



INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_ and I am working with the African Population and Health Research Center. We are conducting a survey that asks men and women about various family health issues. 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 and you or members of your household shall not be identified in any report.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. The interview will take between 30 to 60 minutes to complete.

100 At this time, do you want to ask me anything about the survey? Yes=1; No=2

100a May I begin the interview now? Yes=1; No=2

100b Signature of interviewee: \_\_\_\_\_ Date: 

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100c **CHECK 100a:**  
RESPONDENT AGREES TO BE INTERVIEWED       RESPONDENT DOES NOT AGREE TO BE INTERVIEWED  → END

**HOUSEHOLD SCHEDULE**  
 Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE	SEX	AGE	# AGE 5 YEARS AND BELOW				ETHNICITY	RELIGION	DISABILITY		MIGRATION AND DURATION OF STAY				# AGE 17 YEARS AND BELOW	
						BIRTH REGISTRATION	ANY DISABILITY	TYPE OF DISABILITY	PLACE OF BIRTH			FIRST MOVE TO HARBOUR	MIGRATION IN THE LAST FIVE YEARS	ORIGIN/ PREVIOUS PLACE	DURATION OF STAY	BIOLOGICAL MOTHER'S SURVIVAL STATUS	BIOLOGICAL FATHER'S SURVIVAL STATUS		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND RES FOR EACH PERSON, ASK QUESTIONS 2A-C. TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-33 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Does (NAME) usually live here? 1- YES 2- NO	Did (NAME) stay here last night? 1- YES 2- NO	Is (NAME) male or female? 1- MALE 2- FEMALE	How old is (NAME) on his/her last birthday? 1- NOT REGISTERED 2- YES 3- YES, REGISTERED WITHOUT BIRTH CERTIFICATE 4- YES, REGISTERED THROUGH BIRTH NOTIFICATION ONLY 5- YES, REGISTERED WITHIN 6 MONTHS AFTER BIRTH 6- YES, REGISTERED WITHIN 1 YEAR 9- NOT KNOWN	Why was (NAME) never registered? 1- TOO FAR 2- EXPENSIVE 3- NOT AWARE 4- NOT IMPORTANT 5- OTHER (SPECIFY)	What ethnic group do you belong to?  SEE CODES BELOW.	What is your religion?  SEE CODES BELOW.	Does (NAME) have any physical or mental disabilities? 01- WALKING 02- SEEING 03- SPEAKING 04- HEARING 05- LEARNING 06- FEELING 07- MENTAL PROBLEMS 98- OTHER DIFFICULTIES 99- DON'T KNOW	What type of disability/ disabilities does (NAME) have?  01- WALKING 02- SEEING 03- SPEAKING 04- HEARING 05- LEARNING 06- FEELING 07- MENTAL PROBLEMS 98- OTHER DIFFICULTIES 99- DON'T KNOW	In which district were you born?  SEE DISTRICT CODES.	CHECK COL. 14: IF DISTRICT OF BIRTH IS HARBOUR, SKIP TO COL. 16.  What month and year did you/ (NAME) first move to Nauru?  NOTE: A MOVE IS VALID IF RESIDE LISTED IN HARBOUR FOR AT LEAST 6 MONTHS CONTINUOUSLY.	Since (MONTH) 2007 have you/ (NAME) lived in another place other than the (CURRENT PLACE) for at least 6 months?  YES NO	VISITORS ONLY: Where did (NAME) come from?  VISITORS ONLY: Where did you/ (NAME) live before moving here?  SEE CODES BELOW.	For how long have you/ (NAME) lived in this community?  VISITORS ONLY: How long has (NAME) been staying here?  FORMER RESIDENTS ONLY: IF 2 IS CIRCLED IN BOTH COLUMNS 4 & 5.	Is (NAME) biological mother alive?  IF YES, Check the box in this household? RECORD MOTHER'S LINE NUMBER OR OF IF SHE DOES NOT LIVE IN same int.	Is (NAME) biological father alive?  IF YES, Check the box in this household? RECORD FATHER'S LINE NUMBER OR OF IF HE DOES NOT LIVE IN same int.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
02			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
03			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
04			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
05			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
06			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
07			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
08			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
09			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		
10			Y N 1 2	Y N 1 2	M F 1 2		FACT 1 SKIP TO (16)					01 02 03 04 05 06 07 98 99	MONTH Y N 1 2	YES NO 1 2 GO TO (16)	Type DUR Line Number	Y N DK 1 2 8 Line Number	Y N DK 1 2 8 Line Number		

