STRICTLY CONFIDENTIAL

Questionnaire Number

Malawi Government
National Statistical Office

SIXTH INTEGRATED HOUSEHOLD SURVEY 2024/2025 AND THE INTEGRATED HOUSEHOLD PANEL SURVEY 2024

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.
THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

CODE NAME

A01. DISTRICT: .....

A02. TA, STA, or TOWN: .....

A03. ENUMERATION AREA:

A03B. URBAN/RURAL: .....

A04. PLACE / VILLAGE NAME: .....

A05. PANEL OR CROSS-SECTIONAL:
CROSS-SECTION.....1
PANEL REFRESH.....2>>A09
PANEL RETAINED.....3>>A09

A06. HOUSEHOLD ID (FROM LIST):

A07. NAME OF HOUSEHOLD HEAD: .....

A08. DWELLING STRUCTURE NO. (FROM LIST): CODE **(THEN>>A15)**

A09: IHPS Y4-HHID FROM TRACKING FORM: -

A10. NAME OF HOUSEHOLD HEAD FROM IHPS: .....

A11. LOCATION OF HOUSEHOLD:
SAME DWELLING UNIT.....1 ► A13
DIFFERENT DWELLING UNIT WITHIN SAME VILLAGE/URBAN LOCATION.....2
DIFFERENT VILLAGE/URBAN LOCATION, WITHIN SAME DISTRICT.....3

A12. IHPS 2019 ROSTER ID & NAME OF TRACKING TARGET: .....

A13. CURRENT NAME OF HOUSEHOLD HEAD: .....

A14. LOWEST IHPS 2019 ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1: REFER TO COMPLETED T0 AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

VISIT 1

A15. DESCRIPTION OF LOCATION OF HOUSEHOLD:

.....

.....

.....

.....

.....

A16. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)									
			O			.			

LONGITUDE (E)									
			O			.			

A17. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1
Mostly Clear / Mostly Sunny.....2
Partly Cloudy / Partly Sunny.....3
Mostly Cloudy / Considerable Cloudiness..4
Completely Cloudy 5
Rainy.....6

A18. PHONE NUMBER FOR HOUSEHOLD HEAD:

A. NAME: _____ B. PHONE: _____

VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)

A31. IS THIS HOUSEHOLD IN THE SAME DWELLING AS IN VISIT 1? YES…1 ►A33 NO ….2 [ ]

A32. DESCRIPTION OF NEW LOCATION OF HOUSEHOLD:

.....

.....

.....

.....

A33. WHAT ARE THE GPS COORDINATES OF THE DWELLING? (RETAKE - DO NOT COPY)

LATITUDE (S)									
			O			.			

LONGITUDE (E)									
			O			.			

A34. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1
Mostly Clear / Mostly Sunny.....2
Partly Cloudy / Partly Sunny.....3
Mostly Cloudy / Considerable Cloudiness..4
Completely Cloudy 5
Rainy.....6

A35. PHONE NUMBER FOR HOUSEHOLD HEAD: (RETAKE - DO NOT COPY)

A. NAME: _____ B. PHONE: _____

A19. CONTACT INFORMATION - **REFERENCE PERSON 1:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A20. CONTACT INFORMATION - **REFERENCE PERSON 2:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A21: CONTACT INFORMATION - **REFERENCE PERSON 3:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

MODULE A-2: SURVEY STAFF DETAILS

VISIT 1

A22. ENUMERATOR CODE: | | | |

A23. ENUMERATOR NAME: _____

A24.

	DATE	START		END		MODULES
Attempt 1						
Attempt 2						
Attempt 3						
		HH	MM	HH	MM	

ENUMERATOR>> NEXT PAGE

A25. SUPERVISOR CODE: | | | |

A26. SUPERVISOR NAME: _____

A27. DATE OF INSPECTION: | | | | (DD MM YYYY)

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN `X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. ☐

VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)

A36. ENUMERATOR CODE: | | | |

A37. ENUMERATOR NAME: _____

A38.

	DATE	START		END		MODULES
Attempt 1						
Attempt 2						
Attempt 3						
		HH	MM	HH	MM	

ENUMERATOR>> NEXT PAGE

A39. SUPERVISOR CODE: | | | |

A40. SUPERVISOR NAME: _____

A41. DATE OF INSPECTION: | | | | (DD MM YYYY)

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN `X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. ☐

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

Every few years the National Statistical Office in Zomba selects at random several hundred households in each district of the country to ask them questions about how they are living. It is within the legal mandate of the NSO to collect this information and the responses which are provided by the households to these questions are intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

CROSS-SECTION AND PANEL (NEW SAMPLE):
Your household was selected as one of those to which the IHS questions will be asked this time. You were not selected for any specific reason. Simply your name was on a list of all of the households in this area, and your name was chosen randomly.

PANEL (RETAINED SAMPLE):
You were one of the households interviewed as part of the Third Integrated Household Survey (IHS3) in 2009/2010 administered by the National Statistical Office in Zomba and selected for a follow-up interview in 2013, 2016 and again in 2019 as part of the Integrated Household Panel Survey (IHPS). The four surveys asked questions about how you were living and the responses provided were intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

IHPS HOUSEHOLDS (RETAINED SAMPLE):
Now in 2024, we are returning to see how things are progressing in terms of living standards.

SPLIT-OFF HOUSEHOLDS:
At the time of IHPS 2019, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

ALL:
I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household, as well as weigh and measure the height of any children under age 5 years who live in your household. These questions will take several hours to complete. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by the NSO or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your

TABLE OF CONTENTS

MODULE B: HOUSEHOLD ROSTER

ENUMERATOR: RECORD START DATE & TIME FOR MODULE B: DAYS | MONTHS | HOURS | MINUTES

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate family who normally live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD (B02 to B04). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN B02 to B04.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.
FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.
FILL IN B02 to B04.

DO NOT LIST SERVANTS WHO HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.

B01 CODE ID	B02 NAME MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.) FILL IN B02 TO B04 BEFORE COMPLETING QUESTIONS B04_1 AND FOLLOWING.	B03 SEX MALE....1 FEMALE..2	B04 RELATIONSHIP TO HEAD: HEAD. . . . . .1 WIFE/HUSBAND. . . . . .2 CHILD/ADOPTED CHILD . .3 GRANDCHILD. . . . . .4 NIECE/NEPHEW. . . . . .5 FATHER/MOTHER. . . . . .6 SISTER/BROTHER. . . . . .7 SON/DAUGHTER-IN-LAW . .8 BROTHER/SISTER-IN-LAW .9 GRANDFATHER/MOTHER. . 10 FATHER/MOTHER-IN-LAW. 11 OTHER RELATIVE. . . . 12 SERVANT OR SERVANT'S RELATIVE . . . . . 13 LODGER/LODGER'S RELATIVE . . . . . 14 OTHER NON-RELATIVE. . 15 OTHER (SPECIFY) . . . 16	B05 How old is [NAME]? IF 5 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 5 YEARS IN AGE, GIVE YEARS AND MONTHS. YEARS	MONTHS	B05_1 **ENUMERATOR:** IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? YES..1>>B06 NO...2	B05_2 Does [NAME] have a birth certificate and/or immunization card? YES..1 NO...2	B06 When was [NAME] born? MONTH	YEAR (4-DIGIT)	B06_1 **IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHPS ROSTER ID NUMBER FROM TRACKING FORM** **ELSE, ENTER 99** **IHPS 2019 ROSTER ID**
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2											
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01 CODE ID	B06_4 Does [NAME] have a working cell phone (10 YEARS AND ABOVE) YES..1 NO...2**>>B06_6**	B06_4b What type of phone is this? SMART PHONE….…1 FEATURE PHONE…2 BASIC PHONE…3 OTHER……4	B06_5 PHONE NUMBER:	B06_6 Does [NAME] use any social media networks/ applications (such as Facebook, telegram, YouTube, twitter etc.) on his cell phone?	B06_7 Does [NAME] have access to the internet?	B06_8 If [NAME] wanted to use the internet, how would they access it? PERSONAL DEVICE.....1 OTHER HOUSEHOLD DEVICE.....2 RELATIVE/FRIEND/NEIGHBOR.....3 WORKPLACE.....4 CYBERCAFE.....5 NONE.....6	B07 For how many months during the past 12 months (since MONTH/ YEAR) has [NAME] been **away** from this household? **CUMULATED** **MONTHS**	B07_1 'Why was [NAME] away from the household? PARENTS MOVED. .1 TO LIVE WITH RELATIVES . . .2 SCHOOLING. . . .3 MARRIAGE . . . .4 FAMILY QUARREL .5 DIVORCE. . . . .6 RETURN FROM WORK ELSEWHERE.7 JOB TRANSFER . .8 LOOK FOR WORK. .9 START NEW JOB OR BUSINESS . 10 LOOKING FOR LAND TO FARM. 11 TO RECOVER FROM ILLNESS. 12 ENVIRONMENTAL/NATURAL DISASTER (E.G. FLOOD, DROUGHT, HURRICANE, EARTHQUAKE)..16 DISEASE, COVID-19)..18 OTHER (SPEC.). 13 **ASK ONLY IF B07>3**	B08 How many days did [NAME] eat in this household in the past 7 days? **NUMBER OF** **DAYS**	B09 Where was [NAME] born? THIS VILLAGE.....1**>>B11** OTHER VILLAGE IN THIS DISTRICT.....2**>>B11** VILLAGE IN OTHER DISTRICT.....3 THIS TOWN OR URBAN CENTRE.....4**>>B11** OTHER TOWN OR URBAN CENTER IN THIS DISTRICT.....5**>>B11** TOWN OR URBAN CENTRE IN OTHER DISTRICT.....6 OUTSIDE MALAWI....7	B10 In which district/country was [NAME] born? IF BORN IN ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF BORN ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES.	
												DISTRICT/COUNTRY	
												NAME	**CODE**
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01 CODE ID	B10_1 What is [NAME]'s country of citizenship? (**THEN >> B12**)		B11 Has [NAME] always lived in this village or urban location?	B12 How long is it since [NAME] came to stay here, in this village or urban location?	B13 What was the main reason that [NAME] moved here?	B14 Where did [NAME] move from?	B15 From which district/country did [NAME] move from? IF MOVED FROM ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF MOVED FROM ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES.		B16 Where is [NAME]'s father?	B17 What was [NAME]'s age when his/her father died?	B18 What was the highest educational qualification acquired by [NAME]'s father?	B19 Where is [NAME]'s mother?	B20 What was [NAME]'s age when his/her mother died?	B21 What was the highest educational qualification acquired by [NAME]'s mother?
	COUNTRY		YES..1 **>>B16** NO...2		PARENTS MOVED. .1 TO LIVE WITH RELATIVES . . .2 SCHOOLING. . . . .3 MARRIAGE . . . . .4 FAMILY QUARREL .5 DIVORCE. . . . . .6 RETURN FROM WORK ELSEWHERE.7 JOB TRANSFER . .8 LOOK FOR WORK. .9 START NEW JOB OR BUSINESS . 10 LOOKING FOR LAND TO FARM. 11 TO RECOVER FROM ILLNESS. 12 ENVIRONMENTAL/NATURAL DISASTER (E.G. FLOOD, DROUGHT, HURRICANE, EARTHQUAKE)..16 DISEASE, COVID-19)..18 OTHER (SPEC.). 13	OTHER VILLAGE IN THIS DISTRICT...2**>>B16** VILLAGE IN OTHER DISTRICT.....3 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT ..5**>>B16** TOWN OR URBAN CENTRE IN OTHER DISTRICT.....6 OUTSIDE MALAWI..7	DISTRICT/COUNTRY		IF MEMBER OF HH, COPY ID AND **>>B19** LIVING OUTSIDE OF HH...97**>>B18** DEAD.98 DOES NOT KNOW.99**>>B18**		NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE/GCSE 4 A-LEVEL...5 DIPLOMA...6 DEGREE... 7 MASTERS...8 PhD..... 9 DON'T KNOW.....10	IF MEMBER OF HH, COPY ID AND **>>B22** LIVING OUTSIDE OF HH...97**>>B21** DEAD.98 DOES NOT KNOW.99>>B21		NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE/GCSE 4 A-LEVEL...5 DIPLOMA...6 DEGREE... 7 MASTERS...8 PhD..... 9 DON'T KNOW.....10
	NAME	CODE		YEARS		LOOKING FOR LAND TO FARM... 1 IN SEARCH OF EMPLOYMENT.....2 IN SEARCH FOR WATER.....3 OTHER SPECIFY 4	NAME	CODE		YEARS			YEARS	
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01 CODE ID	B22	B22_4	B23	B24	B24_1	B24_2	B25	B26						B27	B28
	ASK OF ONLY HH HEAD: What is the main language you speak at home? CHEWA.. 1 NYANJA . 2 YAO. . . 3 TUMBUKA. 4 LOMWE. . 5 NKHONDE. 6 NGONI. . 7 SENA . . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11 SENGA. 12 SUKWA/NDALI . . . . . 13 ENGLISH.14 OTHER . 15	**ENUMERATOR:** IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? YES..1 NO...2**>>NEXT ROW**	What religion, if any, does [NAME] practice? NONE.....1 TRADITIONAL....2 CHRISTIANITY...3 ISLAM.....4 OTHER RELIGION (SPECIFY).....5	What is [NAME]'s present marital status? MONOGAMOUS MARRIED OR NON-FORMAL UNION.....1 POLYGAMOUS MARRIED OR NON-FORMAL UNION.....2 SEPARATED.3**>>NEXT ROW** DIVORCED..4**>>NEXT ROW** WIDOW OR WIDOWER...5**>>NEXT ROW** NEVER MARRIED...6**>>NEXT ROW**	Under what type of marriage custom (tradition) did [NAME] marry or form a consensual union with his/her spouse? PATRILINEAL..1 MATRILINEAL..2 OTHER (SPECIFY)....3	Upon marriage does [NAME] stay in his or her own village or move to his or her spouse's village? STAY IN OWN VILLAGE AS SPOUSE IS FROM THE SAME VILLAGE.....1 STAY IN OWN VILLAGE EVEN IF SPOUSE IS FROM A DIFFERENT VILLAGE..2 MOVE TO DIFFERENT VILLAGE.....3	Does [NAME]'s spouse live in this household now? YES..1 NO...2**>>B27**	COPY THE ID CODE OF THE WIFE/ HUSBAND. In what year did [NAME] marry or form a consensual union? IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.						Does [NAME] have a spouse living outside of this household now? YES..1 NO...2**>>NEXT ROW**	How many spouses does [NAME] have who are residing elsewhere?
								SPOUSE #1		**SPOUSE #2**		**SPOUSE #3**			
								ID	**YEAR**	**ID**	**YEAR**	**ID**	**YEAR**		**NUMBER**
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ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR **VISIT 1** MODULE B:

ID

ENUMERATOR: RECORD **VISIT 1** END TIME FOR MODULE B:

HOURS MINUTES

MODULE C: EDUCATION

RESPONDENT: ASK OF ALL PERSONS AGED 3 YEARS AND OLDER.

C01 CODE ID	C03 IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF-REPORTED..1>>C05 ANOTHER HH MEMBER....2	C04 WHO IS REPORTING THE INFORM-ATION FOR THE INDI-VIDUAL? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE	C05 Can [NAME] read and write in any language? YES..1 NO...2	C06 Have you ever attended school, including adult informal education? YES..1>>C08 NO...2	C07 What was the reason you never attended school? LIST UP TO 2 REASONS. STILL TOO YOUNG TO ATTEND SCHOOL. . . . . .1 NO MONEY FOR FEES, UNIFORM .2 POOR QUALITY OF SCHOOLS. . .3 ILLNESS OR DISABILITY. . . .4 NOT INTERESTED, LAZY . . . .5 PARENTS DID NOT LET ME . . .6 HAD TO WORK OR HELP AT HOME.7 SCHOOL TOO FAR FROM HOME . .8 SCHOOL CONFLICT WITH BELIEFS . . . . . .9 OTHER (SPECIFY). . . . . 10 1st reason / 2nd reason	C08 What class are you in or what was the highest class level you ever attended? NURSERY/ PRE-SCHOOL (ECD)-0 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 FORM 5 - 13 FORM 6 - 14 UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23 ADULT INFORMAL EDUCATION - 24	C08_1 Do you have any technical /Artisan/hands-on skills YES..1 NO...2>>C09	C08_2 What type of Skills do you have? A SKILLED AGRICULTURAL WORKER.....1 A SKILLED FORESTRY, FISHERY AND HUNTING WORKER..2 A SUBSISTENCE FARMER, FISHER, HUNTER.....3 AGRICULTURAL, FORESTRY AND FISHERY LABOURER.....4 AN ELECTRICAL AND ELECTRONIC TRADES WORKER.....5 BUILDING AND RELATED TRADES(BRICKLAYING) WORKER.6 A METAL, MACHINERY AND RELATED TRADES WORKER....7 A HANDICRAFT AND PRINTING WORKER.....8 PLUMBER.....9 PAINTER.....10 TILE FIXER.....11 AUTOMOBILE MECHANICS.....12 A LABOURER IN MINING, CONSTRUCTION, MANUFACTURING AND TRANSPORT.....13 PLANT AND MACHINE OPERATOR AND ASSEMBLER.....14 HAIRDRESSING AND SALON.....15 CARPENTRY AND JOINERY WORKER.....16 FABRICATION AND WELDING WORKER.....17 FOOD PRODUCTION WORKER.....18 MOTORCYCLE MECHANIC.....19 REFRIGERATION AND AIR CONDITIONING MECHANICS...20 SOLAR PHOTOVOLTAIC INSTALLATION.....21 TAILORING AND FASHION DESIGNING.....22 OTHER SPECIFY.....96	C08_2_1 Where did you learn this skill? TECHNICAL COLLEGE/INSTITUTION..1 WORK PLACE/EMPLOYER..2 RELATION/FRIEND.....3 SELF LEARNING.....4 OTHER.....5
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MODULE C: EDUCATION (CONTINUED)

C01 CODE ID	C08_3a Has your skill been certified? YES..1 NO...2**>>C09**	C08_3b What is your grade TRADE TEST GRADE 3...1 TRADE TEST GRADE 2...2 TRADE TEST GRADE 1...3 CITY AND GUILDS.....4 CITY AND GUILDS DIPLOMA..5 CITY AND GUILDS ADVANCED DIPLOMA.....6 ADVANCED CRAFT CERTIFICATE.....7 MALAWI TEVET LEVEL 1...8 MALAWI TEVET LEVEL 2...9 MALAWI TEVET LEVEL 3...10 OTHER….....13	C09 What is the <u>highest educational qualification</u> you have acquired? NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE/GCSE 4 A-LEVEL...5 DIPLOMA...6 DEGREE... 7 MASTERS...8 PhD..... 9	C10 How old were you when you started school? YEARS	C11 Did you attend school in the last <u>completed</u> academic year? YES..1 NO...2**>>C13**	C12 What class were you in during the last completed academic year? NURSERY/ PRE-SCHOOL (ECD)-0 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 FORM 5 - 13 FORM 6 - 14 UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23	C13 Are you currently attending school or, if school is not now in session, did you attend school in the session just completed and plan to attend next session? YES..1**>>C16** NO...2	C14 Why did you not continue your education? ACQUIRED ALL EDUCATION WANTED . 1 NO MONEY FOR FEES OR UNIFORM. . 2 TOO OLD TO CONTINUE . . 3 MARRIED / BECAME PREGNANT . . . 4 ILLNESS OR DISABILITY . . . . . 5 FOUND WORK. . . . . 6 NOT INTERESTED, LAZY. . . . . 7 PARENTS TOLD ME TO STOP . . . . 8 HAD TO WORK OR HELP AT HOME . . 9 POOR/CROWDED SCHOOL FACILITIES.10 POOR QUALITY INSTRUCTION. . . .11 TEACHERS OFTEN ABSENT . . . . .12 SCHOOL TOO DANGEROUS FOR GIRLS.13 SCHOOL TOO FAR FROM HOME. . . .14 SCHOOL CONFLICT W/ BELIEFS. . .15 FAILED PROMOTION EXAM . . . . .16 DISMISSED / EXPELLED. . . . . .17 OTHER (SPECIFY) 18	C15 In which calendar year did you <u>last attend school?</u> RECORD CALENDAR YEAR IF WITHIN PAST 12 MONTHS**>>C22** OTHERWISE**>>NEXT MODULE**	C16 What type of school do you attend? NURSERY SCHOOL. . . . .10 <u>PRIMARY</u> LEA/GOVERNMENT. . . . .11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL. . . . .14 OTHER PRIMARY . . . . .15 <u>SECONDARY</u> GOVERNMENT (CONVENTIONAL). . . . 21 COMMUNITY DAY (CDSS) . 22 CHURCH/MISSION SCHOOL .23 PRIVATE NON-RELIGIOUS .34 ISLAMIC SCHOOL. . . . .24 NIGHT SCHOOL. . . . . .25 OTHER SECONDARY . . . .26 <u>TERTIARY</u> TERTIARY UNIVERSITY. ..31 TERTIARY TRAINING COLLEGE. ..32 OTHER TERTIARY. 33
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MODULE C: EDUCATION (CONTINUED)

C01 CODE ID	C17 Are you a day scholar or a boarder at the school? DAY SCHOLAR..1 BOARDER..2**>>C20**	C18 How do you get to school each day? FOOT.....1 BICYCLE...2 BUS/MINI-BUS.....3 PRIVATE VEHICLE..4 OTHER (SPECIFY).5	C19 How long does it usually take you to get to school by this means of transport? TIME AMOUNT	C19 UNIT MINUTE. 1 HOUR. . 2	C20 At any time in the past 12 months, did you ever temporarily withdraw from school, so that you missed more than two consecutive weeks of instruction? YES..1 NO...2**>>C22**	C21 What was the main reason you temporarily withdrew from school? NO MONEY FOR NECESSARY EXPENSES....1 OWN-ILLNESS.2 HELP NEEDED AT HOME.....3 SUSPENSION..4 TEACHERS ON STRIKE.....5 TEACHERS ABSENT.....6 FUNERAL.....7 NOTINTERESTED IN SCHOOL ...8 OTHER (SPECIFY)...9
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MODULE C: EDUCATION (CONTINUED)

C01 CODE ID	C22 How much was spent on your education in the last 12 months by the household, family, and friends for: IF NOTHING WAS SPENT, RECORD ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, RECORD "999999" IN THE RELEVANT COLUMNS, AND THE TOTAL AMOUNT IN THE LAST COLUMN.													C23 Who pays for the major part of the expenses recorded in C22a-C22k? LIST UP TO 3 PEOPLE FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 CODES FROM NETWORK ROSTER					C24 Have you used a computer?	C25 Would you feel comfortable using a computer again?
	A	B	C	D	E	F	G	H	I	J	M	K	L							
	Tuition, including extra tuition fees MK	Expenditures on after school programs & tutoring MK	School books & stationery MK	School uniform clothing MK	Boarding Fees MK	Contribution for school project fund MK	Transport MK	Parent/ Teacher Association & other related fees MK	Examination fees MK	Pocket money and shopping MK	Annual registration fee MK	Other (Specify) MK	TOTAL MK	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER ID CODE #3	NW ROSTER CODE #1	NW ROSTER CODE #2	YES..1 NO...2 >>NEXT ROW	YES..1 NO...2
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MODULE D: HEALTH

RESPONDENT: ASK OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.

