

R23

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
NAIROBI URBAN DEMOGRAPHIC SURVEILLANCE SYSTEM (NUDSS)
HOUSEHOLD AMENITIES AND LIVELIHOODS FORM

1. BACKGROUND

- 1.1. START TIME [][][][]
- 1.2. FIELD WORKER'S CODE [][]
- 1.3. DATE OF INTERVIEW [][][][][][][][]
- 1.4. HOUSEHOLD HEAD NAME.....
- 1.5. ID OF ROOM WHERE HOUSEHOLD HEADS SLEEPS [][][][][][][][][][]
- 1.6. HOUSEHOLD ID [][][][][][][][][][][][]
- 1.7. NUMBER OF ROOMS USED BY HOUSEHOLD FOR SLEEPING IN THIS STRUCTURE [][]
- 1.8. NUMBER OF ROOMS USED BY HOUSEHOLD FOR SLEEPING IN ANOTHER STRUCTURE [][]
- 1.9. TOTAL NUMBER OF RENTABLE ROOMS USED BY THIS HOUSEHOLD IN THIS STRUCTURE [][]
- 1.10. TOTAL NUMBER OF RENTABLE ROOMS USED BY THIS HOUSEHOLD IN ANOTHER STRUCTURE [][]
- 1.11. TOTAL NUMBER OF PEOPLE IN HOUSEHOLD IN THIS STRUCTURE [][]
- 1.12. TOTAL NUMBER OF PEOPLE IN HOUSEHOLD IN ANOTHER STRUCTURE [][]

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre. As you may be aware, we visit households in this community every four months to collect information on health and other related issues so that we can understand the health and well-being of members of this community. Specifically, we would like to know a bit about the nature of amenities and facilities as well as the household income, expenditure and the coping strategies that your household has in case of a problem. The results from this study will be presented to institutions including the government, that are involved in the provision of services targeted at people living in informal settlements. All the responses you provide are confidential and will be used for the purposes of this study only. This interview is not expected to cause you any harm and if you feel uncomfortable with certain questions you can choose not to answer. However, we hope that you will participate in this survey since your views are important. This interview will take about 30 minutes of your time.

- 1.13. Do you accept to participate in the study? **[1=YES; 2=NO; IF YES SKIP TO 1.15]**
- 1.14. IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED: Why don't you want to participate in this interview?
1=Too busy/Do not have time; 2= Tired of Research; 3= Research not beneficial;
4= Not interested; 6=Other (specify) _____
 Thank you for your time. **[IF NO IN 1.13, COMPLETE 1.16-1.20 AND SKIP TO 8.0]**
- 1.15. IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in this study.

RESPONDENT'S PARTICULARS AND OTHER INTERVIEW DETAILS

- 1.16. FW: IS RESPONDENT REFERENCE PERSON NAMED IN 1.4? 1=YES; 2=NO **[IF 1, SKIP TO 1.23]**
- 1.17. What is your name?
- 1.18. FW: DOES RESPONDENT LIVE IN THIS HOUSEHOLD? 1=YES; 2=NO **[IF 2, SKIP TO 1.20]**
- 1.19. FW: RECORD RESPONDENT'S LINE NUMBER IN HOUSEHOLD LISTING
- 1.20. How are you related to (NAME OF INDIVIDUAL IN Q1.4)? (CODESHEET A¹) [][][]

OFFICE/FIELD CHECKER'S DETAILS

- 1.21. FIELD SUPERVISOR/TEAM LEADER'S CODE [][]
- 1.22. DATA ENTRY CLERK'S CODE [][]

