

STATISTICS ACT
(Cap. 17:01)

STATISTICS (CORE WELFARE INDICATORS SURVEY) REGULATIONS, 2009
(Published on 17th February, 2009)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorisation to conduct survey
3. Conduct of survey

SCHEDULE

IN EXERCISE of the powers conferred by section 15 of the Statistics Act on the Minister of Finance and Development Planning, the following Regulations are hereby made —

1. These Regulations may be cited as the Statistics (Core Welfare Indicators Survey) Regulations, 2009. Citation

2. The Government Statistician may direct any authorised officer to conduct a survey on household income, expenditure and other household characteristics for the purposes of — Authorisation to conduct survey

- (a) providing comprehensive data on incomes, expenditure, multi-dimensional estimates and other household characteristics needed for socio-economic analysis, planning, monitoring and evaluation;
- (b) determining household consumption and expenditure patterns in order to revise the weights and basket for the consumer price index (CPI);
- (c) determining sources of household incomes, and providing information on the extent of inequality;
- (d) providing information on demographic and socio-economic characteristics of households;
- (e) providing income/consumption data to update the Poverty Datum Line (PDL) , Poverty Rates and Poverty Maps;
- (f) generating statistics on products consumed in order to understand consumer demands in Botswana;
- (g) providing baseline data on household characteristics, updating and benchmarking of economic aggregates such as final consumption in national accounts;
- (h) monitoring and evaluating the impact of Government programmes on the well-being of Botswana;
- (i) monitoring and measuring poverty and its distribution in Botswana; and
- (j) providing stakeholders with a set of reliable indicators against which to monitor development.

3. The authorised officer may, for purposes of the survey, ask any person interviewed such questions as may be necessary to obtain, from that person, the information required in the questionnaires set out in the Schedule. Conduct of survey

SCHEDULE

STRICTLY CONFIDENTIAL



REPUBLIC OF BOTSWANA

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

HOUSEHOLD QUESTIONNAIRE

BOOK 1

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME/CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA NUMBER	
EA SERIAL NUMBER	
DWELLING NUMBER	
HOUSEHOLD NUMBER	
RESPONDENT LINE NUMBER	
NAME OF ENUMERATOR	
NAME OF SUPERVISOR	

	INTERVIEWER'S VISITS			INTERVIEW STATUS	
	1	2	3	FINAL VISIT	
DATE				INTERVIEWER'S CODE	
NAME				*RESULT CODE	
RESULTS*				TOTAL VISITS	
NEXT VISIT				TOTAL PERSONS IN THE HOUSEHOLD	
DATE				TOTAL FEMALE	
TIME				ELIGIBLE	

<p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p>(SPECIFY)</p>	NUMBER OF QUESTIONNAIRES USED	
	COMMENTS BOX:	

	SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME					
DATE					

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE.

DEMOGRAPHIC CHARACTERISTICS PART A-ROSTER

All persons		
	1.	
	<p>LIST THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD. START WITH THE HEAD, THEN HIS/HER SPOUSE, THEIR CHILDREN, THEN OTHER RELATIVES AND THEIR FAMILY MEMBERS. PROBE TO MAKE SURE TO INCLUDE THOSE WHO MIGHT BE AWAY TEMPORARILY, NEWLY BORN BABIES, ELDERS AND DISABLED PEOPLE. THEN LIST NON-RELATIVES WHO NORMALLY LIVE AND EAT HERE (BUT DO NOT INCLUDE SERVANTS).</p> <p>LASTLY, ASK ABOUT ANY OTHER PERSONS WHO <u>DO NOT</u> NORMALLY LIVE HERE BUT ARE EXPECTED TO BE VISITING THIS HOUSEHOLD FOR AT LEAST 15 DAYS IN THE NEXT MONTH AND WHO WILL EAT WITH HOUSEHOLD MEMBERS. BE SURE TO ASK ABOUT INDIVIDUALS WHO MAY NOT BE CURRENTLY PRESENT.</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">COMPLETE Q1-3 FOR ALL PERSONS, THEN ASK Q4-8</div>	SERIAL NUMBER
AGE	NAME	
		01
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		14
		15

DEMOGRAPHIC CHARACTERISTICS PART A - ROSTER

	All persons					
SERIAL	2. Does [NAME] normally live and eat here?	3. Is [NAME] expected to be here in the household for at least 15 days of the month and eat with this household?	4. What is [NAME's] sex?	5. What is [NAME]'s relationship to the household head?	6. What was [NAME]'s age at his/her last birthday?	7. Has [NAME] been away from the household for more than one month in the past year (since [MONTH/YEAR]) for how many months was [NAME] away?
NUMBER	YES...1 NO...2	YES...1 NO...2 IF NO IN Q2 AND Q3 NEXT PERSON	MALE...1 FEMALE...2	HEAD.....00 SPOUSE/PARTNER...01 SON/DAUGHTER...02 CHILD IN-LAW...03 STEP CHILD...04 GRANDCHILD...05 PARENT...06 PARENT IN-LAW...07 GRAND PARENT...08 BROTHER/SISTER...09 NEPHEW/NIECE...10 OTHER RELATIVE...11 NOT RELATED...12	MARK BELOW: THEN COPY THE RESPONSE IN THE COLUMN TO THE LEFT OF Q1 IF AGE IS 98, AND ABOVE, RECORD '98'. A CHILD LESS THAN A YEAR, RECORD '00'.	IF NEVER AWAY, PUT '00'
					AGE IN YEARS	MONTHS
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DEMOGRAPHIC CHARACTERISTICS PART A-ROSTER

	Persons 12 years and over				
	8. All persons	9.	10.	11.	12.
SERIAL	What is (NAME)'s country of citizenship?	What is (NAME)'s marital status?	Is the spouse/partner of (NAME) living in this household?	RECORD SERIAL NO. OF SPOUSE/PARTNER	Where is the spouse/partner of (NAME) currently living?
NUMBER	BOTSWANA.....001 ANGOLA.....002 LESOTHO.....003 MALAWI.....004 MOZAMBIQUE.....005 NAMIBIA.....006 SOUTH AFRICA.....007 SWAZILAND.....008 ZAMBIA.....009 ZIMBABWE.....010 TANZANIA.....011 INDIA.....039 MAURITIUS.....057 UK.....085 USA.....086 OTHER (SPECIFY) _____	MARRIED.....1 LIVING TOGETHER.....2 SEPARATED.....3 DIVORCED.....4 WIDOW/WIDOWER.....5 NEVER MARRIED.....6 IF 3-6 >> NEXT PERSON	YES...1 NO...2->12 >> NEXT PERSON	>> NEXT PERSON	ELSEWHERE IN THIS COMMUNITY.....01 GABORONE.....02 OTHER CITY/TOWN IN BOTSWANA.....03 ELSEWHERE IN BOTSWANA (URBAN).....04 ELSEWHERE IN SOUTH AFRICA.....05 EUROPE/USA.....06 ELSEWHERE OUTSIDE BOTSWANA.....08 NEXT PERSON
	COUNTRY CODE			SR. NO.	
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04					
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DEMOGRAPHIC CHARACTERISTICS PART B – INFORMATION ON PARENTS

All persons below 18 years							
SERIAL	1. Is [NAME]'s biological father alive?	2. How old was [NAME] when his/her father died?	3. Does [NAME]'s biological father live in this household?	4. RECORD SERIAL NO. OF FATHER	5. What is/was his highest level of education?	6. What is/was the relation of [NAME]'s father to the head of the household? REFERS TO CURRENT HEAD	7. Does he contribute financially to the support of [NAME] on a regular basis?
	YES.....1 >>3 NO.....2 DON'T KNOW..9 (>>5)	IF DON'T KNOW, PUT 99 >>5	YES...1 NO.....>>5	>>8	NONE.....01 NON-FORMAL.....02 SOME PRIMARY.....03 COMPLETED PRIMARY.....04 SOME JR. SECONDARY.....05 COMPLETED JR. SECONDARY.....06 SOME UPPER SECONDARY.....07 COMPLETED UPPER SECONDARY.....08 TERTIARY.....09 UNIVERSITY.....10 DON'T KNOW.....99	SPOUSE/PARTNER.....1 SON.....2 FATHER.....3 BROTHER.....4 OTHER RELATIVE.....5 NON-RELATIVE.....6 IF Q1 IN PART B IS NO >>8	YES...1 NO.....2
				SR. NO.			
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DEMOGRAPHIC CHARACTERISTICS PART B – INFORMATION ON PARENTS

All persons below 18 years

SERIAL	8. Is [NAME]'s biological mother alive? YES.....1->>10) NO.....2 DONT KNOW...9 (->>12)	9. How old was [NAME] when his/her mother died? IF DONT KNOW PUT 99 (->>12)	10. Does [NAME]'s biological mother live in this household? YES...1 NO.....2->>12	11. RECORD SERIAL NO. OF MOTHER >>NEXT PERSON	12. What is/was her highest level of education? NONE.....01 NON-FORMAL.....02 SOME PRIMARY.....03 COMPLETED PRIMARY.....04 SOME JR. SECONDARY.....05 COMPLETED JR. SECONDARY.....06 SOME UPPER SECONDARY.....07 COMPLETED UPPER SECONDARY.....08 TERTIARY.....09 UNIVERSITY.....10 DONT T. KNOW.....99	13. What is/was the relation of [NAME]'s mother to the head of the household? SPOUSE/PARTNER.....1 DAUGHTER.....2 MOTHER.....3 SISTER.....4 OTHER RELATIVE.....5 NON-RELATIVE.....6 IF Q8 IS NO >>NEXT PERSON	14. Does she contribute financially to the support of [NAME] on a regular basis? YES...1 NO....2 NEXT PERSON
NUMBER							
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EDUCATION

Now I would like to ask you about the education of all the members of the household 2 years and older.		All persons 2 years and older				All persons 12 years and older		
SERIAL	1. IF AGE IS UNDER 10>>3 Can you read this sentence? SHOW SENTENCE TO THE RESPONDENT AND RECORD PERFORMANCE YES, WITHOUT DIFFICULTY.....1 YES BUT WITH DIFFICULTY.....2 NO.....3	2. Can you solve this calculation? SHOW WRITTEN CALCULATION TO RESPONDENT AND RECORD PERFORMANCE YES, WITHOUT ERRORS OR DIFFICULTY.....1 YES BUT WITH ERRORS OR DIFFICULTY.....2 NO.....3	3. Has [NAME] ever attended school? YES.....1 NO.....2 (>>6)	4. Is [NAME] currently enrolled in school? IF SCHOOL IS NOT IN SESSION: COUNT AS ENROLLED. HAS [NAME] ATTENDED LAST SESSION AND PLANS TO ATTEND IN THE COMING SESSION YES.....1 NO.....2	5. How many days in the last week did you attend school?	6. What is the last grade that [NAME] completed? NONE 00 PRE-SCHOOL 01 02 03 NON-FORMAL 60 61 62 63 64 65 69 PRIMARY 10 11 12 13 14 15 16 17 19 SECONDARY 21 22 23 24 25 26 29 TERTIARY 31 32 33 34 35 39 UNIVERSITY 41 42 43 44 45 49 DON'T KNOW 99	7. Has [NAME] ever attended training of any type for at least 3 months? If yes, what is the status of the training? NO TRAINING.....1 (>>8) STILL TRAINING.....2 COMPLETED TRAINING.....3 DISCONTINUED.....4	8. What was the highest level [NAME] obtained/intended/ intends to obtain? CODES FOR Q7 01-APPRENTICE CERTIFICATE 02-BRIGADES CERTIFICATE 03-VOCATIONAL CERTIFICATE 04-EDUC. COLLEGE CERTIFICATE 05-UNIVERSITY CERTIFICATE 06-OTHER CERTIFICATE 07-VOCATIONAL DIPLOMA 08-EDUC. COLLEGE DIPLOMA 09-UNIVERSITY DIPLOMA 10-HS DIPLOMA 11-OTHER DIPLOMA 12-UNIVERSITY DEGREE 13-OTHER DEGREE
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EDUCATION

All persons aged 25 years and below

9	10	11	12	13	14
IS [NAME] LESS THAN 25?	How old were you when you entered primary school? (Standard 1)	CHECK RESPONSE TO Q4	How old were you when you stopped going to school?	Why didstop going to school?	What grade is [NAME] currently attending? (or attend during last session if on break)
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">CHECK AGE AT HOUSEHOLD ROSTER FLAP</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">IF NO IN Q 3->NEXT PERSON</div> YES...1 NO...2(>>NEXT PERSON)		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">IF CURRENTLY IN SCHOOL...1 >>14</div> <div style="border: 1px solid black; padding: 2px;">IF NOT IN SCHOOL...2 >>12</div>		TOO EXPENSIVE.....01 NOT INTERESTED/NOT USEFUL.....02 TOO FAR.....03 SAFETY.....04 FAMILY ILLNESS/DEATH.....05 STARTED WORKING.....06 GOT MARRIED.....07 GOT PREGNANT.....08 SEXUAL HARASSMENT.....09 LEAD SCHOOLS.....10 COMPLETED.....11 FAILED.....12 OTHER (SPECIFY) _____ >>36	NON FORMAL. 60 61 62 63 64 65 69 PRIMARY 10 11 12 13 14 15 16 17 19 SECONDARY 21 22 23 24 25 26 29 TERTIARY 31 32 33 34 35 39 UNIVERSITY 41 42 43 44 45 49
SERIAL NUMBER	AGE IN COMPLETED YEARS	AGE IN YEARS			
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02					
03					
04					
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11					
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14					
15					

EDUCATION

All persons aged 25 years and below

SERIAL	15. What is the name of the school you attend? IF SCHOOL IS NOT IN SESSION, ASK ABOUT THE SCHOOL ATTENDED IN THE LAST SCHOOL SESSION. THEN CHECK FOR THE NAME ON THE SCHOOL LIST AND RECORD THE SCHOOL NUMBER. IF NOT ON THE LIST, PUT '99'	16. What kind of school is this? CHECK THAT RESPONSE IS CONSISTENT WITH THE SCHOOL LIST. IF IT IS NOT, PROBE TO ESTABLISH CORRECT SCHOOL NAME, TYPE AND NUMBER GOVERNMENT.....1 PRIVATE.....2 MISSION.....3 OTHER (SPECIFY).....	17. How far is this school from your residence? PUT THE UNITS USED UNITS.....1 METERS.....2 KILOMETRES.....2	18. Was your school open last week? YES.....1 NO.....2->21	19. How many days last week was your school open?	20. How many days last week did you attend school? IF SAME AS DAYS OPEN, RECORD ANSWER AND GO TO Q22	21. Why weren't you at school every day last week? SICK.....1 SICK FAMILY MEMBER.....2 CHILD/CARE/OTHER CHORES.....3 HAD TO WORK FOR FAMILY/OTHERS.....4 NOT INTERESTED/NOT USERFUL.....5 WAITING FOR RESULTS (SPECIFY).....6
			NUMBER	UNITS	NUMBER OF DAYS	NUMBER OF DAYS	NUMBER OF DAYS
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HEALTH PART A - HEALTH STATUS

All persons aged 6 years and above

	1. Did [NAME] have an illness or injury during the past four weeks? I am not asking about long-term health problems, but rather about illnesses such as the flu, diarrhoea, etc.	2. What kind of illness or injury did [NAME] have? ANAEMIA.....01 SKIN RASH.....02 TONSILLITIS.....03 SUPERFICIAL BURNS.....04 MEASLES.....05 MALARIA.....06 HEADACHE.....07 INJURY.....08 INFLUENZA.....09 DIARRHOEA.....10 (OTHER (SPECIFY).....)	3. How many days of work/school/other regular activities did [NAME] miss in the past 4 weeks due to this illness/injury?	4. Does [NAME] have a chronic (long term) or permanent health condition or disability? I am asking about both diseases and physical and mental conditions such as depression. YES ..1 NO2(>>8)	5. What is this condition? 01-DEFECT OF SIGHT/BLINDNESS 02-DEFECT OF HEARING/DEAFNESS 03-DEFECT OF SPEECH/INABILITY TO SPEAK 04-INABILITY TO USE LEG(S) 05-INABILITY TO USE ARM(S) 06-MENTAL RETARDATION(S) 07-EPILEPSY 08-DEPRESSION 09-HIGH BLOOD PRESSURE 10-LOW BLOOD PRESSURE 11-DIABETES 12-CANCER 13-CARDIOVASCULAR DISEASE 14-RESPIRATORY DISEASE 15-ASTHMA 16-OTHER (SPECIFY) 17-HIV/AIDS 18-SYSTOLIC OTHER (SPECIFY).....	6. How many years has [NAME] had this condition?			
SERIAL NUMBER	DAYS			1ST	2ND	3RD	1ST	2ND	3RD
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U: SINCE BIRTH, P: U: AGE AT LAST BIRTHDAY

HEALTH PART A - HEALTH STATUS

Now I would like to ask you about your ability to do certain physical activities.