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

2A) Are there any other persons such as small children or infants that we have not listed? YES  ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here and have not been listed? YES  ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  ADD TO TABLE (SKIP ONE ROW) NO

2D) Are there any persons who used to live in your household but have moved in the past 1 year? YES  ADD TO TABLE NO

How many? \_\_\_\_\_

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD  
 02 = SPOUSE  
 03 = SON OR DAUGHTER OF BOTH HEAD & SPOUSE  
 04= SON OR DAUGHTER OF HEAD ONLY  
 05= SON OR DAUGHTER OF SPOUSE ONLY  
 06 = SON-IN-LAW OR DAUGHTER-IN-LAW  
 07 = GRANDCHILD  
 08 = PARENT

09 = PARENT-IN-LAW  
 10 = BROTHER OR SISTER  
 11 = NECE/NEPHEW BY BLOOD  
 12 = NECE/NEPHEW BY MARRIAGE  
 13 = OTHER RELATIVE  
 14 = NOT RELATED  
 15= CO-WIFE  
 98 = DON'T KNOW

**CODES FOR Q10**

01=EMBU  
 02=KALENUN  
 03=KAMBA  
 04=KOLYU  
 05=KSI  
 06=KUYA  
 07=LUO  
 08=MASA

09=MERU  
 10=MAKENDA  
 11=SOMALI  
 12=SWAHILI  
 13=TARFA  
 14=TAIETA  
 96= OTHER (SPECIFY)

LINE NO.	IF AGE 5 YEARS AND OLDER		IF AGE 5-24 YEARS							IF AGE 12 AND ABOVE					MORTALITY EXPERIENCE IN THE LAST 36 MONTHS									
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE							EMPLOYMENT	INCOME GENERATING ACTIVITY	MARITAL STATUS	ELIGIBILITY			ANY DEATH IN HOUSEHOLD	NAMES OF DECEASED MEMBERS	SEX	DEATH REGISTRATION	DATE OF DEATH	AGE AT DEATH	CAUSE OF DEATH		
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	Are you (NAME) currently attending?	What level and grade is (NAME) currently attending?	What type of school does (NAME) attend?	Did you (NAME) attend school at this time in 2011?	During that school year, (2011) what level and grade did (NAME) attend?	At what age did you (NAME) stop attending school?	Why did you (NAME) stop attending school?	Have you (NAME) been engaged in any income generating activity in the last 7 days?	What income generating activity were you (NAME) involved in?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	CIRCLE LINE NUMBER OF ALL MEN AGE 12-54	In the last 36 months, has any member of this household died?	Please list the name of the member (s) who died since (MONTH/YEAR):	SEX OF DECEASED MEMBER	Was (NAME)'s death registered with the civil authority?	On what date did (NAME) die?	How old was (NAME) when he/she died?	Was the death due to an accident, violence, homicide or suicide?	FW CHECK Q29 & 41c IF FEMALE AND AGED 15-49 YEARS ASK: Did the death occur 1=while she was pregnant 2=during childbirth 3=during the six weeks after the end of pregnancy? 4= NO 5= DONT KNOW/ANSURE	
	SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW	1=GOVERNMENT 2=PRIVATE 3=OTHER (Specify) 4=DONT KNOW		SEE CODES BELOW		SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW	1= NEVER 2= MARRIED AND NEVER LIVED TOGETHER 3= MARRIED OR LIVING TOGETHER 4= SEPARATED 5= WIDOWED				YES=1 NO=2		1=Male 2=Female	YES=1 NO=2	FW RECORD DDDMMYYYY WHERE DAY AND MONTH ARE NOT KNOWN RECORD=99 THE YEAR MUST BE KNOWN	FW RECORD AGE IN COMPLETE YEARS	YES=1 NO=2 DONT KNOW=8			
(1)	Y N	LEVEL GRADE	Y N	LEVEL GRADE		Y N	LEVEL GRADE			Yes No					Yes No				DAY MONTH YEAR					
01	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		01	01	01	01	1			DAY MONTH YEAR					
02	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		02	02	02	02	2			DAY MONTH YEAR					
03	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		03	03	03	03	3			DAY MONTH YEAR					
04	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		04	04	04	04	4			DAY MONTH YEAR					
05	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		05	05	05	05									
06	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		06	06	06	06									
07	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		07	07	07	07									
08	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		08	08	08	08									
09	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		09	09	09	09									
10	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30	1 2 GO TO 30		1 2 GO TO 30	1 2 GO TO 30			1 2 GO TO 30		10	10	10	10									