HOUSEHOLD LIVING ARRANGEMENT AND DURATION OF STAY			
	I will start by asking you some questions regarding the duration that your household has lived in this community as well as the living arrangement of your household so that I can have a better understanding of your household.		
2.0.	HOUSEHOLD AMENITIES		
	Now, I would like to ask you some questions regarding the nature of amenities and facilities that your household has. The aim of these questions is to understand your household's wellbeing. [CIRCLE THE APPROPRIATE RESPONSES]		
2.1.	SOURCE OF DRINKING WATER: What is the main source of drinking water for members of your household?	Buying water from: Taps..... Tanks..... Piped water Piped into residence/compound/ plot..... Other _____ (specify)	01 02 11 96
2.2.	What kind of toilet facility do your household members <u>aged 2- 4 years</u> usually use? (IF LATRINE: PROBE FOR THE TYPE)	Flush Toilet Own flush toilet..... Shared flush toilet..... Pit toilet/latrine Own traditional pit toilet..... Shared traditional pit toilet..... Ventilated improved pit toilet Own (VIP) latrine..... Shared (VIP) latrine..... Flush trench toilet..... Toilet without pit/working flush..... No facility/bush/field..... Flying toilet Other _____ (specify) Not applicable	11 12 21 22 23 24 31 41 51 61 96 99
2.3.	What kind of toilet facility do your household members aged <u>5 years and above</u> usually use? (IF LATRINE: PROBE FOR THE TYPE) [IF 11, 21, 23, 51 OR 61 SKIP to 2.6]	Flush Toilet Own flush toilet..... Shared flush toilet..... Pit toilet/latrine Own traditional pit toilet..... Shared traditional pit toilet..... Ventilated improved pit toilet Own (VIP) latrine..... Shared (VIP) latrine..... Flush trench toilet..... Toilet without pit/working flush..... No facility/bush/field..... Flying toilet Other _____ (specify)	11 12 21 22 23 24 31 41 51 61 96
2.4.	Do you pay to use the toilet facility? [1=YES; 2=NO]	[IF NO SKIP TO 2.6]	<input type="checkbox"/>
2.5.	What is the pattern of payment?	Per use Daily Monthly Other _____ (specify)	01 02 03 96

2.6.	<p>MAIN MATERIAL OF THE FLOOR</p> <p>FW: OBSERVE AND RECORD MAIN FLOOR MATERIAL. IF NOT SURE ASK RESPONDENT</p>	<p>Natural floor [Earth/Mud/dung/sand] 11</p> <p>Rudimentary floor [Wood planks] 21</p> <p>Finished floor</p> <p> Vinyl (PVC)..... 31</p> <p> Cement..... 32</p> <p> Polished wood/tiles/carpets..... 33</p> <p>Other _____ (specify) 96</p>
2.7.	<p>MAIN MATERIAL OF THE ROOF</p> <p>FW: OBSERVE AND RECORD MAIN ROOF MATERIAL. IF NOT SURE ASK RESPONDENT</p>	<p>Grass/thatch..... 01</p> <p>Plastic sheets..... 02</p> <p>Cardboard sheets..... 03</p> <p>Wood/timber..... 04</p> <p>Metal sheets/tin..... 05</p> <p>Iron sheet (corrugated)..... 06</p> <p>Tiles..... 07</p> <p>Other _____ (specify) 96</p>
2.8.	<p>MAIN MATERIAL OF THE WALL</p> <p>FW: OBSERVE AND RECORD MAIN WALL MATERIAL. IF NOT SURE ASK RESPONDENT</p>	<p>Mud..... 01</p> <p>Wood/timber..... 02</p> <p>Iron sheets (mabati)..... 03</p> <p>Burnt Bricks..... 04</p> <p>Stone/quarry stones..... 05</p> <p>Concrete blocks..... 06</p> <p>Cardboard sheets..... 07</p> <p>Cemented mud..... 08</p> <p>Carton/plastic..... 09</p> <p>Tin/metal sheets..... 10</p> <p>Other _____ (specify) 96</p>
2.9.	<p>Where does your/this household do most of its cooking?</p> <p>[IF 05, SKIP TO 2.17]</p>	<p>Open air/outside or small shade outside 01</p> <p>Separate kitchen (distinct room) 02</p> <p>Room also used for sleeping..... 03</p> <p>Room used for other purposes..... 04</p> <p>Household does not cook..... 05</p> <p>Other _____ (specify) 96</p>
2.10.	<p>What is the main source of cooking fuel used by the household?</p>	<p>Kerosene/paraffin..... 01</p> <p>Gas..... 02</p> <p>KPLC electricity..... 03</p> <p>Electricity from other sources..... 04</p> <p>Charcoal..... 05</p> <p>Firewood..... 06</p> <p>Animal waste..... 07</p> <p>Crop residue/saw dust..... 08</p> <p>Briquettes/mud charcoal..... 09</p> <p>Other _____ (specify) 96</p>
2.14	<p>Who does most of the cooking and other related chores in your household?</p>	<p>Adult female 1</p> <p>Girl aged below 18 years 2</p> <p>Adult male 3</p> <p>Boy aged below 18 years 4</p> <p>Other _____ 6</p> <p>(SPECIFY)</p>
2.15	<p>On average, how many hours in a day does (person in 2.13) spent cooking?</p>	<p>NUMBER OF HOURS <input type="text"/> <input type="text"/></p>