SERIAL	All persons aged 6 years and above		All persons 12 years and above		NUMBER	TIME UNIT
	7. Does this condition prevent (NAME) from working, being active, going to school, etc?	8. CHECK AGE IS (NAME) LESS THAN 12	9. If you had to walk 5 kilometres, could you do it easily, with difficulty, or not at all?	10. How long have you had difficulty/been unable to do it?		
	YES...1 NO...2	YES.....1(0-9) PERSON NO.....2(0-9)	EASILY.....1 (0-10) WITH DIFFICULTY...2 NOT AT ALL...3	RECORD PERIOD AND TIME UNIT E.G. FOR 5 DAYS RECORD 5 UNDER NUMBER, 1 FOR TIME UNIT TIME UNIT DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4	RECORD PERIOD AND TIME UNIT E.G. FOR 5 DAYS RECORD 5 UNDER NUMBER, 1 FOR TIME UNIT TIME UNIT DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4	
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HEALTH PART A -- HEALTH STATUS

All persons 12 years and above

SERIAL	13.	14.	15.	16.	17.	18.	19.
	If you had to stand up from sitting on the floor without help, could you do it easily, with difficulty, or not at all? EASILY.....1>>15 WITH DIFFICULTY.....2 NOT AT ALL.....3	How long have you had difficulty/been unable to do it? RECORD PERIOD AND TIME UNIT E.G. FOR 5 DAYS RECORD 5 UNDER NUMBER, 1 FOR TIME UNIT TIME UNIT DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4	CHECK ANSWERS TO Q9, 11 AND 13. IF RESPONDENT CAN DO ALL TASKS EASILY (ALL RESPONSES EQUAL 1). ALL ANSWERS TO Q9, 11 AND 13 = 1 YES.....1>>NEXT PERSON NO.....2	If you had to dress without help, could you do it easily, with difficulty, or not at all? EASILY.....1>>16 WITH DIFFICULTY.....2 NOT AT ALL.....3	How long have you had difficulty/been unable to do it? RECORD PERIOD AND TIME UNIT E.G. FOR 5 DAYS RECORD 5 UNDER NUMBER, 1 FOR TIME UNIT TIME UNIT DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4	If you had to stand up from a sitting position (chair), could you do it easily, with difficulty, or not at all? EASILY.....1>>NEXT PERSON WITH DIFFICULTY.....2 NOT AT ALL.....3	How long have you had difficulty/been unable to do it? RECORD PERIOD AND TIME UNIT E.G. FOR 5 DAYS RECORD 5 UNDER NUMBER, 1 FOR TIME UNIT TIME UNIT DAY.....1 WEEK.....2 MONTH.....3 YEAR.....4 NEXT PERSON
NUMBER	NUMBER	TIME UNIT	NUMBER	NUMBER	TIME UNIT	NUMBER	TIME UNIT
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HEALTH PART B - UTILIZATION OF HEALTH SERVICES

All persons						
1.	2.	3.	4.	5.	6.	7.
SERIAL	NUMBER	Who runs this facility?	What is the name of this facility/provider?	Was this for outpatient or inpatient (staying overnight) care?	What was the reason for the last visit to this provider?	How many visits did you make to this provider in the last 4 weeks?
		GOVERNMENT.....1 PRIVATE.....2 EMPLOYER-PROVIDER.....3 NON-GOV'T. ORG.....4 MISSION.....5 OTHER (SPECIFY).....	CHECK FOR THE NAME ON THE HEALTH PROVIDER LIST AND PROVIDER NUMBER, IF NOT ON THE LIST PUT "99"	ASK ONLY FOR CLINIC/ HOSPITAL/TRADITIONAL DOCTOR/SPIRITUAL HEALER, FOR ALL OTHERS (MOBILE CLINIC AND PHARMACY/CHEMIST) PUT "1" OUTPATIENT.....1 INPATIENT.....2	IMMUNIZATION.....1 TREAT ILLNESS.....2 INJURY.....3 MEASURE/WEIGH CHILD.....4 MEDICAL CHECKUP.....5 PRENATAL CARE.....6 MEDICATIONS/ INJECTION.....7 OPERATION.....8 OTHER (SPECIFY).....	
						NUMBER OF VISITS
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HEALTH PART B -- UTILIZATION OF HEALTH SERVICES

All persons	
SERIAL	19. What kind of insurance?
	<p>14. Did [NAME] see any other health care provider/traditional healer for the same problem/reason in the last 4 weeks?</p> <p>15. What kind of provider did [NAME] see (list provider consulted)?</p> <p>16. Who runs this facility?</p> <p>17. What is the name of this facility/provider?</p> <p>18. Is [NAME] covered by health insurance (Medical Aid)?</p>
	<p>15. PRIVATE DOCTOR.....1 (>17) CLINIC (FIXED).....2 CLINIC (MOBILE).....3 HEALTH POST.....4 HOSPITAL.....5 PHARMACY.....6 CHEMIST.....6 TRADITIONAL HEALER.....7 OTHER (SPECIFY).....</p> <p>16. GOVERNMENT.....1 PRIVATE.....2 EMPLOYER.....3 PROVIDER.....3 NON-GOV'T ORG.....4 MISSION.....5 OTHER (SPECIFY).....</p> <p>18. YES.....1 NO.....2 (>>NEXT PERSON)</p> <p>19. MEDICAL AID - THROUGH PUBLIC EMPLOYER.....1 MEDICAL AID - THROUGH PRIVATE EMPLOYER.....2 MEDICAL AID - SELF-INSURED.....3</p> <p style="text-align: center;">NEXT PERSON</p>
NUMBER	
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HEALTH PART C – OTHER EXPENDITURE ON HEALTH SERVICES IN THE PAST YEAR

Ask Head of Household or the most knowledgeable person		
1.		TOTAL PAID
	<p>Now I'd like to know about other important health expenditures your household may have made during the past 12 months, that is since [MONTH, YEAR]. Please do not include the expenditures from the previous month that you have just told me about. <i>Please indicate only the amounts paid by you and not reimbursed by medical aid.</i> Include medical costs incurred outside as well as inside Botswana.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;"> <p align="center">EXCLUDE EXPENDITURE FOR THE PAST 4 WEEKS</p> </div> <p>In the last year how much has your household incurred for medical costs for the following (other than previously mentioned).</p>	<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;"> <p align="center">WHEN ALL NEXT EXPENDITURES ARE ENTERED, GO TO PART D</p> </div>
	PULA	THEBE
1	Consultations with private doctor	
2	Consultations with traditional doctors or healers	
3	Dental treatment	
4	Cost of surgery	
5	Consultation with optician, cost of eye tests	
6	Costs of spectacles, lenses, etc.	
7	Purchases of drugs and medicines (excluding common medicines such as painkillers, Cough mixture, etc.)	
8	Other major medical expenses (Specify)	

HEALTH PART D - HEALTH RELATED BEHAVIOURS

All persons 12 years and over

SERIAL	9 Do you consume alcoholic beverages? YES ...1 NO ...2 D>>NEXT PERSON	10. How much beer do you drink? (bottles, cans or glasses per unit of time)	11. How much of other alcoholic beverages do you consume? (glasses of wine, shots of whisky, etc.)	12. How many pints of (traditional) brewed alcohol do you drink?	13. How much cartons of chibuku do you drink?	14. How old were you when you first began drinking alcohol on a regular basis?					
							AMOUNT	TIME UNIT	AMOUNT	TIME UNIT	AMOUNT
		IF NONE, PUT '00' FOR NUMBER AND LEAVE UNIT BLANK	IF NONE, PUT '00' FOR NUMBER AND LEAVE UNIT BLANK	IF NONE, PUT '00' FOR NUMBER AND LEAVE UNIT BLANK	IF NONE, PUT '00' FOR NUMBER AND LEAVE UNIT BLANK	NEXT PERSON					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">DAY ...1</td> <td style="width: 25%; text-align: center;">WEEK ...2</td> <td style="width: 25%; text-align: center;">MONTH ...3</td> <td style="width: 25%; text-align: center;">OCCASIONALLY ...4</td> </tr> </table>				DAY ...1	WEEK ...2	MONTH ...3	OCCASIONALLY ...4		
DAY ...1	WEEK ...2	MONTH ...3	OCCASIONALLY ...4								
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IMMUNIZATIONS AND HEALTH OF YOUNG CHILDREN

All children less than 6 years (Ask the mother or Caregiver)						
1.	2.	3.	4.	5.	6.	7.
IS [NAME] LESS THAN 6 YEARS OLD?	Did [NAME] have diarrhoea in the past two weeks?	How was it treated? (last occurrence)	Did [NAME] have any other illness or injury during the past 2 weeks? I am not asking about long-term health problems, but rather about illnesses such as flu, cough, etc.	What kind of other illness or injury did [NAME] have?	Do you have an under 5 health card for [NAME]? May I see it?	RECORD BIRTH- WEIGHT FROM BIRTH CARD
YES1 NO2 (->NEXT PERSON)	YES1 NO2 (->4)	1. REDUCED BOTH FOOD AND LIQUIDS GIVEN TO CHILD 2. REDUCED FOOD BUT NOT LIQUIDS 3. REDUCED LIQUIDS BUT NOT FOOD 4. GAVE SPECIAL FOOD TO CHILD 5. ORAL REHYDRATION THERAPY 6. NO TREATMENT OTHER SPECIFY _____	YES1 NO2 (->6)	SEVERE COUGH DIARRHEA OR RAOID BREATHING EAR PAIN/EAR DISCHARGE FEVER COLD INJURY TONSILLITIS OTHER (SPECIFY) _____	YES-CARD PROVIDED1 YES-CARD NOT PROVIDED2(->8) NO CARD/NEVER HAD CARD3 (->8)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> >>9 </div>
SERIAL	NUMBER					KILOGRAMS
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

IMMUNIZATIONS AND HEALTH OF YOUNG CHILDREN

All children less than 6 years (Ask the mother or Caregiver)		10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
8.	Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	<p>Which vaccinations has (NAME) had?</p> <p>IF UNDER 5 CARD IS AVAILABLE: COPY INFORMATION FROM CARD AND ASK ABOUT ANY VACCINATIONS NOT RECORDED ON CARD</p> <p>IF CARD NOT AVAILABLE: ASK ABOUT EACH VACCINATION AND NUMBER OF TIMES WHERE RELEVANT</p> <p style="text-align: center;">YES.....1 NO.....2 DON'T KNOW.....9</p>										
SERIAL	NUMBER											
		<p>BCG (tuberculosis vaccine)</p> <p>DIPHTHERIA</p> <p>FOLIO</p> <p>HB (Hepatitis B vaccine)</p> <p>MEASLES</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">NEXT CHILD</p>										
01	01											
02	02											
03	03											
04	04											
05	05											
06	06											
07	07											
08	08											
09	09											
10	10											
11	11											
12	12											
13	13											
14	14											
15	15											

When was (NAME) last taken to an under 5 clinic or other place for weighing/measuring

WITHIN THIS MONTH.....1
 WITHIN LAST MONTH.....2
 WITHIN LAST 3 MONTHS.....3
 LONGER THAN 3 MONTHS.....4
 AGONYEVUR.....5

IF UNDER 5 CARD IS AVAILABLE: COPY INFORMATION FROM CARD AND ASK ABOUT ANY VACCINATIONS NOT RECORDED ON CARD

IF CARD NOT AVAILABLE: ASK ABOUT EACH VACCINATION AND NUMBER OF TIMES WHERE RELEVANT

YES.....1 NO.....2 DON'T KNOW.....9

NEXT CHILD

EMPLOYMENT TIME USE: PART A - EMPLOYMENT

WORK IN LAST 7 DAYS AND MAIN ACTIVITY

ALL PERSONS AGED 7 AND OLDER

1.	2.	3.	4.	5.	6.	7.
SERIAL	During the last 7 days did you work at least one hour for pay in cash or in kind, or in your own business activity or your own commercial agriculture or livestock activity for profit?	Although you did not work in the last 7 days, do you have a job or activity in which you will definitely return?	Were you available for work in the last 7 days?	Why were you not available for work in the last 7 days?	Did you make any effort to find work within the last 30 days?	What did you do to find work? (most important activity)
01	<p align="center">READ QUESTION IN FULL</p> <p>YES.....1 (>>8) NO.....2</p>	<p align="center">READ QUESTION IN FULL</p> <p>YES.....1 (>>8) NO.....2</p>	<p align="center">YES.....1 (>>6) NO.....2</p>	<p>ATTENDING SCHOOL.....1 HOUSEHOLD DUTIES: CAREGIVING FOR SICK FAMILY MEMBER.....2 MATERNITY.....3 ILL/INJURED.....4 TOO OLD/RETIRED.....5 TOO YOUNG TO WORK.....6 DISABLED.....7 OTHER (SPECIFY).....</p> <p>IF 1, 2, 3, OR 4->>26 IF 5, 6, OR 7 >>NEXT PERSON</p>	<p align="center">YES.....1 NO.....2 (>>26)</p>	<p>REGISTER AT LABOUR OFFICE.....1 CHECK ADVERTISEMENTS.....2 APPLY DIRECTLY TO EMPLOYERS.....3 ASK A FRIEND OR RELATIVE TO MAKE ENQUIRY.....4 BUSINESS.....5 PRE-ARRANGEMENT TO START WORK.....6 VISIT FIRMS/COMPANIES.....7 OTHER (SPECIFY).....</p> <p align="center">>>26</p>
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

EMPLOYMENT TIME USE: PART A - EMPLOYMENT

ALL PERSONS AGED 7 AND OLDER

Wage employees:

8. SERIAL	For whom do you work in this activity?	9. Is this work.....? PERMANENT.....1 TEMPORARY.....2 SEASONAL (TEMPORARY, BUT AVAILABL AT SAME TIME EACH YEAR).....3	10. How many days per week do you usually work in this activity?	11. How many hours per day do you usually work at this activity?	12. What type of work do you do in this activity to be precise, what are the main tasks or duties?
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> IF MULTIPLE ACTIVITIES, ASK ABOUT PRIMARY ACTIVITY </div>				
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> SEE CODES FOR QR </div>				
		CODES FOR QR EMPLOYEES IN WAGE JOB (PAID IN CASH OR KIND) CENTRAL GOVERNMENT.....01 LOCAL GOVERNMENT.....02 PARASTATAL SECTOR.....03 PRIVATE SECTOR.....04 NON-GOVT. ORGANISATION.....05 PRIVATE HOUSEHOLD.....06 DROUGHT RELIEF.....07 SELF EMPLOYED/FAMILY AGRICULT. BUSINESS WORK IN OWN BUSINESS WITH EMPLOYEES.....08 IN OWN BUSINESS WITHOUT EMPLOYEES.....09 UNPAID WORK IN A FAMILY ACTIVITY.....10 WORKED IN OWN LAND/CATTLE POST.....11 OTHER (SPECIFY).....	DAYS PER WEEK	HOURS PER DAY	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

