Availability of facilities for waiting with family members: waiting room/lounge where family members and/or sick person can comfortably sit as they wait to be attended to at the institution.

Cleanliness of examination room and equipment: Find out if the person was happy with the level of hygiene in the room where the medical personnel carry out the examinations and that of the equipment used.

Cleanliness of point of service (waiting room and bathroom): hygiene/cleanliness in the waiting room and bathroom. Was the person satisfied, unsatisfied or neither of the two?

Number of doctors/nurses/attendees: Determine the level of satisfaction of the person with the number of medical personnel attending to sick people at the institution.

Visit-Specific Questions

Privacy at the reception desk and during examination: level of satisfaction on privacy practiced by health personnel at the reception and examination room at the institution. For example, other people hearing everything that is being discussed at the reception and/or seeing how the health care provider is conducting a physical or symptomatic examination on the sick person.

Waiting time before being treated: Satisfaction on the time spent waiting to receive medicine to treat the illness.

Medical staff taking enough time for your treatment: Doctors/Clinical Officer/Nurses in a hurry or taking their time to carry out diagnosis and administer medication.

Medical staff being helpful and responsive: Medical staff being supportive and quick to respond to situations. Determine the level of satisfaction the person was with that.

Medical staff showing respect: Medical staff showing some regard to the patients or people that get to the institution for medical care.

Medical staff asking for your feedback and complaints: Medical staff (e.g. doctor/nurse) asking for further explanation on how the sick child is behaving.

Getting an explanation about the diagnosis: Getting explaining on the findings of the medical examination from medical personnel.

Getting an explanation about the purpose of the treatment: Getting explanation on the kind of illness that is being treated.

Understanding the diagnosis: Understanding the findings of the medical examination when the medical personnel give an explanation.

Receiving information about further treatment: Information about additional medication to cure the illness if the preceding medicine was unsuccessful.

Receiving information about side effects of treatment: To be provided with adequate information about the negative/positive impacts of a kind of medication being administered to a patient.

Cost of treatment (out of pocket): Satisfaction on the amount paid to cure the illness. Out of pocket is money from your own pocket.

Clarity about cost of treatment: Transparency in disclosing the cost of the entire treatment (cost of curing the illness).

Clarity about cost of medication: Transparency in disclosing the cost of the medicine or drugs.

Question 14.47: Would you recommend the health institution to others?

Find out if the respondent would encourage other people to take their children to the same institution for medical consultation and treatment. Enter 01 if "Yes" and skip to Q14.49.

Question 14.48: Why wouldn't you recommend?

Find out the reason for not wanting to encourage other people to go to the same institution for treatment. Is it because of poor quality of care, medical staff not helpful, treatment too expensive or facility not clean?

Question 14.49: Where you transferred for the treatment of this illness to another clinic/hospital?

Find out if the sick child was given a referral letter to another clinic/hospital for further and appropriate treatment, especially when the preceding medicine was not successful. If the answer is NO skip to Q14.51.

Question 14.50: How satisfied were you with the following (clarity about transfer procedure)? If a referral letter was given to go to another clinic/hospital for further

treatment, find out if there was transparency in the procedure used and the level of satisfaction with it. Refer to Q10.60.

Question 14.51: Were you seen by a Community Health Worker (CHW) during these past 3 months?

If NO go to next section.

Question 14.52: How satisfied were you with items A,B,C, D and E.

Refer to Q10.65 and Q14.46.

Question 14.53: Would you recommend Community Health Works to others?

Find out if the respondent would encourage other people to visit the Community Health Workers for care or treatment. If YES skip to next Section.

Question 14.54: Why wouldn't you recommend them? Find out why the respondent would not encourage other people to take children to the community health worker for care and treatment. Is it because of poor quality of care, not helpful, treatment too expensive or difficult to access CHWs? Possible options have been provided. Refer to Q10.67.

INTERVIEWER'S OBSERVATIONS

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the household you have just interviewed, about specific questions on the questionnaire, or about any other aspect of the interview. If anything about the interview was unusual or should be brought to the attention of the master trainer or supervisor note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attendended school in a different country, one with aq different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the data processing team in interpreting the information in the questionnaire.

END INTERVIEW AND THANK THE RESPONDENT (S) FOR TIME AND EFFORT.