2.16	Has any member of your household ever smoked?	YES	1																		
		NO	2																		
2.17	Does any member of your household currently smoke?	YES	1																		
		NO	2																		
2.18	[CHECK 2.15 AND 2.16: IF 'NO' SKIP 2.11] How many members of your household used to smoke/currently smoke?	NUMBER OF SMOKERS	<input type="text"/>																		
2.19	[CHECK 2.15 & 2.16:IF YES IN 2.15 OR 2.16] What type of tobacco did/do the members of your household smoke? PROBE:Any other? [MORE THAN ONE OPTION ALLOWED]	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> </tr> </thead> <tbody> <tr> <td>a Filtered Cigarettes</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>b Unfiltered Cigarettes</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>c Hand rolled cigarettes</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>d Pipe</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>e Other</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> </tbody> </table> <p style="text-align:center">(SPECIFY)</p>		YES	NO	a Filtered Cigarettes	1	2	b Unfiltered Cigarettes	1	2	c Hand rolled cigarettes	1	2	d Pipe	1	2	e Other	1	2	
	YES	NO																			
a Filtered Cigarettes	1	2																			
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c Hand rolled cigarettes	1	2																			
d Pipe	1	2																			
e Other	1	2																			
2.20	Please give me the names of all people who ever smoked/currently smoke. [FW: WRITE ONE NAME] _____																				
2.20A	How long has (NAME) been smoking? MM <input type="text"/> <input type="text"/> YY <input type="text"/>																				
	[RECORD DURATION IN MONTHS IF LESS THAN 1 YEAR] [USE CONTINUATION SHEET IF MORE THAN 6 PERSONS EVER SMOKED]																				
2.11.	What is the main source of lighting for your/this household?	Kerosene/Paraffin..... Gas..... KPLC electricity..... Electricity from other sources..... Candles..... Firewood..... Other _____(specify)	01 02 03 04 05 06 96																		
2.12.	What is the main method of garbage disposal used by your household?	Garbage dump..... In the river..... On the road/along railway..... In drainage/trench..... In private pits..... In public pits..... Garbage disposal services..... Vacant/abandoned house..... Burning..... No designated place/all over..... Other _____(specify)	01 02 03 04 05 06 07 08 09 10 96																		
2.13.	Is your household renting or does it own this dwelling unit/the rooms in which it is living in this structure?	Owned Purchase..... Constructed..... Inherited	01 02 03																		
		Renting from Individual..... Free of charge..... Other _____(specify)	04 09 96																		

3.0. HOUSEHOLD POSSESSIONS		Q 3.1	Q3.1a	Q 3.2
[1= YES; 2= NO; 8= DON'T KNOW]		Does this household own (.) that is kept here?	How many (.) does this household own?	Does this household own (.) that is kept in another place?
[CIRCLE THE APPROPRIATE RESPONSES]				
A	A Vehicle	1 2 8		1 2 8
B	A motorcycle	1 2 8		1 2 8
C	A bicycle	1 2 8		1 2 8
D	A refrigerator	1 2 8		1 2 8
E	A television	1 2 8		1 2 8
F	A radio/Stereo	1 2 8		1 2 8
G	A DVD/VCD/VCR	1 2 8		1 2 8
H	A Sewing machine	1 2 8		1 2 8
I	An electric iron	1 2 8		1 2 8
J	A fan	1 2 8		1 2 8
K	Telephone/Mobile phone	1 2 8		1 2 8
L	An electric/gas stove	1 2 8		1 2 8
M	Sofa set	1 2 8		1 2 8
N	Table	1 2 8		1 2 8
O	A Torch	1 2 8		1 2 8
P	Kerosene lamp with glass	1 2 8		1 2 8
Q	Kerosene stove	1 2 8		1 2 8
R	Wall Clock	1 2 8		1 2 8
S	Mattress	1 2 8		1 2 8
T	Blankets	1 2 8		1 2 8
U	Bed	1 2 8		1 2 8
3.7.	Does your household own any Livestock or Poultry that is kept here, upcountry or somewhere else? <input type="checkbox"/>			
	[1= YES, 2= NO AND 8= DON'T KNOW] [IF NO OR DON'T KNOW SKIP TO 3.12.]			
3.8.	[CIRCLE THE APPROPRIATE RESPONSES] Does your household own (.)? [1= YES, 2= NO AND 8= DON'T KNOW] [IF NO OR DON'T KNOW SKIP TO NEXT LIVESTOCK]	3.9 How many (.) do you own?	3.10 Where are the (.) domesticated? 1= In this community 2= Upcountry or some other place 3= In both places	3.11. How does today's number of (.) compare with ONE year ago? 1= Less now 2= The same 3= More now 8= Don't Know
A	Cattle? 1 2 8		1 2 3	1 2 3 8
B	Goats/Sheep? 1 2 8		1 2 3	1 2 3 8
D	Chickens/Ducks? 1 2 8		1 2 3	1 2 3 8
E	Donkeys? 1 2 8		1 2 3	1 2 3 8
F	Other Livestock or Poultry (specify _____) 1 2 8		1 2 3	1 2 3 8