PROB. AS NECESSARY USE 7 OR MORE WORDS TO DESCRIBE THE OCCUPATION

**EMPLOYMENT TIME USE: PART A- EMPLOYMENT
ALL PERSONS AGED 7 AND OLDER**

SERIAL	NUMBER	13. What is the main product, service or type of activity of your place of work?	14. You said your occupation was (READ RESPONSE TO Q.12). How many years have you been doing this type of work, including at the place you are currently working as well as somewhere else/for other employers?	15. Do you receive the following benefits from this job?	16. Do you receive the following benefits from this job?	17. Did you have any other work in the past 7 days, or do you have another position that you didn't work at in the last week but will return to? I am asking about all the types of work I mentioned earlier, including work for pay in your own business activity?	18. For whom do you work in this activity?	19.
		<p>PROBE AS NECESSARY. USE 2 OR MORE WORDS TO DESCRIBE THE INDUSTRY</p>	<p>CHECK ANSWER TO Q8 IF A WAGE JOB (Q8 IS LESS THAN OR EQUAL TO 7)>>15 IF NON-WAGE (Q8 IS GREATER THAN 7) >>18</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>	<p>SEE CODES FOR Q8</p>	
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
	09							
	10							
	11							
	12							
	13							
	14							
	15							

**EMPLOYMENT TIME USE: PART A - EMPLOYMENT
ALL PERSONS AGE 7 AND OLDER**

20.	21.	22.	23.	24.	25.
Is this work...?	How many days per week do you usually work in this activity?	How many hours per day do you usually work at this activity?	What type of work do you do in this activity? To be precise, what are the main tasks or duties?	What is the main product, service or type of activity of your place of work?	Would you take additional work in the next four weeks if it was available, whether in your current activities(s) or some other activity?
SERIAL	NUMBER	DAYS PER WEEK	HOURS PER DAY		
	PERMANENT.....1				
	TEMPORARY.....2				
	SEASONAL				
	(TEMPORARY				
	BUT AVAILABLE				
	SAME TIME				
	EACH YEAR).....3				
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

PROBE AS NECESSARY. USE 2 OR MORE WORDS TO DESCRIBE THE INDUSTRY

PROBE AS NECESSARY. USE 2 OR MORE WORDS TO DESCRIBE THE OCCUPATION

YES ... 1
NO ... 2

>>NEXT PERSON

EMPLOYMENT TIME USE: PART A- EMPLOYMENT
WORK IN THE LAST 12 MONTHS FOR THOSE REPORTING NO. WORK IN THE LAST WEEK

SERIAL	All persons aged 7 and older						
26.	27.	28.	29.	30.	31.	32.	
Now I'd like to ask about any work you did in the last 12 months. During the last 12 months, did you work at all for pay in cash or in kind, or in your own business activity or your own commercial agriculture or livestock activity for	During the last 12 months did you do any of the following activities: unpaid help in a family business; unpaid work on family lands or cattle post (for example, ploughing, harvesting, looking after cattle, weeding etc.); hunting/gathering?	Why did you not work?	For whom did you work in this activity?	What type of work did you do in this activity? To be precise, what are the main tasks or duties?	What was the main product, service or type of activity of your place of work	Why are you no longer doing this work?	
YES.....1(>>29) NO.....2	YES1(>>29) NO.....2	ATTENDING SCHOOL.....1 HOUSEHOLD DUTIES/ CARING FOR SICK FAMILY MEMBER.....2 MATERNITY.....3 ILL/INJURED.....4 STRIKE.....5 LAID OFF/RETIRED.....6 PERMANENT CLOSURE.....7 OTHER (SPECIFY).....	SEE CODES FOR Q8	PROBE AS NECESSARY. USE 2 OR MORE WORDS TO DESCRIBE THE OCCUPATION	PROBE AS NECESSARY. USE 2 OR MORE WORDS TO DESCRIBE THE INDUSTRY	SEASONAL: TEMPORARY WORK.....41 ATTENDING SCHOOL.....42 HOUSEHOLD DUTIES CARING FOR SICK FAMILY MEMBER.....43 MATERNITY.....44 ILL/INJURED.....45 STRIKE.....46 LAID OFF/RETIRED.....47 TEMPORARY CLOSURE.....48 PERMANENT CLOSURE.....49 OTHER (SPECIFY).....	>>NEXT PERSON
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

EMPLOYMENT TIME USE: PART B-TIME USE.

All persons aged 7 years and older

Now I'd like to ask about the time of household members in household work

1 SERIAL NUMBER	2 WHAT DAY OF THE WEEK WAS YESTERDAY? MON.....1 TUE.....2 WED.....3 THU.....4 FRI.....5 SAT.....6 SUN.....7	3 How much time did you spend yesterday doing chores such as shopping, cooking, cleaning the house, and doing laundry? EXCLUDING CHILDCARE	4 How much time did you spend yesterday caring for children (holding them, feeding and cleaning them, etc.)?		5 How much time did you spend yesterday fetching water? THOSE WITH STAND PIPES IN THE YARD PUT '00'		6 How much time did you spend yesterday fetching wood or other fuel (e.g cowdung/dibe)?	
			HOURS	MINUTES	HOURS	MINUTES	HOURS	MINUTES
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

IF NO TIME IN THE ACTIVITY, ENTER '00' FOR BOTH HOURS AND MINUTES

NEXT PERSON

DOMESTIC TOURISM

All persons				
5	6	7	8	9
What was your main purpose of visit for undertaking this trip?	How many nights were you away from home on this trip?	What was your principal destination on this trip?	What was your principal mode of transport you used to reach this destination?	What was the principal type of accommodation on this trip (the one you spent most nights)?
Leisure/Vacation/Holiday.....1 Visiting Friends and Relatives.....2 Business/Conference.....3 Medical.....4 Religious.....5 Other (Specify)..... CHOOSE THE MOST RECENT TRIP TAKEN FOR QUESTIONS 5 - 11	Number of Nights		Air.....1 Car.....2 Bus.....3 Other (specify).....	Hotel.....1 Guest House.....2 Lodge.....3 Camping.....4 Self Catering.....5 Friends/Family.....6 Other (specify).....
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

DOMESTIC TOURISM

All persons

10

11

SERIAL NUMBER	I would like to know about how much you spent on this trip (excluding the package spend)										How many people did this expenditure cover?
	Accommodation PULA THEBE	Food and Beverages PULA THEBE	Transport PULA THEBE	Tour Guides PULA THEBE	Recreation/Entertainment PULA THEBE	Shopping PULA THEBE	Other Services PULA THEBE				
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

NEXT PERSON

DEMOG. CHAR. PART C-CHILDREN OF HOUSEHOLD MEMBERS NOT LIVING AT HOME

All persons aged 25 years and below

1. Does any member of your house have children aged 25 years or below who are not living in this household? DOT NOT INCLUDE PERSONS ALREADY LISTED AS HOUSEHOLD MEMBERS IN PART A

YES.....1
NO.....2->>PART D)

CHILD ORDER	2 LIST NAMES OF ALL SUCH CHILDREN BEFORE GOING TO Q3-14	3 What is [Name]'s sex MALE.....1 FEMALE.....2	4 What was [Name]'s age at his/her last birthday?	5 Does [Name]'s biological father live in this household? YES.....1 NO.....2->>7	6 RECORD SERIAL NO. OF FATHER	7 Does [Name]'s biological mother live in this household? YES.....1 NO.....2->>9	8 RECORD SERIAL NO. OF MOTHER
	NAME	AGE IN YEARS			SR. NO.		SR. NO.
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

DEMOGRAPHIC CHARACTERISTICS PART D-RECENT MORTALITY OF ADULT HOUSEHOLD MEMBERS

All death for individuals aged 12 years and over

1. I'd like to ask you about recent deaths of adult member of this household, that is, individuals aged 12 years or older. Has any member of this household (12 years or older) died in the last two years, that is, since [CURRENT MONTH TWO YEARS AGO]?

NO.....2 (>NEXT SECTION) YES.....1

ORDER OF DEATH	DEATHS	3 What was the person's name?	4 When did [NAME] die?	5 SEX OF [NAME] MALE.....1 FEMALE.....2	6 What was [NAME]'s relationship to the person who is now head of this household?	7 How old was [NAME] when he/she died?	8 What was the cause of [NAME]'s death?
1	Most Recent						
2	Second most recent						
3	Third most recent						
4	Fourth most recent						
5	Fifth most recent						
6	Sixth most recent						
7	Seventh most recent						
8	Eighth most recent						
9	Ninth most recent						

PROMPT FOR OTHER DEATHS IN LAST 2 YEARS

ASK FOR MOST RECENT DEATH THEN PROMPT FOR EARLIER DEATHS UNTIL DONE.

- 1 ILLNESS.....1
- 2 TRANSPORT RELATED ACCIDENT.....2
- 3 OTHER ACCIDENT.....3
- 4 MURDER.....4
- 5 SUICIDE.....5
- 6 PREGNANCY/CHILD BIRTH.....6
- 7 NATURAL DISASTER.....7
- 8 OTHER (SPECIFY).....

- 01 SPOUSE/PARTNER.....01
- 02 SON/DAUGHTER.....02
- 03 CHILD IN-LAW.....03
- 04 STEP CHILD.....04
- 05 GRANDCHILD.....05
- 06 PARENT.....06
- 07 PARENT IN-LAW.....07
- 08 GRANDPARENT.....08
- 09 BROTHER/SISTER.....09
- 10 NEPHEW/NIECE.....10
- 11 OTHER RELATIVE.....11
- 12 NOT RELATED.....12

- 01 AGE AT LAST BIRTHDAY IN YEARS

FERTILITY AND CHILD MORTALITY

ALL FEMALES 12-49, USE SEPARATE PAGE FOR EACH PERSON

Note: Since each woman 12-49 is to be given this module, several copies need to be included, and the enumerator should also have extras if they are needed. Now, I would like to ask you about all the births and pregnancies you may have had. Please bear with me if I repeat any questions from before.

1. WRITE THE SERIAL NUMBER OF THE WOMAN SK. NO.
2. Are you pregnant now?
 YES...1 AGE IN COMPLETED YEARS
 NO...2 NOT SURE...3
3. Have you ever been pregnant?
 YES...1 NO...2 (>NEXT WOMAN)
 NO...2 YES...1 NO...2 (>NEXT WOMAN)
4. How old were you when you became pregnant for the first time?
 YES...1 AGE IN COMPLETED YEARS
 NO...2 (>NEXT WOMAN)
5. Have you ever given birth?
 YES...1 NO...2 (>NEXT WOMAN)
6. Have you had any baby who cried or showed any sign of life?
 YES...1 NO...2 (>NEXT WOMAN)

Now, I would like to talk to you about all of your live births, whether still alive or not, and even if they survived just a short time. Please start with your first live birth.

7	8	9	10	11	12	13
BIRTH ORDER	What was the name given to your first/next child? IF AN INFANT THAT WAS NOT YET NAMED, WRITE "NO NAME" PROBE FOR MORE DEATH	Was/is [NAME] a boy or a girl? BOY.....1 GIRL.....2	Is [NAME] still alive? YES.....1 (>>12) NO.....2	How long did [NAME] live? >> NEXT BIRTH IF RESPONSE IS "ONE YEAR," PROBE FOR EXACT NUMBER OF MONTHS. IF CHILD LIVED MORE THAN 1 YEAR, RECORD YEARS AND MONTHS AND PUT "00" FOR DAYS IF CHILD LIVED LESS THAN 1 YEAR, PUT "00" FOR YEARS AND RECORD NO. OF MONTHS AND ESTIMATED DAYS. IF CHILD LIVED LESS THAN 1 MONTH, PUT "00" FOR YEARS AND MONTHS AND RECORD NO. OF DAYS	Does [NAME] live in this household YES...1 NO...2 (>NEXT PERSON)	RECORD SERIAL NO. OF [NAME] TO BE TAKEN FROM THE HOUSEHOLD ROSTER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

FERTILITY AND CHILD MORTALITY

ALL FEMALES 12-49, USE SEPARATE PAGE FOR EACH PERSON

14. ADD UP ALL CHILDREN BORN, LIVING AND DEAD

TOTAL

I would like to be sure I have this correct. You have given birth to [TOTAL] children, of which _____ died. Is this correct?

IF NOT CORRECT, PROBE AND RECONCILE BEFORE, PROCEEDING TO Q15

CIRCLE AND ENTER CODE FOR QUESTION 15 TO 19

15. Now I would like to ask you about your most recent birth, that is [READ NAME OF MOST RECENT CHILD BORN, OR DATE OF BIRTH IF NO NAME]

When you were pregnant with this child, did you consult anyone for a check-up (Antenatal Care) on this pregnancy?

YES.....1
NO.....2(>>17)

16. Where did you go for this check-up?

- CLINIC (FIXED LOCATION).....1
- MOBILE CLINIC.....2
- HEALTH POST.....3
- HOSPITAL.....4
- PRIVATE DOCTOR.....5
- INFORMAL DOCTOR/MIDWIFE.....6

17. Who assisted with the delivery of this child?

- DOCTOR.....1
- NURSE/MIDWIFE.....2
- AUXILIARY NURSE.....3
- TRADITIONAL BIRTH ATTENDANT.....4
- TRADITIONAL DOCTOR/SPIRITUAL HEALER.....5
- RELATIVE/FRIEND.....6
- OTHER (SPECIFY).....

18. After birth, did you (mother) see anyone for a post natal check-up?

- YES.....1
- NO.....2(>>NEXT WOMAN)

19. Where did you go for this check-up?

- CLINIC (FIXED LOCATION).....1
- MOBILE CLINIC.....2
- HEALTH POST.....3
- HOSPITAL.....4
- PRIVATE DOCTOR.....5
- INFORMAL DOCTOR/MIDWIFE.....6

SELF-ASSESSED POVERTY AND POVERTY PREDICTORS

HOUSHOLD HEAD AND SPOUSE

Now I'd like to ask you some questions about your household's well-being.

1. What is the most important source of income for this household.

- WAGES FROM EMPLOYMENT..... 01
ENTERPRISE INCOME 02
RENTAL INCOME/INTEREST EARNINGS 03
PENSIONS 04
REMITTANCES FROM INSIDE BOTSWANA 05
REMITTANCES FROM OUTSIDE BOTSWANA 06
ASSISTANCE FROM GOVERNMENT
INCLUDING RELIEF, STUDENT
ALLOWANCE, ETC) 07
ASSISTANCE FROM COMMUNITY 08
OTHER (SPECIFY).....

Empty box for response to question 1.

2. How much income do you, in your circumstances, consider to be the absolute minimum per month your household would need? That is to say, that with less than that you could not make ends meet.

PULA THESE
Empty boxes for response to question 2.

3. Is your income currently greater than, just equal to, or less than the amount you just told me?

- LESS 1
ABOUT THE SAME 2
GREATER 3

Empty box for response to question 3.

4. How is the economic situation of your household today compared to one year ago?

- MUCH WORSE NOW 1
A LITTLE WORSE NOW 2
THE SAME 3
A LITTLE BETTER NOW 4
MUCH BETTER NOW 5

Empty box for response to question 4.

5. How would you describe the living conditions of your household compared to other households in this community/village?

- AMONG THE WEALTHIEST 1
WEALTHIER THAN MOST 2
ABOUT AVERAGE 3
SOMEWHAT POORER THAN AVERAGE 4
MUCH POORER THAN AVERAGE 5

Empty box for response to question 5.

6. Does every member of this household have at least two sets of clothes?

- YES 1
NO 2

Empty box for response to question 6.

7. Does every member of this household have at least two pairs of shoes?

- YES 1
NO 2

Empty box for response to question 7.

8. Does every child under 18 in this household have a blanket?

- YES 1
NO 2

NOT APPLICABLE 3

Empty box for response to question 8.