TICK HERE

Ja

2A) / **CODES FOR Q16**      **CODES FOR Q18**      **CODES FOR Qs. 22, 24, AND 27**      **CODES FOR Q29**      **CODES FOR Q31**

2B) / 01 WITHIN THE SAME SLUM      TYPE OF DURATION      0= NURSERY/KINDERGARTEN      11 Sickness/illness/invalid/disabled      23 School fees problems      01 UNESTABLISHED OWN BUSINESS

5 02 ANOTHER SLUM IN NAIROBI      1=DAYS      12 Peer influence      24 Lack of food      02 ESTABLISHED OWN BUSINESS

2C) / 03 NON-SLUM PART OF NAIROBI      2= WEEKS      1= PRIMARY      13 Not interested in attending school/ bored with school      31 Insecurity at school      03 INFORMAL CASUAL

n 04 ANOTHER CITY/TOWN      3= MONTHS      2= POST-PRIMARY, VOCATIONAL      32 Teachers/Students' strike      32 Teachers/Students' strike      04 INFORMAL SALARIED

2D) / 05 RURAL      4= YEARS      3= SECONDARY, A LEVEL      14 Drug/Substance use      41 Insecurity/unsafe to travel to school      05 FORMAL SALARIED

06 BOARDING SCHOOL      5= SINCE BIRTH      4= COLLEGE (MIDDLE LEVEL)      15 Suspended/expelled from school      50 Environmental factors      06 FORMAL CASUAL

07 OUTSIDE KENYA      08      5= UNIVERSITY      16 Was having her monthly periods      51 Bad/unfavorable weather      07 RURAL AGRICULTURE

08 DONT KNOW      8= DONT KNOW      21 Paid work outside home      96 Other (Specify \_\_\_\_\_)      08 URBAN AGRICULTURE

09      9= LESS THAN 1 YEAR COMPLETED      22 Domestic/household responsibilities      96 OTHERS