4.0. HOUSEHOLD INCOME AND EXPENDITURE

4.1. I know that it is usually difficult to state exactly how much income a household makes over time. I would like you to tell me your best estimate of the TOTAL income that this household had in the last 30 days.

Was it:

--	--

- | | | |
|-----------------------|--------------------|--------------------|
| 01 Less than 1000 Ksh | 04 5000-7499 Ksh | 07 15000-20000 Ksh |
| 02 1000-2499 Ksh | 05 7500-9999 Ksh | 08 Above 20000 Ksh |
| 03 2500-4999 Ksh | 06 10000-14999 Ksh | |

4.2. How much did this household receive or earn from (.) in the last 30 days? Was it:

- | | | |
|-----------------------|--------------------|--------------------|
| 01 Less than 1000 Ksh | 04 5000-7499 Ksh | 07 15000-20000 Ksh |
| 02 1000-2499 Ksh | 05 7500-9999 Ksh | 08 Above 20000 Ksh |
| 03 2500-4999 Ksh | 06 10000-14999 Ksh | |

A	SALARIED/WAGE EMPLOYMENT		
B	BUSINESS		
C	SAVINGS		
D	AGRICULTURE		
E	BORROWING		
F	FINANCIAL GIFT/SUPPORT FROM ANY SOURCE		
G	ANY OTHER SOURCE OF INCOME IN THE LAST ONE MONTH		
	(Specify)		

4.3 How much in total did your household spend on the following items?

	ITEM	EXPENDITURE
A	FOOD (Last 7 days)	
B	ENERGY (paraffin, charcoal) (Last 7 days)	
C	WATER (Last 7 days)	
D	TRANSPORT (Last 7 days)	
E	FINANCIAL GIFT/SUPPORT TO OTHERS (Last 7 days)	
F	ELECTRICITY (Last Month)	
G	HEALTH CARE (Last 30 days)	
H	RELIGIOUS OBLIGATIONS (Last 30 days)	
I	RENT (Last Month)	
J	SCHOOL RELATED EXPENSES (Last 30 days) (school fees, scholastic materials)	
K	Other (Last 7 days) _____	

5.0. FOOD PRODUCTION AND CONSUMPTION

- 5.1 Did your household grow crops during the last 12 months? **[IF 2 OR 8 SKIP TO Q5.4]**
[1= YES, 2= NO AND 8= DON'T KNOW]
- 5.2 Where did you grow the crops?
**[1= Within same DSA Nairobi slum 2= Other DSA Nairobi slum 3= Non-DSA Nairobi slum
 4= Nairobi non-slum 5= Other urban area of Kenya 6= Rural Kenya 7= Outside Kenya
 8= Do not Know]**
- 5.3 Were the crops sold or used for household consumption?
**[1= For household consumption only 2= For sale only 3= For both consumption and sale
 8= Do not Know]**
- 5.4 Do you grow or buy most of the staple food that you eat in your household?
**[1=Buy all the food 2=Mostly buy food 3=Grow all the food 4=Mostly grow all the food
 8= Do not Know] [IF 3, SKIP TO Q5.6]**

5.5 How often do you purchase the following staple foods?

STAPLE FOOD	FREQUENCY
A Ugali (Maize Meal)	<input type="checkbox"/> [1= DAILY, 2= TWICE A WEEK, 3= WEEKLY
B Githeri (Beans & Maize)	<input type="checkbox"/> 4= FORTNIGHTLY, 5= MONTHLY,
C Sukuma (Kales)	<input type="checkbox"/> 6= LESS FREQUENTLY THAN A MONTH, 8= DON'T KNOW]

5.6 Did any special event occur in your household in the last two days (for example, family event, guests invited)? [1= YES, 2= NO AND 8= DON'T KNOW] [IF YES SKIP TO 5.8]

5.7 How many meals were served to the household members during the last two days? [SKIP TO 5.9]

5.8 How many meals were served to the household members during the 2 days preceding the special event?

5.9 Were there any special events in the last seven days (for example family event, guests invited)? [1= YES, 2= NO AND 8= DON'T KNOW]
 (IF YES IN 5.9, THEN 5.10 SHOULD REFER TO THE WEEK PRECEDING THE SPECIAL EVENT)