SELF-ASSESSED POVERTY AND POVERTY PREDICTORS

HOUSEHOLD HEAD AND SPOUSE

9. How safe is your household from crime and violence?

- | | | |
|-----------------------|---|--------------------------|
| VERY UNSAFE | 1 | |
| SOMEWHAT UNSAFE | 2 | |
| FAIRLY SAFE | 3 | <input type="checkbox"/> |
| VERY SAFE | 4 | |
| UNSURE | 5 | |

10. How well does the government protect your household from crime and violence?

- | | | |
|----------------------------------------------------------|---|--------------------------|
| PROVIDES NO PROTECTION AT ALL | 1 | |
| PROVIDES A LITTLE PROTECTION | 2 | <input type="checkbox"/> |
| PROVIDES MORE THAN A LITTLE,
BUT NOT ENOUGH | 3 | |
| PROVIDES A LOT OF PROTECTION/
ENOUGH PROTECTION | 4 | |
| UNSURE | 5 | |

11. Where do you report when your household is subjected to violence and crime?

- | | | | |
|-----------------------|---|-----|--------------------------|
| BOTSWANA POLICE..... | 1 | 1ST | <input type="checkbox"/> |
| LOCAL POLICE..... | 2 | | |
| KGOTLA..... | 3 | 2ND | <input type="checkbox"/> |
| NEIGHBOURS..... | 4 | | |
| OTHER (SPECIFY) _____ | | 3RD | <input type="checkbox"/> |

12. Are you satisfied with the services rendered after reporting this matters?

- | | |
|-----------------|--------------------------|
| YES ... 1(>>14) | <input type="checkbox"/> |
| NO 2 | |

13. Why do you think the service rendered is not satisfactory?

- | | | |
|----------------------------|---|--------------------------|
| SLOW TO REACT..... | 1 | |
| PROVIDE NO PROTECTION..... | 2 | |
| FAVOURITISM..... | 3 | <input type="checkbox"/> |
| NO RECEPTION..... | 4 | |
| OTHER (SPECIFY) _____ | | |

14. Do you participate in Kgotla activities?

- | |
|-------------|
| YES 1 |
| NO 2 |

15 IF NO, WHY?

- | | | |
|--------------------------------|---|--------------------------|
| FIND IT UNNECESSARY..... | 1 | |
| FAR FROM HOME | 2 | |
| HELD DURING WORKING HOURS..... | 3 | <input type="checkbox"/> |
| OTHER (SPECIFY) _____ | | |

NEXT PERSON

FOOD INSECURITY

HOUSEHOLD HEAD AND SPOUSE

I'd like to ask you some questions about your household's food needs and food consumption in the last month.

1. In the past four weeks did you worry that your household would not have enough food? YES 1
NO 2 (>>3)

2. How often did this happen?

3. In the past four weeks, were you or any household member unable to eat the kinds of food you preferred because of a lack of resources, either income or your own production? YES 1
NO 2 (>>5)

4. How often did this happen?

5. In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources? YES 1
NO 2 (>>7)

6. How often did this happen?

7. In the past four weeks, did you or any household member forced to eat some foods you really did not want to eat because of lack of resources to obtain other types of food? YES 1
NO 2 (>>9)

8. How often did this happen?

9. In the past four weeks, did you or any household member have to eat a smaller meal than you felt was needed because there was not enough food? YES 1
NO 2 (>>11)

10. How often did this happen?

11. In the past four weeks, were you or any household member have to eat fewer meals in a day because there was not enough food? YES 1
NO 2 (>>13)

12. How often did this happen?

13. In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? YES 1
NO 2 (>>15)

14. How often did this happen?

15. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? YES 1
NO 2 (>>17)

16. How often did this happen?

17. In the past four weeks, did you or any household member go a whole day or night without eating anything because there was not enough food? YES 1
NO 2 (>>19)

18. How often did this happen?

FREQUENCY CODES for Questions numbered with even numbers	
RARELY (1-2 TIMES IN THE LAST 4 WEEKS).....	1
SOMETIMES (3-10 TIMES IN THE LAST 4 WEEKS).....	2
OFTEN (MORE THAN 10 TIMES IN THE LAST 4 WEEKS).....	3

FREQUENCY CODES for Questions numbers with even numbers	
RARELY (1-2 TIMES IN THE LAST 4 WEEKS).....	1
SOMETIMES (3-10 TIMES IN THE LAST 4 WEEKS).....	2
OFTEN (MORE THAN 10 TIMES IN THE LAST 4 WEEKS).....	3

19. How many days *last week* did the household eat meat or chicken? Note: I am asking about the last 7 days now.
PROBE FOR EACH DAY OF THE LAST WEEK AND MARK TOTAL
DAYS FROM 0 TO 7 DAYS

SATISFACTION WITH SERVICES

HOUSEHOLD HEAD AND SPOUSE

A. HEALTH SERVICES

1. What is the name of the *nearest* health facility to this household?

OTHER THAN THE FOLLOWING: TRADITIONAL HEALER, MOBILE CLINICS

NAME _____

CHECK FOR THE NAME ON THE HEALTH PROVIDER LIST AND RECORD THE PROVIDER NUMBER. IF NOT ON THE LIST, PUT '99'

PROVIDER NUMBER

2. What kind of facility is this?

CLINIC 1
HEALTH POST..... 2
HOSPITAL 3
PRIVATE..... 4
PHARMACY..... 5
OTHER (SPECIFY) _____

3. Who runs this facility?

GOVERNMENT..... 1
PRIVATE 2
EMPLOYER-PROVIDED ... 3
NON-GOV'T ORG 4
MISSION..... 5
OTHER (SPECIFY) _____

4. Does your household normally use this facility when it needs health services?

YES-USES THIS FACILITY..... 1(>>6)
NO--USES A DIFFERENT FACILITY..... 2
NO--USES NO FACILITY..... 3

5. If household members are not using this facility in question, why are they not using it?
PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL

LONG WAITING TIME01
FACILITIES NOT CLEAN OR IN POOR CONDITION... 02
FEW TRAINED PROFESSIONALS ON STAFF..... 03
STAFF FREQUENTLY ABSENT..... 04
STAFF DISRESPECTFUL..... 05
TOO EXPENSIVE 06
LACK OF DRUGS 07
DOES NOT OFFER ALL SERVICES..... 08
LIMITED HOURS OPEN..... 09
OTHER (SPECIFY) _____

6. Overall, what is your opinion about the quality of [NAME]? USE NAME IN Q2

EXCELLENT 1
SATISFACTORY 2
FAIR 3
POOR 4
DON'T KNOW 9

SATISFACTION WITH SERVICES

HOUSEHOLD HEAD AND SPOUSE

7. What do you think are the problems with this facility, if any? Please start with the most serious problem.

PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL

- | | | | |
|------------------------------------------------|----|----------------|--------------------------|
| FACILITY IS TOO FAR | 01 | FIRST PROBLEM | <input type="checkbox"/> |
| LONG WAITING TIME | 02 | | |
| FACILITIES NOT CLEAN OR IN POOR CONDITION..... | 03 | SECOND PROBLEM | <input type="checkbox"/> |
| FEW TRAINED PROFESSIONALS ON STAFF..... | 04 | | |
| STAFF FREQUENTLY ABSENT..... | 05 | | |
| STAFF DISRESPECTFUL..... | 06 | THIRD PROBLEM | <input type="checkbox"/> |
| TOO EXPENSIVE..... | 07 | | |
| LACK OF DRUGS..... | 08 | | |
| DOES NOT OFFER ALL SERVICES..... | 09 | | |
| LIMITED HOURS OPEN..... | 10 | | |
| OTHER (SPECIFY) _____ | | | |

IF NO PROBLEMS,
PUT '00' IN FIRST BOX

8. How does the quality of this facility today compare with a year ago?

- | | | |
|----------------------|---|--------------------------|
| BETTER | 1 | <input type="checkbox"/> |
| WORSE | 2 | |
| THE SAME..... | 3 | |
| FACILITY IS NEW..... | 4 | |
| DON'T KNOW..... | 9 | |

B. SCHOOLS: PRIMARY SCHOOL

CHECK THE AGES OF ALL PERSONS CAREFULLY TO VERIFY IF THERE IS A CHILD AGED 5 TO 16.

9. Is there a Primary school going child in the household? YES 1
NO 2

AGE 5 TO 16

Since you have a child at or close to primary school age, I'd like to ask you questions about the nearest primary school to your household. Please note; I am asking about the *nearest* school even though your child may attend a different school or not be in school.

10. What is the name of the *nearest* primary school to this household?
EXCLUDING NON-FORMAL SCHOOLS

NAME _____

CHECK FOR THE NAME ON THE SCHOOL LIST AND RECORD THE SCHOOL NUMBER. IF NOT ON THE LIST, PUT '99'

SCHOOL NUMBER

11. What kind of school is this? PUBLIC..... 1
PRIVATE..... 2
NON-GOV'T ORG..... 3
MISSION..... 4
OTHER (SPECIFY) _____

SATISFACTION WITH SERVICES

HOUSEHOLD HEAD AND SPOUSE

12. Has any child in this household attended this school in the past 12 months?

YES ... 1
NO 2

13. Overall, what is your opinion about the quality of this school, as far as you know?

EXCELLENT..... 1
SATISFACTORY..... 2
FAIR 3
POOR..... 4
DON'T KNOW 9

14. What do you think are the problems with this school, if any? Please start with the most serious problem.

PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL

SCHOOL IS TOO FAR 01
LACK OF BOOKS/SUPPLIES..... 02
POOR TEACHING 03
NOT ENOUGH TEACHERS 04
TEACHERS FREQUENTLY ABSENT 05
TEACHERS/DIRECTOR DISRESPECTFUL.....06
TOO EXPENSIVE 07
FACILITY IN POOR CONDITION 08
LIMITED HOURS/OFTEN CLOSED 09
OTHER (SPECIFY) _____

FIRST PROBLEM

SECOND PROBLEM

THIRD PROBLEM

IF NO PROBLEMS,
PUT '00' IN FIRST BOX

15. How does the quality of this school today compare with a year ago?

BETTER 1
WORSE..... 2
THE SAME..... 3
SCHOOL IS NEW..... 4
DON'T KNOW..... 9

JUNIOR SECONDARY

CHECK THE AGES OF ALL PERSONS CAREFULLY TO VERIFY IF THERE IS A CHILD AGED 12 TO 20.

16. Is there a Junior Secondary school going child in the household? YES 1
NO 2

Since you have a child at or close to junior secondary school age, I'd like to ask you questions about the nearest school to your household. Please note I am asking about the *nearest* junior secondary school even though your child may attend a different school or not be in school.

17. What is the name of the *nearest* junior secondary school to this household?

NAME _____

CHECK FOR THE NAME ON THE SCHOOL LIST AND RECORD THE SCHOOL NUMBER. IF NOT ON THE LIST, PUT '99'.

SCHOOL NUMBER

18. What kind of school is this?

PUBLIC..... 1
PRIVATE..... 2
NON-GOV'T ORG..... 3
MISSION 4
OTHER (SPECIFY) _____

SATISFACTION WITH SERVICES

HOUSEHOLD HEAD AND SPOUSE

19. Has any child in this household attended this school in the past 12 months?

YES ... 1

NO 2

20. Overall, what is your opinion about the quality of this school, as far as you know?

READ THE LIST OF RESPONSES

EXCELLENT..... 1

SATISFACTORY..... 2

FAIR..... 3

POOR..... 4

DON'T KNOW 9

21. What do you think are the problems with this school, if any? Please start with the most serious problem.

PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL

SCHOOL IS TOO PAR01

LACK OF BOOKS/SUPPLIES 02

POOR TEACHING..... 03

NOT ENOUGH TEACHERS 04

TEACHERS FREQUENTLY ABSENT..... 05

TEACHERS/DIRECTOR DISRESPECTFUL.....06

TOO EXPENSIVE07

FACILITY IN POOR CONDITION.....08

LIMITED HOURS/OFTEN CLOSED..... 09

OTHER (SPECIFY)_____

FIRST PROBLEM

SECOND PROBLEM

THIRD PROBLEM

IF NO PROBLEMS,
PUT '00' IN FIRST BOX

22. How does the quality of this school today compare with a year ago?

BETTER 1

WORSE..... 2

THE SAME 3

SCHOOL IS NEW..... 4

DON'T KNOW 9

SENIOR SECONDARY

CHECK THE AGES OF ALL PERSONS CAREFULLY TO VERIFY IF THERE IS A CHILD AGED 14 TO 22.

23. Is there a Senior Secondary school going child in the household?

YES 1

NO 2

Since you have a child at or close to senior secondary school age, I'd like to ask you questions about the nearest school to your household. Please note; I am asking about the nearest senior secondary school even though your child may attend a different school or not be in school.

SATISFACTION WITH SERVICES

HOUSEHOLD HEAD AND SPOUSE

24. What is the name of the nearest senior secondary school to this household?

NAME _____

CHECK FOR THE NAME ON THE SCHOOL LIST AND RECORD THE SCHOOL NUMBER. IF NOT ON THE LIST, PUT '99'

SCHOOL NUMBER

25. What kind of school is this?

PUBLIC1
PRIVATE2
NON-GOV'T ORG3
MISSION4
OTHER (SPECIFY) _____

26. Has any child in this household attended this school in the last 12 months?

YES ... 1
NO ... 2

27. Overall, what is your opinion about the quality of this school, as far as you know?
READ THE LIST OF RESPONSES

EXCELLENT 1
SATISFACTORY 2
FAIR 3
POOR 4
DON'T KNOW 9

28. What do you think are the problems with this school, if any? Please start with the most serious problem.
PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL

SCHOOL IS TOO FAR01
LACK OF BOOKS/SUPPLIES02
POOR TEACHING03
NOT ENOUGH TEACHERS04
TEACHERS FREQUENTLY ABSENT05
TEACHERS/DIRECTOR DISRESPECTFUL06
TOO EXPENSIVE07
FACILITY IN POOR CONDITION08
LIMITED HOURS/OFTEN CLOSED 09
OTHER (SPECIFY) _____

FIRST PROBLEM

SECOND PROBLEM

THIRD PROBLEM

IF NO PROBLEMS,
PUT '00' IN FIRST BOX

29. How does the quality of this school today compare with a year ago?

BETTER 1
WORSE 2
THE SAME 3
SCHOOL IS NEW 4
DON'T KNOW 9

NEXT SECTION



STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

HOUSEHOLD QUESTIONNAIRE
BOOK 2

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION			
STRATUM NUMBER			
DISTRICT NAME /CODE			
VILLAGE NAME/CODE			
LOCALITY NAME/CODE			
EA NUMBER			
EA SERIAL NUMBER			
DWELLING NUMBER			
HOUSEHOLD NUMBER			
RESPONDENT LINE NUMBER			
NAME OF ENUMERATOR			
NAME OF SUPERVISOR			

Enumerator's Log for this Household Questionnaire

Section	B	C	D	E
Date Completed				
*Result Code				

Section	F	G	H	I
Date Completed				
*Result Code				

<p>RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p>COMMENTS BOX:</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------

	SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME					
DATE					

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE

Section B: Sources of Household Income

Before asking for specific details about your household income, we would like to know from which of the following sources your household derived income,

- a) during the past 30 days
- b) during the past 12 months

The first column of boxes is for indicating the various sources of income during the past 30 days.
The second column is for indicating the different income sources during the past 12 months.

Enumerator: Please tick (✓) whichever boxes (if any) apply

	a) Sources of income during past 30 days	b) Sources of income during past 12 months /*	
1 Cash wage/salary from employment	<input type="checkbox"/>	<input type="checkbox"/>	/* Note that the "past 12 months" refers to the 12 months up to the present day. It does not refer to the last calendar year
2 Business income	<input type="checkbox"/>	<input type="checkbox"/>	
3 Rental income	<input type="checkbox"/>	<input type="checkbox"/>	
4 Pension of retired persons	<input type="checkbox"/>	<input type="checkbox"/>	
5 Interest on savings	<input type="checkbox"/>	<input type="checkbox"/>	
6 Sale of own produce	<input type="checkbox"/>	<input type="checkbox"/>	
7 Sale of livestock	<input type="checkbox"/>	<input type="checkbox"/>	
8 Remittances from inside Botswana	<input type="checkbox"/>	<input type="checkbox"/>	
9 Remittances from outside Botswana	<input type="checkbox"/>	<input type="checkbox"/>	
10 Cash gifts received	<input type="checkbox"/>	<input type="checkbox"/>	
11 Inkind gifts received	<input type="checkbox"/>	<input type="checkbox"/>	
12 Cash loans received (incl. salary advance)	<input type="checkbox"/>	<input type="checkbox"/>	
13 Earnings in kind (e.g. food, clothing)	<input type="checkbox"/>	<input type="checkbox"/>	
14 Assistance from drought relief	<input type="checkbox"/>	<input type="checkbox"/>	
15 Destitute allowance	<input type="checkbox"/>	<input type="checkbox"/>	
16 Orphan ration	<input type="checkbox"/>	<input type="checkbox"/>	
17 Old age pension	<input type="checkbox"/>	<input type="checkbox"/>	
18 War Veteran pension	<input type="checkbox"/>	<input type="checkbox"/>	
19 RADS Package	<input type="checkbox"/>	<input type="checkbox"/>	
20 Child maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
21 Bonus/backpay/overtime/ leave encashment/ leave concession	<input type="checkbox"/>	<input type="checkbox"/>	
22 Student Allowance	<input type="checkbox"/>	<input type="checkbox"/>	
Others Specify (number the specified items)			
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	

END OF SECTION B

Section C: Housing, Household Possessions and Cattle Ownership

This section asks a few general questions about your dwelling, household possessions and cattle ownership Circle and Enter the appropriate answer

1. HOUSING How was this housing unit acquired?	01 Purchased (owner occupied)	06 Rent: Company	
	02 Rent: BHC	07 Rent: VDC	
	03 Rent: Government	08 Free (Inc. job related)	
	04 Rent: Council	09 Inherited (owner occupied)	
	05 Rent: Individual	10 Self built (owner occupied)	

2. NUMBER OF ROOMS
 How many rooms are there in this housing unit? Exclude kitchen, garage, toilet, bathroom and store if they are not used as living rooms. Include all structures occupied by you and your household.