D01	D02	D03	D03_1	D03_2			D04	D05		D06		D07		D08	D09
I D C O D E	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF-REPORTED..1 **>>D04** ANOTHER HH MEMBER....2	WHO IS REPORTING THE INFORM-ATION FOR THE INDI-VIDUAL? LIST FROM HOUSEHOLD ROSTER COPY ID FROM HH ROSTER ID CODE	During the past 4 weeks, has [NAME] consulted a health practitioner, dentist, traditional healer, or pharmacist, or visited a health center? YES...1 NO....2 ►Q4	For what reason(s) did [NAME] seek consultation? LIST UP TO THREE REASONS ILLNESS.....1 ►Q6 INJURY.....2 ►Q6 GENERAL CHECKUP (NOT FOR PREGNANCY)..3 PRE/POSTNATAL CHECKUP.....4 GIVING BIRTH..5 REASON 1	REASON 2	REASON 3	During the past 4 weeks have you suffered from an illness or injury? YES..1 NO...2 **>>D10**	What was the illness or injury? FEVER, MALARIA . 1 DIARRHEA . . . . 2 STOMACH ACHE . . 3 VOMITING . . . . 4 SORE THROAT. . . 5 UPPER RESPIRATORY (SINUSES) . . . 6 LOWER RESPIRATORY (CHEST, LUNGS). 7 FLU. . . . . 8 ASTHMA . . . . . 9 HEADACHE . . . .10 FAINTING . . . .11 SKIN PROBLEM . .12 DENTAL PROBLEM .13 EYE PROBLEM. . .14 EAR/NOSE/THROAT.15 BACKACHE . . . .16 HEART PROBLEM. .17 BLOOD PRESSURE .18 PAIN WHEN PASSING URINE . . .19 DIABETES . . . .20 MENTAL DISORDER.21 TB . . . . . .22 SEXUALLY TRANSMITTED DISEASE . . . .23 BURN . . . . . .24 FRACTURE . . . .25 WOUND . . . . . 26 POISONING . . . 27 PREGNANCY . . . 28 UNSPECIFIED LONG-TERM ILLNESS . . . .29 COUGH.....30 BODY AND JOINT PAINS.....31 OTHER (SPECIFY).32		Who diagnosed the illness? MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . . . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY. . . . . 2 HEALTH SURVEILLANCE ASSISTANT . . . . .3 TRADITIONAL HEALER 4 NON-HH MEMBER (NOT MEDICAL). . 5 SELF . . . . . 6 OTHER HH MEMBER. . 7 OTHER (SPECIFY). . 8		What action did you take to find relief for your illness? DID NOTHING, NOT SERIOUS . 1 DID NOTHING, NO MONEY. . . 2 USED MEDICINE HAD IN STOCK 3 PERSONALLY KNOWN REMEDIES. 4 SOUGHT TREATMENT AT GOVT. HEALTH FACILITY . . . . . 5 SOUGHT TREATMENT AT CHURCH/MISSION FACILITY . 6 SOUGHT TREATMENT AT PRIVATE HEALTH FACILITY . 7 SOUGHT TREATMENT AT VILLAGE HEALTH CLINIC/WITH HEALTH SURVEILLANCE ASSISTANT . . 8 WENT TO LOCAL PHARMACY . . 9 WENT TO LOCAL GROCERY FOR MEDICINE. . . . . .10 SOUGHT TREATMENT WITH TRADITIONAL HEALER. . . .11 SOUGHT TREATMENT WITH FAITH HEALER. . . . . .12 OTHER (SPECIFY). 13		During the past 4 weeks, for how many days did you have to stop your normal activities because of this (these) illness(es)? IF NONE, RECORD ZERO AND **>> D10**.	During the past 4 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for you? IF NONE, RECORD ZERO.
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MODULE D: HEALTH (CONTINUED)

D01 I D C O D E	D10 How much in total did you spend in the past 4 weeks for all illnesses and injuries, including for medicine, tests, consultation, & in-patient fees, if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D11 How much in total did you spend in the past 4 weeks for medical care not related to an illness preventative health care, pre-natal visits, check-ups, etc., if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D12 How much in total did you spend in the past 4 weeks for non-prescription medicines and other medical products - Panadol, LA, cough syrup, condom etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D12_1 How much in total did you spend during the last 12 months for medical insurance?	D13 During the last 12 months, were you hospitalized or had an overnight stay(s) in a medical facility? YES..1 NO...2>>**D18**	D14 What was the total cost of your hospital-ization(s) or overnight stay(s) in a medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D15 How much in total did you spend to travel to the medical facility for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D16 How much did you spend on food during overnight stay(s) at the medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	D17 Did you or other members of your household have to borrow money or sell assets in order to pay for these costs during the last 12 months? YES..1 NO...2	D23 **ENUMERATOR**: IS THE INDIVIDUAL LESS THAN 3 YEARS OF AGE? YES....1>>**D33** NO.....2	D24 Do you have difficulty seeing even if you wear glasses? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.4	D25 Do you have difficulty hearing even if you wear hearing aid? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.4
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MODULE D: HEALTH (CONTINUED)

D01	D26	D27	D28	D29	D30	D31	D32	D33	D34	
ID CODE	Do you have difficulty walking or climbing steps? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM	Do you have difficulty remembering or concentrating? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.4	Do you have difficulty with safe care such as washing all over or dressing, feeding, toileting etc? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.4	Do you have difficulty speaking? NO DIFFICULTY...1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT PERFORM ACTIVITY AT ALL.4	ANY DIFFICULTY REPORTED IN QUESTIONS D24-D29? YES.....1 NO.....>>D33	Does this difficulty reduce the amount of work you can do at home, at work or at school? YES, ALL THE TIME.....1 YES, SOMETIMES.....2 NO.....3 NA (IF NOT WORKING OR NOT ATTENDING SCHOOL.....4	During the past 12 months, what measures were taken to improve your performance in activities? NONE.....1 SURGICAL OPERATION.....2 MEDICATION.....3 ASSISTIVE DEVICES (GLASSES, WHEEL CHAIR,BRACES, HEARING AID,LIMBS).....4 SPECIAL EDUCATION....5 SKILLS TRAINING (VOCATIONAL)....6 ACTIVITY OF DAILY LIVING (ADL) TRAINING..7 COUNSELING.....8 SPIRITUAL/ TRADITIONAL HEALER.....9 OTHER SPECIFY..10	Do you suffer from a chronic illness? YES...1 NO....2>>D37	What chronic illness do you suffer from? LIST UP TO 2. DEFINITION: CHRONIC ILLNESS IS CONTINUOUSLY ILL FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS CHRONIC MALARIA/FEVER 1 TUBERCULOSIS . . . . .2 HIV/AIDS . . . . . .3 DIABETES . . . . . .4 ASTHMA . . . . . .5 BILHARZIA/ SCHISTOSOMIASIS . . .6 ARTHRITIS/ RHEUMATISM. . . . . .7 NERVE DISORDER . . . .8 STOMACH DISORDER. . . 9 SORES THAT DO NOT HEAL . . . . . .10 CANCER. . . . . .11 PNEUMONIA . . . . . .12 EPILEPSY . . . . . 13 MENTAL ILLNESS . . . 14	
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MODULE D: HEALTH (CONTINUED)

D01	D35		D36		D37	D38
I D C O D E	How long have you suffered from this illness (these illnesses)?		Who diagnosed the illness? MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . . . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY. . . . . 2 HSA . . . . . .3 TRADITIONAL HEALER 4 NON-HH MEMBER (NOT MEDICAL). . 5 SELF . . . . . 6 OTHER HH MEMBER. . 7 OTHER (SPECIFY). . 8		IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD? YES...1 NO....2**>>NEXT ROW**	What did you have for breakfast yesterday? TEA/DRINK WITH SUGAR.....1 MILK/MILK TEA WITH SUGAR.....2 SOLID FOOD ONLY..3 TEA/DRINK WITH SOLID FOOD..4 PORRIDGE WITH G/NUT FLOUR.5 PORRIDGE WITH SOLID FOOD..6 PORRIDGE WITH SUGAR.....7 PORRIDGE WITH MILK.....8 PORRIDGE WITHOUT SUGAR....9 NOTHING.....10 OTHER (SPECIFY).11 RICE PORRIDGE...13
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MODULE D: HEALTH (CONTINUED)

D01 I D C O D E	D44 IS THIS PERSON, [NAME], A CHILD LESS THAN 5 YEARS OF AGE? YES..1 NO...2>>D47	D45 Where was this child delivered? HOSPITAL/ MATERNITY CLINIC....1 AT HOME...2 OTHER (SPECIFY).3	D46 Who assisted in delivering this child? DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE. . .2 PATIENT ATTENDANT .3 TRADITIONAL BIRTH ATTENDANT . . . . .4 RELATIVE/FRIEND . .5 NO ONE . . . . . 6 OTHER (SPECIFY). . 7	D47 During the past 12 months did you or any other person in the family above 6 years receive any vaccinations to prevent any diseases such as cancer, hepatitis etc? YES..1 NO...2>>>NEXT ROW	D48 How much did you pay for this vaccination? **THEN>> NEXT MODULE** MK
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MODULE E: TIME USE & LABOUR

RESPONDENT: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.

IF DID NOT DO TASK, WRITE ZERO; IF LESS THAN 1/2 HOUR, WRITE '0.5'; OTHERWISE, ROUND TO NEAREST HOUR.

E01 CODE ID	E03 IS THE RESPONDENT REPORTING FOR HIM/HERSELF?	E04 WHO IS RESPONDING ON BEHALF OF [NAME]? LIST FROM HOUSEHOLD ROSTER	E05 How many hours did you spend yesterday collecting water?	E06 How many hours did you spend yesterday collecting firewood (or other fuel materials)?	E06a How many hours did you spend yesterday on other services for own use e.g shopping, caring household members (children, elderly persons, disabled persons), cooking?	E06_1a In the last 12 months, did you work on **household farming activities** even if only for one hour?	E06_1b In the last 12 months, did you work on **household livestock activities** even if only for one hour?	E06_1c In the last 12 months, did you work on **household fishing activities** even if only for one hour?	E06_2 In the last 12 months, did you run a non-farm business of any size for yourself or the household, even if only for one hour?	E06_3 In the last 12 months, did you help in any kind of non-farm business run by this household, even if only for one hour?	E06_4 In the last 12 months, did you work as an employee for a wage, salary, commission, or any payment in kind: including doing paid apprenticeship, domestic work or paid farm work, excluding *ganyu*, even if only for one hour?	E06_5 In the last 12 months, did you engage in an unpaid apprenticeship for anyone that is not a member of the household, even if only for one hour?	E06_6 In the last 12 months, did you engage in casual, part-time or *ganyu* labour, even if only for one hour?	E06_7 REVIEW QUESTIONS E06_1 TO E06_6. DID THIS PERSON ANSWER 'YES' TO AT LEAST ONE QUESTION?
	YES.1**>>E05** NO..2	HH ROSTER ID CODE	HOURS	HOURS	HOURS	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2	**YES...1** **NO....2**	YES...1 NO....2	YES.1 NO..2**>>E07**
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 CODE ID	E06_8 In what type of economic activity did you spend most of your time in the last 12 months: A PAID EMPLOYEE.....1 A SELF EMPLOYED (NON AGRIC): WITH EMPLOYEES.....2 WITHOUT EMPLOYEES.....3 ON YOUR OWN FARM OR MUNDA: FISHING.....4 CROP GROWING.....5 LIVESTOCK/ANIMALS.....6 MEMBER OF PRODUCER COOPERATIVE.....7 UNPAID FAMILY HELPER (NON AGRIC).....8 UNPAID FAMILY HELPER (AGRIC): FISHING.....9 CROP GROWING.....10 LIVESTOCK/ANIMALS.....11 WORKERS NOT CLASSIFIABLE BY STATUS (APPRENTICE,INTERN ETC).....12 GANYU.....13		E07a How many hours in the last seven days did you spend on household farming activities whether for sale or for household food?	E07_1a Thinking about the products obtained from your family farming, livestock or fishing activity, are they intended... READ RESPONSES: ONLY FOR SALE.....1 MAINLY FOR SALE....2 MAINLY KEPT FOR FAMILY USE .....3 ONLY FOR FAMILY USE 4	E07b How many hours in the last seven days did you spend on household livestock activities whether for sale or for household food?	E07c How many hours in the last seven days did you spend on household fishing activities whether for sale or for household food?	E08 How many hours in the last seven days did you run or do any kind of non-agricultural or non-fishing household business, big or small, for yourself?	E09 How many hours in the last seven days did you help in any of the household's non-agricultural or non-fishing household businesses, if any?	E10 How many hours in the last seven days did you engage in casual, part-time or *ganyu* labour?	E11 How many hours in the last seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding *ganyu*?	E12 How many hours in the last seven days did you engage in an unpaid apprenticeship for anyone that is not a member of the household?	E13 REVIEW QUESTIONS E07 TO E12. DID THIS PERSON, [NAME], WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS? YES.1 NO..2**>>E14**	E13_1 In what type of economic activity did you spend most of your time in the last 7 days: WAGE EMPLOYMENT EXCLUDING *GANYU*.....1 HOUSEHOLD BUSINESS (NON-AG).....2 UNPAID HOUSEHOLD LABOR (AGRIC).....3 UNPAID APPRENTICESHIP.....4 *GANYU*.....5 (THEN**>>E18**)	
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MODULE E: TIME USE & LABOUR (CONTINUED)

TEMPORARY ABSENCE | **JOB SEARCH**

E01 CODE ID	E14 Even though you did not work in the last 7 days, does [NAME] have a job, business or family farm? NOT *GANYU*. YES.1 NO..2**>>E17_1**	E15 Why did you not work during the last 7 days? WAITING TO START NEW JOB OR BUSINESS .....1 LOW OR OFF-SEASON .....2**>>E15_2** SHIFT WORK, FLEXI TIME, NATURE OF WORK .....3 VACATION, HOLIDAYS .....4 SICKNESS, ILLNESS, ACCIDENT .....5 MATERNITY, PATERNITY LEAVE .....6 EDUCATION LEAVE OR TRAINING .....7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES…).....8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS,	E15_1 Including the time that you have been absent, will you return to that same job, business or family farm in three months or less? YES.1 **>>E15_3** NO..2 **>>E17_1**	E15_2 During the low or off-season, do you continue to do some work for that job, business or family farm? YES.1 NO..2**>>E17_1**	E15_3 Was your work in family farming, livestock or fishing? YES.1 NO..2 **>>E18**	E15_4 Thinking about the products obtained from your family farming, livestock or fishing activity, are they inteded …. ? Only for sale.....1 **>>E18** Mainly for sale .....2 **>>E18** Mainly for family use .3 **>>E18** Only for family use ...4 **>>E18**	E17_1 During the last four weeks, did you do anything to find a paid job? YES.1 NO..2 YES.1 >>E17_3 NO..2	E17_2 Or did you try to start a business? YES.1 NO..2 >>E17_5
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01	E17_3		E17_4	E17_5	E17_6	E17_7
CODE ID	What did you mainly do in the last four weeks to find a paid job or start a business? APPLY TO PROSPECTIVE EMPLOYERS FOR A PAID JOB OR INTERNSHIP.....1 PLACE OR ANSWER JOB ADVERTISETMENTS .....2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES .....3 REGISTER WITH PUBLIC EMPLOYMENT SERVICE.....4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY .....5 TAKE PUBLIC SERVICE EXAM OR INTERVIEW.....6 TAKE PRIVATE COMPANY'S EXAM OR INTERVIEW .....7 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS .....8 CHECK AT FACTORIES, WORK SITES .....9 WAIT ON THE STREET TO BE RECRUITED .....10 SEEK FINANCIAL HELP TO START A BUSINESS .....11 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS .....12 DEVELOPED A BUSINESS PLAN .....13 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS .....14 OTHER (SPECIFY) 15		For how long have you been without work and trying to find a job or start a business? **>> E17_7** LESS THAN 1 MONTH .....1 ONE MONTH TO < 3 MONTHS .....2 THREE MONTHS TO < 6 MONTHS ..3 SIX MONTHS TO < 12 MONTHS ...4 ONE YEAR TO < 2 YEARS .....5 TWO YEARS OR MORE 6	At present do you want to work? YES.1 NO..2 >>E17_10	What is the main reason you did not try to find a paid job or start a business in the last 4 weeks? WAITING FOR RESULTS OF A PREVIOUS SEARCH .....1 AWAITING RECALL FROM A PREVIOUS JOB .....2 WAITING FOR THE SEASON TO START .....3 WAITING TO START NEW JOB OR BUSINESS .....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA ...5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE 6	If a job or business opportunity had been available, could you have started working last week? YES.1 **>>NEXT ROW** NO..2
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 CODE ID	E17_8 Or could you start working within the next 2 weeks? YES.1 **>>NEXT ROW** NO..2	E17_9 Why are you not available to start working? AWAITING RECALL FROM A PREVIOUS JOB .1 WAITING FOR THE SEASON TO START.....2 IN STUDIES, TRAINING.....3 FAMILY / HOUSEHOLD RESPONSIBILITIES .4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE .....5 RETIRED, PENSIONER .....6 OWN DISABILITY, INJURY, ILLNESS .....7 **>>NEXT ROW**	E17_10 Which of the following best describes what you are mainly doing at present? PLEASE READ ALL OPTIONS Studying or training .....1 Engaged in household or family responsibilities .....2 Family farming, livestock or fishing for family use.....3 Retired or pensioner .....4 With a long term illness, injury or disability .....5 Doing volunteering, community or charity work .....6 Engaged in cultural or leisure activities .....7 **>>NEXT ROW**
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MODULE E: TIME USE & LABOUR (CONTINUED)

MAIN WAGE JOB OVER THE LAST 12 MONTHS

E01 CODE ID	E18 **ENUMERATOR:** CHECK QUESTION E06_4. DID THE RESPONDENT REPORT YES TO THIS QUESTION? YES.1 NO..2>>**E46**	E19 Describe your main wage job over the last 12 months. THE MAIN WAGE JOB IS THE ONE WHERE YOU USUALLY WORK THE HIGHEST NUMBER OF HOURS EVEN IF YOU WERE TEMPORARILY ABSENT LAST WEEK. WRITTEN DESCRIPTION	**(Supervisor to put in occupation code after interview)** OCCUP. CODE	E20 Describe what kind of trade or business your main wage job over the last 12 months is connected with. WRITTEN DESCRIPTION	**(Supervisor to put in industry code after interview)** IND. CODE	E21 Is your employer for your main wage job over the last 12 months… READ RESPONSES Private Company.....1 Private Individual.....2 Government.....3>>**E21_1** State-Owned Enterprise (Parastatal).....4>>**E21_1** MASAF/Public Works Program.....5>>**E21_1** Church/Religious Organization.....6 Political Party.....7>>**E21_1** Other (Specify).....8	E21a Is the business [NAME] works for incorporated, for example as a limited company or partnership? YES.1 >>**E21_1** NO..2	E21b Is the business [NAME] works for registered in the National Business Register? YES.1 NO..2	E21c What kind of accounts or records does this business keep? READ RESPONSES Complete written accounts, for tax purposes.....1 Simplified written accounts, not for tax purposes.....2 Informal written records of orders, sales and purchaes.....3 No Records Kept.....4 Don't know.....98	E21_1 Including you, how many persons work at your place of work? 1.....1 2-4 ...2 5-9....3 10-19..4 20-49..5 50+....6
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01	E21_2	E21_3									E21_4					E22	E23	E24	E24_1
CODE ID	What is the status of your contract/ agreement in your main wage job?	Does your main wage job offer the following benefits? READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"									Have you experienced any of the following difficulties in [NAME]'s main job? READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"					In how many months over the last 12 months, did you work at this wage job?	During these months, approximately how many weeks per month did you work at this wage job?	During these weeks, approximately how many hours per week did you work at this wage job?	During the last 7 days, approximately how many hours did you work at this wage job?
	PERMANENT/ PENSIONABLE JOB ....1 CONTRACT OF LESS THAN 1 YEAR ..2 CONTRACT OF 1-5 YEARS .....3 CONTRACT OF MORE THAN 5 YEARS..4 WITHOUT ANY CONTRACT .....5 OTHER (SPECIFY) 6	Paid annual leave	Paid maternity of parental leave	Paid medical/sick leave	Health insurance benefits	Old-age pension	Disability pension	Paid/subsidized meals at work	Transport subsidy	Other benefits	Difficulty getting a promotion	Difficulty getting a raise in salary	Being harassed at work	Difficulty traveling to/from work	Being assisgned tasks below level of education	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 CODE ID	E25 How much was your last payment for wages/salary?	E26 What period of time do each of your salary payments cover?		E26_1 Who in the household controls/ decides on the use of your salary payment? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		E27 How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. **IF NOTHING, RECORD ZERO, >> E29.**	E28 Over what period of time are you reporting your allowances and gratuity payments?		E28_1 Who in the household controls/ decides on the use of your allowances or gratuities? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		E29 Is this wage job considered an apprenticeship?	E30 Have you made any payments to your employer for your apprenticeship?	E31 How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.
		NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**		NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	YES.1 NO..2**>>E32**	YES.1 NO..2**>>E32**	
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MODULE E: TIME USE & LABOUR (CONTINUED)