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 COAL, LIGNITE ..... 05 CHARCOAL ..... 06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10 NO FOOD COOKED IN HOUSEHOLD ..... 11 → 110 OTHER ..... 96 (SPECIFY)	
109	Where does your/this household do most of its cooking?	Open air/outside or small shed outside ..... 01 Separate kitchen (distinct room) ..... 02 Room also used for sleeping ..... 03 Room used for other purposes ..... 04 Household does not cook ..... 05 Other ..... 96 (specify)	
110	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER ..... 96 (SPECIFY)	
111	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH ..... 01 PLASTIC SHEETS ..... 02 CARDBOARD SHEETS ..... 03 WOOD/TIMBER ..... 04 METAL SHEETS/TIN ..... 05 IRON SHEET (CORRUGATED) ..... 06 TILES ..... 07 OTHER ..... 96 (SPECIFY)	
112	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	MUD ..... 01 WOOD/TIMBER ..... 02 IRON SHEETS(MABATI) ..... 03 BURNT BRICKS ..... 04 STONE/QUARRY STONES ..... 05 CONCRETE BLOCKS ..... 06 CARDBOARD SHEETS ..... 07 CEMENTED MUD ..... 08 CARTRON/PLASTIC ..... 09 TIN/METAL SHEETS ..... 10 OTHER ..... 96 (SPECIFY)	
113	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/>	
114	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT, WITH CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4 OTHER (SPECIFY) ..... 6 → 116	
115	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO, WITH CONSENT OF OWNER ..... 3 NO, SQUATTING ..... 4	
<b>HOUSEHOLD FOOD SECURITY</b>			
	I am going to read you several statements that people have made about their food situation. For these statements please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is since [MONTH/2011]		
116	"The food that you bought finished and you didn't have enough money to get more food." Was that often, sometimes, or never true for you/your household?	Often true ..... 1 Sometimes true ..... 2 Never true ..... 3 Refused ..... 7 Don't Know ..... 8 Not applicable ..... 9	
117	In the last 12 months, children aged below 18 years 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?	Often true ..... 1 Sometimes true ..... 2 Never true ..... 3 Refused ..... 7 Don't Know ..... 8 Not applicable ..... 9	
118	In the last 12 months, women and men aged 18 years and above 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?	Often true ..... 1 Sometimes true ..... 2 Never true ..... 3 Refused ..... 7 Don't Know ..... 8 Not applicable ..... 9	
119	Think about the past 12 months, would you say that your household: 1 Always had enough food to eat 2 Sometimes did not have enough food to eat 3 Always never had enough food to eat	<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Think again about the past 12 months, would you say that your household: 1 Always had enough of the food you wanted to eat 2 Sometimes had enough food but not always the kinds of food you wanted to eat 3 Sometimes did not have enough of the food you wanted to eat 4 Always never had enough of the food you wanted to eat	<input type="checkbox"/>	
121	In the last 12 months, did [you/any member of your household] ever get food aid from a church, NGO, the government or any other relief agency?	Yes ..... 1 No ..... 2 Refused ..... 7 Don't Know ..... 8	
<b>HOUSEHOLD POVERTY AND WELLBEING</b>			
122	About how much money (IN SHILLINGS) did your household spend in the last 30 days on the following: i) Rent? ii) Health/medical? iii) Transport? iv) Communication? v) Food? vi) Other?	i) RENT/HOUSING ..... <input type="checkbox"/> <input type="checkbox"/> ii) HEALTH/MEDICAL ..... <input type="checkbox"/> <input type="checkbox"/> iii) TRANSPORT ..... <input type="checkbox"/> <input type="checkbox"/> iv) COMMUNICATION/AIRTIME ..... <input type="checkbox"/> <input type="checkbox"/> v) FOOD ..... <input type="checkbox"/> <input type="checkbox"/> vi) OTHER ..... <input type="checkbox"/> <input type="checkbox"/> (SPECIFY)	
123	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      09 DONT KNOW	<input type="checkbox"/> <input type="checkbox"/>	
124	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      09 Not applicable  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)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
125	In your opinion how sufficient is the household income in meeting the family's needs?	Inadequate or too little ..... 1 Moderate ..... 2 Sufficient ..... 3 More than sufficient ..... 4	
126	If you were to assess your economic condition a year ago, how would you rate your condition then?	Very poor ..... 1 Moderately poor ..... 2 Not poor ..... 3	
127	In your opinion, how do you assess the economic situation of your household now?	Very poor ..... 1 Moderately poor ..... 2 Not poor ..... 3	
128	Do members of this household have access to any form of credit?	Yes ..... 1 No ..... 2	→ 133
129	In the last 12 months, has any member of this household received credit from any source?	Yes ..... 1 No ..... 2	→ 133
130	Where did he/she get this credit from?  Probe: Anywhere else?	Yes No Bank ..... 1 2 SACCO ..... 1 2 Micro finance institution ..... 1 2 Merry-go-round ..... 1 2 Shylocks ..... 1 2 Individuals ..... 1 2 Goods on credit ..... 1 2 Other ..... 1 2 (SPECIFY)	
131	In total how much money has this household received in form of credit?	<input type="checkbox"/>	
132	What are the reasons members of this household borrowed money in the last 12 months?  PROBE: Any Other?  CIRCLE ALL MENTIONED RESPONSES	Yes No Purchase of food and basic necessities ..... 1 2 For construction/building ..... 1 2 Educational expenses ..... 1 2 Investment in HH enterprise/business ..... 1 2 Purchase of durable goods ..... 1 2 Medical expenses ..... 1 2 Wedding/funeral expenses ..... 1 2 Child support ..... 1 2 Purchase of land ..... 1 2 For rent ..... 1 2 Other(specify) ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																	
133	If your household was required to raise 5000 shillings within one week, would you be able to raise it?	YES ..... 1 NO ..... 2																																																																																																																		
134	From what sources would you raise this money?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>SELLING PROPERTY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BORROW FROM MERRY-GO-ROUND .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BORROW FROM FRIEND/FAMILY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SAVINGS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>INCOME/SALARY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SACCO LOAN .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		Yes	No	SELLING PROPERTY .....	1	2	BORROW FROM MERRY-GO-ROUND .....	1	2	BORROW FROM FRIEND/FAMILY .....	1	2	SAVINGS .....	1	2	INCOME/SALARY .....	1	2	SACCO LOAN .....	1	2	OTHER .....	1	2																																																																																										