3. WATER SUPPLY Which of these is your main source of water supply for your household?	Circle one number		
	01 Piped indoors	02 Piped outdoors	03 Communal tap
	04 Bouser/tanker	05 Well	06 Borehole
	07 River/Stream	08 Dam/Pan	09 Rain water tank
	10 Spring Water	Other (specify)	

4. TOILET FACILITY What type of toilet facility is used by this household?	Circle one number		
	Own	01 Flush toilet	02 Ventilated improved Pit latrine (VIP)
	Communal	03 Pit latrine	04 Flush toilet
		05 VIP	06 Pit latrine
		07 Neighbours toilet	08 None

5. FUEL FOR COOKING, LIGHTING AND HEATING What are the principal fuels used by your household for cooking, lighting and heating?	Circle one number in each column:			
		Cooking Lighting Heating		
	1 Electricity	01	01	01
	2 Solar Power	02	02	02
	3 Gas (LPG)	03	03	03
	4 Bio Gas	04	04	
	5 Wood	05	05	05
	6 Paraffin	06	06	06
	7 Candle		07	
	8 Paraffin/Candle		08	
	9 Cow-dung	09		09
	10 Coal			10
	11 Charcoal			11
12 Crop Waste				
19 None			19	
Other (specify)				

6. ELECTRICITY

6.1 Are you aware of the relaxed payment terms (Rural Electricity Collective Scheme) for electricity connection?
 Yes.....1
 No.....2

6.2 Is your household connected to the BPC grid?
 Yes.....1
 No.....2(>> 6.4)

6.3 Which payment term did you use?
 18 Months1
 60 Months.....2
 180 Months.....3
 One-Off Payments.....4

6.4 If you were to connect your household to the BPC electricity Grid, how much are you willing to pay (electricity connection)
 PULA THERE
 [] []

Cooking

Lighting

Heating

Section D: Household Enterprises

This section asks for information about household businesses or enterprises.

During the past 12 months has any member of this household been engaged in any of the following?

- | | | |
|--------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|
| 01 selling cattle/ goats/ sheep | 12 making craftwork: baskets/ wooden utensils | 23 plumbing |
| 02 selling poultry | 13 making/ selling clothes | 24 electrification |
| 03 selling milk/ madira/ eggs | 14 cooking and/ or selling food | 25 property rentals |
| 04 selling maize/ millet/ sorghum | 15 street vendor (retailing) | 26 shoe repair |
| 05 selling fruit/vegetables | 16 general dealers | 27 taxi/combi service
(for moving people or goods) |
| 06 catching/ selling fish | 17 hawkers | 28 Sale of second hand clothes |
| 07 gathering/ selling thatch/ poles/ reeds | 18 haircutting/ hair dressing | 29 Phone shops |
| 08 gathering/ selling firewood | 19 making/ selling furniture | 30 Selling health products
eg Golden products/Go for health |
| 09 gathering/ selling phone | 20 blacksmithing/tinsmithing | |
| 10 selling/ processing of animal products | 21 vehicle repair/ panelbeating | |
| 11 brewing/ selling beer/ chibuku | 22 traditional/ spiritual healers | |

A household business or enterprise exists if any member of the household is:

- a) self employed
- or
- b) works informally with a few other family members and/or a few (less than 5) paid staff.
- c) the business is not registered with registrar of companies or professional association

These activities may be full/ part-time or they may be in addition to any full-time work in which you are involved as an employee. If the particular business is not listed, describe the type of business in words - in answer to Q1 - but leave the code box empty.

Business	Business Number <input type="text"/>	Business Number <input type="text"/>	Business Number <input type="text"/>
Q1. Description of Enterprise (Describe the exact activity using at least two words) Enter the appropriate code from the list above (or leave blank if the type of business is not listed)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q2 Is the business/ enterprise registered with Registrar of Companies or any other professional association? Yes = 1 No=2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3 Does the business/enterprise keep any formal accounts? Yes = 1 No=2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q4 Is this business/ enterprise located 1 - In a permanent building 2 - On a footpath, street or open space 3 - At a market 4 - In the owner's or someone's home 5 - No fixed location Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q5 Which household member is the main entrepreneur in this business? Give serial number from the Household questionnaire. If main entrepreneur is currently not a member of this household, enter code 99.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q6 Sex of main entrepreneur, Male = 1: Female = 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q7 What are the serial numbers of any household members who have helped in the business during the past month? (Use serial numbers assigned in the Household questionnaire)	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

(continued)....

1 Section D :Household Enterprises (Continued)

		Business Number <input type="text" value="1"/>	Business Number <input type="text" value="2"/>	Business Number <input type="text" value="3"/>						
Q8 What is the kind of ownership of this business? 1 - sole ownership/ self employed 2 - owned jointly by members of this household only 3 - partnership 4 - co-operative other (specify).....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Q9 When did this business start? State month in numbers, i.e. Jan=01; Feb=02; Mar=03; Dec=12; and record the year in full, e. g. record '1999' and '2001'		month <input type="text" value=""/> <input type="text" value=""/> year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	month <input type="text" value=""/> <input type="text" value=""/> year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	month <input type="text" value=""/> <input type="text" value=""/> year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>						
Q10 For how many months out of the past 12 months has this business operated?		<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>						
Q11 On average, how many days each month does this business operate?		<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>						
Q12 Please state the number of people who worked last month in each business	Type of worker	M	F	T	M	F	T	M	F	T
	Working proprietors									
	Unpaid family workers									
	Paid workers									
Total										
TOTAL EXPENDITURE		<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>						
Q13 BUSINESS INCOME	What is the approximate total value of sales and/ or other income from this business in an average month?									
Q14	What is the total value of sales/income from this business/ enterprise in the past 12 months									

ENUMERATOR CHECK

Total Income less Expenditure for an average month will usually not be in the negative.

Note that even if you have recorded details of an average month's business income and expenditure in the section on Household Enterprises, you must still record details in Book 2 of the actual day-to-day enterprise receipts and expenses during the whole of the survey month.

End of section D

Section E: Agricultural Income and Expenditure During the Past 12 Months**E3. Other Major Agricultural Income During the Past 12 Months**

Please also give details of all other agricultural income during the past 12 months
e.g. income from ploughing for other farmers

Sources of Income	Total received (cash and In-kind) during past year Pula	Office use only Code

E4. Major Expenditure on Agriculture During the Past 12 Months

What major expenditure on agriculture have you had during the past 12 months?
Record the amounts to the nearest Pula.

	Total Expenditure (Pula)	Office use only Code
Construction and repair costs		
Business taxes		
Purchase of livestock for re-sale		
Rates payable on property you own		
Capital purchase of transport, equipment etc.		
Other (please Specify)		

Agric Income & Expenditure

Section F: Employment Earnings and Deductions during the Past 30 days

For those persons coded 01, 02 or 03 under Section A column 20, please enter here itemised details of their total earnings and deductions from all the work they did in the past 30 days

Record amounts in Pula and thebe. For example, total earnings of P647.25 should be recorded as:

0	0	0	6	4	7	2	5
---	---	---	---	---	---	---	---

Use one column to record each person's earnings and at the top of each column enter that person's serial number from Section A.

Note that only the first two columns have sufficient space to record amounts in excess of P9,999.99

Persons whose income is paid wholly or partially outside Botswana need not give details of such payments. However, details of money transferred into Botswana should be recorded in Section 1.

Person's Serial Number (serial number from household Roster)	P		P		P		P	
	t	t	t	t	t	t	t	t
Income								
Gross wage or salary								
Car allowance								
Other allowance amount:								
specify type of allowance =>								
amount:								
specify type of allowance =>								
Business income/ profits (approx)								
Value of wages in kind								
mealie meal								
other food								
clothing								
blankets								
other goods								
specify =>								

Employment Earnings during the past 12 months

Back pay								
Bonus								
Overtime								
Travel leave concession								
Leave encashment								
Other earnings								
specify =>								

Section G: Major Expenditure In Past 12 months

During the past 12 months what major expenditure have you (or other members of your household) incurred?

Include also purchases made more than a year ago but where repayments of instalments are still being made.

Remember you should include the purchase of second-hand goods as well as new goods

Only personal and household expenditure to be included. Expenditure in connection with a business trip, which is paid for or refunded by an employer must not be included.

Record all expenditures to the nearest Pula.

Category	Item	State total purchase price (if bought outright) (Pula)	EITHER			OFFICE USE ONLY	
			OR			Amount to enter (Pula)	Code
			Initial deposit if purchased during past 12 months (Pula)	Monthly payment (Pula)	For how many of the past 12 months have instalments been paid?		
			if paying monthly instalments				
Furniture							
Men's Clothing (all items)							
Women's clothing (all items)							
Children's clothing (all items)							
Men's footwear (all items)							
Women's footwear (all items)							
Children's footwear (all items)							
Household appliances and equipment (e.g. cookers, refrigerators, stereo, computers, video cassette recorders)							
Photographic equipment (cameras, video cameras)							
Purchase of car(s) or other vehicle(s)							
Major repairs or additions to dwellings							
Purchase of house or land							
* excluding business costs paid for by an employer	Jewellery						
	Air fares *						
	Hotel* / Holiday accommodation						
	Total cost of package holidays						
	Weddings and other functions						
	Funerals						
	Vehicle servicing / repairs						
	Vehicle rental *						
Fees for professional services							

During the past 12 months did you sell:	Date sold	Amount received (Pula)	Of which, how much (if any) had to be used to repay loan? (Pula)	OFFICE USE ONLY	
				Amount to enter (Pula)	Code
Any motor vehicle(s)?					
Any property or land?					

Section H: Regular Payments

Regular Monthly Payments

If household pays for anything on a monthly basis, record their last payment and how many months it covered. e.g. If they paid P267 for electricity but this was for 3 months, record "P267.00" under "Last Payment" and "3 months" under "Period Covered"

	Last Payment	Period Covered e.g. 1 month 6 months, 1 yr	FOR OFFICE USE ONLY	
			Pula	CODE
House rent				
Repayment of mortgage or other housing loan /a				
SHHA OWNERS				
ONLY				
Service Levy				
Repayment of building/material loan				
Electricity				
Water				
Telephone (include cost of scratch card)				
cellularphone include cost of prepaid and contract charges				
Medical Aid / Healthcare subscriptions				
Repayment of car / vehicle loan				
Repayment of furniture loan				
Repayment of other loans	(specify)			
Car insurance premium (if paid monthly)				
Life insurance premium (if paid monthly)				
Monthly payment into savings scheme				
Domestic Services				
Maid / Domestic worker				
Gardener				
Security Guard / Nightwatchman				
Security Monitoring System				
Other regular monthly payments	Tv subscription (eg DSTV etc)			
	(specify)			

* incl regular payments made under the tenant purchase scheme

Regular Annual Payments

During the past 12 months what single annual payments have members of your household made on the following:

		P		t		FOR OFFICE USE ONLY	
						Puls	CODE
Annual insurance premiums:	buildings insurance						
	household contents insurance						
	mortgage protection policy						
	life insurance						
	car/vehicle insurance						
other insurance =>							
policies (specify) =>							
Other annual payments	annual road tax						
	sports / recreational club subscriptions						
	local authority rates (property owners only)						
	licences for sport, hobbies						
	membership fees for professional associations						
other (specify) =>							
=>							

End of Section H

Section I: Miscellaneous

Transfer of Cash / Goods from relatives or friends

One very important source of income for many households is "remittances". This is when friends or relatives (who are not, at present, members of your household) send you money by post or give you cash. Not only might you get money from remittances; you might also be given goods / presents by friends or relatives when they visit you. Even if they are related to you, you must still think of the cash and goods received from them as being transfers into your household.

Please estimate the total cash and goods received from friends and relatives during the past three months, six months, seven months, ten months or whatever period you find easiest to remember.

		Amount (to nearest Pula)	Over how many months were these amounts received	OFFICE USE ONLY	
				Amount to be entered	Code
Cash transfers/gifts from:	urban Botswana				
	rural Botswana				
	outside Botswana				
Value of goods received from:	urban Botswana				
	rural Botswana				
	outside Botswana				

Benefits in kind

Please tick whichever of the following are provided free (or are paid for) by your employer – or for which you pay only a nominal amount.

	Tick if provided	Approximate monthly payments by you (if any) (Pula)	Total value of benefits (if known) (Pula)	OFFICE USE ONLY	
				Net benefit to household (Pula)	Code
accommodation					
car or other vehicle					
a second car or other vehicle					
fuel for car					
Services of	security guard				
	maid				
	gardener				
swimming pool					
water					
electricity					
medical aid subscription					
school fees					
Leave concession					

Use of money outside Botswana

If you have money outside Botswana please record details below of:

- Any money your household transferred into Botswana last month (e.g. to supplement local income, pay for school fees etc)
- Any of your money outside Botswana that, during the past month, has been used to pay for goods and services purchased outside Botswana - provided these goods and services have been for the benefit of your household in Botswana.
e.g. use of foreign money (including credit cards) used on shopping trips or holidays in neighbouring countries.

Foreign Currency	Pula equivalent	Code



REPUBLIC OF BOTSWANA

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**MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE**



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

HOUSEHOLD QUESTIONNAIRE

**BOOK 2: Daily Record of Expenditure, Receipts, Own Produce Consumed
And Business Transactions**

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME/CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA NUMBER	
EA SERIAL NUMBER	
DWELLING NUMBER	
HOUSEHOLD NUMBER	

This book is for keeping a daily record, for one complete month of:

**Household expenditure and other disbursement; Household income and other receipts;
Business receipts and expenses; Goods or services given or received in kind.**

In addition a daily record is also to be kept, **but for one week only of:**
Own produce consumed (or used) by the household.

The data can be collected in one of the two ways:

1. The enumerator can visit the household each day and ask for the information which he records in this note book, OR
2. The household can themselves record the necessary information in to "supplementary" sheets, then the enumerator will call every few days to check on progress and to transfer data to this notebook.