5.10. During the last seven days, for how many days were the following foods served in a main meal eaten by the household?
 [DO NOT INCLUDE LEFT OVERS THAT ARE SOLD ON THE STREETS IN THE COMMUNITY]

LUXURY FOOD	NUMBER OF DAYS SERVED
A Chapati	<input type="checkbox"/> [8= DON'T KNOW]
B Meat, Fish, Chicken	<input type="checkbox"/> [EXCLUDE LEFT OVERS LIKE "MGONGO WAZI" "HELICOPTER" "KATAKATA", "BYE BYE" "FIRESTONE" "MAHORI" "MUTURA" etc]
C Bread	<input type="checkbox"/> [EXCLUDE LEFT OVERS LIKE "ANYONA", "NGAE" etc]

The following questions relate to whether your household was able to afford the food you needed

5.11. Which of these statements **best** describes the food eaten by your household during the last 30 days?

- Your household had enough of the kinds of food it wanted to eat [IF 1 SKIP TO 5.15]
- Your household had enough food, but not always the kinds of food it wanted
- Sometimes your household did not have enough food to eat
- Your household often did not have enough food to eat
- Don't know

Now I am going to read several statements that people usually make about their food situation. Please tell me whether each of these statements was often true, sometimes true, or never true for your household in the last month

5.12. "The food that you bought finished and you didn't have money to get more." Was that often true, sometimes true, or never true for your household in the last 30 days?
 [1= Often true 2= Sometimes true 3= Never true 6= Refused 8= Don't Know]

5.13. "During the past 30 days, children in your household failed to eat for a whole day/slept hungry because there wasn't enough money for food." Was that often, sometimes, or never true for you/your household?
 [1= Often true 2= Sometimes true 3= Never true 6= Refused 8= Don't Know 9= Not Applicable]

5.14. "During the past 30 days, you or other adult(s) in your household failed to eat for a whole day because there wasn't enough food." Was that often, sometimes, or never true for you/your household?
 [1= Often true 2= Sometimes true 3= Never true 6= Refused 8= Don't Know]

5.15. If your household received additional Ksh. 2000 each month, would you change anything about what your household eats? [1= YES, 2= NO AND 8= DON'T KNOW], IF NO OR DON'T KNOW SKIP TO 6.0

5.16. What is the main change that you would make to your household's food consumption?
 1= Buy more food items of what is being eaten 2= Buy more nutritious food items
 3= Buy greater variety of food 4= Other _____ (Specify)

6.0. HOUSEHOLD SHOCKS EXPERIENCED

[CIRCLE THE APPROPRIATE RESPONSES]				6.2. How many such events have occurred in this household in the last one year?
6.1. Has your household or any member experienced (.) problem in the last one year? [1= YES 2= NO 8= DON'T KNOW, IF 2 or 8 SKIP TO THE NEXT SHOCK]				
A	FIRE	1	2	8
B	FLOODS	1	2	8
C	MUGGING	1	2	8
D	THEFT	1	2	8
E	EVICTION	1	2	8
F	DEMOLITION	1	2	8
G	SEVERE ILLNESS	1	2	8
H	DEATH	1	2	8
I	RAPE	1	2	8
J	STABBING	1	2	8
K	LAY-OFF	1	2	8

Before I conclude, I would like to ask you a general question about your household in this community

7.1. Now, I would like you to tell me how your household compares to other households in this community with respect to the general wellbeing. If all households in the community were placed on a ladder from ONE to TEN [SHOW THE RESPONDENT THE LADDER], where the richest is on number TEN and the poorest on number ONE, where would you place your household? □ □

8.0. END OF INTERVIEW

8.1. I would like to thank you for taking your time to answer the questions that I asked you. As I said at the beginning, the information you have given me will help a lot in understanding how people's movements affect their wellbeing I have now come to the end of the interview. Do you have any questions for me? □
1=YES; 2= NO; [IF 2 SKIP TO Q8.3]

8.2. FW: RECORD QUESTIONS AND COMMENTS RAISED BY RESPONDENT
.....
.....

8.3. FW: RECORD COMMENTS ABOUT THE INTERVIEW
.....
.....

8.1A FW: RATE THE INTERVIEW. [5=VERY GOOD TO 1= VERY BAD] □

8.4. RESULT OF INTERVIEW (CODESHEET A⁷) □

8.5. END TIME (24 HRS) □ □ □ □