SECONDARY WAGE JOB OVER THE LAST 12 MONTHS

E01	E32	E33		E34		E35	E35_1
CODE ID	At any time over the last 12 months, were you employed for a second wage job , including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a member of your household? YES.1 NO..2**>>E46**	Describe your secondary wage job over the last 12 months.	**(Supervisor to put in occupation code after interview)**	Describe what kind of trade or business your secondary wage job over the last 12 months is connected with.	**(Supervisor to put in industry code after interview)**	Is your employer for your secondary wage job over the last 12 months… READ RESPONSES Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	What type of position is your secondary wage job? READ RESPONSES Permanent.....1 Fixed-term with duration ≥1 .....2 Government.....3 Temporary/Seasonal/ Freelance.....4
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE		
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 CODE ID	E35_2 Does this wage job have a contract? YES.1 NO..2	E35_3 Are you enrolled in a pension scheme for this wage job? YES.1 NO..2	E35_4 Are you enrolled in a health insurance scheme with this wage job? YES.1 NO..2	E36 In how many months over the last 12 months, did you work at this wage job? NUMBER OF MONTHS	E37 During these months, approximately how many weeks per month did you work at this wage job? NUMBER OF WEEKS / MONTH	E38 During these weeks, approximately how many hours per week did you work at this wage job? NUMBER OF HOURS / WEEK	E38_1 During the last 7 days, approximately how many hours did you work at this wage job? NUMBER OF HOURS	E39 How much was your last payment for wages/salary? MK	E40 What period of time do each of your salary payments cover? NUMBER OF TIME UNITS	E40 TIME UNIT DAY. .3 WEEK .4 MONTH.5	E40_1 Who in the household controls/ decides on the use of your salary payments? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
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MODULE E: TIME USE & LABOUR (CONTINUED)

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E01	E41	E42		E42_1		E43	E44	E45	E46	E47		
CODE ID	How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. **IF NOTHING, RECORD ZERO, >> E43.**	Over what period of time are you reporting your allowances and gratuity payments?		Who in the household controls/ decides on the use of your allowances or gratuities? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		Is this wage job considered an apprenticeship?	Have you made any payments to your employer to for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.	ENUMERATOR: CHECK QUESTION E06_5. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your unpaid apprenticeship over the last 12 months? REFER TO MAIN UNPAID APPRENTICESHIP, IF MORE THAN ONE	
		NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	YES.1 NO..2**>>E46**	YES.1 NO..2**>>E46**		YES.1 NO..2**>>E55**		**(Supervisor to put in occupation code after interview)**
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 CODE ID	E48 Describe what kind of trade or business your unpaid apprenticeship over the last 12 months is connected with? REFER TO MAIN UNPAID APPRENTICESHIP, IF MORE THAN ONE WRITTEN DESCRIPTION	(Supervisor to put in industry code after interview) IND. CODE	E49 Is your employer for your unpaid apprenticeship over the last 12 months… (READ ALL RESPONSES) Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	E50 In how many months over the last 12 months, did you work at this unpaid apprenticeship? NUMBER OF MONTHS	E51 During these months, approximately how many weeks per month did you work at this unpaid apprenticeship? NUMBER OF WEEKS / MONTH	E52 During these weeks, approximately how many hours per week did you work at this unpaid apprenticeship? NUMBER OF HOURS / WEEK	E52_1 During the last 7 days, approximately how many hours did you work at this unpaid apprenticeship? NUMBER OF HOURS	E53 Have you made any payments to your employer for your unpaid apprenticeship? YES.1 NO..2**>>E55**	E54 How much in total have you paid over the last 12 months for your unpaid apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS. MK	E55 ENUMERATOR: CHECK QUESTION E06_6. DID THE RESPONDENT REPORT YES TO THIS QUESTION? YES.1 NO..2**>>E60**
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MODULE E: TIME USE & LABOUR (CONTINUED)

	GANYU LABOUR OVER THE LAST 12 MONTHS									OTHER UNPAID LABOUR OVER THE LAST 12 MONTHS					
E01 CODE ID	E56 In how many months over the last 12 months, did you do *ganyu* labour?	E56_1 In which months over the last 12 months, did you do ganyu labour?	E56_2 What types of *ganyu* did the person engage in Agricultural .....1 Construction.....2 Bicycle taxi.....3 Motorbike taxi.....4 Loading/ Off-loading goods.5 Other (Specify)...8	E56_3 Where did the person engage in the *ganyu* Within the same village /community.....1 Outside the village/community .....2 Within the same town.....3 Outside the town.....4 Within the district....5 Outside the district...6 Other (Specify).....7	E57 During these months, approximately how many weeks per month did you do *ganyu* labour?	E58 During these weeks, approximately how many days per week did you do *ganyu* labour?	E59 What was the average daily wage, in cash or in kind, that you received for the days worked at *ganyu* over the last 12 months?	E59_1 Who in the household controls/ decides on the use of your *ganyu* earnings? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		E60 At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return? YES.1 NO..2>>E66	E61 Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return?	E62 Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of relatives? RECORD ZERO IF NONE.	E63 Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of friends/ neighbors? RECORD ZERO IF NONE.	E64 Was the household of the village headman among the households for whom you worked as exchange laborer or to assist for nothing in return? YES.1 NO..2	E65 Over the last 12 months, for how many days in total did you work for other households as exchange labourer or to assist for nothing in return?
	NUMBER OF MONTHS				NUMBER OF WEEKS / MONTH	NUMBER OF DAYS / WEEK	MK	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2		NUMBER OF HHs IN TOTAL	NUMBER OF HHs OF RELATIVES	NUMBER OF HHs OF FRIENDS/ NEIGHBORS		NUMBER OF DAYS
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MODULE E: TIME USE & LABOUR (CONTINUED)

E06_1a==1 | E06_1b==1 | E06_1c==1 | E06_2==1 | E06_3==1 | E06_4==1 | E06_5==1 | E06_6==1

LOOKING FOR MORE/DIFFERENT WORK | **OCCUPATIONAL INJURIES**

E01 CODE ID	E66 During the last four weeks, did you look for additional paid work? YES.1 NO..2	E67 Would you want to work more hours per week than usually worked, provided the extra hours are paid? YES.1 NO..2 >>E70	E68 Could you start working more hours within the next two weeks? YES.1 NO..2>>E70	E69 How many additional hours per week could you work? NUMBER	E70 Do you want to change his/her current employment situation? YES.1 NO..2 >>NEXT ROW	E71 What is the main reason why you want to change his/her employment situation? PRESENT JOB IS TEMPORARY .....1 TO HAVE A BETTER PAID JOB .....2 TO HAVE MORE CLIENTS/BUSINESS ..3 TO WORK MORE HOURS .....4 TO WORK FEWER HOURS .....5 TO BETTER MATCH SKILLS .....6 TO WORK CLOSER TO HOME .....7 TO IMPROVE OTHER WORKING CONDITIONS .....8 OTHER (SPECIFY) 9	E72 Has [NAME] ever been hurt in an occupational accident (that is, an unexpected event that happened at work or in connection with [NAME's] work and that caused you personal injury or illness) ? YES.1 NO..2 >>NEXT ROW	E73 Did any of these accidents occur in the last [REFERENCE PERIOD], that is, since [DATE]? YES.1 NO..2 >>NEXT ROW	E74 Did any of the injuries you received in the last [REFERENCE PERIOD] result in you being absent from work, or unable to work, for at least one day, apart from the day of the accident ? YES.1 NO..2 >>E74	E75 How many of these injuries (with lost time) did you have in the last [REFERENCE PERIOD]?	E74 Has any member of this household died in the last [REFERENCE PERIOD], as a result of an accident at work? YES.1 NO..2
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MODULE ZB: SAVINGS

ENUMERATOR: ASK OF ALL PERSONS AGED 15 YEARS AND OLDER

ID CODE	ZB00 IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF-REPORTED..1>>ZB01 ANOTHER HH MEMBER....2	ZB00B WHO IS REPORTING THE INFORM-ATION FOR THE INDI-VIDUAL? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE	ZB01 Does [NAME], currently have **an account** at a bank, credit union, micro finance institution, village savings organization, or another financial institution? YES..1 NO...2>>ZB06	ZB02 Does anyone else in the household jointly own any of these accounts? YES..1 NO...2>>ZB05	ZB03 Does [NAME] share any accounts with other members in the household? YES..1 NO...2>>ZB05	ZB04 **ENUMERATOR:** RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT WHO JOINTLY OWN ANY ACCOUNTS WITH [NAME] HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER ID CODE #3	ZB05 In the last 12 months, has [NAME] used any of the following services? YES..1 NO...2 ATM/ CREDIT OR DEBIT CARD	ONLINE BANKING	MOBILE BANKING	AGENT BANKIING (e.g. Bank Nkhonde)	ZB06 In the last 12 months, has [NAME] saved in any way (formally with saving accounts at banks or microfinaces or informally at home or with friends or families or other institutions)? YES..1 NO...2>>ZB10	ZB07 What is the main reason that [NAME] saved money? EMERGENCIES.....1 HEALTH OR MEDICAL EXPENSES.....2 TO START OR GROW A BUSINESS.....3 OLD AGE.....4 EDUCATION.....5 FOR MY CHILDREN'S FUTURE.....6 ASSET BUILDING.....7 OTHER(SPECIFY).....8	ZB08 In the past 12 months, did you save in any of the following formal financial institutions? (Examples, include: Banks, like FDH, or Ecobank; or First Capital; or Standard Bank, etc; Microfinance Institution, like FINCA or NEEFE; SACCO, like MUSSCO) YES..1 NO...2 Commercial Banks	Micro Finance	SACCO	Other formal financial institutions	ZB08B At the moment how many accounts does [NAME] have at any formal financial institutions? (Please record the total number of accounts the hh member has at any of the formal financial institutions in QB03_10. For example, if the household member has 3 accounts in commercial banks and 1 account in SACCO, the total account must be 4. (NOTE FOR THE CAPI: This question will be enabled if there is any yes in Q08) NUMBER OF ACCOUNTS
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MODULE ZB: SAVINGS CONTINUED

ID CODE	ZB09					ZB10			ZB10_1	ZB11	ZB12
	In the last 12 months, did [NAME] informally save in cash in any of the following ways? YES..1 NO...2					ENUMERATOR: SKIP IF RESPONENT HAS A FORMAL ACCOUNT (ANSWERED 'YES' TO to ANY IN Q01). Why doesn't [NAME] own an account for things like saving or transferring money? READ OUT EACH ANSWER, LIST MAXIMUM OF 3 REASONS. PROCEDURE IS TOO COMPLEX OR HAS TOO MANY REQUIREMENTS.....1 FINANCIAL INSTITIUTIONS ARE TOO FAR.....2 ACCOUNTS ARE TOO EXPENSIVE TO USE.....3 I DO NOT FEEL THAT MY MONEY IS ENOUGH TO TAKE INTO ACCOUNT..4 I DON'T UNDERSTAND THE BENEFITS.....5 I DON'T KNOW WHERE OR HOW TO OPEN AN CCOUNT.....6 PREFER INFORMAL SERVICES.....7 RELIGIOUS REASONS.....8 I DO NOT TRUST BANKS.....9 I DON'T HAVE A REASON.....10 I DON'T HAVE THE NECESSARY DOCUMENTS (ID CARD, PAY SLIP,ETC).....11 SOMEONE ELSE IN MY FAMILY ALREADY HAS AN ACCOUNT.....12 OTHER(SPECIFY).....13			In the past year (12 months), have you used an account at a bank, credit union, etc. of someone else in your household or your community? YES..1 NO...2**>>54**	Insurance is when you pay small amounts of money over time to an insurance provider that will compensate you in case of unexpected shocks (for example on your livestock or health). In the last 12 months, have you owned/used any formal insurance product (like life insurance)? It does not include community health insurance. YES..1 NO...2**>>NEXT MODULE** YES..1 NO...2 >>NEXT PERSON	In the last 12 months how much was the insurance premium paid by [NAME] ?
	HOME (CASH)	**FRIENDS/ FAMILY**	**VILLAGE SAVINGS**	**NON-REGISTERED ASSOCIATION/ CHIPEREGANYU**	**OTHER (specify)**	**1ST**	**2ND**	**3RD**			**MK**
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MODULE Z: CHILD CARE

ENUMERATOR: IDEALLY THE RESPONDENT FOR THIS MODULE SHOULD BE [CHILD]'S MOTHER OR A MAIN CAREGIVER.

RESPONDENT: ASK OF ALL PERSONS AGED 7 YEARS AND YOUNGER.

				PRIMARY DECISIONMAKERS/RESPONSIBLE FOR CHILD			CAREGIVERS		
	Z00b	Z01	Z02	Z03	Z04	Z05	Z06	Z07	Z08
ID CODE	ENUMERATOR: WHO IS RESPONDING ON BEHALF OF [CHILD]?	What is your relationship with [CHILD]? FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 STEP-MOTHER.....7 STEP-FATHER.....8 OTHER RELATIVE (SPECIFY).....9 DOMESTIC HELP....10 OTHER NON-RELATIVE (SPECIFY).....11	Who makes the decisions for [CHILD] on important matters such as choosing schools, healthcare and childcare provision? All the persons that make decisions for CHILD are household members .....1 Some of the persons that make decisions for CHILD are household members .....2 None of the persons that make decisions for CHILD are household members .....3 ►**Z05**	Who are the household members who make decisions for [CHILD]? SELECT UP TO TWO	Is Z02==2 OR Z02==3? YES...1 NO....2 ►Z06	What is the relationship of the persons who make decisions for [CHILD] that are not household members? SELECT UP TO TWO FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 STEP-MOTHER.....7 STEP-FATHER.....8 OTHER RELATIVE (SPECIFY).....9 DOMESTIC HELP....10 OTHER NON-RELATIVE (SPECIFY).....11	During the last 7 days, who mostly took care of [CHILD]? INSTRUCTION: OTHER NON-RELATIVE INCLUDE CAREGIVERS AT DAYCARES/PRESCHOOL RESPONDENT/YOU...12 >>Z09 FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 STEP-MOTHER.....7 STEP-FATHER.....8 OTHER RELATIVE (SPECIFY).....9 DOMESTIC HELP....10 OTHER NON-RELATIVE (SPECIFY).....11	Is this person a household member? YES...1 NO....2 ►Z09	Who is the person who mainly took care of [CHILD] in the last 7 days? SELECT 1 PERSON
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MODULE Z: CHILD CARE CONTINUED

	Z09	10.	11.	Z12	Z13	Z14	Z15	Z16
	During the last 7 days, where was [CHILD] usually taken care of by [ANSWER IN Z04A]?	During the last 7 days, how many days did [ANSWER IN Z04A] take care of [CHILD]?	During those days, how many hours per day on average has [ANSWER IN Z04A] spent taking care of [CHILD]?	During the last 7 days, did someone else take care of [CHILD] when his/her main caregiver was not available? INSTRUCTION: THE MAIN CAREGIVER IS THE PERSON WHO MAINLY TOOK CARE OF [CHILD] IN THE LAST 7 DAYS	During the last 7 days, who else took care of [CHILD]? CAPI VALIDATION: FOR OPTIONS 12, 1 AND 3 CHECK THAT Q4A IS DIFFERENT THAN Q5A	Is this person a household member?	Who is the person who also took care of [CHILD] in the last 7 days? SELECT 1 PERSON	During the last 7 days, where was [CHILD] usually taken care by [ANSWER IN Q13]?
ID CODE	THIS DWELLING.....1 THE MAIN CARETAKER'S HOME.....2 SCHOOL/DAYCARE.....3 >>Z12 MAIN CARETAKER'S WORKPLACE (AWAY FROM HOME)...4 OTHER(SPECIFY).....96	DAYS	HOURS	YES...1 NO....2 ►Z19	RESPONDENT/YOU...12 >>Z16 FATHER.....1 MOTHER.....2 GRANDFATHER.....3 GRANDMOTHER.....4 UNCLE.....5 AUNT.....6 STEP-MOTHER.....7 STEP-FATHER.....8 OTHER RELATIVE (SPECIFY).....9 DOMESTIC HELP....10 OTHER NON-RELATIVE (SPECIFY).....11	YES...1 NO....2 ►Z16	ID CODE	THIS DWELLING.....1 THE MAIN CARETAKER'S HOME.....2 SCHOOL/DAYCARE.....3 >>Z19 MAIN CARETAKER'S WORKPLACE (AWAY FROM HOME)...4 OTHER(SPECIFY).....96
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MODULE Z: CHILD CARE CONTINUED

	Z17	Z18	Z19	Z20	Z21	Z22
I D C O D E	During the last 7 days, how many days has [ANSWER IN Z13] spent taking care of [CHILD]?	During those days, how many hours per day on average has [ANSWER IN Z13] spent taking care of [CHILD]?	During the last 7 days, how much did your household pay for childcare services to take care of [CHILD]?	Overall, what are the main characteristics that are important for your household when choosing who takes care of [CHILD] when the main caregiver is unavailable? SELECT UP TO 4 CAPI INSTRUCTION: OPTION 97 SHOULD ONLY BE SELECTED BY ITSELF HOURS AVAILABLE.....1 LOCATION.....2 COST.....3 QUALITY OF/ TRUST IN THE CAREGIVER(S).....4 QUALITY OF THE PHYSICAL SPACE AND MATERIALS.....5 QUALITY AND VARIETY OF THE ACTIVITIES.....6 ACCOMMODATE CHILD'S SPECIAL NEEDS.....7 FOOD PROVIDED.....8 PREFER FAMILY MEMBERS.....9 FAMILY APPROVAL.....10 CULTURAL/RELIGIOUS/LANGUAGE SIMILARITIES.....11 SOMEONE I ALREADY KNOW AND TRUST.....12 OTHER, SPECIFY.....96 NOT APPLICABLE, THE MAIN CAREGIVER WOULD NOT LEAVE [CHILD] WITH SOMEONE ELSE.....97	CAPI: IS THE RESPONDENT THE MOTHER OF CHILD? YES...1 NO....2 ►Z23	If [CHILD] had access to childcare services with the characteristics you care about, would you like to: SELECT YES/NO FOR EACH OPTION CAPI: FILTER WORK MORE HOURS OR CHANGE JOBS DEPENDING ON THE LABOR INFORMATION OF THE MOTHER Open a business or start working.....1 Work more hours.....2 Change jobs.....3 Enroll in school (including technical school, program or certification.....4
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MODULE Z: CHILD CARE CONTINUED

	Z23	Z24	Z25	Z26	Z27	Z28
ID CODE	Has [CHILD] ever attended a daycare? YES...1 ►Q25 NO....2	What was the main reason [CHILD] never attended daycare? TOO YOUNG.....1 THERE ARE NO PROVIDERS IN A CONVENIENT LOCATION (E.G. CLOSE TO HOME OR WORK).....2 WAITING LISTS ARE TOO LONG.....3 DIFFICULTY FINDING AN OPTION THAT PROVIDES THE HOURS AND FLEXIBILITY I NEED.....4 DIFFICULTY FINDING AN AFFORDABLE PROVIDER.....5 DIFFICULTY FINDING A PROVIDER THAT I TRUST/ OR A GOOD QUALITY PROVIDER.....6 PREFER THAT ME OR HOUSEHOLD MEMBERS OR FAMILY TAKE CARE OF CHILD.....7 DIFFICULTY FINDING A PROVIDER THAT FOLLOWS MY CULTURE/RELIGION.....8 PARENTS/FAMILY OPPOSED TO DAYCARE.....9 DIFFICULTY FINDING A PROVIDER THAT CAN ADDRESS THE SPECIFIC NEEDS OF MY CHILD (E.G. DUE TO ILLNESS OR DISABILITY.....10 CONFLICT (MILITANCY/INSURGENCY).....11 GENERAL VIOLENCE/INSECURITY.....12 OTHER (SPECIFY).....96 ►NEXT SECTION	At what age did [CHILD] start daycare? AGE IN COMPLETED YEARS. IF THE CHILD WAS LESS THAN 1 YEAR OF AGE, WRITE 0. AGE	IS [CHILD] 3 YEARS OR YOUNGER? INSTRUCTION: ADAPT THIS THRESHOLD DEPENDING ON COUNTRY'S CONTEXT YES...1 NO....2 ►NEXT SECTION	Is [CHILD] currently attending daycare? YES....1 ►Z31 NO.....2	For how long has [CHILD] been out of daycare? LESS THAN 1 MONTH.....1 LESS THAN 1 YEAR.....2 1-2 YEARS.....3
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MODULE Z: CHILD CARE CONTINUED

	Z29	Z30	Z31	Z32	Z33	Z34
ID CODE	What was the main reason why [CHILD] has been out of daycare? NO MONEY FOR FEES/ UNIFORMS/BOOKS.....1 LOCATION WAS NOT CONVENIENT.....2 DAYCARE HOURS ARE NOT ENOUGH.....3 THE COMMUTE TO THE DAYCARE IS NOT SAFE.....4 DIDN'T TRUST THE PERSONNEL AT DAYCARE/ POOR QUALITY.....5 PROVIDER WAS NOT ABLE TO ACCOMODATE THE NEEDS OF MY CHILD (E.G. DUE TO ILLNESS OR DISABILITY).....6 DAYCARE DOES NOT PROVIDE FOOD FOR CHILDREN.....7 DAYCARE IS NOT COMPATIBLE WITH MY VALUES.....8 PARENTS/FAMILY OPPOSED TO DAYCARE.....9 DAYCARE WAS CLOSED/DISRUPTED DUE TO COVID-19 PANDEMIC.....10 CONFLICT (MILITANCY/INSURGENCY).....11 CHILD IS TOO OLD FOR DAYCARE.....12 PREFER NOT TO SAY.....98 OTHER	CAPI: IS Q27==1? YES....1 NO.....2 **>>NEXT CHILD/SECTION**	What kind of organization runs the daycare that [CHILD] is currently attending? GOVERMENT.....1 COMMUNITY.....4 RELIGIOUS BODY....5 PRIVATE.....6 NGO.....7 OTHER (SPECIFY)...8	What means of transportation does [CHILD] use to get to daycare? WALKING.....2 BUS.....3 TRAIN.....4 BICYCLE.....5 MOTORCYCLE.....6 CAR.....7 TRICYCLE.....8 BOAT/CANOE.....10 OTHER SPECIFY...96	How much time does it take [CHILD] to get to daycare? (IN MINUTES) REPORT TIME ONE WAY (NOT ROUND TRIP) TIME CODE 0-15.....1 16-30.....2 31-45.....3 46-60.....4 61-90.....5 91-120....6 120+.....7	What are the main reasons why your household chose this daycare for [CHILD]? SELECT UP TO THREE CAPI INSTRUCTION: OPTION 12 SHOULD ONLY BE SELECTED BY ITSELF HOURS AVAILABLE.....1 LOCATION.....2 COST.....3 QUALITY OF/ TRUST IN THE CAREGIVER(S).....4 QUALITY OF THE PHYSICAL SPACE AND MATERIALS.....5 QUALITY AND VARIETY OF THE ACTIVITIES.....6 ACCOMMODATE CHILD'S SPECIAL NEEDS.....7 FOOD PROVIDED.....8 FAMILY APPROVAL.....9 CULTURAL/RELIGIOUS/LANGUAGE SIMILARITIES.....10 SOMEONE I ALREADY KNOW AND TRUST WORK THERE.....11 THIS WAS THE ONLY OPTION AVAILABLE.....12 SHORT DISTANCE.....13 OTHER, SPECIFY.....96
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MODULE ZC: GOAL SETTING CAPACITY

ENUMERATOR: READ: At the end, I will ask you about how clear you found the phrasing of these statements [or questions if appropriate].”