The number of boxes that follow are provided as a check-list for the enumerator's use

1 <input type="checkbox"/>	6 <input type="checkbox"/>	11 <input type="checkbox"/>	16 <input type="checkbox"/>	21 <input type="checkbox"/>	26 <input type="checkbox"/>	31 <input type="checkbox"/>
2 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>	17 <input type="checkbox"/>	22 <input type="checkbox"/>	27 <input type="checkbox"/>	
3 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	18 <input type="checkbox"/>	23 <input type="checkbox"/>	28 <input type="checkbox"/>	
4 <input type="checkbox"/>	9 <input type="checkbox"/>	14 <input type="checkbox"/>	19 <input type="checkbox"/>	24 <input type="checkbox"/>	29 <input type="checkbox"/>	
5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>	30 <input type="checkbox"/>	

NAME	DATE
Enumerator - first visit	
Enumerator - last visit	

SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME				
DATE				

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE



REPUBLIC OF BOTSWANA

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MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

SCHOOL QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION			
STRATUM NUMBER			
DISTRICT NAME/CODE			
VILLAGE NAME/CODE			
LOCALITY NAME/CODE			
EA NUMBER			
EA SERIAL NUMBER			
SCHOOL NAME/CODE			
NAME OF ENUMERATOR			
NAME OF SUPERVISOR			

	INTERVIEWER'S VISITS			INTERVIEW STATUS	
	1	2	3	FINAL VISIT	
DATE				INTERVIEWER'S CODE	
NAME				*RESULT CODE	
RESULTS*				TOTAL VISITS	
NEXT VISIT					
DATE					
TIME					

<p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p>(SPECIFY)</p>	NUMBER OF QUESTIONNAIRES USED	
	COMMENTS BOX:	

	SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME					
DATE					

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE

SECTION 1: PRINCIPAL

RECORD NAME AS WELL AS POSITION OF INFORMANT IN THE CENTER AS FOLLOWS

POSITION OF RESPONDENT	
PRINCIPAL.....	1
OTHER ADMINISTRATION.....	2
TEACHER.....	3
OTHER (SPECIFY) _____	

1. WRITE THE NAME OF THE PRINCIPAL _____

2. SEX OF THE PRINCIPAL

MALE.....1
FEMALE.....2

3. What is your age?

AGE

4. For how many years have you been the principal of this school?

YEARS

5. How many years have you been a principal in total (this and other schools)?

YEARS

6. For how many years were you a teacher (without being a principal)?

YEARS

7. What is the highest grade you have completed?

- PRIMARY
- 10 11 12 13
- 14 15 16 17 19
- SECONDARY
- 21 22 23
- 24 25 26 29
- TERTIARY
- 31 32 33 34 35 39
- UNIVERSITY
- 41 42 43 44 45 49

8. What is the highest academic qualification you have obtained?

- CERTIFICATE.....1
- DIPLOMA.....2
- DEGREE.....3
- POST GRADUATE.....4

SECTION 1: PRINCIPAL

9. What professional teaching qualification do you have?

- Elementary Teaching Certificate.....01
- Primary Lower.....02
- Primary Teacher Certificate.....03
- Primary Higher.....04
- Diploma in Primary Education.....05
- Degree in Primary Education.....06
- Diploma in Secondary Education.....07
- BA Education.....08
- BEd (Science).....09
- Post Grad. Diploma in Education.....10
- Master of Education.....11
- None.....12

--	--

10. Have you had any in-service training in the last 5 years?

YES...1
NO...2

--

11. Do you also teach in this school (other than to fill in for absent teachers)?

YES...1
NO...2

--

12. Do you do another economic activity during the school year in addition to your work in this school? This can include teaching or tutoring outside of the school.

YES...1
NO...2 >>SECTION 2

--

13. What is this activity? (Main activity if more than one)

- TEACH AT ANOTHER SCHOOL.....1
- EDUCATION CONSULTANT.....2
- PRIVATE TUTOR.....3
- OWN BUSINESS.....4
- OWN LANDS/CATTLE.....5
- EMPLOYEE.....6
- OTHER (SPECIFY) _____

14. How many hours a week do you work in your other activity(ies) during the school year?

HOURS
PER WEEK

--	--

NEXT SECTION

SECTION 2: SCHOOL AND PUPIL CHARACTERISTICS

1. Indicate School Type (Levels)

PRIMARY.....1
 JUNIOR SECONDARY.....2
 SENIOR SECONDARY.....3
 PRIMARY + JUNIOR SECONDARY.....4
 JUNIOR + SENIOR SECONDARY.....5
 PRIMARY + JUNIOR + SENIOR SECONDARY.....6

2. Is this school..

GOVERNMENT.....1
 PRIVATE.....2
 GOVERNMENT AIDED.....3
 OTHER (SPECIFY) _____

3. How far is this school from the centre of the village/community?

METER.....1
 KILOMETER....2

DISTANCE

UNIT

4. What year did the school open?

YEAR

5. How many classes are there for each grade in this school?

FILL IN EACH TABLE AS APPROPRIATE FOR THE SCHOOL

FOR MULTIGRADE CLASSES SEPARATE INTO THE APPROPRIATE GRADE

TABLE 1—PRIMARY

GRADE	NO. OF CLASSES
1	
2	
3	
4	
5	
6	
7	

TABLE 2—JUNIOR SECONDARY

GRADE	NO. OF CLASSES
FORM 1	
FORM 2	
FORM 3	

TABLE 3—SENIOR SECONDARY

GRADE	NO. OF CLASSES
FORM 4	
FORM 5	
FORM 6	

SECTION 2: SCHOOL AND PUPIL CHARACTERISTICS

6. What is the number of students in this school, for each grade?

FILL IN THE TABLE AS APPROPRIATE FOR THE SCHOOL

TABLE 1—PRIMARY

FILL IN INFORMATION FOR EACH GRADE IF RESPONDENT IS UNABLE TO PROVIDE INFORMATION BY GRADE, ASK FOR TOTALS. OTHERWISE LEAVE TOTAL ROW BLANK

	NO. OF	NO. OF	
GRADE	BOYS	GIRLS	TOTAL
1			
2			
3			
4			
5			
6			
7			
TOTAL			

TABLE 2—JUNIOR SECONDARY

	NO. OF	NO. OF	
GRADE	BOYS	GIRLS	TOTAL
FORM 1			
FORM 2			
FORM 3			
TOTAL			

TABLE 3—SENIOR SECONDARY

	NO. OF	NO. OF	
GRADE	BOYS	GIRLS	TOTAL
FORM 4			
FORM 5			
FORM 6			
TOTAL			

7. How many students have left school since the start of the school year?
IF ON VACATION: DURING THE COURSE OF THE LAST SCHOOL YEAR

NUMBER OF STUDENTS

8. Does this school have..?

DOUBLE SHIFT CLASSES (STUDENTS ATTENDING ONLY HALF DAY)

YES.....1
NO.....2

MULTIGRADE CLASSES (STUDENTS OF DIFFERENT LEVELS IN THE SAME CLASS)

IF NO MULTIGRADE CLASSES >>10

9. How many classes are multigrade? EACH CASE OF A TEACHER INSTRUCTING STUDENTS FROM DIFFERENT GRADES AT THE SAME TIME IS A MULTIGRADE CLASS

NUMBER

SECTION 2: SCHOOL AND PUPIL CHARACTERISTICS

10. During the past 5 years, has the school had to close for a week or more other than for normal vacations or breaks?

YES.....1
NO.....2 >> 13

11. How many times did the school have to close in the last 5 years?

NUMBER

12. What was the reason for the last closure?

- STRIKE.....1
- UNABLE TO PAY STAFF.....2
- TEACHERS ABSENT.....3
- CATTLE/AGRICULTURAL WORK.....4
- SECURITY CONCERNS.....5
- OTHER (SPECIFY) _____

13. How often do you have staff meetings with all the teachers at the school?

UNIT OF TIME	
DAY.....1	
WEEK.....2	
MONTH.....3	
THREE MONTHS...4	
SEMESTER.....5	
YEARS.....6	

NUMBER OF TIMES

UNIT OF TIME

14. How are the highest performing teachers rewarded in school?

- NO REWARD NORMALLY GIVEN.....01
- GIVEN GOOD EVALUATION.....02
- PROMOTION TO HIGHER POSITION.....03
- HIGHER PAY.....04
- GIVEN TIME FOR PROFESSIONAL MEETINGS OR SPECIALISED TRAINING.....05
- GIVEN MORE TIME OFF.....06
- COMPENSATED BY COMMUNITY (CASH, GIFT SERVICES).....07
- GIVEN CHOICE OF CLASSES TO TEACH.....08
- OTHER REWARD.....09

MOST IMPORTANT

2ND MOST IMPORTANT

3RD MOST IMPORTANT

15. How are poorly performing teachers dealt with in your school?

- NO ACTION NORMALLY TAKEN.....1
- DISMISSED OR DEMOTED TO LESSER POSITION.....2
- GIVEN POOR EVALUATION.....3
- PAY REDUCTION.....4
- LESS TIME FOR PROFESSIONAL MEETINGS OR SEPCIALISED TRAINING/LESS TIME OFF.....5
- GIVEN LESS CHOICE OF CLASSES TO TEACH.....6
- OTHER (SPECIFY) _____

MOST IMPORTANT

2ND MOST IMPORTANT

3RD MOST IMPORTANT

SECTION 2: SCHOOL AND PUPIL CHARACTERISTICS

16. On average, how often is each permanent teacher in this school given a formal evaluation?

- ONCE OR MORE PER SCHOOL YEAR.....1
 EVERY TWO YEARS.....2
 EVERY 5 YEARS.....3
 LESS THAN EVERY 5 YEARS/NEVER.....4

17. Is there a parent-teacher association for this school?

- YES.....1
 NO.....2>>19

18. How often during the school year does the parents-teachers' association meet with the principal or the teachers?

- UNIT
 WEEK.....1
 MONTH.....2
 SEMESTER.....3
 YEAR.....4

IF LESS THAN ONCE A YEAR OR
 NEVER, PUT '00' FOR NUMBER AND
 '4' FOR UNIT

NUMBER
 OF TIMES

UNIT OF
 TIME

19. Is it easy to get parents of students involved in parents-teachers' association or other school related activities?

- YES.....1
 NO.....2

NATIONAL EXAMINATIONS

ASK QUESTIONS 20-25 AS APPROPRIATE TO THE SCHOOL

Make sure the dates for the last completed school year below are appropriate for the survey. In fact, there may be different dates depending on when the survey is done in a community.

20. IF THE SCHOOL HAS PRIMARY LEVEL: How many students in STANDARD 7 took the Primary School Leaving Examinations at the end of the last school year (that is, 2008-2009)?

IF NUMBER =0 >> 22

NO. OF
 STUDENTS

21. How many passed the examination?

NO. OF
 STUDENTS

22. IF THE SCHOOL HAS JUNIOR SECONDARY LEVEL: How many students in FORM 3 took the Junior Certificate Exam at the end of the last school year (thats is, 2008-2009)?

IF NUMBER =0 >> 24

NO. OF
 STUDENTS

SECTION 2: SCHOOL AND PUPIL CHARACTERISTICS

23. How many passed the examination?

NO. OF STUDENTS

24. IF THE SCHOOL HAS SENIOR SECONDARY LEVEL: How many students in FORM 5/6 took the BGSCE exam at the end of the last year (that is, 2008-2009)?

NO. OF STUDENTS

IF NUMBER = 0 >> 26

25. How many passed the examination?

NO. OF STUDENTS

26. For this school year, were all students who wanted to enroll in this school admitted?

YES.....1
NO.....2 (>>NEXT SESSION)

27. What are the most important criteria for deciding whether a child is admitted to the school? UP TO TWO RESPONSES

ABILITY:SCORE ON ENTRANCE EXAM.....1
AGE OF THE CHILD.....2
ABILITY OF PARENTS TO PAY FEES.....3
ZONE OF REFERENCE OF A CHILD.....4
PLACE ON WAITING LIST.....5
RELIGION.....6
OTHER (SPECIFY).....

1ST

2ND

NEXT SECTION

SECTION 3: TEACHERS

Now I would like to ask you about the teachers in this school and their backgrounds

1. How many teachers are in this school, of all types
(permanent, temporary, volunteers etc.)?

TOTAL

2. Please give the numbers of each type

PERMANENT (INCLUDING ON VACATION)

VOLUNTEERS

TEMPORARY

OTHERS

TEACHERS IN TRAINING

HIRED FROM THE COMMUNITY

PUT THE SUM IN THE TOTAL BOX AND MAKE SURE IT CORRESPONDS TO THE
NUMBER IN Q1, IF NOT, PROBE AND RECONCILE

TOTAL

3. How many of these teachers teach full-time in this school?

NUMBER

4. How many of these teachers (full-time or part-time) are women?

NUMBER

5. How many of these teachers have primary teaching qualification?

NUMBER

6. How many of these teachers have a secondary qualification?

NUMBER

SECTION 3: TEACHERS

7. How many of these teachers have a University or other post secondary qualification?

NUMBER

VERIFY THAT THE TOTAL OF Q5, 6 AND 7 IS THE SAME AS IN Q1, IF NOT, PROBE AND RECONCILE

8. How many of these teachers have less than 5 years teaching experience (here or else where)?

NUMBER

9. How many have between 5 and 10 years teaching experience (here or else where)?

NUMBER

10. How many of these teachers have more than 10 years teaching experience (here or elsewhere)?

NUMBER

VERIFY THAT THE TOTAL OF Q8, 9, AND 10 IS THE SAME AS IN Q1, IF NOT, PROBE AND RECONCILE

11. How many of these teachers have had, or continuing, or additional training in the last 5 years?

NUMBER

12. Do some of the teachers have additional work outside the school, whether as teachers somewhere else or in some other kinds of work?

YES..1
NO..2 >>14
DON'T KNOW.....9

13. How many teachers have this outside work?

NUMBER

14. On average, how frequently is each teacher absent during the school year, including for reasons of illness and any other reasons? ABSENCES PER TEACHER, NOT TOTAL FOR ALL TEACHERS

ONE DAY PER WEEK.....1
2-3 DAYS PER MONTH.....2
ONE DAY PER MONTH.....3
LESS THAN ONE DAY PER MONTH.....4
ALMOST NEVER.....5

15. What are the main reasons for teacher absences?

ILLNESS.....1
OTHER WORK ACTIVITIES.....2
FAMILY EVENTS (INCL. FUNERALS).....3
LACK OF MOTIVATION.....4
NEED TO TRAVEL TO COLLECT SALARIES.....5
OTHER (SPECIFY).....

MOST IMPORTANT

2ND MOST IMPORTANT

NEXT SECTION

SECTION 4: INFRASTRUCTURE AND SUPPLIES

Now, I would like to ask you about the physical condition of the school and school supplies

1. How many classrooms does this school have?

NUMBER
OF ROOMS

2. How many of these classrooms are not currently usable?

NUMBER
OF ROOMS

3. How many classrooms have a blackboard?

NUMBER
OF ROOMS

4. Are some students not able to sit at a table or desk?

YES.....1
NO.....2 >>6

5. What share of students in the school are not able to sit at a table or desk?

NONE (ALL HAVE TABLE/DESK).....1
ONLY A FEW.....2
ABOUT ONE-QUARTER (25%).....3
ABOUT A HALF (50%).....4
ABOUT THREE-QUARTERS (75%).....5
MORE THAN THREE-QUARTERS.....6

SHARE

6. Are there classes which meet outdoors due to a lack of classroom?

YES.....1
NO.....2 >>8

7. How many classes are held outdoors?

NUMBER
OF CLASSES

8. Does this school have electricity?

YES.....1
NO.....2 >>10

9. Does the electricity fail once a week or more?

YES.....1
NO.....2

10. Does this school have a library?

YES.....1
NO.....2 >>12

11. Does this library have enough books?

YES.....1
NO.....2

SECTION 4 - INFRASTRUCTURE AND SUPPLIES

12. Does this school have a.....?

YES.....1
NO.....2

12.1 ROOM/LOUNGE FOR THE TEACHERS

12.2 INFIRMARY/PHARMACY

12.3 TOILETS OR LATRINES

12.4 SEPARATE TOILETS/LATRINES FOR GIRLS AND BOYS

12.5 A REFECTORY/DINING HALL

12.6. A SPORTS FIELD/YARD

12.7 A SOURCE OF DRINKING WATER

Q13-15: In a typical classroom in this school....