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136	Have you ever heard of the CDF funds?	YES ..... 1 NO ..... 2	→ 138																																																																																																																	
137	<p>What are the benefits that you can say have arisen from these CDF funds? PROBE: Any other</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>TUITION/BURSARY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HEALTH SERVICES .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>ROADS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TOILETS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WATER TANKS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>IMPROVED SCHOOLS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MARKET STALLS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		YES	NO	TUITION/BURSARY .....	1	2	HEALTH SERVICES .....	1	2	ROADS .....	1	2	TOILETS .....	1	2	WATER TANKS .....	1	2	IMPROVED SCHOOLS .....	1	2	MARKET STALLS .....	1	2	OTHER .....	1	2																																																																																							
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138	Is there a flood light in this community?	YES ..... 1 NO ..... 2	→ 140																																																																																																																	
139	<p>In what ways has your life been impacted since the flood light was installed? PROBE: Any other</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>IMPROVED BUSINESS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REDUCED INSECURITY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REDUCED ROAD ACCIDENTS ..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>IMPROVED PROPERTY VALUE ..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table> <p style="text-align: center;">(SPECIFY)</p>		YES	NO	IMPROVED BUSINESS .....	1	2	REDUCED INSECURITY .....	1	2	REDUCED ROAD ACCIDENTS ..	1	2	IMPROVED PROPERTY VALUE ..	1	2	OTHER .....	1	2																																																																																																
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TRANSFERS AND SOCIAL ASSISTANCE					
We shall now talk about any money or in-kind donations that any member of this household received in the last 12 months either from individuals or institutions. We shall also discuss about money or in kind donations any member of this household gave to an individual or an institution.					
PART A: TRANSFERS TO THE HOUSEHOLD					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
140	In the last 12 months has your household or any of the members received any money or goods from a person who is not a member of this household ; or from institutions such as NGOs or churches?	YES .....	1		
		NO .....	2	→ 141	
140a	Who/what are the individuals or institutions who provided assistance to this household in the last 12 months? <sup>12</sup>  [USE CODES IN FOOTNOTE 12 BELOW]	SOURCES			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
140b	How much money did this household/members of this household receive from these individuals/institutions in the last 12 months?	AMOUNT .....			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
140c	Has the household received any assistance in kind (food, material goods) in the last 12 months from an individual or institution?	YES .....	1		
		NO .....	2	→ 141	
140d	Approximately how much in monetary terms would you value the in-kind assistance received in the last 12 months?	AMOUNT .....			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PART B: REMITTANCES TO ANOTHER HOUSEHOLD					
141	In the last 12 months has your household or any of the members sent/given any money or goods to a person who is not a member of this household ; or to institutions such as NGOs or churches?	YES .....	1		
		NO .....	2	→ 142a	
141a	Who/what are the individuals or institutions to whom members of this household provided assistance in the last 12 months? <sup>12</sup>  [USE CODES IN FOOTNOTE 12 BELOW]	RECIPIENTS			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
141b	How much money did this household/members of this household send to these individuals/institutions in the last 12 months?	AMOUNT .....			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
141c	Has the household given any assistance in kind (food, material goods) in the last 12 months to an individual or institution?	YES .....	1		
		NO .....	2	→ 142a	
141d	Approximately how much in monetary terms would you value the in-kind assistance given in the last 12 months?	AMOUNT .....			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<sup>12</sup> CODES FOR DONORS 1=GOVERNMENT; 2=NGOs; 3=RELIGIOUS BODY; 4=INDIVIDUAL IN KENYA; 5=INDIVIDUAL OUTSIDE KENYA; 6=OTHER (SPECIFY)					
PART C: SOCIAL ASSISTANCE					
	142a	142b	142c	142d	142e
SCHEME	Are any members of your household contributors/members of the following pension and insurance schemes? (1=Yes; 2=No) [IF 2; GO TO NEXT SCHEME OR TO END]	Are any of the members of this household currently benefiting/in the last 12 months benefited from the following schemes? (1=Yes; 2=No) [IF 2; GO TO NEXT SCHEME OR SKIP TO END]	How many members of your household benefit from (SOURCE)?	How much are members eligible to receive from (SOURCE) each month?	How much money did members of this household receive from (SOURCE) in the last 12 months?
i) NSSF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii) Private pension schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii) NHIF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iv) Other health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v) Jamii Bora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi) Other social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
140	END TIME (HH/MM)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5 YEARS

201	CHECK COLUMN 7. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208.			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 34  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2007 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 210) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 210) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 210) ←
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
209		<b>GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE IF NO MORE CHILDREN, GO TO 210.</b>		

**INTERVIEWER ASSESSMENT**

INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT

301 What is your assessment of the respondent's concentration and attentiveness during the interview?  
1=Very good    2=Good    3=Moderate    4=Bad    5=Very bad

302 What is your evaluation of the accuracy and completeness of the respondent's answers?  
1=Very high    2=High    3=Average    4=Low    5=Very low

303 What is your assessment of the respondent's comprehension of issues discussed?  
1=Very good    2=Good    3=Moderate    4=Bad    5=Very bad

304 **INTERVIEWER NOTES**

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