RESPONDENT: ASK OF ALL PERSONS FROM PANEL HOUSEHOLDS AGED 12 YEARS AND OLDER.

RESPONDENTS SHOULD ANSWER FOR THEMSELVES.

ID CODE	**ENUMERATOR:** IS THIS A PANEL HOUSEHOLD? YES..1 NO...2 >>NEXT MODULE	ZC00 **ENUMERATOR:** ARE YOU INTERVIEWING [NAME] IN PERSON? YES..1 NO...2 >>NEXT MODULE	Now I’m going to read you some statements. Please listen to each statement and tell me if you: Panopa ndiwelenga ziganizo. Chonde mumvetsere ziganizozi ndipo mundiuze ngati: Simukugwirizana nazo kwathuthu, Simukugwirizana nazo, simukuvomeraza nazo komanso simukukana, Mukuvomerezana nazo, Mukudzidalira kwathunthu. COMPLETELY DISAGREE.....1 MOSTLY DISAGREE.....2 NEITHER AGREE NOR DISAGREE.3 MOSTLY AGREE.....4 COMPLETELY AGREE.....5	ZC01 I set short-term goals for myself. Ndimazipangira ziganizo za nthawi yochepa READ: Some examples of short-term goals include saving money for a small household purchase or learning a new skill Zitsanzo za ziganizo za nthawi yochepa ndi kusunga ndalama kuti yogulira	ZC02 I set long-term goals for myself. Ndimazipangira ziganizo za nthawi yayitali. READ: Some examples of long-term goals are finishing your education or saving money for a large household purchase Zitsanzo zina za ziganizo za nthawi yayitali ndi kumalizitsa maphunziro kapena	ZC03 I set specific, clear goals for myself. Ndimazipangila ziganizo zolunjika komanso zomveka	ZC04 I make plans to help me achieve my goals. Ndimapanga ma pulani ondithandizila kukwaniritsa ziganizo zanga.	ZC05 I feel proud when I achieve my goals. Ndimamvabwino ndikakwaniritsa ziganizo zomwe ndinakonza	ZC06 I am able to prioritize multiple goals. Ndimakwanitsa kusankhazolinga zingapo zofunikila kwambiri.	ZC07 Setting goals for myself is important for my success.	ZC08 Setting goals for myself is important for my household's success.
1											

ZC09. How clear did you find the phrasing of the preceding questions?

Very unclear and difficult to answer.....1

Slightly unclear and slightly difficult to answer.....2

Clear and simple to answer.....3

MODULE ZD: GENERALIZED EFFICACY LIVELIHOODS

ENUMERATOR: READ: At the end, I will ask you about how clear you found the phrasing of these statements [or questions if appropriate]."

YEARS

RESPONDENTS SHOULD ANSWER FOR THEMSELVES.

ID CODE	**ENUMERATOR:** IS THIS A PANEL HOUSEHOLD? YES..1 NO...2 >>NEXT MODULE	ZD00 **ENUMERATOR:** ARE YOU INTERVIEWING [NAME] IN PERSON? YES..1 NO...2 >>NEXT MODULE	Now I'm going to read you some statements. Please listen to each statement and tell me if you: NO CONFIDENCE AT ALL.....1 SLIGHT CONFIDENCE.....2 SOME CONFIDENCE.....3 A GREAT DEAL OF CONFIDENCE..4 COMPLETE CONFIDENCE.....5	ZD01 I am able to work outside the home if I want to	ZD02 I am free to pursue the types of work that interest me	ZD03 I am able to adjust my daily work schedule whenever I need to	ZD04 I am able to decide how household resources are used to pursue income-generating activities	ZD05 I am able to make decisions to improve my own economic wellbeing	ZD06 I have the skills I need to engage in income-generating activities	ZD07 I have the social support I need to engage in income-generating activities	ZD08 I have the financial support I need to engage in income-generating activities	ZD09 I am able to find the information I need to make good decisions for my income-generating activities	ZD10 I have the confidence I need to succeed in my income-generating activities
1													

ZD11. How clear did you find the phrasing of the preceding questions?

Very unclear and difficult to answer.....1

Slightly unclear and slightly difficult to answer.....2

Clear and simple to answer.....3

[ ]

MODULE F: HOUSING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE F: DAYS | MONTHS | HOURS | MINUTES

F01	F01_1						F01_2	F01_3	F02	F03	F04	F04_1	F04_3
Do you own or are purchasing this property, is it provided to you by an employer, do you use it for free, or do you rent this property? OWNED. . . . 1 BEING PURCHASED . 2 EMPLOYER PROVIDES. . ..3**>>F03** FREE, AUTHORIZED . .4**>>F03** FREE, NOT AUTHORIZED. ..5**>>F03** RENTED. . . . ..6**>>F04**	Who in this household owns this property? LIST UP TO 4 HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 NETWORK ROSTER MEMBERS.						Do you have an ownership document for this property? YES, OFFER OF LEASE.....1 YES, A TITLE DEED.....2 YES, CERTIFICATE OF LEASE.....3 YES, LETTER FROM CHIEF .....4 NO.....5 >>F01_5 YES, OTHER (SPECIFY).....6	**ENUMERATOR:** WAS RESPON-DENT ABLE TO PROVIDE DOCUMENTATION? YES..1 NO...2	If you sold this property today, how much would you receive for it?	Estimate the MONTHLY rent you could receive if you rented this property? (THEN >>F05)	How much do you pay to rent this property MONTHLY?	Is there any land that is considered part of this property besides the dwelling unit? YES..1 NO. .2**>>F04_3**	Do you have to pay land rent on this property? YES..1 NO...2**>> F04_5**
	HH ROSTER ID CODE #1	**HH ROSTER ID CODE #2**	**HH ROSTER ID CODE #3**	**HH ROSTER ID CODE #4**	**NETWORK ROSTER ID CODE #1**	**NETWORK ROSTER ID CODE #2**			MK	MK	MK		

F04_4	F05	F06	F07	F08	F09	F10	F11	F12
What was the total amount paid in the form of land rent during the past tax year?	How many years ago was this dwelling built? How old is it? IF DO NOT KNOW, RECORD 999.	TYPE OF DWELLING STRUCTURE PERMANENT. . . 1 SEMI-PERMANENT 2 TRADITIONAL. . 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD)& MODERN MATERIALS (IRON SHEET, CEMENT)	THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS . . . . . 1 MUD (YOMATA). . 2 COMPACTED EARTH (YAMDINDO). . 3 MUD BRICK (UNFIRED) . . 4 BURNT BRICKS. . 5 CONCRETE. . . . 6 WOOD. . . . . 7 IRON SHEETS . . 8 OTHER (SPECIFY) 9	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3	THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE SAND. . . . . .1 SMOOTHED MUD. .2 SMOOTH CEMENT .3 WOOD. . . . .4 TILE. . . . . 5 OTHER (SPECIFY) . . 6	How many separate rooms do the members of your household occupy? NUMBER OF ROOMS	What is your main source of energy used for lighting? COLLECTED FIREWOOD. . .1 PURCHASED FIREWOOD. . .2 GRASS/STRAW. .3 PARAFFIN . . .4 ELECTRICITY. .5 GAS. 6	What is your main source of energy used for cooking? COLLECTED FIREWOOD. . 1 **(»F15)** PURCHASED FIREWOOD. . 2 **(»F14)** GRASS/STRAW..3 PARAFFIN . . 4 ELECTRICITY. 5 GAS. . . . . 6 CHARCOAL . . 7 CROP RESIDUE 8 SAW DUST . . 9 ANIMAL WASTE 10 SOLAR .....11 OTHER (SPECIFY). ..12
MK	YEARS							

MODULE F: HOUSING (CONTINUED)

F13	F14	F15	F16		F17	F18	F19	F19_1.	F20		F21	F22
Do you ever use firewood for energy? YES..1 NO...2>>**F19**	Do you ever collect firewood? YES..1 NO...2 **>>F19**	Where do you go to collect firewood? OWN WOODLOT .1 COMMUNITY WOODLOT .2 FOREST RESERVE .3 UNFARMED AREAS OF COMMUN-ITY. . .4 OTHER (SPECIFY).5	How long does it take you to walk from your dwelling to where you usually go to collect firewood? MINUTE..1 HOUR....2		Of the firewood you used in the past week, how much of it did you purchase? ALL . . . 1 ALMOST ALL. . . 2 MORE THAN HALF . . 3 HALF. . . 4 LESS THAN HALF . . 5 A LITTLE. 6 NONE. . . 7	What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.)	Do you have <u>electricity</u> working in your dwelling? YES..1 NO...2 **>>F27**	What is the main source of this electricity? **<u>CODES FOR F19_1:</u>** NATIONAL GRID.....1 MINI-GRID.....2 ELECTRIC GENERATOR.....3 SOLAR LANTERN.....4 SOLAR LIGHTING SYSTEM.....5 SOLAR HOME SYSTEM.....6 RECHARGEABLE BATTERY.....7 DRY-CELL BATTERY.....8	In the event of a black out, what source of energy do you use for ...?		Do you get your electricity via ESCOM? YES..1 NO...2>>**F27**	Following your application to get electricity, how many weeks did you have to wait for your connection to be in working order? IF DID NOT APPLY, RECORD 9999.
			TIME AMOUNT	UNIT		MK			<u>LIGHTING</u> FIREWOOD....1 PARAFFIN....2 CANDLES.....3 SOLAR.....5 OTHER (SPECIFY)...4	<u>COOKING</u> CHARCOAL..1 FIREWOOD..2 GAS.....3 PARAFFIN..4 OTHER (SPECIFY).5		WEEKS

MODULE F: HOUSING (CONTINUED)

F23	F24	F25	F26		F26_1	F26_2	F27	F28	F29	F30		F31	F32
Did you have to pay an unofficial fee to get a connection?	In the last 12 months, how frequently did you experience blackouts in your area?	How much did you last pay for electricity?	To what length of time does this cost for electricity refer?		Would you agree or disagree with the following statement: On the whole ESCOM is responsive to the needs of households like mine?	How satisfied are you with ESCOM?	Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity provided by ESCOM?	**ENUMERATOR:** IS THE DWELLING **OWNED** BY THE HOUSEHOLD ACCORDING TO F01?	What is the main reason for your household not to have access to electricity?	For how long have you been waiting for?		Is there a MTL telephone in working condition in the dwelling unit?	What was the total cost for MTL telephone service in the household over the last period?
YES..1 NO...2	READ RESPONSES Never....1 Everyday.....2 Several times a week.....3 Several times a month....4 Rarely....5	IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND **>> F26_2**	DAY....3 WEEK...4 MONTH..5 YEAR...6		STRONGLY AGREE.....1 AGREE.....2 DISAGREE.....3 STRONGLY DISAGREE..4	VERY SATISFIED.....1 SATISFIED.....2 NEITHER SATISFIED NOR DISSATISFIED...3 DISSATISFIED.....4 VERY DISSATISFIED..5	YES..1 NO...2**>>F31**	YES..1 NO...2**>>F31**	CONNECTION/ WIRING FEE UNAFFORDABLE..1**>>F31** NO NEED FOR ELECTRICITY...2**>>F31** DWELLING UNAPPROPRIATE FOR CONNECTION....3**>>F31** APPLICATION PENDING.....4 LINE WAS DISCONNECTED..5**>>F31** OTHER (SPECIFY).....6**>>F31**	DAY....3 WEEK...4 MONTH..5 YEAR...6		YES..1 NO...2 **>>F34**	
		MK	TIME AMOUNT	TIME UNIT						TIME AMOUNT	TIME UNIT		MK

F33		F34	F35	F35_1	F35_2	F35_3	F36	F36_1	F37	F38	
To what length of time does this MTL telephone cost refer?		How many working cell phones in total does your household own?	Estimate the total cost for all cell phone service for all household members last month?	Of this cost (F35), how much was spent on charging phone for all household members last month?	Of this cost (F35), how much was spent on internet for all household members last month?	Of this cost (F35), how much was spent on airtime for all household members last month?	What is your main source of drinking water?	What is the main source of water used by members of your household for other purposes such as cooking and handwashing?	What was the total cost of drinking water for your household last month?	How long does it take you to walk (ONE WAY) to the main water source from your dwelling?	
DAY....3 WEEK...4 MONTH..5 YEAR...6		IF NONE, RECORD 0 AND >> F36.	IF NONE, RECORD 0 AND >> F36.	IF NONE, RECORD 0 AND >> F35_2.	IF NONE, RECORD 0 AND >> F35_3.	IF NONE, RECORD 0	PIPED INTO DWELLING. . 1 PIPED INTO YARD/PLOT. . 2 PIPED TO NEIGBOR.....17 COMMUNAL STANDPIPE . . .3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. . . . . .6 PROTECTED PUBLIC WELL. .7 BOREHOLE . . . . . .8 PROTECTED SPRING. . . . .9 UNPROTECTED SPRING.....18 RIVER/STREAM. . . . . .10 POND/LAKE. . . . . 11 DAM. . . . . 12 RAINWATER. . . . . .13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. . . . . 15 OTHER (SPECIFY). . . . 16	PIPED INTO DWELLING. . 1 PIPED INTO YARD/PLOT. . 2 PIPED TO NEIGBOR.....17 COMMUNAL STANDPIPE . . .3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. . . . . .6 PROTECTED PUBLIC WELL. .7 BOREHOLE . . . . . .8 PROTECTED SPRING. . . . .9 UNPROTECTED SPRING.....18 RIVER/STREAM. . . . . .10 POND/LAKE. . . . . 11 DAM. . . . . 12 RAINWATER. . . . . .13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. . . . . 15 OTHER (SPECIFY). . . . 16	IF NONE, ENTER 0 AND CONTINUE TO F38.	MINUTE..1 HOUR....2
TIME AMOUNT	TIME UNIT	NUMBER	MK	MK	MK	MK			MK	TIME AMOUNT	TIME UNIT

F38_1		F39	F40	F40_1	F40_2	F40_3	F40_4	F41	F41_1	F41_2
How long does it take to draw water from the source?		Do you use the main water source… READ OUT RESPONSES	What is your main source of drinking water in the other season?	Is there a place for household members to wash their hands in the dwelling, yard/plot?	INTERVIEWER: We would like to learn about where members of this household wash their hands. Can you please show me where members of your household most often wash their hands?	ENUMERATOR: Observe presence of water at the place for handwashing.	Is soap or detergent present at the place for handwashing?	FLUSH TO PIPED SEWER SYSTEM.1 >>F41_3 FLUSH TO SEPTIC TANK.....2 FLUSH TO PIT LATRINE.....3 FLUSH TO OPEN DRAIN.....4 >>F41_3 FLUSH TO DK WHERE.....5 >>F41_3 VENTILATED IMPROVED PIT LATRINE.....6 PIT LATRINE WITH SLAB.....7 PIT LATRINE WITHOUT SLAB / OPEN PIT.....8 COMPOSTING TOILET.....9 BUCKET.....10 >>F41_3 HANGING TOILET / HANGING LATRINE.....11 >>F41_3 NO FACILITY / BUSH / FIELD....12 >>43 OTHER (*specify*).....13 >>F41_3	Has your [FACILITY] ever been emptied?	The last time it was emptied, where were the contents emptied to?
MINUTE..1 HOUR....2		ALL YEAR AROUND..1**>>F41** ONLY RAINY SEASON...2 ONLY DRY SEASON...3	PIPED INTO DWELLING. . 1 PIPED INTO YARD/PLOT. . 2 PIPED TO NEIGHBOR.....17 COMMUNAL STANDPIPE . . .3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. . . . . .6 PROTECTED PUBLIC WELL. .7 BOREHOLE. . . . . 8 PROTECTED SPRING . . . .9 UNPROTECTED SPRING.....18 RIVER/STREAM. . . . . .10 POND/LAKE. . . . . 11 DAM. . . . . 12 RAINWATER. . . . . .13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. . . . . 15 OTHER (SPECIFY). . . . 16	YES..1 NO...2>>F41	OBSERVED FIXED FACILITY OBSERVED (SINK/TAP) IN DWELLING.....1 OBSERVED FIXED FACILITY OBSERVED (SINK/TAP) IN YARD.....2 MOBILE OBJECT OBSERVED (BUCKET/JUG/KETTLE).....3 NOT OBSERVED / NO HAND WASHING PLACE IN DWELLING/ YARD.....4>>F41 NO PERMISSION TO SEE.....5>>F41 OTHER REASON (SPECIFY).....6>>F41	Water is available.1 Water is not available.2	YES..1 NO...2	YES, EMPTIED.....1 NO, NEVER EMPTIED...2 >>F41_3 DON'T KNOW...3 >>F41_3	**REMOVED BY SERVICE PROVIDER** TO A TREATMENT PLANT....1 BURIED IN A COVERED PIT.2 TO DON'T KNOW WHERE.....3 **EMPTIED BY HOUSEHOLD** BURIED IN A COVERED PIT.4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.5 OTHER (*specify*).....6 DON'T KNOW.....7
TIME AMOUNT	TIME UNIT									

MODULE F: HOUSING

F41_3 Where is this toilet facility located?	F41_4 Do you share this facility with others who are not members of your	F41_5 Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	F41_6 How many households in total use this toilet facility, including your own household?	F42_1 Does this toilet have hand washing facility?	F43 What kind of rubbish disposal facilities does your household use?	F44 Do any members of your household sleep under a bed net to protect against mosquitoes at some time during the year?	F45 Has/have the bed net(s) ever been dipped in insecticide against mosquitoes in the past six months?	F46 **ENUMERATOR:** DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?	F47 Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?
IN OWN DWELLING...1 IN OWN YARD / PLOT.....2 ELSEWHERE.....3	YES..1 NO...2 >>42_1	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC....2 >>42_1	NUMBER OF HOUSEHOLDS (IF LESS THAN 10).....1 TEN OR MORE HOUSEHOLDS.....2 DK.....3	YES WITH SOAP.....1 YES WITH NO SOAP..2 NO.....3	COLLECTED FROM RUBBISH BIN.....1 RUBBISH PIT.....2 BURNING . . ... 3 PUBLIC RUBBISH HEAP..... ...4 RIVER, SEA.....5 GARDEN.....6 COMPOST SOLID WASTE.....7 OTHER (SPECIFY) . ... 8 NONE. 9	YES..1 NO...2>>**F48**	YES. . . 1 NO . . . 2 ALL NETS TREATED & LESS THAN 6 MONTHS OLD..3	YES..1 NO...2 **>>F48**	YES, FOR ALL CHILDREN UNDER FIVE..1 YES, FOR SOME CHILDREN UNDER FIVE . . . . . 2 NO, NONE OF THE CHILDREN UNDER FIVE 3

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE [ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE F: [ ] HOURS [ ] MINUTES

MODULE F_1: LAND ROSTER

F_1_0. Do you or does any member of your household own or hold use rights for any parcel of land, either alone or jointly with someone else, irrespective of whether the parcel is used by your or another household, and irrespective of the use of the parcel (including dwelling plot, agricultural, pastoral, forest and business/commercial plots)?

YES...1
NO....2 >> END OF QUESTIONS ☐

ENUMERATOR: AFTER CREATING THE ROSTER OF GARDENS, GO THROUGH THE ENTIRE MODULE ONE GARDEN AT A TIME.