13. What is the material of the floor?

CEMENT1
MUD.....2
WOOD.....3
BRICK / STONES.....4
TILED5
OTHER (SPECIFY) _____

14. What is the material of the walls?

CONVENTIONAL BRICKS/BLOCKS1
MUD/BRICKS/BLOCKS AND DUNG2
MUD AND POLES/COW DUNG/THATCH REEDS.....3
POLES AND REEDS.....4
CORRUGATED IRON/ZINC/TIN.....5
ASBESTOS.....6
WOOD.....7
STONE.....8
OTHER (SPECIFY) _____

15. What is the material of the Roof?

SLATE.....1
THATCH/STRAW.....2
ROOF TILES.....3
CORRUGATED IRON/ZINC/TIN.....4
ASBESTOS.....5
CONCRETE.....6
OTHER (SPECIFY) _____

SECTION 4: INFRASTRUCTURE AND SUPPLIES

IF THE SCHOOL HAS A PRIMARY CYCLE, ASK Q16-19

IF NOT >>20

16. Is there a dictionary?

YES.....1
NO.....2

Q17-Q19: WRITE THE RESPONSE CORRESPONDING MOST CLOSELY TO THE AVERAGE NUMBER

17. How many students share the use of a maths book in class?

1 BOOK FOR EACH STUDENT1
1 BOOK FOR 2 STUDENTS.....2
1 BOOK FOR 3 STUDENTS.....3
1 BOOK FOR 5 STUDENTS.....4
1 BOOK FOR 10 STUDENTS.....5
1 BOOK FOR MORE THAN 10 STUDENTS.....6

18. How many students share the use of a reading book in class?

1 BOOK FOR EACH STUDENT1
1 BOOK FOR 2 STUDENTS.....2
1 BOOK FOR 3 STUDENTS.....3
1 BOOK FOR 5 STUDENTS.....4
1 BOOK FOR 10 STUDENTS.....5
1 BOOK FOR MORE THAN 10 STUDENTS.....6

19. How many students share a desk or bench?

1 DESK/BENCH FOR EACH STUDENT1
1 DESK/BENCH FOR 2 STUDENTS.....2
1 DESK/BENCH FOR 3 STUDENTS.....3
1 DESK/BENCH FOR MORE THAN 3 STUDENTS.....4

IF THE SCHOOL HAS A JUNIOR SECONDARY CYCLE, ASK Q20-23 IF NOT >>Q24

20. Is there a dictionary?

YES.....1
NO.....2

Q21-23: WRITE THE RESPONSE CORRESPONDING MOST CLOSELY TO THE AVERAGE NUMBER

21. How many students share the use of a maths book in class?

1 BOOK FOR EACH STUDENT1
1 BOOK FOR 2 STUDENTS.....2
1 BOOK FOR 3 STUDENTS.....3
1 BOOK FOR 5 STUDENTS.....4
1 BOOK FOR 10 STUDENTS.....5
1 BOOK FOR MORE THAN 10 STUDENTS.....6

SECTION 4: INFRASTRUCTURE AND SUPPLIES

22. How many students share the use of an English book in class?

- 1 BOOK FOR EACH STUDENT1
 1 BOOK FOR 2 STUDENTS.....2
 1 BOOK FOR 3 STUDENTS.....3
 1 BOOK FOR 5 STUDENTS.....4
 1 BOOK FOR 10 STUDENTS.....5
 1 BOOK FOR MORE THAN 10 STUDENTS.....6

23. How many students share a desk or bench?

- 1 DESK/BENCH FOR EACH STUDENT1
 1 DESK/BENCH FOR 2 STUDENTS.....2
 1 DESK/BENCH FOR 3 STUDENTS.....3
 1 DESK/BENCH FOR MORE THAN 3 STUDENTS.....4

IF THE SCHOOL HAS A SENIOR SECONDARY CYCLE, ASK Q24-27. IF NOT >>NEXT**SECTION**Q24-27: For a typical class for form 4 and 5 in this school....

24. Is there a dictionary?

- YES.....1
 NO.....2

Q24-Q26: WRITE THE RESPONSE CORRESPONDING MOST CLOSELY TO THE AVERAGE NUMBER

25. How many students share the use of a maths book in class?

- 1 BOOK FOR EACH STUDENT1
 1 BOOK FOR 2 STUDENTS.....2
 1 BOOK FOR 3 STUDENTS.....3
 1 BOOK FOR 5 STUDENTS.....4
 1 BOOK FOR 10 STUDENTS.....5
 1 BOOK FOR MORE THAN 10 STUDENTS.....6

26. How many students share the use of an English book in class?

- 1 BOOK FOR EACH STUDENT1
 1 BOOK FOR 2 STUDENTS.....2
 1 BOOK FOR 3 STUDENTS.....3
 1 BOOK FOR 5 STUDENTS.....4
 1 BOOK FOR 10 STUDENTS.....5
 1 BOOK FOR MORE THAN 10 STUDENTS.....6

27. How many students share a desk or bench?

- 1 DESK/BENCH FOR EACH STUDENT1
 1 DESK/BENCH FOR 2 STUDENTS.....2
 1 DESK/BENCH FOR 3 STUDENTS.....3
 1 DESK/BENCH FOR MORE THAN 3 STUDENTS.....4

NEXT SECTION

SECTION 5: COSTS OF ENROLMENT

1. IF THE SCHOOL HAS A PRIMARY CYCLE, ASK THE FOLLOWING QUESTIONS IF NOT, >> 2

I'd like to ask you about the costs of schooling for students in your school, focusing specifically on students in standard 4.

Over the course of a school year, how much does a student in standard 4 have to pay for the following. I am only interested in obligatory costs, not expenses that are at the discretion of the family.

1.1. ENROLMENT FEES/TUITION (AT START OF THE SCHOOL YEAR)

1.2. MONTHLY OR OTHER REGULAR FEES DURING THE YEAR

1.3. INSURANCE

1.4. CONTRIBUTION TO PARENTS' ASSOCIATION

1.5. PURCHASE OR RENTAL OF BOOKS

1.6. UNIFORMS

1.7. OTHER COSTS (OTHER LEARNING MATERIALS, FEES TO TAKE EXAMS, ETC)

2. IF THE SCHOOL HAS A JUNIOR SECONDARY CYCLE, ASK THE FOLLOWING QUESTIONS IF NOT, >> 3

I'd like to ask you about the costs of schooling for students in your school, focusing specifically on students in form 2.

Over the course of a school year, how much does a student in form 2 have to pay for the following. I am only interested in obligatory costs, not expenses that are at the discretion of the family.

2.1. ENROLMENT FEES/TUITION (AT START OF THE SCHOOL YEAR)

2.2. MONTHLY OR OTHER REGULAR FEES DURING THE YEAR

2.3. INSURANCE

2.4. CONTRIBUTION TO PARENTS' ASSOCIATION

2.5. PURCHASE OR RENTAL OF BOOKS

2.6. UNIFORMS

2.7. OTHER COSTS (OTHER LEARNING MATERIALS, FEES TO TAKE EXAMS, ETC)

SECTION 6: COSTS OF ENROLMENT

1. IF THE SCHOOL HAS A SENIOR SECONDARY CYCLE, ASK THE FOLLOWING QUESTIONS
IF NOT, >> 4

I'd like to ask you about the costs of schooling for students in your school, focusing specifically on students in Form 4 or 5.

Over the course of a school year, how much does a student in Form 4 or 5 have to pay for the following. I am only interested in obligatory costs, not expenses that are at the discretion of the family.

3.1. ENROLMENT FEES/TUITION (AT START OF THE SCHOOL YEAR)

3.2. MONTHLY OR OTHER REGULAR FEES DURING THE YEAR

3.4. INSURANCE

3.3. CONTRIBUTION TO PARENTS' ASSOCIATION

3.5. PURCHASE OR RENTAL OF BOOKS

3.6. UNIFORMS

3.7. OTHER COSTS (OTHER LEARNING MATERIALS, FEES TO TAKE EXAMS, ETC.)

4. Are there some students in your school who you allow to pay less than the usual enrolment fees and other obligatory expenses? I am referring here to tuition waivers or scholarships provided by the school directly, not by the government.

YES.....1
NO.....2 >>6

5. How many students in this school pay less than the usual amount or receive scholarships from the school?

NUMBER OF STUDENTS

6. Are there some students in your school who receive the Needy Student Package?

YES.....1
NO.....2 >>8

7. How many students in this school receive the Needy Student Package?

NUMBER OF STUDENTS

8. How many students in this school receive a student allowance?

NUMBER OF STUDENTS

END OF ENTREVUEW. THANK THE RESPONDENT FOR HIS OR HER TIME AND COOPERATION



REPUBLIC OF BOTSWANA

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**MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE**



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

HEALTH CENTRE QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME/CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA NUMBER	
EA SERIAL NUMBER	
HEALTH CARE NAME/CODE	
NAME OF ENUMERATOR	
NAME OF SUPERVISOR	

	INTERVIEWER'S VISITS			INTERVIEW STATUS	
	1	2	3	FINAL VISIT	
DATE				INTERVIEWER'S CODE	
NAME				*RESULT CODE	
RESULTS*				TOTAL VISITS	
NEXT VISIT	DATE				
	TIME				

*RESULT CODE 1. COMPLETED 2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS 3. POSTPONED 4. REFUSED 5. PARTIALLY COMPLETED 6. OTHER _____ <i>(SPECIFY)</i>	NUMBER OF QUESTIONNAIRES USED	
	COMMENTS BOX:	

	SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME					
DATE					

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE

RECORD NAME AS WELL AS POSITION OF INFORMANT IN THE CENTER AS FOLLOWS:

POSITION OF RESPONDENT

DIRECTOR 1
HEAD DOCTOR 2
OTHER DOCTOR 3
NURSE 4
OTHER HEALTH CARE
PROFESSIONAL 5
OTHER (SPECIFY) _____

NOTE: THE HEALTH CENTER SURVEY SHOULD BE GIVEN TO MOST IMPORTANT HEALTH PROVIDERS TO THE COMMUNITY RESIDENTS, INCLUDING PRIVATE DOCTORS IF RELEVANT BUT EXCLUDING TRADITIONAL HEALERS

PART A: BASIC CHARACTERISTICS

1. What type of facility is this?

- PRIVATE DOCTOR.....1 (>>4)
- CLINIC (FIXED LOCATION).....2
- MOBILE CLINIC.....3 (>>3)
- HEALTH POST.....4 (>>3)
- PRIMARY HOSPITAL.....5
- REFERRAL HOSPITAL.....6
- PHARMACY/CHEMIST.....7 (>>3)

FOR PRIVATE
DOCTOR, SAY
'PRACTICE' IN PLACE
OF 'FACILITY' BELOW

2. Does this facility have a maternity?

- YES.....1
- NO.....2

3. Who runs this facility?

- PUBLIC.....1
- PRIVATE.....2
- NON-GOV'T ORG.....3
- MISSION.....4
- OTHER (SPECIFY) _____

4. What year did the facility open?

YEAR

5. How far is this facility from the center of the village/community?

DISTANCE

- METER.....1
- KILOMETER.....2

UNIT OF DISTANCE

6. Does this facility have electricity?

- YES, FROM GRID.....1
- YES, FROM OWN GENERATOR.....2>>8
- NO.....3>>8

7. How often is the electrical service interrupted?

- ALMOST EVERY DAY.....1
- ONCE OR TWICE PER WEEK.....2
- ONCE OR TWICE PER MONTH.....3
- A FEW TIMES A YEAR.....4
- NEVER OR ALMOST NEVER.....5
- OTHER (SPECIFY) _____

NUMBER
OF TIMES

8. What is the main source of water used in this facility?

- PIPED WATER.....1
- TUBE WELL.....2
- SIMPLE OPEN WELL.....3
- SPRING.....4
- RAINWATER.....5
- RIVER/LAKE.....6
- NO WATER SOURCE.....7
- OTHER (SPECIFY) _____

PART A: BASIC CHARACTERISTICS continued

9. What toilet facilities are available to use in this facility?

- TOILET CONNECTED TO SEWAGE SYSTEM.....1
- TOILET CONNECTED TO SEPTIC TANK.....2
- PIT LATRINE.....3
- NO TOILET.....4
- OTHER (SPECIFY) _____

10. Does this facility have a functioning telephone (fixed or cell)?

- FIXED LINE PHONE.....1
- CELLPHONE (S).....2
- FIXED LINE AND CELLPHONE (S).....3
- NO PHONE.....4

11. Does this facility have a medical record unit (for storage of patient records)?

- YES.....1
- NO.....2

12. How many days a week is the facility usually open?

NUMBER
OF DAYS

13. How many hours per day is the facility usually open?

HOURS

14. How much does this facility charge patients for their first consultation?

IF NO CHARGE, WRITE '00'

15. How much are patients charged for a follow-up visit?

IF NO CHARGE, WRITE '00'

GO TO PART B

PART B: SERVICES OFFERED

Now I would like to ask about services provided by this facility

	1. SERVICE	2. Does this facility provide (SERVICE)? YES....1 NO.....2
1	Inpatient care	
2	Curative care examination	
3	Referrals to regional or national hospitals	
4	Stitching wounds	
5	Changing wound dressing	
6	Incision of abcess/piercing of boils	
7	Check-up/health examination	
8	Medical treatment for tuberculosis	
9	Dental examination	
10	Prenatal care	
11	Aid for childbirth	
12	Post-natal care—child weighing/measuring	
13	Child immunizations: BCG	
14	DPT	
15	Polio	
16	Measles	
17	Isonized Preventive Therapy	
18	Immunization against Hepatitis B	
19	HIV testing	
20	HIV counseling (with or without testing)	
21	Anti-retroviral therapy	
22	PMTCT (Prevention of Mother To Child HIV Transmission)	
23	Treatment of Sexually Transmitted Infections (non-HIV/AIDS)	
24	<i>Other counseling:</i>	
25	Sexual violence/domestic violence/rape counseling	
26	Mental health counseling	
27	<i>Other Lab work:</i>	
28	Pregnancy test	
29	lab work on Hemoglobin (Hb)	
30	Blood type calculation	
31	Sputum examination	
GO TO PART C		

PART C: CONTRACEPTIVE SERVICES

1. Does this facility provide any contraceptive services or devices, including condoms?

YES...1
NO...2 (>>PART D)

2.	3.	4.	5.		
Service/contraceptive	Does this facility provide [SERVICE/ CONTRACEPTIVE]? YES...1 NO...2	What year did this facility begin providing [SERVICE/ CONTRACEPTIVE]?	What is the price charged for [SERVICE/CON- TRACEPTIVE]? (excluding any registration fee)		
			PRICE PER INDICATED UNIT		
			PRICE		
		YEAR	PULA	THEBE	UNIT
1. Condoms-Male					Box of 3
2. Condoms-Female					1
3. Oral contraceptives					One month
4. IUD-insertion					One time
5. IUD-removal					One time
6. Contraceptive injection - Depo-					One injection
7. Contraceptive injection - Noristerat					One injection
8. Norplant-insertion					One time
9. Norplant-removal					One time
10. Sterilization-Women					Procedure
11. Sterilization-Men					Procedure
12. circumcision					Procedure

GO TO PART D

PART D: PERSONNEL

Now I'd like to ask about the staff of this facility

1. How many doctors work in this facility?

NUMBER

IF NONE, PUT '00'
AND GO TO Q7

2. How many of the doctors working are expatriates (non-Batswana)?

NUMBER

3. How many of the doctors working here have full-time positions in this facility?

IF NONE, RECORD
'00' >>7

NUMBER

4. Of these full-time doctors, how many also have a separate private practice?

NUMBER

5. Of these full-time doctors, did any work less than 30 hours in this facility over the last week, for reasons other than illness?

YES...1
NO.....2>>7

6. What was the (main) reasons for these doctors(s) working less than 30 hours?

MULTIPLE RESPONSE ALLOWED

- OTHER WORK ACTIVITIES.....1
- FAMILY EVENTS (INCL. FUNERALS).....2
- LACK OF MOTIVATION.....3
- NEED TO TRAVEL TO COLLECT SALARIES.....4
- OTHER (SPECIFY) _____

7. How many registered nurses work in this facility?

IF NONE, PUT '00'
AND GO TO Q12

NUMBER

8. How many of the nurses working are expatriates (non-Batswana)?

NUMBER

9. How many of the nurses working here have full-time positions in this facility?

NUMBER

PART D: PERSONNEL continued

10. Of these full-time nurses, did any work less than 30 hours in this facility over the last week, for reasons other than illness?

YES.....1
NO.....2>>12

11. What was the (main) reasons for these nurse(s) working less than 30 hours?

OTHER WORK ACTIVITIES.....1
FAMILY EVENTS (INCL. FUNERALS).....2
LACK OF MOTIVATION.....3
NEED TO TRAVEL TO COLLECT SALARIES.....4
OTHER (SPECIFY) _____

12. How many health professionals work in this facility, other than doctors or registered nurses (for example, paramedics, lab technicians)?