GARDEN ID	IHPS Garden ID [PREFILLED for Panel Sample]	RESPONDENT ID	1. GARDEN NAME Please tell me about each GARDEN for which you or any household member currently uses, owns or holds use rights for, either alone or with someone else. Please describe or give me the name of each GARDEN, starting with the GARDEN you reside on, if applicable.	1_1 Was the GPS measurement taken in the previous round? **[PREFILLED for Panel Households]** YES.....1 NO.. 2	1_2 Were you the household member that identified and walked around [GARDEN] boundaries for GPS-based area measurement in the last survey round? **[ASKED TO ONLY Panel Households]** YES.....1 NO.. 2	1_3 Were you told the GPS-based area for [GARDEN] in the last survey round? **[ASKED TO ONLY Panel Households]** YES, BY THE ENUMERATOR .....1 YES, BY ANOTHER HOUSEHOLD MEMBER.....2 NO....3	2. What is the area of this [GARDEN]? **CODES FOR UNIT:** ACRE.....1 HECTARE.....2 SQUARE METERS....3 OTHER (SPECIFY)..4		2_1 Specify the household member that identified and walked around [GARDEN] boundaries for GPS-based area measurement.
							a.	**b.**	
							FARMER ESTIMATION	**GPS MEASURE**	
							AREA / **UNIT**	**AREA IN ACRES**	**HH ROSTER ID CODE**
1							__ __ __ __ . __ __	__ __ __ __ . __ __	
2							__ __ __ __ . __ __	__ __ __ __ . __ __	
3							__ __ __ __ . __ __	__ __ __ __ . __ __	
4							__ __ __ __ . __ __	__ __ __ __ . __ __	
5							__ __ __ __ . __ __	__ __ __ __ . __ __	

MODULE F 1: LAND ROSTER (CONTINUED)

2_2 Specify the household member(s) with whom the GPS-based area for [GARDEN] was shared at the time of the area measurement.			2. **ENUMERATOR:** RECORD THE COORDINATES FOR THE CORNER OF THE PLOT AT WHICH YOU STARTED AREA MEASUREMENT. IF YOU DID NOT RECORD THE GPS COORDINATES, PLEASE SPECIFY REASON. **CODES FOR REASON:** LONG DISTANCE WITHIN THIS DISTRICT.....1 LONG DISTANCE OUTSIDE THIS DISTRICT.....2 HOUSEHOLD REFUSED.....3 OTHER (SPECIFY).....4			2f. **ENUMERATOR:** RECORD NUMBER OF SATELLITES GPS TRACKED TO CAPTURE PLOT COORDINATES	2g. **ENUMERATOR-** RECORD GPS ACCURACY	2h. **ENUMERATOR:** RECORD THE WEATHER CONDITIONS AT TIME OF MEASUREMENT	3. How was this [GARDEN] acquired? GRANTED BY LOCAL LEADERS.....1 INHERITED BY THE DEATH OF A FAMILY MEMBER....2 BRIDE PRICE.....3 PURCHASED.....4 LEASEHOLD.....6 RENT SHORT-TERM.....7 FARMING AS A TENANT.....8 BORROWED FOR FREE.....9 MOVED IN WITHOUT PERMISSION.....10>>NEXT GARDEN OTHER (SPECIFY).11 ALLOCATED BY FAMILY MEMBER.....12 GIFT FROM NON-HOUSEHOLD MEMBER.....13	4. Under which tenure system is this [GARDEN]? CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/GROUP RIGHT.....5 COOPERATIVES...6 OTHER (SPECIFY)...7	5. What is the primary current use of this [GARDEN]? RESIDENTIAL...1 AGRICULTURAL..2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL..5 DON'T KNOW....6 OTHER (SPECIFY)...7
HH ROSTER ID CODE #1	**HH ROSTER ID CODE #2**	**HH ROSTER ID CODE #3**	**c.** **LATITUDE (S)**		**d.** **LONGITUDE (E)**	**e.** **REASON**						
			o __ __ __ __ . __ __ __		o __ __ __ __ __ . __ __ __							
			o __ __ __ __ . __ __ __		o __ __ __ __ __ . __ __ __							
			o __ __ __ __ . __ __ __		o __ __ __ __ __ . __ __ __							
			o __ __ __ __ . __ __ __		o __ __ __ __ __ . __ __ __							
			o __ __ __ __ . __ __ __		o __ __ __ __ __ . __ __ __							

MODULE F_1: LAND ROSTER (CONTINUED)

5_1 Was this [GARDEN] cultivated in the rainy season? YES...1 NO....2	5_2 Was this [GARDEN] cultivated in the dry season? YES...1 NO....2	5_3 Was this [GARDEN] cultivated with tree/permanent crops? YES...1 NO....2	6. Who in the household [owns/ holds use rights to] this [GARDEN]? LIST UP TO 4 JOINT OWNERS OR USE RIGHT HOLDERS FROM HOUSEHOLD ROSTER.				7. Does your household have a document for this [GARDEN] issued by or registered at the Land Registry/Cadastral Agency, such as a title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental contract? YES...1 NO....2 >> 7_1a	8. What type of documents does your household have for this [GARDEN], and which household members are listed as owners or use rights holders on each? LIST UP TO 3, SHOW PHOTO AID OFFER OF LEASE.....1 TITLE DEED.....2 CERTIFICATE OF LEASE.....3 APPLICATION FOR CUSTOMARY ESTATE (FORM A).....4 OFFER OF CUSTOMARY ESTATE (FORM B).....5 ACCEPTANCE OF OFFER OF CUSTOMARY ESTATE (FORM C)...6 CERTIFICATE OF CUSTOMARY ESTATE.....7 FREEHOLD TITLE.....8 LAND CERTIFICATE.....9 CERTIFICATE OF OFFICIAL RESEARCH (FORM R.L. 25)....10 CITY RATES CLEARANCE CERTIFICATE.....11 CONSENT TO TRANSFER THE PROPERTY.....12 TAX CLEARANCE CERTIFICATE.....13 LAND APPLICATION FORM.....14 REQUEST FOR CADASTRAL SURVEY.....15 OTHER (SPECIFY).....96 IF NO HOUSEHOLD MEMBER ON DOCUMENT, ENTER "98" IF DON'T KNOW, ENTER "99"														7_1a Does your household currently have an informal document that certifies your ownership rights to this [GARDEN]? YES.....1 NO.....2>>9
								DOCUMENT #1					DOCUMENT #2					DOCUMENT #3					
			HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4		DOC. TYPE	HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4	DOC. TYPE	HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4	DOC. TYPE	HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4	

MODULE F_1: LAND ROSTER (CONTINUED)

MODULE F_1: LAND ROSTER (CONTINUED)

8_1 What type of **informal** documents does your household have for this [GARDEN], and which household members are listed as owners or use rights holders on each? LIST UP TO 3, SHOW PHOTO AID SALES RECEIPT.....1 TAX RECEIPT.....2 INHERITANCE PAPER...3 LETTER FROM CHIEF...4 OTHER (SPECIFY)....96 IF NO HOUSEHOLD MEMBER ON DOCUMENT, ENTER "98" IF DON'T KNOW, ENTER "99"									9. Does anyone in the household have the right to sell [GARDEN], either alone or with someone else? YES.....1 NO.....2 >>11 DONT'KNOW..98 >>11 REFUSAL....99 >>11	10. Who can decide whether to sell [GARDEN]? LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE. CODE FOR NON-HH MEMBER: RELATIVE.....1 LOCAL OFFICIAL....2 CUSTOMARY LEADER..3 OTHER.....4					11. Does anyone in the household have the right to bequeath this [GARDEN], either alone or with someone else? YES.....1 NO.....2 >>13 DONT'KNOW..98 >>13 REFUSAL....99 >>13	12. Who can decide whether to bequeath this [GARDEN]? LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE. CODE FOR NON-HH MEMBER: RELATIVE.....1 LOCAL OFFICIAL....2 CUSTOMARY LEADER..3 OTHER.....4					13. On a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely, how likely is [NAME of owner/use right holder] to involuntarily lose ownership or use rights to this [GARDEN] in the next 5 years? REFER TO ID CODES IN Q6 NOT AT ALL LIKELY..1 SLIGHTLY LIKELY....2 MODERATELY LIKELY..3 VERY LIKELY.....4 EXTREMELY LIKELY...5			
DOCUMENT #1			**DOCUMENT #2**			**DOCUMENT #3**																	**INDIVIDUAL 1**		**INDIVIDUAL 2**	
DOC. TYPE	**HHID CODE #1**	**HHID CODE #2**	**DOC. TYPE**	**HHID CODE #1**	**HHID CODE #4**	**DOC. TYPE**	**HHID CODE #1**	**HHID CODE #2**		**HHID CODE #1**	**HHID CODE #2**	**HHID CODE #3**	**HHID CODE #4**	**NON-HH MEMBER**		**HHID CODE #1**	**HHID CODE #2**	**HHID CODE #3**	**HHID CODE #4**	**NON-HH MEMBER**	**ID**	**RESPONSE**	**ID**	**RESPONSE**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE

DAYS	MONTHS	HOURS	MINUTES

G00_1. Who in the household is most knowledgeable about food consumed in the household. LIST MEMBER ID. [ ]

G00_2. Who in the household is reporting information on food consumption in this module. LIST MEMBER ID. [ ]

	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2>> **NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Cereals, Grains and Cereal Products											
	Maize *ufa mgaiwa* (normal flour) *		101									
	Maize *ufa* refined (fine flour) *		102									
	Grain Mill (Gramil)		119									
	Maize *ufa madeya* (bran flour - processed) *		103									
	Maize *ufa madeya* (bran flour - inprocessed) *		118									
	Maize grain (not as *ufa*) *		104									
	Green maize *		105									
	Rice		106									
	Finger millet (*mawere*)		107									
	Sorghum (*mapira*)		108									
	Pearl millet (*mchewere*)		109									
	Wheat flour		110									
	Bread		111									
	Buns, scones, muffins		112									
	Biscuits		113									
	Spaghetti, macaroni, pasta		114									
	Breakfast cereal		115									
	Infant feeding cereals		116									
	Popcorn		120									
	Other (specify)		117									

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

CODES FOR UNIT:

KILOGRAMME. . . .1
PAIL. 4
PAIL SMALL . . .4A
PAIL MEDIUM. . .4B
PAIL LARGE. .. . 4C
No 10 PLATE.. . . 6
No 10 PLATE FLAT .6A
No 10 PLATE HEAPED. . .6B
No 12 PLATE. 7
No 12 PLATE FLAT. 7A
No 12 PLATE HEAPED. . .7B
BUNCH SMALL. . . .8A
BUNCH MEDIUM. . . 8B
BUNCH LARGE. . . .8C
PIECE. 9
PIECE SMALL. . . .9A
PIECE MEDIUM. . . 9B
PIECE LARGE. . . .9C
HEAP. 10
HEAP SMALL. . . .10A
HEAP MEDIUM. . . 10B
HEAP LARGE. . . .10C
LITRE. 15
GRAM. 18
MILLILITRE. . . . 19
TEASPOON. 20
SATCHET/TUBE. . . 22
SATCHET/TUBE SMALL. . 22A
SATCHET/TUBE MEDIUM. . 22B
SATCHET/TUBE LARGE. . 22C
OTHER(SPECIFY). . 23
TINA. 25
TINA FLAT. . . . 25A
TINA HEAPED. . . 25B
5 LITRE BUCKET(Chigoba). 26
BASIN (SMALL). . 27A
BASIN (SMALL) FLAT.....27D
BASIN (SMALL) HEAPED... 27E
LOAF (300G) . . . 31
LOAF (600G) . . . 32
LOAF (700G).. . . 33
PACKET (150G).. . 34
PACKET (400G). . 35
PACKET (500G). . 36
PACKET (1KG). . . 37
SATCHET/TUBE (25G). . 41
SATCHET/TUBE (50G). . 42
SATCHET/TUBE (100G). . 43
CLUSTER. 44
CLUSTER SMALL. . 44A
CLUSTER MEDIUM . 44B
CLUSTER LARGE. . 44C
PACKET. 51
PACKET(SMALL). .. 54
PACKET (LARGE). . 55
TABLESPOON. . . . 59
PACKET. 60
PACKET (250G). . 65
PACKET (25g). . . 70
TIN 100G. 71
TIN 250G. 72
CUP. 80

	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Roots, Tubers, and Plantains											
	Cassava tubers *		201									
	Cassava flour		202									
	White sweet potato *		203									
	Orange sweet potato *		204									
	Irish potato*		205									
	Potato crisps		206									
	Plantain, cooking banana*		207									
	Cocoyam (*masimbi*)		208									
	Other (specify)		209									
	Nuts and Pulses											
	Bean, white*		301									
	Bean, brown *		302									
	Bean, Mixed *		323									
	Pigeonpea (*nandolo*) *		303									
	Groundnut (Shelled)*		304A									
	Groundnut - dried (Unshelled)*		304B									
	Groundnut - fresh (Unshelled)		304C									
	Groundnut flour *		305									
	Soyabean flour		306									
	Soya Pieces		315									
	Ground bean (*nzama)*		307									
	Cowpea (*khobwe*)		308									
	Macademia nuts		309									
	Other (specify)		310									

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

CODES FOR UNIT:

KILOGRAMME. . . .1
PAIL. 4
PAIL SMALL . . .4A
PAIL MEDIUM. . .4B
PAIL LARGE. ... 4C
No 10 PLATE. . . . 6
No 10 PLATE FLAT .6A
No 10 PLATE HEAPED. . .6B
No 12 PLATE. 7
No 12 PLATE FLAT. 7A
No 12 PLATE HEAPED. . .7B
BUNCH SMALL. . . .8A
BUNCH MEDIUM. . . 8B
BUNCH LARGE. . . .8C
PIECE. 9
PIECE SMALL. . . .9A
PIECE MEDIUM. . . 9B
PIECE LARGE. . . .9C
HEAP. 10
HEAP SMALL. . . .10A
HEAP MEDIUM. . . 10B
HEAP LARGE. . . .10C
LITRE. 15
GRAM. 18
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TINA. 25
TINA FLAT. . . . 25A
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BASIN (SMALL). . 27A
BASIN (SMALL) FLAT.....27D
BASIN (SMALL) HEAPED... 27E
LOAF (300G) . . . 31
LOAF (600G) . . . 32
LOAF (700G).. . . 33
PACKET (150G).. . 34
PACKET (400G). . 35
PACKET (500G). . 36
PACKET (1KG). . . 37
SATCHET/TUBE (25G). . 41
SATCHET/TUBE (50G). . 42
SATCHET/TUBE (100G). . 43
CLUSTER. 44
CLUSTER SMALL. . 44A
CLUSTER MEDIUM . 44B
CLUSTER LARGE. . 44C
PACKET. 51
PACKET(SMALL). .. 54
PACKET (LARGE). . 55
TABLESPOON. . . . 59
PACKET. 60
PACKET (250G). . 65
PACKET (25g). . . 70
TIN 100G. 71
TIN 250G. 72
TIN 500G. 73
CUP. 80

	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2>> **NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Vegetables											
	Onion *		401									
	Cabbage *		402									
	Tanaposi/Rape *		403									
	Nkhwani *		404									
	Chinese cabbage		405									
	Other cultivated green leafy vegetables		406									
	Gathered wild green leaves		407									
	Tomato *		408									
	Cucumber*		409									
	Pumpkin *		410									
	Okra / *Therere* *		411									
	Tinned vegetables (specify)		412									
	Mushroom		413									
	Eggplants (aubergines), fresh or chilled		415									
	Carrots, fresh or chilled		416									
	Other vegetables (specify)		414									
	Meat, Fish and Animal products											
	Eggs		501									
	Dried fish *		502									
	Fresh fish *		503									
	Beef		504									
	Goat		505									

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CODES FOR UNIT:

KILOGRAMME. . . .1
PAIL. 4
PAIL SMALL . . .4A
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BUNCH SMALL. . . .8A
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PIECE. 9
PIECE SMALL. . . .9A
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	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2>> **NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week? QUANTITY	UNIT	G04 How much came from purchases? QUANTITY	UNIT	G05 How much did you spend? MK	G06 How much came from own-production? QUANTITY	UNIT	G07 How much came from gifts and other sources? QUANTITY	UNIT
	Meat, Fish and Animal products (Continued)											
	Pork		506									
	Mutton		507									
	Chicken		508									
	Other poultry - guinea fowl, doves,quails etc.		509									
	Small animal – rabbit, mice, etc.		510									
	Termites, other insects (eg Ngumbi, caterpillar)		511									
	Tinned meat or fish		512									
	Smoked fish*		513									
	Fish Soup/Sauce		514									
	Offal, liver, blood and other parts of slaughtered animals		516									
	Sausage, minced meat, meat balls and other processed meat		517									
	Other (specify)		515									
	Fruits											
	Mango *		601									
	Banana *		602									
	Citrus – naartje, orange, etc.		603									
	Pineapple		604									
	Papaya		605									
	Guava *		606									
	Avocado		607									
	Wild fruit (*masau, malambe, etc.*)		608									
	Apple		609									
	Peaches		615									
	Water melons, fresh		616									
	Other fruits (specify)		610									

CODES FOR UNIT:

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PAIL. 4
PAIL SMALL . . .4A
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	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2>> **NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Cooked Foods from Vendors											
	Maize - boiled or roasted (vendor)		820									
	Chips (vendor)		821									
	Cassava - boiled (vendor)		822									
	Eggs - boiled (vendor)		823									
	Chicken (vendor)		824									
	Meat (vendor)		825									
	Fish (vendor)		826									
	Mandazi, doughnut (vendor)		827									
	Samosa (vendor)		828									
	Meal eaten at restaurant		829									
	Boiled sweet potatoes		831									
	Roasted sweet potatoes		832									
	Boiled groundnuts		833									
	Roasted groundnuts		834									
	Popcorn		835									
	Zikondamoyo / Nkate		836									
	KALONGONDA (Mucuna)		837									
	Other (specify)		830									
	Milk and Milk Products											
	Fresh milk		701									
	Powdered milk		702									
	Margarine - Blue band		703									
	Butter		704									
	Chambiko - soured milk		705									
	Yoghurt		706									
	Cheese		707									
	Infant feeding formula (for bottle)		708									
	Other (specify)		709									

CODES FOR UNIT:

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PAIL MEDIUM. . .4B
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	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2>> **NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Sugar, Fats, and Oil											
	Sugar		801									
	Sugar Cane		802									
	Cooking oil *		803									
	Other (specify)		804									
	Beverages											
	Tea		901									
	Coffee		902									
	Cocoa, millo		903									
	Squash (Sobo drink concentrate)		904									
	Fruit juice		905									
	Freezes (flavoured ice)		906									
	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907									
	Chibuku(commercial traditional-style beer)		908									
	Bottled water		909									
	Maheu		910									
	Bottled / canned beer (Carlsberg, etc.)		911									
	Thobwa		912									
	Traditional beer (*masese*)		913									
	Wine or commercial liquor		914									
	Locally brewed liquor (*kachasu*)		915									
	Energy drinks		917									
	Other (specify)		916									

CODES FOR UNIT:

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PAIL SMALL . . .4A
PAIL MEDIUM. . .4B
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No 10 PLATE.. . . 6
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TIN 500G. 73
CUP. 80

	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
	Spices & Miscellaneous											
	Salt *		810									
	Spices		811									
	Yeast, baking powder, bicarbonate of soda		812									
	Tomato sauce (bottle)		813									
	Hot sauce (Nali, etc.)		814									
	Jam, jelly		815									
	Sweets, candy, chocolates		816									
	Honey		817									
	Other (specify)		818									

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

		G08. Over the past one week (7 days), how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	**Cereals, Grains and Cereal Products** (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
B	**Roots, Tubers, and Plantains** *[Previous Page: 200]* (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
C	**Nuts and Pulses** *[Previous Page: 300s]* (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse)	
D	**Vegetables** *[Previous Page: 400s]* (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E	**Meat, Fish and Animal Products** *[Previous Page: 500s]* Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F	**Fruits** *[Previous Page: 600s]* (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G	**Milk/Milk Products** *[Previous Page: 700s]* (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
H	**Fats/Oil** *[Previous Page: 703, 704, 803, 804 (if app.)]* (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I	**Sugar/Sugar Products/Honey** *[Previous Page: 801, 802, 804 (if app.), 815, 816, 817, 817 (if app.)]* (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
J	**Spices/Condiments** *[Previous Page: 900s, 810-814, 817 (if app.)]* (Tea; Coffee/Cocoa/Millop; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

G09. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household?

YES..1
NO...2 **>> NEXT MODULE** ☐

		For G10-G11: IF NOT SHARED, RECORD ZERO.	G10 What was the total number of days in which any meal was shared with people […]? **NUMBER OF DAYS**	G11 What was the total number of meals that were shared over past 7 days with […]? **NUMBER OF MEALS**
A	Children 0-5 years			
B	Children 6-15 years			
C	Adults 16-65 years			
D	People over 65 years old			

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE G: ☐ ID

ENUMERATOR: RECORD END TIME FOR MODULE G: ☐☐ HOURS ☐☐ MINUTES

MODULE H: FOOD SECURITY

ENUMERATOR: RECORD START DATE & TIME FOR MODULE H:

DAY	MONTH	HOURS	MINUTES

H01	H03			H04
In the past 7 days, did you worry that your household would not have enough food?	How many meals, including breakfast are taken per day in your household?			In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household?
	a. Adults	b. Children (5-17 Yrs of Age)	c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN	
YES..1 NO...2	NUMBER	NUMBER	NUMBER	YES.1 NO..2 **>>NEXT MODULE**

CODES FOR H06:

Inadequate household stocks due to drought/ poor rains.....1

Inadequate household food stocks due to crop pest damage.....2

Inadequate household food stocks due to small land size.....3

Inadequate household food stocks due to lack of farm inputs...4

Food in the market was very expensive.....5

Unable to reach the market due to high transportation costs.....6

No food in the market.....7

Floods/water logging.....8

Insufficient funds....9

H05

When did you experience this incident in the last 12 months?

MARK X IN EACH MONTH OF **2023 AND 2024** THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD

LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MONTHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE.

2023									2024		
Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

2024									2025				a.	b.	c.
Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	1ST	2ND	3RD

H06

What was the cause of this situation?

LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE H: ____ ID

ENUMERATOR: RECORD END TIME FOR MODULE H: ____ HOURS ____ MINUTES

MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTH

ENUMERATOR: RECORD START DATE & TIME FOR MODULE I: DAY | MONTH | HOURS | MINUTES

ONE WEEK RECALL

Over the past one week (7 days), did your household purchase or pay for any [...]?	I01 YES.1 NO..2>>NEXT ITEM	I02 ITEM CODE	I03 How much did you pay in total? MK
Charcoal		101	
Paraffin or kerosene		102	
Cigarettes or other tobacco		103	
Candles		104	
Matches		105	
Newspapers or magazines		106	
Public transport - Bicycle Taxi		107	
Public transport - Bus/Minibus		108	
Public transport - Car/Taxi		239	
Public transport - Other (Truck, Oxcart, Etc..)		109	
Public Transport - Motor Cycle Taxi (Kabaza)		110	
Recharging batteries, cell phones		223	

ONE MONTH RECALL

Over the past one month [30 days], did your household	I04 YES.1 NO..2>>NEXT ITEM	I05 ITEM CODE	I06 How much did you pay in total? MK	I07 For what purpose did you use [ITEM]? Household use...1 Business.....2
Milling fees, grain		201		
Bar soap (body soap or clothes soap)		202		
Clothes soap (powder, paste)		203		
Toothpaste, toothbrush		204		
Toilet paper		205		
Glycerine, Vaseline, skin creams		206		
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207		
Light bulbs		208		
Postage stamps or other postal fees		209		
Donation - to church, charity, beggar, etc.		210		
Diesel		2121		
Petrol		212		
Motor vehicle spare parts and accessories		2131		
Bicycle spare parts and accessories		2141		
Motor vehicle maintenance and repairs		213		
Bicycle service maintenance and repairs		214		
Wages paid to servants		215		
Mortgage - regular payment to purchase house		216		
Repairs & maintenance to dwelling		217		
Repairs to household and personal items (radios, watches,		218		
Expenditures on pets		219		
Batteries (wireless and cell phones)		220		
Shoe polish		224		
Hair dressing salons and barber shops		225		

ONE MONTH RECALL

Over the past one month [30 days], did your household	I04 YES.1 NO..2**>>NEXT ITEM**	I05 **ITEM CODE**	I06 How much did you pay in total? **MK**	I07 For what purpose did you use [ITEM]? Household use...1 Business.....2
Gas (LPG)		226		
Insecticides (spray, coil)		227		
Disinfectant and cleaners(Chlorine, Toilet cleaner,Handy andy etc)		228		
Dish Washing Bar soap/Liquid/Paste		229		
Methylated spirits		230		
Tolls on motorways		232		
Courier services for letters and parcels		233		
Music/Film/TV streaming services		234		
Subscription to satellite TV (DStv, Gotv, Zuku, starsat, Azam)		235		
Deodorant, perfume		236		
Hand & Body lotion		237		
Sanitary Towels, panty liners, cotton wool		238		

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE I: ID

ENUMERATOR: RECORD END TIME FOR MODULE I: HOURS MINUTES

MODULE J: NON-FOOD EXPENDITURES

OVER PAST THREE MONTHS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE J: DAY | MONTH | HOURS | MINUTES

Over the past three months [90 DAYS], did your household purchase or pay for any [...]?	J01 YES.1 NO..2>>NEXT	J02 ITEM CODE	J03 How much did you pay in total? MK
Infant clothing		301	
Baby nappies/diapers		302	
Men/Boys trousers		303	
Men/Boys shirts		304	
Men/Boys jackets		305	
Men/Boys undergarments		306	
Men/Boys Shorts		307	
Men/Boys T-shirts		308	
Other Garments for men or boys		309	
Women/Girls blouse/shirt		313	
Women/Girls dress/skirt		314	
Women/Girls undergarments		315	
Women/Girls Tights		350	
Women/Girls other clothing		316	
Chitenje cloth		318	
Plastic Basin		321	

Over the past three months [90 DAYS], did your household purchase or pay for any [...]?	J01 YES.1 NO..2>>NEXT	J02 ITEM CODE	J03 How much did you pay in total? MK
Men/Boys shoes		323	
Women/Girls shoes		325	
Repair of footwear		351	
Cloth, thread, other sewing material		327	
Laundry, dry cleaning, tailoring fees		328	
Bowls, glassware, plates, silverware, etc.		329	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		330	
Cleaning utensils (brooms, brushes, etc.)		331	
Torch / flashlight		332	
Umbrella		333	
Paraffin lamp (hurricane or pressure)		334	
Stationery items (not for school)		335	
Books (not for school)		336	
Music or video cassette or CD/DVD		337	
Tickets for sports / entertainment events		338	
House decorations		339	
Night's lodging in rest house		340	
Night's lodging in hotel		341	
Flask		342	
Make up eg. lipstick, nail vannish etc.		343	
Hair braids, Weaves, Wigs and Hairpiece		344	
Travel bags, Hand-bags,Wallets, Purses		345	
Photocopying/printing/scanning/typing services		346	

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE J:

ID

ENUMERATOR: RECORD END TIME FOR MODULE J:

HOURS | MINUTES

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE K: DAY | MONTH | HOURS | MINUTES

Over the past one year (twelve months - 365 DAYS), did your household purchase or pay for any [...]? YES.1 NO..2>>NEXT	K01	K02 ITEM CODE	K03 How much did you pay in total? MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Cement		408	
Paint		440	
Bricks		409	
Construction timber		410	
Council rates		411	
Insurance - health (MASM, etc.), auto, home, life		412	
Long-term care insurance (e.g. MASM)		431	
Owner-occupiers insurance against fire		432	
Tenants insurance against fire		433	
Car insurance/Motor vehicle Insurance		434	
Damage to third parties insurance		435	
Motorcycles insurance		436	
Losses to theft (value of items or cash lost)		413	
Fines or legal fees		414	
Lobola (bridewealth) costs		415	
Marriage ceremony costs		416	

Over the past one year (twelve months - 365 DAYS), did your household purchase or pay for any [...]? YES.1 NO..2>>NEXT	K01	K02 ITEM CODE	K03 How much did you pay in total? MK
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	
Corrugated Iron Sheets		441	
Ply Wood/Doors Wooden/Frames Door Wooden		421	
Iron bars		422	
Tiles		423	
Plumbing pipes		424	
Services of Plumbers/Electricians/Carpenters/builders/Electricity installation charges		425	
Driving licenses/lessons and tests		426	
Road worthiness tests		427	
Estate/housing agents services		428	
Services of Portrait/event photography/video coverage		429	
National Identity cards/Passports/Visa		437	

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS CONTINUED

NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED

Over the past one year (twelve months) did your household gather, purchase, or pay for any [...]? YES.1 NO..2>>**NEXT ITEM**	K01	K02 **ITEM CODE**	K03 What was the estimated total value of [...] consumed? **MK**	K04 What was the cost of that which you purchased? **MK**
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE K: ID

ENUMERATOR: RECORD END TIME FOR MODULE K: HOURS MINUTES

MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE L:

DAY	MONTH	HOURS	MINUTES

ITEM	L01 Does your household own a [ITEM]? YES..1 NO...2 >> **NEXT ITEM**	L02 DURABLE GOOD ITEM CODE	L03 How many [ITEM]s do you own? NUMBER	L03b For what purpose do you use [ITEM]? Household use...1	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. YEARS	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. MK	L06 Did you purchase or pay for any [ITEM] in the last 12 months? YES..1 NO...2 >> **NEXT ITEM**	L07 How much in total did pay for [ITEM] in the last 12 months? MK
Mortar/pestle (*mtondo*)		501						
Bed		502						
Table		503						
Chair		504						
Fan		505						
Air conditioner		506						
Radio ('wireless')		507						
Radio with flash drive/micro CD		5801						
Tape or CD/DVD player; HiFi; Home theatre/stereo music system		508						
Television		509						
VCR		510						
Sewing machine		511						
Kerosene/paraffin stove		512						
Electric or gas stove; hot plate, cooker		513						
Refrigerator		514						
Washing machine		515						

MODULE L: DURABLE GOODS (CONTINUED)

ITEM	L01 Does your household own a [ITEM]? YES..1 NO...2>>**NEXT ITEM**	L02 DURABLE GOOD ITEM CODE	L03 How many [ITEM]s do you own? NUMBER	L03b For what purpose do you use [ITEM]? Household use...1	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. YEARS	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. MK	L06 Did you purchase any [ITEM] in the last 12 months? YES..1 NO...2 >>**NEXT ITEM**	L07 How much in total did you pay for [ITEM] in the last 12 months? YES..1 NO...2 >>**NEXT ITEM** MK
Bicycle		516						
Motorcycle/scooter		517						
Car		518						
Mini-bus		519						
Lorry		520						
Beer-brewing drum		521						
Upholstered chair, sofa set		522						
Coffee table (for sitting room)		523						
Cupboard, drawers, bureau		524						
Lantern (paraffin)		525						
Desk		526						
Clock		527						
Iron (for pressing clothes)		528						
Computer equipment & accessories		529						
Satelite dish, decorder,tv box		530						
Solar panel		531						
Generator		532						

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE L:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE L:

HOURS MINUTES

MODULE M: FARM/FISHERY IMPLEMENTS, MACHINERY, AND STRUCTURES

A. Did your household own or rent any farm implements, machinery and/or structures, such as hand hoe, panga knife, treadle pump, ox cart, tractor, plough, generator, chicken house, storage house, barn, etc… in the last 12 months?

YES..1
NO...2>> **NEXT MODULE**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE M:

DAY | MONTH | HOURS | MINUTES

ITEM		M00 Does your household currently own [ITEM] ? YES..1 NO...2>> **M04**	M01 How many [ITEM] does your household currently own? NUMBER	M02 What is the age of the [ITEM]? IF MORE THAN ONE [ITEM], ASK FOR THE AVERAGE AGE OF ALL [ITEM]S. YEARS	M03 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE [ITEM], ASK FOR THE AVERAGE VALUE. MK	M04 Did your household buy any [ITEM] during the last 12 months? YES..1 NO...2>> **M07**	M05 How many [ITEM] did your household buy? NUMBER	M06 What was the value of these MK	M07 **ENUMERATOR:** IS THE [ITEM] A FARM STRUCTURE/ BUILDING? YES..1 NO...2>> **M10**	M08 How many [ITEM] did your household build during the last 12 months? IF NONE, RECORD ZERO AND >> **M10.** NUMBER
IMPLEMENTS										
601	HAND HOE									
602	SLASHER									
603	AXE									
604	SPRAYER									
605	PANGA KNIFE									
606	SICKLE									
607	TREADLE PUMP									
608	WATERING CAN									
MACHINERY										
609	OX CART									
610	OX PLOUGH									
611	TRACTOR									
612	TRACTOR PLOUGH									
613	RIDGER									
614	CULTIVATOR									
615	GENERATOR									
616	MOTORISED PUMP									
617	GRAIN MILL									
626	HARROW									
627	PLANTER									
628	BOOMSPRAYER									
629	SHELLER									
630	WATER PUMP / SOLAR PUMP									
618	OTHER (SPECIFY)									
STRUCTURES/BUILDINGS										
619	CHICKEN HOUSE									
620	LIVESTOCK KRAAL									
621	POULTRY KRAAL									
622	STORAGE HOUSE									
623	GRANARY									
624	BARN									
625	PIG STY									
FISHERIES										
670	FISHERIES GEAR (E.G GILL NETS, LINES, SEINE NETS)									
671	BOAT WITH ENGINE									
672	BOAT WITHOUT ENGINE									

MODULE M: FARM/FISHERY IMPLEMENTS, STRUCTURES AND MACHINERY (CONTINUED)

ITEM		M09 How much did it cost to build [ITEM]? MK	M10 Did your household use the [ITEM] during the last 12 months? YES..1 **>> M12** NO...2	M11 What was the main reason for not using the [ITEM]? NO NEED FOR ONE.....1 NEEDS REPAIRS....2 LENT TO OTHERS.....3 RENTED TO OTHERS.....4 OTHER (SPECIFY)..5	M12 Did your household rent or borrow any [ITEM] during the last 12 months? YES..1 NO...2 **>>NEXT ITEM**	M13 How many [ITEM] did your household rent or borrow during the last 12 months? NUMBER	M14 How much did your household pay to rent or borrow [ITEM] during the last 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS MK
IMPLEMENTS							
601	HAND HOE						
602	SLASHER						
603	AXE						
604	SPRAYER						
605	PANGA KNIFE						
606	SICKLE						
607	TREADLE PUMP						
608	WATERING CAN						
MACHINERY							
609	OX CART						
610	OX PLOUGH						
611	TRACTOR						
612	TRACTOR PLOUGH						
613	RIDGER						
614	CULTIVATOR						
615	GENERATOR						
616	MOTORISED PUMP						
617	GRAIN MILL						
626	HARROW						
627	PLANTER						
628	BOOMSPRAYER						
629	SHELLER						
630	WATER PUMP / SOLAR PUMP						
618	OTHER (SPECIFY)						
STRUCTURES/BUILDINGS							
619	CHICKEN HOUSE						
620	LIVESTOCK KRAAL						
621	POULTRY KRAAL						
622	STORAGE HOUSE						
623	GRANARY						
624	BARN						
625	PIG STY						
FISHERIES							
670	FISHERIES GEAR (E.G GILL NETS, LINES, SEINE NETS)						
671	BOAT WITH ENGINE						
672	BOAT WITHOUT ENGINE						

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE M:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE M:

HOURS MINUTES

ENUMERATOR:
RECORD
END TIME
FOR MODULE M:

MODULE N: HOUSEHOLD ENTERPRISES

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE N:

DAY	MONTH	HOURS	MINUTES

Over the past 12 months has anyone in your household…

N01 … owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.? YES...1 NO....2 ☐

N02 … sold any processed products derived from PURCHASED crops, livestock, fishing, or forest products? This means raw materials that were not grown, raised, fished, or foraged/collected by your household, but instead were purchased by your household and then processed for sale. Examples include flour, juice, beer, jam, oil, seed, fish filets, cured meats, wicker baskets, etc. YES...1 NO....2 ☐

N03 … owned a trading business on a street or in a market? YES...1 NO....2 ☐

N04 … offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.? YES...1 NO....2 ☐

N05 … owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc? YES...1 NO....2 ☐

N06 … driven a household-owned taxi or pick-up truck to provide transportation or moving services? YES...1 NO....2 ☐

N07 … owned a bar or restaurant? YES...1 NO....2 ☐

N08 …owned any other non-agricultural business, even if it is a small business run from home or on a street? YES...1 NO....2 ☐

B. **ENUMERATOR:** IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08? ☐

YES..1
NO...2>>PAGE 51 TO RECORD PRIMARY RESPONDENT ID AND END TIME

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N09 Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months. PROVIDE A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT/SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO N10. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.		N10 Who in the household manages this enterprise or is most familiar with it? LIST UP TO 2 FROM HOUSEHOLD ROSTER		N11 RECORD THE ID OF THE RESPONDENT, FOR THIS [ENTERPRISE]. LIST FROM HOUSEHOLD ROSTER	N12 Who in the household owns this [ENTERPRISE]? LIST UP TO 2 JOINT OWNERS		N13 How many individuals outside of the household are co-owners of this [ENTERPRISE]? IF NONE, RECORD ZERO IN BOTH COLUMNS, AND **>> N15.**		N14 What share of the profits from this [ENTERPRISE] is kept by your household, rather than the other owners? READ RESPONSES Almost none..1 About 25%....2 About half...3 About 75%....4 Almost all...5 Other (Specify)....6	N15 When was this [ENTERPRISE] first started?	
	WRITTEN DESCRIPTION	(Supervisor to put in code after interview) **INDUSTRY CODE**	**MANAGER 1** **HH ROSTER ID CODE**	**MANAGER 2** **HH ROSTER ID CODE**	**ROSTER ID CODE**	**OWNER 1** **HH ROSTER ID CODE**	**OWNER 2** **HH ROSTER ID CODE**	**MALE** **NUMBER**	**FEMALE** **NUMBER**		**MONTH**	**YEAR (4-DIGIT)**
1												
2												
3												
4												
5												

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N16 What weres the sources of start-up capital for this enterprise? READ ANSWERS. LIST UP TO 2. IF ONLY ONE SOURCE, RECORD "99" IN THE SECOND COLUMN. IF NO SOURCES OF START-UP CAPITAL, RECORD "99" IN BOTH COLUMNS. Own-savings from agriculture.....1 Own-savings from n on-agriculture.....2 Sale of assets owned.....3 Proceeds from another business.....4 Agricultural input credit.5 Non-agricultural credit from bank or other institution.....6 Loan from money lender....7 Loan from family/friends..8 Savings club.....9 Gift from family/friends.10 Inherited.....11 Other (specify).....12		N17 Where do you operate this [ENTERPRISE]? READ RESPONSES Home (inside residence).....1 **>> N20** Home (outside residence).....2 **>> N20** Industrial site.....3 Traditional market place...4 **>> N20** Commercial area shop.....5 Roadside.....6 **>> N20** Other fixed place.....7 Mobile.....8 **>> N20**	N18 Does this [ENTERPRISE] have access to working electricity? Yes..1 No...2 **>> N20**	N19 What is the main source of electricity for this [ENTERPRISE]? ESCOM/GRID...1 SOLAR PANEL..2 GENERATOR....3 OTHER (SPECIFY)....4	N20 To whom do you mostly sell your products or services? READ RESPONSES LIST UP TO 2 BUYERS. Final consumers.....1 Traders.....2 Other small businesses...3 Large established businesses/institutions..4 Export.....5 Manufacturer.....6 Marketing board.....7 Other (specify).....8		N21 Is this [ENTERPRISE] officially registered with the… YES..1 NO...2			N22 Does this [ENTERPRISE] or any of its owners or managers belong to any registered business association? YES..1 NO...2
	1ST	2ND				1ST	2ND	a. Registrar of Companies?	b. Malawi Revenue Authority?	c. Local Assembly?	
1											
2											
3											
4											
5											

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N23 **ENUMERATOR:** DOES THIS BUSINESS SELL FOREST-BASED PRODUCTS? YES..1 NO...2**>>N25**	N24 What is the source of the forest-based product sold by this [ENTERPRISE]? READ RESPONSES Own land.....1 Forest/wild park reserve....2 Communal land...3 Purchased from someone else....4 Other (Specify).5	N25 During the past 12 months, was this [ENTERPRISE] operational in the month of [MONTH], and if so, were your sales high, average, or low? MARK FOR EACH MONTH IN TURN. START FROM THE MOST RECENT MONTH THAT WAS COMPLETED, GOING BACK MONTH BY MONTH. PLACE AN 'X' ABOVE THE CURRENT MONTH. MAKE SURE ALL APPLICABLE MONTHS IN THE PAST 12 MONTH PERIOD ARE MARKED WITH ONE OF THE CODES BELOW. IF THERE IS NO MONTH MARKED WITH "0" IN THE PAST 12 MONTHS, SKIP TO QUESTION N27. NONE:NOT IN OPERATION..0 LOW.....1 AVERAGE.....2 HIGH.....3 **PLACE 'X' BELOW**																			N26 Why was this [ENTERPRISE] not in operation for [PERIOD INDICATED IN N25]? READ RESPONSES LIST UP TO 2 Lack of non-labour inputs..1 Lack of credit.....2 Lack of cash.....3 Seasonal work.....4 Bad weather.....5 Not profitable.....6 Own-Illness/Need to care for household members..7 Other (Specify)....8	
			2023								**2024**											
			MAY	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**1ST**	**2ND**
1																						
2																						
3																						
4																						
5																						

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N27 **ENUMERATOR:** REFER TO N25. WAS THIS [ENTERPRISE] IN OPERATON IN THE LAST MONTH?	N28 Are you planning to resume the operations of this [ENTERPRISE] within the next 12 months?	N29 Why not? READ RESPONSES LIST UP TO 2		N30 A. During the last month of operation, which household members worked for this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER. IF MORE THAN 4 HOUSEHOLD MEMBERS WERE EMPLOYED, USE ANOTHER QUESTIONNAIRE. B. During the last month of operation in the past 12 months, how many days did each household member work for this [ENTERPRISE]? C. During those days, approximately, how many hours did each member work for this [ENTERPRISE]? D. During the last 12 months, how many months did each member work for this [ENTERPRISE]?															
					OWNER # 1				OWNER # 2											
					HH MEMBER # 1				HH MEMBER # 2				HH MEMBER # 3				HH MEMBER # 4			
	YES..1 **>> N30** NO...2	YES..1 **>> N30** NO...2	1ST	2ND	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS
1																				
2																				
3																				
4																				
5																				

Lack of non-labour inputs..1
Lack of credit.....2
Lack of cash.....3
Not profitable.....4
Own-Illness/Need to care for household members..5
Other (Specify)....6

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N31 A. During the last month of operation, how many non-household member men/women/children (under-18) worked for this [ENTERPRISE] ? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO QUESTION N32. B. During the last month of operation in the past 12 months, how many days did a **typical** man/woman/child employee work? C. During the days of employment in the last month of operation in the past 12 months, how many hours did a **typical** man/woman/child employee work? D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of **ALL** men/women/children employees? INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.												N32 During the last month of operation, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25, AND THAT HE/SHE IS NOT NETTING OUT ANY COSTS INCURRED.	N40 During the last month of operation, what was the **profit** (***phindu***)of this [ENTERPRISE]?
	MEN				**WOMEN**				**CHILDREN (U-15)**				**SALES (MK)**	**PROFIT (MK)**
	NUMBER	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**NUMBER**	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**NUMBER**	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**LAST MONTH OF OPERATION**	**LAST MONTH OF OPERATION**
1														
2														
3														
4														
5														

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID

N41
During the last month of operation, what was the total expenditure of this [ENTERPRISE] on…

MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25.

INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS.

IF NOTHING WAS SPENT, RECORD ZERO.

	a. Raw Materials	b. Purchase of Goods for Sale (Inventory)	c. Freight / Transport	d. Fuel / Oil	e. Electricity	f. Water	g. Insurance	h. Other (Specify)
	MK	MK	MK	MK	MK	MK	MK	MK
1								
2								
3								
4								
5								

ENUMERATOR: RECORD PRIM ARY RESPONDENT ID FOR MODULE N:

ID

ENUMERATOR: RECORD END TIME FOR MODULE N:

HOURS MINUTES

MODULE O: CHILDREN LIVING ELSEWHERE

A. Does the household head or spouse have any biological sons and/or daughters who are 15 years old and over and do not live in this household?

YES..1
NO...2 **>> NEXT MODULE** ☐

ENUMERATOR: RECORD START DATE & TIME FOR MODULE O: DAY ☐☐ MONTH ☐☐ HOURS ☐☐ MINUTES ☐☐

LINE NUMBER	RESPONDENT ID	O01 Please list all biological sons and/or daughters of head and/or spouse 15 years old and over who do not live in this household.	O02 Age (YEARS)	O03 Sex (MALE....1 FEMALE..2)	O04 What is the highest grade [NAME] has completed in school? (NEVER ATTENDED SCHOOL- 0; PRIMARY STND. 1 - 1, STND. 2 - 2, STND. 3 - 3, STND. 4 - 4, STND. 5 - 5, STND. 6 - 6, STND. 7 - 7, STND. 8 - 8; SECONDARY FORM 1 - 9, FORM 2 - 10, FORM 3 - 11, FORM 4 - 12; FORM 5 - 13, FORM 6 - 14; UNIVERSITY UNIV. 1 - 15, UNIV. 2 - 16, UNIV. 3 - 17, UNIV. 4 - 18, UNIV. 5 & ABOVE - 19; TRAINING COLLEGE TC YR. 1 - 20, TC YR. 2 - 21, TC YR. 3 - 22, TC YR. 4 - 23)	O05 Has [NAME] ever lived in this household? (YES..1 NO...2**>>O07**)	O01_2 IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHPS ROSTER ID NUMBER FROM TRACKING FORM. ELSE, ENTER 99. (IHPS 2019 ROSTER ID)	O06 In which year did [NAME] leave the household? (YEAR (4-DIGIT))	O06_1 What was the main reason(s) that [NAME] left the household? (PARENTS MOVED. .1; TO LIVE WITH RELATIVES . . .2; SCHOOLING. . . .3; MARRIAGE . . . .4; FAMILY QUARREL .5; DIVORCE. . . . .6; RETURN FROM WORK ELSEWHERE.7; JOB TRANSFER . .8; LOOK FOR WORK. .9; START NEW JOB OR BUSINESS . 10; LOOKING FOR LAND TO FARM. 11; TO RECOVER FROM ILLNESS. 12; ENVIRONMENTAL/NATURAL DISASTER (E.G. FLOOD, DROUGHT, HURRICANE, EARTHQUAKE)..16; OTHER (SPEC.). 13)	O07 Where does [NAME] currently live? IF IN MALAWI, ASK FOR THE NAME OF DISTRICT OF CURRENT RESIDENCE. IF ABROAD, ASK FOR THE NAME OF COUNTRY OF CURRENT RESIDENCE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES.		O08 For how long has [NAME] lived in this [DISTRICT/ COUNTRY REPORTED IN O07]? (CODES FOR UNIT: MONTH..1 YEAR...2)		O09 What is [NAME]'s current activity status? (SELF EMPLOYED....1 EMPLOYED.....2 UNEMPLOYED..2**>>O11** STUDENT.....3**>>O11** HOUSE WORK..4**>>O11** HANDI-CAPPED.....5**>>O11** OTHER (SPECIFY)...6**>>O11** DONT KNOW...7)
										DISTRICT or COUNTRY	CODE	LENGTH	UNIT	
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

O10 What is the current main occupation of [NAME]? (Supervisor to put in occupation code after interview) DESCRIPTION / OCCUP. CODE	O11 Did [NAME] send any cash to this household at any point during the last 12 months? EXCLUDE FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>O15	O12 At what frequency did [NAME] send cash to this household during the last 12 months? READ RESPONSES Annually (once a Year)..1 >>O14 Semi Annually (twice a year).....2>>O14 Three times a year.....3>>O14 Quarterlly (four times a year).....4>>O14 Every 2 month .....5>>O14 Every month 6	O13 How much cash did [NAME] send to this household **each month** during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA. AMOUNT/ MONTH	O13_1 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >> O15) HH ROSTER ID CODE #1 / HH ROSTER ID CODE #2	O14 How much cash did [NAME] send to this household **in total** during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA. AMOUNT IN TOTAL	O14_1 Of the Cash that [NAME] sent in the last 12 months, did any of it come through other means other than a bank? YES.1 NO..2>>O14_4	O14_2 In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER RECEIVED USD.....1 POUNDS..2 EUROS...3 SOUTH AFRICAN RANDS...4 MALAWIAN KWACHA...6 OTHERS, SPECIFY..5	O14_3 How much cash did [Name] send through other means other than the bank during the last 12 months? RECORD THE AMOUNT RECEIVED IN THE CURRENCY SPEIFIED IN 014_2	O14_4 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER HH ROSTER ID CODE #1 / HH ROSTER ID CODE #2	O15 Did [NAME] send any in-kind assistance to this household at any point during the last 12 months? INCLUDE ONLY FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>NEXT ROW	O16 At what frequency did [NAME] send in-kind assistance to this household during the last 12 months? READ RESPONSES Twice or More Per Month..1 Monthly....2 Quarterly..3 Semi-Annually...4 Annually...5 Sporadically As Needed..6 Other (Specify)..7	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months? MK	O18 Who in the household kept/ decided on the use of this in-kind assistance? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >>NEXT ROW) HH ROSTER ID CODE #1 / HH ROSTER ID CODE #2

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE O: ID

ENUMERATOR: RECORD END TIME FOR MODULE O: HOURS MINUTES

MODULE P: OTHER INCOME

ENUMERATOR: RECORD START DATE & TIME FOR MODULE P:

DAY | MONTH | HOURS | MINUTES

CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES.1 NO..2>> NEXT ROW	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED MK	P03 How much of [SOURCE] came from rural/urban/international locations? FROM RURAL AREAS MK	FROM URBAN AREAS MK	FROM OTHER COUNTRIES MK	P03_1 If Cash was received from another country, did any of it come through other means other than a bank? YES.1 NO..2>> P04	P03_2 In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER RECEIVED USD.....1 POUNDS..2 EUROS...3 SOUTH AFRICAN RANDS...4 OTHERS, SPECIFY..6	P03_3 How much cash was received through other means other than the bank during the last 12 months? RECORD THE AMOUNT RECEIVED IN THE CURRENCY SPECIFIED IN P03_2	P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER. HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
INCOMING TRANSFERS / GIFTS:											
101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]										
102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]										
103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]										
PENSION & INVESTMENT INCOME:											
104	Savings, Interest or Other Investment Income										
105	Pension Income (Public)										
116	Pension Income (Private)										
RENTAL INCOME:											
106	Income from Non-Agricultural Land Rental										
107	Income from Apartment, House Rental										

MODULE P: OTHER INCOME (CONTINUED)

CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES.1 NO..2 >> NEXT SOURCE	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED MK	P03 How much of the total [SOURCE] came from rural/urban/international locations? FROM RURAL AREAS MK	FROM URBAN AREAS MK	FROM OTHER COUNTRIES MK	P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER. HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
RENTAL INCOME (CONTINUED):								
108	Income from Shop, Store Rental							
109	Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)							
REVENUE FROM SALES OF ASSETS:								
110	Income from Real Estate Sales							
111	Income from Household Non-Agricultural Asset Sales							
112	Income from Household Agricultural/Fishing Asset Sales							
OTHER INCOME:								
113	Inheritance							
114	Lottery/Gambling Winnings							
115	Other Income (Specify):							

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE P: ID

ENUMERATOR: RECORD END TIME FOR MODULE P: HOURS MINUTES

MODULE Q: GIFTS GIVEN OUT

ENUMERATOR: RECORD START DATE & TIME FOR MODULE Q:

DAY | MONTH | HOURS | MINUTES

CODE	ITEM	Q01 During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household? YES.1 NO..2 **>> NEXT ITEM**	Q02 How much of the [ITEM] given away was destined to rural/urban/international locations? **TO RURAL AREAS** **MK**	**TO URBAN AREAS** **MK**	**TO OTHER COUNTRIES** **MK**	Q02_1 If cash was sent to another country, did any of it go through other means other than a bank? YES.1 NO..2>> Q03	Q02_2 In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER SENT USD.....1 POUNDS..2 EUROS...3 SOUTH AFRICAN RANDS...4 OTHERS, SPECIFY..6	Q02_3 How much cash was sent through other means other than the bank during the last 12 months? RECORD THE AMOUNT SENT IN THE CURRENCY SPECIFIED IN Q02_2	Q03 Who in the household decided on the allocation of [ITEM] given away to individuals outside your household (friends/family) during the last 12 months? LIST UP TO 2 FROM HOUSEHOLD ROSTER. **HH ROSTER ID CODE # 1**	**HH ROSTER ID CODE # 2**
	Outgoing Transfers/Gifts									
201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]									
202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K]									
203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]									

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE Q:

ID

ENUMERATOR: RECORD END TIME FOR MODULE Q:

HOURS | MINUTES

MODULE R: SOCIAL SAFETY NETS
[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

DAY	MONTH	HOURS	MINUTES

CODE	PROGRAM *DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.*	R01 In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]? YES...1 NO....2 **>>NEXT ROW**	R02 In the last 12 months, what was the total assistance received from [PROGRAM]?			R03 Was the assistance given to… READ RESPONSES Entire HH...1 **>> R05** Specific HH Members.....2
			CASH MK	IN-KIND CASH VALUE - MK	MAIZE KG	
101	Free Maize (Specify)					
1011	Maize from MVAC					
1021	Other Free Food from MVAC					
1111	Cash from MVAC					
102	Free Food (other than Maize) (Specify)					
1031	Public Works Programme - **Local Development Fund**					
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])					
104	Inputs-For-Work Programme					
105	School Feeding Programme					
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])					
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit					
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)					
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)					
111	Direct Cash Transfers from Government (Mtukula Pakhomo) SPECIFY					
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY					
113	Other, Specify:					

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM *DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.*	R04 Which household members received this assistance in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED					R5 Who in your household controls/decides on the use of assistance from [PROGRAM]? LIST UP TO 2 FROM HOUSEHOLD ROSTER		R6 In the last 12 months, for how many months did your household receive assistance from [PROGRAM]?	R6_1 When did your household **start** receiving cash, food or other aid from [PROGRAM]? (THEN >> NEXT ROW)		R7 When was the last time your household received this assistance (THEN >> NEXT ROW)	
		ID CODE # 1	ID CODE # 2	ID CODE # 3	ID CODE # 4	ID CODE # 5	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	NUMBER OF MONTHS	MONTH	YEAR (4-DIGIT)	MONTH	YEAR (4-DIGIT)
101	Free Maize												
1011	Maize from MVAC												
1021	Other Free Food from MVAC												
1111	Cash from MVAC												
102	Free Food (other than Maize)												
1031	Public Works Programme - **Local Development Fund**												
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])												
104	Inputs-For-Work Programme												
105	School Feeding Programme												
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])												
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit												
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)												
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 'Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)												
111	Direct Cash Transfers from Government												
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY												
113	Other, Specify:												

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE R:

ID

ENUMERATOR: RECORD END TIME

HOURS MINUTES

MODULE S: CREDIT

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE S: DAY | MONTH | HOURS | MINUTES

S01. Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution, receiving either cash or in-kind?

YES...1
NO....2**>>S12** ☐

INSTRUCTION TO CONSIDER LOANS ABOVE OR EQUAL TO 2000 MK

S02 LOAN NO	S03 What are the names of the persons or institutions from whom you or anyone else in your household borrowed on credit money over the past 12 months? LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.	S04 CODE SOURCE OF LOAN USE CODES ON THE NEXT PAGE.	S05 Which household member was responsible for the loan? LIST UP TO 2 FROM HOUSEHOLD ROSTER		S06 What was main reason for obtaining loan? Was it: [READ]	S07 How much was borrowed?	S08 When did you get the loan within the past 12 months?		S09 Is the loan repaid?	S10 Approximately when do you expect to pay back the money?		S11 How much did you pay (do you expect to have paid) in total when you (will have) paid off this loan (interest + principal)? (THEN **>> NEXT ROW.** WHEN ALL LOANS DONE, **>> 12)**
			HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2		MK	CALENDAR MONTH	CALENDAR YEAR		CALENDAR MONTH	CALENDAR YEAR	MK
1												
2												
3												
4												
5												
6												
7												
8												

PURCHASE LAND. .1
PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2
PURCHASE INPUTS FOR TOBACCO . .3
PURCHASE INPUTS FOR OTHER CASH CROPS 4
BUSINESS START-UP. . .5
BOOST CAPITAL. . .10
PURCHASE NON-FARM INPUTS . .6
CONSUMPTION. . .7
HOUSEHOLD NON-FARM EXPENDITURE.....8
OTHER (SPECIFY).9

JAN. .1
FEB. .2
MAR. .3
APR. .4
MAY. .5
JUN. .6
JUL. .7
AUG. .8
SEP. .9
OCT. 10
NOV. 11
DEC. 12

YES..1**>>S11**
NO...2

JAN. .1
FEB. .2
MAR. .3
APR. .4
MAY. .5
JUN. .6
JUL. .7
AUG. .8
SEP. .9
OCT. 10
NOV. 11
DEC. 12

MODULE S: CREDIT (CONTINUED)

S12	S13		S14	S15	S16		S17	S18	S19	
During the last 12 months, did you or anyone else in your household try to borrow from someone outside the household or from an institution and were turned down? YES..1 NO...2 **>>S15**	Who turned you down? LIST UP TO 2. **USE CODES BELOW.**		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS . . . . .4 BUSINESS START-UP. . .5 BOOST CAPITAL. . .10 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 HOUSEHOLD NON-FARM EXPENDITURE.....8	Are you awaiting word on a loan that you applied for during the last 12 months? YES..1 NO...2**>>S18**	From whom or which institution are you awaiting word on a loan? LIST UP TO 2. **USE CODES BELOW.**		What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS . . . . .4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	**ENUMERATOR:** WAS THE ANSWER TO QUESTIONS **S01, S12 AND S15 ALWAYS "NO"?** ANSWER TO ALL THREE QUESTIONS WAS ALWAYS "NO"..1 ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"..2**>>NEXT MODULE**	Why did you not attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.] NO NEED . . . . . .1 BELIEVED WOULD BE REFUSED. . . . . .2 TOO EXPENSIVE . . . . .3 TOO MUCH TROUBLE FOR WHAT IT IS WORTH .4 INADEQUATE COLLATERAL .5 DO NOT LIKE TO BE IN DEBT. . . . . .6 DO NOT KNOW ANY LENDER.7 OTHER (SPECIFY) . . . .8 **(THEN >> NEXT MODULE)**	
	1ST	2ND			1ST	2ND			1ST	2ND

CODES FOR S4, S13 & S16:

RELATIVE / FRIEND 1
NEIGHBOUR. 2
GROCERY/LOCAL MERCHANT 3
MONEY LENDER (KATAPILA). 4
EMPLOYER 5
RELIGIOUS INSTITUTION 6
NEEF 7
SACCO. 9
BANK (COMMERCIAL). 10
NGO. 11
OTHER (SPECIFY). . 12
MICRO-LOAN.....13
VISION FUND.....14
GLOBAL WEALTH.....15

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE S: ID

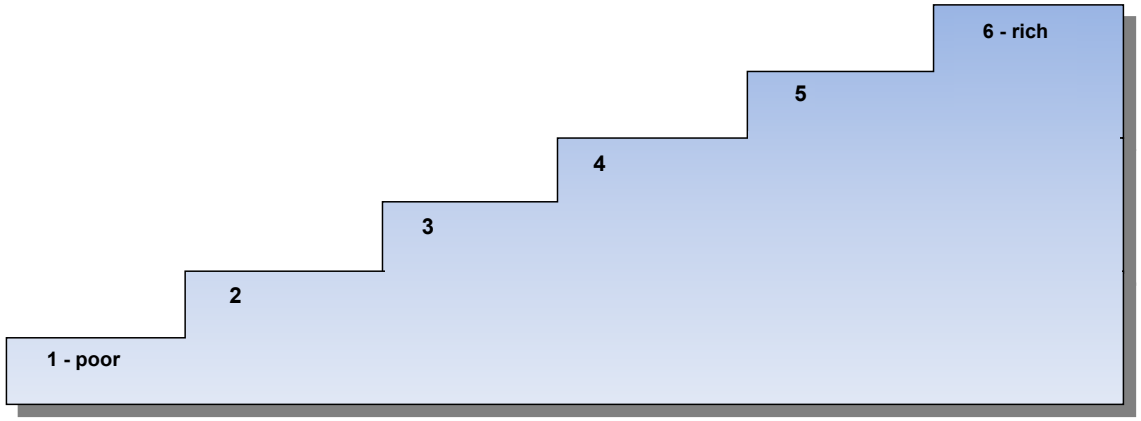
ENUMERATOR: RECORD END TIME FOR MODULE S: HOURS MINUTES

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:

DAY	MONTH	HOURS	MINUTES

T01	T02	T03	T04	T05	T06	T07	T07_1	T07_2	T08	T09	T10	T11	T12
Concerning your household's food consumption over the past one month, which of the following is true?	Concerning your housing, which of the following is true?	Concerning your household's clothing, which of the following is true?	Concerning the standard of health care you receive for household members, which of the following is true?	Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich. SHOW THE PICTURE OF THE STEPS BELOW.			Considering the level of your current household income, would you say that you are living	Taking all things together, would you say you are currently:	Which of the following is true? Your current income . . . [READ]:	How many changes of clothes do you (HH HEAD) own?	What do you (HH HEAD) sleep on?	What do you (HH HEAD) sleep under in the cold season (July)?	What do you (HH HEAD) sleep under in the hot season (October)?
It was less than adequate for household needs. 1 It was just adequate for household needs.. . . 2 It was more than adequate for household needs. 3 *(NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)*				On which step are you today?	On which step are most of your neighbors today?	On which step are most of your friends today?	Well.....1 Fairly well..2 Fairly.....3 With difficulty...4	Very happy.....1 Fairly happy.....2 Not very happy....3 Not at all happy..4	ALLOWS YOU TO BUILD YOUR SAVINGS.....1 ALLOWS YOU TO SAVE JUST A LITTLE.....2 ONLY JUST MEETS YOUR EXPENSES.....3 IS NOT SUFFICIENT, SO YOU NEED TO USE YOUR SAVINGS TO MEET EXPENSES.....4 IS REALLY NOT SUFFICIENT, SO YOU NEED TO BORROW TO MEET EXPENSES.....5	(NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN) NUMBER	BED & MATTRESS . . 1 BED & MAT (GRASS). 2 BED ALONE. . . . . 3 MATTRESS ON FLOOR. 4 MAT (GRASS) ON FLOOR . . . . . 5 CLOTH/SACK ON FLOOR . . . . . 6 FLOOR (NOTHING ELSE) . . . . . 7 OTHER (SPECIFY). . 8	BLANKET & SHEETS. . .1 BLANKET ONLY. . . . .2 SHEETS ONLY . . . . .3 CHITENJE CLOTH. . . .4 FERTILIZER or GRAIN SACK . . . . . .5 CLOTHES . . . . . .6 NOTHING . . . . . .7 OTHER (SPECIFY) . . .8	



MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING (CONTINUED)

T13	T14	T15	T16	T17	T18	T19	T20
During the last 12 months, was there a time when you or others in your household worried about not having enough food to eat because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	During the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?
NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE T: ID

ENUMERATOR: RECORD END TIME FOR MODULE T: HOURS MINUTES

MODULE U: SHOCKS & COPING STRATEGIES

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE

DAY	MONTH	HOURS	MINUTE

CODE	SHOCK	U01 During the last 5 years, was your household affected negatively by any of the following [SHOCK]? YES..1 NO...2 >> NEXT SHOCK	U01_1 How many times did this [SHOCK] occur in this household in the last 5 years? **PLEASE INDICATE NUMBER OF OCCURENCES**	U01_2 When was the last time this [SHOCK] last happened?		U02 'Rank the three most significant shocks you experienced in the last twelve months- **Most Severe (1), Second Most Severe (2), Third (3).**	U02_1 Did [SHOCK] affect only this household, some other households, most households in the community, or all households in the community? Only this household......1 Some other households.....2 Most households in the community...3 All households
			NUMBER	MONTH	YEAR (4-DIGIT)		
101	Drought						
102	Floods						
1103	Late Onset of Rains						
1104	Early Onset of Rain						
1105	Early Cessation of Rains						
1106	Too heavy rains / hailstorms						
1107	Too little Rainfall						
1102	Landslides						
103	Earthquakes						
1108	Very High Temperature						
1109	Extremely strong Winds / Whirlwind						
1110	Cyclone						
104	Unusually High Level of Crop Pests or Disease						
105	Unusually High Level of Livestock Disease						
106	Unusually Low Prices for Agricultural Output						
107	Unusually High Costs of Agricultural Inputs						
108	Unusually High Prices for Food						
123	Unusually High Prices for Fuel						
109	End of Regular Assistance/Aid/ Remittances From Outside Household						
110	Reduction in the Earnings from Household (Non-Agricultural) Business (Not due to Illness or Accident)						
111	Household (Non-Agricultural) Business Failure (Not due to Illness or Accident)						
112	Reduction in the Earnings of Currently Salaried Household Member(s) (Not due to Illness or Accident)						
113	Loss of Employment of Previously Salaried Household Member(s) (Not due to Illness or Accident)						
114	Serious Illness or Accident of Household Member(s)						
122	Disease Outbreak e.g Cholera, COVID-19 etc..						
115	Birth in the Household						
116	Death of Income Earner(s)						
117	Death of Other Household Member(s)						
118	Break-Up of Household						
119	Theft of Money/Valuables/Assets/ Agricultural Output						
120	Conflict/Violence						
121	Other (Specify)						

THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN U02.

LEAVE ALL OTHER ROWS BLANK.

CODE	U03 As a result of this [SHOCK], did your […] … READ RESPONSES FOR EACH COLUMN Increase........1 Decrease........2 Did Not Change..3					U04 What did your household do in response to this [SHOCK] to try to regain your former welfare level? FOR EACH SHOCK, LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. IF HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. USE CODES ON THE RIGHT.		
	INCOME	ASSETS	FOOD PRODUCTION	FOOD STOCKS	FOOD PURCHASES	1ST	2ND	3RD
101								
102								
1103								
1104								
1105								
1106								
1107								
1102								
103								
1108								
1109								
1110								
104								
105								
106								
107								
108								
123								
109								
110								
111								
112								
113								
114								
122								
115								
116								
117								
118								
119								
120								
121								

RELIED ON OWN-SAVINGS........1
RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS.......2
RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT..............3
RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION..................4

CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....5

EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT...6

ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.............7

HOUSEHOLD MEMBERS MIGRATED.....................8
REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION...9

BORROWED FROM FAMILY/FRIENDS…29
BORROWED FROM MONEYLENDERS...30
TOOK A LOAN FROM A FINANCIAL INSTITUTION…31
TOOK ADVANCED PAYMENT FROM EMPLOYER…32
MADE MORE PURCHASES ON CREDIT…33

SOLD AGRICULTURAL ASSETS.11
SOLD DURABLE ASSETS......12
SOLD LAND/BUILDING.......13
SOLD CROP STOCK..........14
SOLD LIVESTOCK...........15
INTENSIFY FISHING........16
SENT CHILDREN TO LIVE ELSEWHERE................17
ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS............18
DID NOT DO ANYTHING......19
REPLANTED CROP (SAME VARIETY)…21
REPLANTED CROP (DIFFERENT VARIETY - E.G. SHORT CYCLE VARIETY)...........22
PLANTED A DIFFERENT CROP.......23
RELIED MORE INTENSIVELY ON IRRIGATION..................24
STARTED OFF-SEASON CULTIVATION....................25
DID NOT SELL CROPS.............26
RECEIVED ASSISTANCE /FINANCIAL SUPPORT FROM COMMUNITY.................27
HOUSEHOLD RECEIVED PAYMENT FROM INSURANCE.........28
SOLD CROP HARVEST IN ADVANCE.....................34
ENGAGED IN ADDITIONAL INCOME GENERATING ACTIVITIES...35
TOOK CHILDREN OUT OF SCHOOL....36
FORCED CHILDREN INTO MARRIAGE..37
SENT CHILDREN (15 AND UNDER)TO WORK..............38
RELIED MORE ON HOMEGROWN PRODUCE FOR FOOD...............39
OTHER (SPECIFY)................20

MODULE U: SHOCKS & COPING STRATEGIES CONTINUED

CODE	SHOCK	U05 Thinking about the next 5 years, how frequently do you expect [SHOCK] to occur? NEVER...1 RARELY...2 MOST YEARS...3 AT LEAST ONCE EVERY YEAR...4	U06 Do you expect any of the following to happen because of [SHOCK] next time it will occur? MULTIPLE RESPONSE YES/ NO LOSS OF CROP PRODUCTION..1 LOSS OF LIVESTOCK/ LIVESTOCK PRODUCTION.....2 LOSS/DAMAGE OF ASSETS OR PROPERTIES….....3 LOSS OF INCOME.....4	U07 To what extent do you think you have control over reducing the losses on […] next time [SHOCK] will occur? NOT AT ALL.....1 TO A LITTLE EXTENT...2 SOMEWHAT.....3 TO A GREAT EXTENT....4 COMPLETELY.....5 CROP PRODUCTION (IF OPTION 1 IS YES)	LIVESTOCK/ LIVESTOCK PRODUCTION (IF OPTION 2 IS YES)	ASSETS/ PROPERTIES (IF OPTION 3 IS YES)	INCOME (IF OPTION 4 IS YES)	OTHER LOSSES (IF OPTION 5 IS YES)
101	Drought							
102	Floods							
1103	Late Onset of Rains							
1104	Early Onset of Rain							
1105	Early Cessation of Rains							
1106	Too heavy rains / hailstorms							
1107	Too little Rainfall							
1102	Landslides							
103	Earthquakes							
1108	Very High Temperature							
1109	Extremely strong Winds / Whirlwind							
1110	Cyclone							
104	Unusually High Level of Crop Pests or Disease							
105	Unusually High Level of Livestock Disease							
106	Unusually Low Prices for Agricultural Output							
107	Unusually High Costs of Agricultural Inputs							
108	Unusually High Prices for Food							
123	Unusually High Prices for Fuel							
109	End of Regular Assistance/Aid/ Remittances From Outside Household							
110	Reduction in the Earnings from Household (Non-Agricultural) Business (Not due to Illness or Accident)							
111	Household (Non-Agricultural) Business Failure (Not due to Illness or Accident)							
112	Reduction in the Earnings of Currently Salaried Household Member(s) (Not due to Illness or Accident)							
113	Loss of Employment of Previously Salaried Household Member(s) (Not due to Illness or Accident)							
114	Serious Illness or Accident of Household Member(s)							
122	Disease Outbreak e.g Cholera, COVID-19 etc..							
115	Birth in the Household							
116	Death of Income Earner(s)							
117	Death of Other Household Member(s)							
118	Break-Up of Household							
119	Theft of Money/Valuables/Assets/ Agricultural Output							
120	Conflict/Violence							
121	Other (Specify)							

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE U:

ID

ENUMERATOR: RECORD END TIME FOR MODULE U:

HOURS MINUTES

MODULE V: CHILD ANTHROPOMETRY

ENUMERATOR: RECORD START DATE & TIME FOR MODULE V: DAY | MONTH | HOURS | MINUTES

V01 ID CODE	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14	V15	V16
	CROSS-SECTIONAL: PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). **PANEL:** PUT AN 'X' FOR ALL **NEW** INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD. FOR IHPS HOUSEHOLD MEMBERS PUT AN 'X' FOR ALL MEMBERS WHO ARE OLDER THAN **20 YEARS OF AGE**. DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS OUTSIDE OF THE SPECIFICIED AGE RANGES. IF NONE WITHIN THE SPECIFIED AGE RANGES FOR EACH HOUSEHOLD AND INDIVIDUAL TYPE, **>>NEXT MODULE.**	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD HH ROSTER ID	How old is [NAME]? RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.		WAS [NAME] MEASURED? YES, MEASURED FULLY.....1>>V07 YES, MEASURED PARTIALLY.2 NO.....3	WHY NOT? NOT AT HOME DURING SURVEY PERIOD. .1 TOO ILL. .2 UNWILLING.3 OTHER. . .4	IS THE ANSWER TO V05 "NO"? YES..1 >>V12 NO...2	WEIGHT OF CHILD IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)	HEIGHT / LENGTH OF CHILD CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING. IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN? STANDING...1 LYING DOWN.2 NOT APPLICABLE.3	WAS THE MEASURE-MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE-MENT DIFFICULT? NORMAL....1 DIFFICULT.2	ASK OF MOTHER / GUARDIAN: Does the child participate in a nutrition programme? YES. .1 NO . .2	ASK OF MOTHER/ GUARDIAN: Does the child participate in an under-five clinic? YES. .1 NO . .2	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)? IF CHILD NOT MEASURED DO NOT RESPOND. YES. .1 NO . .2	IS THIS CHILD 9 MONTHS OR OLDER? YES. .1 NO . .2>> NEXT CHILD	ASK OF MOTHER / GUARDIAN: Was the child given measles vaccination injections or MMR, a shot in the arm at at the age of 9 months or older? ENUMERATOR: CHECK HEALTH CARD YES. .1 NO . .2
			YEARS	MONTHS												
1								___ ___ . ___	___ ___ ___ . ___							
2								___ ___ . ___	___ ___ ___ . ___							
3								___ ___ . ___	___ ___ ___ . ___							
4								___ ___ . ___	___ ___ ___ . ___							
5								___ ___ . ___	___ ___ ___ . ___							
6								___ ___ . ___	___ ___ ___ . ___							
7								___ ___ . ___	___ ___ ___ . ___							
8								___ ___ . ___	___ ___ ___ . ___							
9								___ ___ . ___	___ ___ ___ . ___							
10								___ ___ . ___	___ ___ ___ . ___							
11								___ ___ . ___	___ ___ ___ . ___							
12								___ ___ . ___	___ ___ ___ . ___							

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE V:

ID

ENUMERATOR: RECORD END TIME FOR MODULE V:

HOURS | MINUTES

MODULE Y: DOMESTIC TOURISM

ENUMERATOR: RECORD START DATE & TIME FOR MODULE W : DAYS MONTHS HOURS MINUTES

Y01	Y02	Y03	Y04	Y05	Y06	Y07	Y08	Y09
In the last month,did any member of the household undertake any "overnight trips within Malawi ? Yes.....1 No.....2 >>Y10	Estimate the total number of overnight trips undertaken by any member of the household in the last month	Mention one recent overnight trip that you or any other member of this household undertook in the last month	How many members of the household travelled in this trip to [Y03]?"	What was the MAIN purpose of this trip? Visiting Friends and Relatives.....1 Funeral.....2 Work/Professional ...3 Health and Medical Care.....4 Trading.....5 Religion/Pilgrimages.6 Leisure/holiday /recreation.7 Wedding..... 8 Events..... 9 Education And Training... 10 Holidays, Leisure and recreation..... 11 Meetings. .....12 Shopping. .....13 Festivals..... .14 Conference/ Conventions.....15 Transit.. .....16 Voluntourism(Volunteer tourism.....17	Which MAIN mode of transport did you use on this trip? Car.....1 Plane.....2 Bus.....3 Train.....4 Ship/boat.....5 Motor cycle...6 Bicycle.....7 On Foot.....8	What was the total expenditure of this trip? [*Instruction:include any related expenditure done before and during the trip*]	Out of the [Y07], how much did you spend on Transport.....1 Food or Drinks.....2 Entertainment/amusement...3 Parks entry fee.....4 Personal use.....6 Medical use.....7 Gifts/presents.....8 Tourism package.....9 Other.....10	What type of accomodation did you use for this trip? Hotel/Inn Lodge.....1 Private House.....2 Resthouse.....3 Caravan Camping.....4 Tents / Sleeping Bags.....6 Other...7

SAME DAY TRIP

Y11	Y12	Y13	Y14	Y15	Y16	Y17	Y18	Y19
In the last month,did any member of the household undertake any "same day trips within Malawi ? Yes.....1 No.....2 >>Y19	Estimate the total number of same day trips undertaken by any member of the household in the last month	Mention one recent same day trip that you or any other member of this household undertook in the last month	How many members of the household travelled in this trip to [Y03]?"	What was the MAIN purpose of this trip? Visiting Friends and Relatives.....1 Funeral.....2 Work/Professional ...3 Health and Medical Care.....4 Trading.....5 Religion/Pilgrimages.6 Leisure/holiday /recreation.....7 Wedding..... 8 Events..... 9 Education And Training... 10 Holidays, Leisure and recreation..... 11 Meetings. .....12 Shopping. .....13 Festivals..... .14 Conference/Conventions ....15 Transit.. .....16 Voluntourism(Volunteer tourism.....17 Other..... 18	Which MAIN mode of transport did you use on this trip? Car.....1 Plane.....2 Bus.....3 Train.....4 Ship/boat.....5 Motor cycle...6 Bicycle.....7 On Foot.....8	What was the total expenditure of this trip? [Instruction:include any related expenditure done before and during the trip]	Out of the [Y17], how much did you spend on	Why did any member from the household not take any same day trip inside Malawi in c last month?

Y10

Why did any member from the household not take any overnight trip inside Malawi in the last month?

Financial constraints.....1
Not interested.....2
Lack of time.....3
Long disatance.....4
Lack of information..5
Too old to travel....6
Other.....7

MODULE W: DEATHS IN HOUSEHOLD

W01. Over the past two years, did any member of your household die, including any infants? YES..1 NO...2>>NEXT MODULE ☐

ENUMERATOR: RECORD START DATE & TIME FOR MODULE W: ☐☐ DAYS ☐☐ MONTHS ☐☐ HOURS ☐☐ MINUTES

W02 SERIAL NO	W03 NAME OF DECEASED	W04 DECEASED'S RELATION-SHIP TO HEAD OF HOUSEHOLD CODES BELOW	W05 SEX MALE. .1 FEMALE.2	W06 AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS YEARS / MONTHS	W07 ACCORDING TO W06, WAS THE DECEASED UNDER 12 YEARS OLD WHEN HE/ SHE DIED? YES 1>>W09 NO...2	W08 What kind of work did [NAME] do for most of his/her life? FARMING . . . . . 1 FISHING . . . . . 2 TRADER/MERCHANT . 3 TRANSPORT . . . . 4 TRADESMAN (MASON, CARPENTER, ETC). 5 CIVIL SERVANT . . 6 TEACHER . . . . . 7 DOCTOR/NURSE/ETC. 8 OTHER PROFESSION. 9 CLERK/SECRETARY .10 FACTORY WORKER. .11 RESTAURANT, BAR .12 GENERAL LABOURER.13 HOME WORKER . . .14 STUDENT . . . . .15 MILITARY. . . . .16 OTHER 17	W09 Did [NAME] die of an illness, or of some other cause? ILLNESS .2 (>>W11) OTHER CAUSE. .3	W10 What was the [NON-ILLNESS] cause of [NAME]'s death? TRAFFIC ACCIDENT . . . 1 OTHER ACCIDENT OR INJURY. . . 2 CHILDBIRTH OR COMPLICATIONS. 3 MURDER. . . . . 4 SUICIDE . . . . 5 WITCHCRAFT/ SORCERY. . . . 6 OTHER (SPEC.) . 7 (THEN >>W13)	W11 What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO. CODES BELOW 1ST ILLNESS / 2ND ILLNESS	W12 For how long was [NAME] suffering from this illness before he/she died? TIME AMOUNT / UNIT DAY . 3 WEEK. 4 MONTH 5 YEAR. 6	W13 Was this cause of death diagnosed, or is this only your own percep-tion? MEDICAL DIAGNOSIS 1 NON-MEDICAL DIAGNOSIS .2 OWN PERCEPTION 3	W13_1 Did you acquire a death certificate for [NAME]? YES 1 NO..2>>W14	W13_2 Who certified the death of [NAME]? MEDICAL DOCTOR . . . 1 CLINICAL OFFICER.. . 2 MEDICAL ASSISTANT...3 OTHER (SPECIFY). . 8	W14 After this person died, did you or members of your household lose any land or other assets due to inheritance traditions? YES..1 NO...2 (>>NEXT DECEASED)	W15 What was the value of the land or assets lost? MK
31																	
32																	
33																	
34																	
35																	
36																	

RELATIONSHIP CODES

WIFE/HUSBAND. 2
CHILD/ADOPTED CHILD . .3
GRANDCHILD. 4
NIECE/NEPHEW. 5
FATHER/MOTHER 6
SISTER/BROTHER. 7
SON/DAUGHTER-IN-LAW . .8
BROTHER/SISTER-IN-LAW .9
GRANDFATHER/MOTHER. . 10
FATHER/MOTHER-IN-LAW. 11
OTHER RELATIVE. . . . 12
SERVANT OR SERVANT'S RELATIVE 13
TENANT OR TENANT'S RELATIVE 14

ILLNESS CODES

MALARIA 1
MEASLES 2
DIARRHEA. . . .3
PNEUMONIA . . .4
MENINGITIS. . .5
MALNUTRITION. .6
TUBERCULOSIS. .7
HIV/AIDS..... 8
HEART DISEASE 9
HIGH BLOOD PRESSURE OR CIRCULATORY PROBLEM.....10
STROKE.....11
CANCER.....12
KIDNEY DISEASE.....13
LIVER DISEASE.....14
SEXUALLY TRANSMITTED DISEASE.....15
DIABETES COMPLICATION...16
DOES NOT KNOW 17
REFUSED TO ANSWER ..18
OTHER (SPECIFY) 19

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE W: ☐ ID

ENUMERATOR: RECORD END TIME FOR MODULE W: ☐☐ HOURS ☐☐ MINUTES

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

ENUMERATOR: RECORD START DATE & TIME FOR MODULE X: DAY | MONTH | HOURS | MINUTES

X01. ENUMERATOR: IS THIS A PANEL HOUSEHOLD? YES..1 **>>X10** NO . 2

CROSS-SECTION

X02. **ENUMERATOR:** WHAT WAS THE LAST COMPLETED RAINY SEASON? 2022/23..1 2023/24..2

X03. Did you or anyone in your household own or cultivate a plot during the [LAST COMPLETED RAINY SEASON - IN X02]? *INSTRUCTION : DO NOT CONSIDER PLOTS WHERE **ONLY** CASSAVA, TEA, COFFEE OR ANY FRUITS.* YES..1 NO...2

X04. **ENUMERATOR:** WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON? 2023..1 2024..2

X05. Did you or anyone in your household own or cultivate any plot during the [LAST COMPLETED DRY (DIMBA) SEASON - IN X04]? YES..1 NO...2

X06. Did you or anyone in your household produce any cassava, tea, coffee or any other fruits in the last 12 months? YES..1 NO...2

X07. Did you or anyone in your household own any livestock in the last 12 months? YES..1 NO...2

X08. **ENUMERATOR:** SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? YES..1 NO...2

X09. Did you or anyone in this household practice FISH HUNTING / CAPTURE or FISH FARMING / AQUACULTURE in the last 12 months? YES..1 NO...2

IF YES, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED.

PANEL VISIT 1

X10. Did you or anyone in your household own or cultivate a plot during the 2023/2024 rainy season? *INSTRUCTION : DO NOT CONSIDER PLOTS WHERE ONLY CASSAVA, TEA, COFFEE OR ANY FRUITS* YES..1 NO...2

X11. Did you or anyone in your household own any livestock in the last 12 months? YES..1 NO...2

X11_1. **ENUMERATOR:** SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK `YES' IF RESPONDENT SAID 'YES' TO X10 OR X11. YES..1 NO...2

X12_1. **ENUMERATOR:** IS THIS A PANEL A HOUSEHOLD? YES..1 NO...2>>

END OF HOUSEHOLD QUESTIONNAIRE

PANEL VISIT 2

X13. **ENUMERATOR:** DID HOUSEHOLD SAY 'YES' TO X10? YES..1 NO...2

X14. Did you or anyone in your household cultivate a plot during the 2024 dry (dimba) season? YES..1 NO...2

X15. Did you or anyone in your household harvest any cassava, tea, coffee or any other fruits in the last 12 months? YES..1 NO...2

X16. **ENUMERATOR:** SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X13, X14 or X15. YES..1 NO...2

X17. **ENUMERATOR:** IS THIS A PANEL B HOUSEHOLD? YES..1 NO...2

X18. Did you or anyone in this household practice FISH HUNTING / CAPTURE or FISH FARMING / AQUACULTURE in the last 12 months? YES..1 NO...2

X19. **ENUMERATOR:** SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X18. YES..1 NO...2

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X: ID

ENUMERATOR: RECORD END TIME FOR MODULE X: HOURS | MINUTES

MODULE X: ADDITIONAL QUESTIONS FOR HOUSEHOLDS THAT DID NOT CULTIVATE ANY PLOTS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE X: DAY | MONTH | HOURS | MINUTES

CROSS-SECTION

X9a. **ENUMERATOR:** DID THE HOUSEHOLD SAY "NO" TO X03 AND X05
YES 1
NO..2>>AG QX

X9b. Did you or anyone in your household own or cultivate any plots in the past 5 rainy or dimba (dry) seasons?
YES 1
NO..2>>END

X9c. Please indicate in which of the past 5 rainy or dimba (dry) seasons, members of this household cultivated any plots

USE THESE OPTIONS IF X02 = 1 AND X04==1
2021/2022 RS OR 2022 DS..1
2020/2021 RS OR 2021 DS..2
2019/2020 RS OR 2020 DS..3
2018/2019 RS OR 2019 DS..4
2017/2018 RS OR 2018 DS..5
USE THESE OPTIONS IF X02 = 2 AND X04==2
2022/2023 RS OR 2023 DS..1
2021/2022 RS OR 2022 DS..2
2020/2021 RS OR 2021 DS..3
2019/2020 RS OR 2020 DS..4
2018/2019 RS OR 2019 DS..5

X9d. What are the reasons members of this household did not cultivate any plots in the [LAST COMPLETED RAINY SEASON - *IN X02*] and the [LAST COMPLETED DIMBA SEASON - *IN X04*]?

NO LONGER OWN LAND.....1
RENTED OUT THE LAND.....2
SHARECROPPED OUT LAND.....3
GAVE OUT LAND FOR FREE.....4
LEFT LAND FALLOW.....5
NOT ENOUGH TIME/
LABOUR/HELP TO CULTIVATE.....6
COST ON INPUTS TOO HIGH.....7
DIFFICULT TO OBTAIN INPUTS.....8
FLOOD DAMAGED THE LAND.....9
POOR SOIL QUALITY MAKING
LAND UNSUITABLE
FOR GROWING CROPS.....10
WATER IS SCARCE
FOR GROWING CROPS.....11
CLIMATIC CONDITIONS/ WEATHER
IS BAD FOR GROWING CROPS.. ...12
SWITCHED TO OTHER INCOME
GENERATING ACTIVITIES.....13
OTHER (SPECIFY).....96

END OF QUESTIONS

PANEL VISIT 2

X19a. **ENUMERATOR:** DID THE HOUSEHOLD SAY "NO" TO X10 AND X14
YES 1
NO..2>>AG QX

X19b. Did you or anyone in your household own or cultivate any plots in the past 5 rainy or dimba (dry) seasons?
YES 1
NO..2>>END

X19c. Please indicate in which of the past 5 rainy or dimba (dry) seasons, members of this household cultivated any plots
2022/2023 RS OR 2023 DS..1
2021/2022 RS OR 2022 DS..2
2020/2021 RS OR 2021 DS..3
2019/2020 RS OR 2020 DS..4
2018/2019 RS OR 2019 DS..5

X10c. What are the reasons members of this household did not cultivate any plots in the [LAST COMPLETED RAINY SEASON - *IN X02*] and the [LAST COMPLETED DIMBA SEASON - *IN X04*]?

NO LONGER OWN LAND.....1
RENTED OUT THE LAND.....2
SHARECROPPED OUT LAND.....3
GAVE OUT LAND FOR FREE.....4
LEFT LAND FALLOW.....5
NOT ENOUGH TIME/
LABOUR/HELP TO CULTIVATE.....6
COST ON INPUTS TOO HIGH.....7
DIFFICULT TO OBTAIN INPUTS.....8
FLOOD DAMAGED THE LAND.....9
POOR SOIL QUALITY MAKING
LAND UNSUITABLE
FOR GROWING CROPS.....10
WATER IS SCARCE
FOR GROWING CROPS.....11
CLIMATIC CONDITIONS/ WEATHER
IS BAD FOR GROWING CROPS.. ...12
SWITCHED TO OTHER INCOME
GENERATING ACTIVITIES.....13
OTHER (SPECIFY).....96

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X: ID

ENUMERATOR: RECORD END TIME FOR MODULE X: HOURS | MINUTES

SURVEY HOUSEHOLD MEMBER LIST

B01	B02	B03	B05	
ID CODE	NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX MALE....1 FEMALE..2	How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.	
			YEARS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

E07_1 CROP CODES

MAIZE
LOCAL.....1
COMPOSITE/OPV.....2
HYBRID.....3
HYBRID RECYCLED...4
TOBACCO
BURLEY.....5
FLUE CURED.....6
NNDF.....7
SDF 8
ORIENTAL 9
OTHER TOBACCO (SPECIFY).....10
GROUNDNUT
CHALIMBANA.....11
CG7.....12
MANI-PINTAR.....13
MAWANGA 14
JL24.....15
OTHER GROUNDNUT (SPECIFY).....16
RICE
LOCAL.....17
FAYA 18
PUSA.....19
TCG10.....20
IET4094 (SENGA)..21
WAMBONE.....22
KILOMBERO 23
ITA..... 24
MTUPATUPA.....25
OTHER RICE (SPECIFY).....26
GROUND BEAN(NZAMA).....27
SWEET POTATO.....28
IRISH [MALAWI] POTATO..29
WHEAT.....30
FINGER MILLET(MAWERE)..31
SORGHUM.....32
PEARL MILLET(MCHEWERE).33
BEANS.....34
SOYABEAN.....35
PIGEONPEA(NANDOLO).....36
COTTON.....37
SUNFLOWER.....38
SUGAR CANE.....39
CABBAGE.....40
TANAPOSI.....41
NKHWANI.....42
THERERE/OKRA.....43
TOMATO.....44
ONION.....45
GREEN PEA (NSAWAWA).....46
COW PEAS.....48
OTHER RAINY/DRY SEASON CROPS (SPECIFY).....481
CASSAVA.....49
TEA.....50
COFFEE.....51
MANGO.....52
ORANGE.....53
PAWPAW/PAPAYA.....54
BANANA.....55
AVOCADO.....56
GUAVA.....57
LEMON.....58
NAARTJE (TANGERINE).....59
PEACH.....60
[CUSTADE APPLE] POZA.....61
MEXICAN APPLE [MASUKU]...62
MASAU.....63
PINEAPPLE.....64
MACADAMIA.....65
FODDER TREES.....66
FERTILISER TREES.....67
FUEL WOOD TREES.....68
OTHER TREE/ PERMANENT CROPS (SPECIFY).....69

END COMMENTS TO THE HOUSEHOLD AFTER INTERVIEW

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

Thank you so much for sparing time to provide us with this very important information that will be useful for planning and po licy formulation in Malawi.

To support this research, we would like your permission to link your survey responses to other digital data, including from s atellite imagery and mobile phone operators in Malawi. Do you consent for us to use the data for this purpose, or would you like more information before deciding to participate?

YES.....1 >>END INTERVIEW
NO.....2 >>END INTERVIEW
NEED FOR MORE INFORMATION....3

We will use the data collected from this survey to support research on living standards in Malawi. This research may involve satellite images and mobile phone data. Satellite images, which are photographs of each household and neighborhood that are taken from the sky, can tell us about the living standards of the household. To do this, we need information about the location of each household. Mobile phone data can likewise help measure living standards in urban and rural areas. The mobile phone data are provided by mobile network operators in Malawi, including TNM and Airtel, and include information on phone calls and SMS messages, such as the number of calls, the n umber of contacts you have, and which cell towers are near you when you place calls and send messages. The information recorded does not include the content of your calls or messa ges. Do you consent for us to use these data for this purpose?

YES..1
NO...2