NUMBER

13. How many non-health professionals work in this facility, for example, clerks, receptionists, drivers, cleaners?

NUMBER

PART E: MEDICAL EQUIPMENT

Now I would like to ask you about the medical equipment in this facility

	1	2
EQUIPMENT TYPE	Do you have any [...] in this facility? YES.....1 NO.....2 (NEXT EQUIPMENT)	How many [...] do you have in this facility that are usable/working properly?
		NUMBER
1	Regular stethoscope	
2	Stethoscope for pregnant mothers	
3	Sterilization/autoclaves	
4	Scales for infants	
5	Scales for adults	
6	Thermometer	
7	Beds	
8	Examination table	
9	X-ray machine	
10	Refridgerator	
11	Microscope	
12	Centrifuge	
13	Delivery kit	
14	Alcohol antiseptic (bottles)	
15	Bandadges (rolls)	
16	Incubators	
17	Needles	
18	Gloves	
19	Scissors	
20	Forceps	
21	Vaginal speculum	
22	Pregnancy Test (strips)	
23	Urine test (strips)	

GO TO PART F

PART F: MEDICINES

1. Does this facility normally provide medicines of any kind? YES.....1
 NO.....2 (>>PART G)

2	3	4	5	6		
Medicine	Does this facility have any [...] in stock today? YES.....1(>>5) NO.....2	Have you had any [...] in stock during the last 12 months? YES.....1 NO.....2 (>>NEXT ITEM)	How many months during the last 12 months were you out of stock of [...]?	How much do you charge a patient for [...]?		
			MONTHS	PULA	THEBE	UNIT
1	Penicillin					
2	Ampicillin					
3	Tetracycline					
4	Chloroamphenicol					
5	Antalgin					
6	Acetosal					
7	Paracetamol					
8	INH					
9	Rifampicin					
10	Ethambutol					
11	Stretomicyn					
12	Anti malaria					
13	Skin ointment					
14	Cough syrup					
15	Oralit					
16	Contraceptive injections					
17	Iron tablets					
18	Anti-retroviral Therapy					
19	ART for prevention of Mother to child transmission of HIV					
20	Vitamin A					
21	BCG					
22	DPT					
23	Anti polio					
24	Measles					
25	Tetanus Toxoid					
26	Condoms (male)					
27	Female condom					
28	Spermacid					
GO TO PART G						

PART G: DIRECT OBSERVATION

**Now I would like to look at some of the rooms of the facility and take some notes.
Would you take me to the room or rooms where patients are examined?**

**WRITE DOWN THE ANSWERS TO Q1-6 BASED ON YOUR OBSERVATIONS.
DO NOT ASK THE RESPONDENT THESE QUESTIONS.**

**IF THERE ARE MULTIPLE EXAMINATION ROOMS,
IMPRESSIONS SHOULD REFER TO THEIR OVERALL CONDITION**

**1. IS THE FLOOR CLEAN OR DIRTY (DUST, FOOD,
GARBAGE, STAINS, ETC., ON THE FLOOR)?**

CLEAN.....1
SOMEWHAT DIRTY.....2
VERY DIRTY.....3

**2. ARE THE WALLS CLEAN OR DIRTY (INSECT
EVIDENCE, MOISTURE DAMAGE, PEELING PAINT, ETC.)?**

CLEAN.....1
SOMEWHAT DIRTY.....2
VERY DIRTY.....3

3. IS THERE AN EXAMINATION TABLE IN THE ROOM?

YES.....1
NO.....2>>5

4. IS THE EXAMINATION TABLE CLEAN OR DIRTY?

CLEAN.....1
SOMEWHAT DIRTY.....2
VERY DIRTY.....3

5. IS THERE A GARBAGE CAN/WASTE BASKET IN THE ROOM?

YES.....1
NO.....2

6. WHAT PROVISIONS ARE THERE FOR WASHING HANDS IN THIS ROOM?

SINK OR BASIN WITH PIPED WATER.....1
SINK OR BASIN WITH OTHER WATER.....2
NO PROVISION.....3

**7. LOOK AT ANSWERS TO Q1 FOR ITEMS
21-24 IN SECTION F. DOES FACILITY HAVE
ANY OF THESE VACCINES IN STOCK?**

YES.....1
NO.....2

PART G: DIRECT OBSERVATION continued

May I see where your vaccines are kept?

FILL OUT Q8-10 BASED ON YOUR OBSERVATIONS. DO NOT ASK
THE RESPONDENT THESE QUESTIONS

8. HOW ARE VACCINES STORED IN THIS FACILITY?

SPECIAL REFRIDGERATOR/FREEZER/COOLING BOX FOR VACCINES.....1
STORED IN REFRIGERATOR ALSO USED FOR OTHER PURPOSES.....2
NON-ELECTRIC REFRIDGERATOR.....3
NON-REFRIDGERATED STORAGE SPACE.....4
(END INTERVIEW)
NO REGULAR STORAGE SPACE.....5 (END INTERVIEW)

9. IS THERE A CHART OR RECORD NOTING
THE TEMPERATURE OF THE FREEZER?

YES.....1
NO.....2 (END INTERVIEW)

10. WRITE DOWN THE DATE AND
TEMPERATURE FOR THE MOST RECENT
RECORDING OF THE FREEZER'S
TEMPERATURE

	FREEZER	FRIDGE
DAY	<input data-bbox="451 1106 595 1149" type="text"/>	<input data-bbox="684 1106 783 1149" type="text"/>
MONTH	<input data-bbox="451 1183 595 1226" type="text"/>	<input data-bbox="684 1183 783 1226" type="text"/>
YEAR	<input data-bbox="451 1260 595 1303" type="text"/>	<input data-bbox="684 1260 783 1303" type="text"/>
TEMPERATURE (CELSIUS)	<input data-bbox="451 1345 595 1388" type="text"/>	<input data-bbox="684 1345 783 1388" type="text"/>

**END OF INTERVIEW. THANK THE RESPONDENT FOR HIS/HER
PARTICIPATION.**



REPUBLIC OF BOTSWANA

STRICTLY CONFIDENTIAL

**MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE**



2009/10 BOTSWANA CORE WELFARE INDICATORS SURVEY

COMMUNITY QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

		IDENTIFICATION			
STRATUM NUMBER					
DISTRICT NAME/CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
NAME OF SENIOR MEMBER(S)					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

		INTERVIEWERS VISITS			INTERVIEW STATUS	
		1	2	3	FINAL VISIT	
DATE					INTERVIEWERS CODE	
NAME					*RESULT CODE	
RESULTS*					TOTAL VISITS	
					TOTAL NUMBER OF COMMUNITY RESPONDENT(S)	
NEXT VISIT	DATE					
	TIME					

<p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p>(SPECIFY)</p>	NUMBER OF QUESTIONNAIRES USED	
	COMMENTS BOX:	

	SUPERVISOR	QUALITY CONTROLLER	CODED BY	EDITED BY	ENTERED BY
NAME					
DATE					

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE

SECTION I: RESPONDENTS

Before we begin the interview I would like to ask some questions about you.

1. What is your complete name? FIRST LIST ALL NAMES THEN ASK 02-7	2. How old are you? MALE 1 FEMALE 2	3. What is [NAME]'s sex? UP TO 3 RESPONSES NONE 1 OTHER ADMIN. 2 PORTS 3 RELIGIOUS LEADER 4 TEACHER 5 HEALTH CARE 6 PROFESSIONAL 7 NGO ADMINISTRATOR 8 VNC MEMBER 9 OTHER (SPECIFY) 10	4. What is your position in this village/community? UP TO 3 RESPONSES IF LESS THAN A YEAR, ROUND AS FOLLOWS: IF LESS THAN 6 MONTHS, PUT '00' IF MORE THAN 6 MONTHS, PUT '01'	5. How long have you held this/these positions in this village/community?			6. What is the highest level of education you have obtained? NONE 1 PRIMARY, NOT COMPLETED 2 PRIMARY, COMPLETED 3 JHS, NOT COMPLETED 4 JHS, COMPLETED 5 SR. SECONDARY, NOT COMPLETED 6 SR. SECONDARY, COMPLETED 7 UNIVERSITY/OTHER POST- SECONDARY 8	7. How long have you lived in this community/village? IF LESS THAN A YEAR, ROUND AS IN 5.
				1ST YEARS	2ND YEARS	3RD YEARS		
01				1ST YEARS	2ND YEARS	3RD YEARS	YEARS	
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

SECTION 2: SCHOOLS

SCHOOLS NUMBER	6. What are the good points about this school, if any? Q6, Q7: UP TO 3 RESPONSES EACH			7. What are the negative points about this school, if any?			GO TO NEXT SCHOOL ON THE LIST, IF NO MORE SCHOOLS, GO TO Q8
	1ST	2ND	3RD	1ST	2ND	3RD	
01							
02							
03							
04							
05							
06							
07							
08							
09							

8. How far away from this community/village is the nearest junior secondary school?

KM [] [] [] [] []

9. How far away from this community/village is the nearest Senior secondary school?

KM [] [] [] [] []

- SMALL CLASS SIZE 1
 ADEQUATE BOOKS SUPPLIES 2
 BUILDING IN GOOD CONDITION 3
 GOOD TEACHERS 4
 GOOD DIRECTOR 5
 AVAILABILITY OF HEALTH SERVICES 6
 STUDENTS SPEAK TO MOST STUDENTS 7
 OTHER (SPECIFY) 8
- CLASSES TOO LARGE/TOO FEW TEACHERS 01
 NOT ENOUGH BOOKS/SUPPLIES 02
 NOT ENOUGH CLASSROOMS 03
 CONSTRUCTION DEFECTS 04
 POOR BUILDING 05
 BAD DIRECTORS 06
 LACK OF HEALTH SERVICES 07
 LACK OF WATER 08
 TOO FAR 09
 TOO EXPENSIVE/NOT AFFORDABLE 10
 OTHER (SPECIFY) 11

PUT 8 IN FIRST BOX IF NO GOOD POINTS

PUT 11 IN FIRST BOX IF NO NEGATIVE POINTS

SECTION 2: SCHOOLS (CONT.)

10. Are there pre-schools in this community/village, or near this community/village?

YES...1
NO...2(>>20)

11. What is the name of this preschool WRITE THE NAME OF SCHOOL IN FULL	12. Is this pre-school part of any of the schools listed in the previous section? YES1 NO.....2 >>14	13. WRITE THE NAME OF THE SCHOOL FROM PREVIOUS PAGE	14. Who runs this school? GOVERNMENT.....1 PRIVATE.....2 GOV'T AIDED.....3 OTHER (SPECIFY).....
SCHOOLS NUMBER	NAME	SCHOOL NAME	
1			
2			
3			
4			
5			
6			
7			
8			
9			

SECTION 3: HEALTH SERVICES

1. PROVIDER NUMBER	2. What type of health care provider is [NAME]?	3. Who runs this facility?	4. What year did this facility/ provider begin providing services?	5. Is this provider/facility located within the village/community or outside it?	6. How far is this provider/ facility from the village/ community?
	CLINIC (FIXED) LOCATION..... 1 CLINIC (MOBILE)..... 2 HEALTH POST..... 3 HOSPITAL..... 4 PRIVATE DOCTOR..... 5 (>>4) PHARMACY/CHEMIST..... 6 TRAD-SPIRITUAL HEALER..... 7 (>>4) OTHER (SPECIFY).....	GOVERNMENT..... 1 PRIVATE..... 2 EMPLOYER PROVIDED..... 3 NON-GOV'T ORG..... 4 MISSION..... 5 OTHER (SPECIFY).....		INSIDE..... 1 >> 10 OUTSIDE..... 2	UNIT OF DISTANCE METER..... 1 KILOMETER..... 2
	PLEASE GIVE ME THE NAMES OF ALL THE HEALTH CARE PROVIDERS USED BY MEMBERS OF THIS COMMUNITY/VILLAGE. I AM INTERESTED IN PROVIDERS BOTH IN AND OUTSIDE THIS COMMUNITY/VILLAGE THAT RESIDENTS USE.				
	LIST EACH PROVIDER AND CONFIRM THAT IT IS CURRENTLY OPERATING. DO NOT LIST PROVIDERS THAT ARE PERMANENTLY CLOSED.				
	ASK Q1-3 FOR EACH PROVIDER, THEN ASK Q4-Q11				
	PROVIDER NAME		YEAR		DISTANCE UNIT
1					
2					
3					
4					
5					
6					
7					
8					
9					

SECTION 3: HEALTH SERVICES

PROVIDER NUMBER	7. What means of transport is normally used to get to this provider/facility? WALKING (1) > 2 BICYCLE (2) > 3 PRIVATE CAR (3) > 4 BUS (4) TAXI (5) OTHER (SPECIFY)	8. What is the cost of taking this transportation one way from the centre of this community/village to this provider/facility?	9. How long does it take to get there using this means of transport (one way)?		10. What is the normal fee for consultation for an adult at this provider/facility?	11. Is the consultation fee adjusted according to the individual patient's economic situation?
			PULA	THERE		
1						
2						
3						
4						
5						
6						
7						
8						
9						

YES 1
NO 2

NEXT PROVIDER/
FACILITY
IF NO MORE
>>>12

12. Among all of these providers which are used most frequently by members of this community/village? List in order of importance. USE THE PROVIDER NUMBER FROM PREVIOUS PAGE

1ST []

2ND []

13. Write the serial number of the respondent for this section

[] []

[] []

NEXT SECTION

SECTION 4: FAMILY PLANNING AND HIV/AIDS SERVICES

Now I would like to ask about services in this community related to family planning and HIV/AIDS

FAMILY PLANNING SERVICES

1. Are there family planning services in this community/village, that is services that provide means of contraception such as condoms or diaphragms, or offer counseling of family planning? YES ... 1
NO 2(>>5)

2. In what places can family planning services be obtained in this community/village?

LIST UP TO 3 IN ORDER OF IMPORTANCE

HEALTH CENTRE.....1	1ST	<input type="checkbox"/>
HEALTH CLINIC (FIXED LOCATION)..... 2		
CLINIC (MOBILE)..... 3		
HOSPITAL..... 4	2ND	<input type="checkbox"/>
HEALTH POST..... 5		
PRIVATE DOCTOR.. .. 6		
PHARMACY/CHEMIST..... 7	3RD	<input type="checkbox"/>
OTHER (SPECIFY).....		

3. In what year were family planning services first provided here?

WRITE 99 IF DON'T KNOW

YEAR

4. Does this/these facilities provide..... YES.....1
NO.....2 (If no for all >>6)

1. Oral contraceptives	<input type="checkbox"/>	4. Sterilization – Men	<input type="checkbox"/>
2. IUD	<input type="checkbox"/>	5. Contraceptive injection	<input type="checkbox"/>
3. Sterilization – Women	<input type="checkbox"/>	6. Adult male circumcision	<input type="checkbox"/>

5. How far from this community/village is the *nearest* place where family planning services can be obtained?

KM

SECTION 4: FAMILY PLANNING AND HIV/AIDS SERVICES

HIV/AIDS SERVICES

6. Are condoms available in this community/village? YES ... 1
 NO 2(>>8)

7. In what places in this community/village can they be obtained?

LIST UP TO 3 IN ORDER OF IMPORTANCE

HOSPITAL/CLINIC.....	1	1ST	<input type="checkbox"/>
SHOP/PETROL STATION	2		
PHARMACY.....	3		
BAR/HOTEL/RESTAURANT.....	4	2ND	<input type="checkbox"/>
OFFICE/PLACE OF WORK.....	5		
PUBLIC DISPENSER.....	6		
ANOTHER PERSON.....	7		
DON'T KNOW.....	9	3RD	<input type="checkbox"/>
OTHER (SPECIFY).....		>>Q9	<input type="checkbox"/>

8. How far from this community/village is the *nearest* place where condoms can be obtained? KM

9. Is there a place in this community/village where someone can get tested to know their HIV status? YES ... 1
 NO 2(>>11)

10. In what places in this community/village can someone get an HIV test?

LIST UP TO 3 IN ORDER OF IMPORTANCE

		1ST	<input type="checkbox"/>
TEBELOPELE.....	1		
CLINIC	2	2ND	<input type="checkbox"/>
HOSPITAL.....	3		
PRIVATE DOCTOR.....	4		
		>>Q12	3RD <input type="checkbox"/>

11. How far from this community/village is the nearest place where someone can get an HIV test? KM

12. Is there a place in this community/village where someone who has AIDS can get ARV drugs? (anti-retroviral therapy) YES ... 1
 NO 2(>>15)

SECTION 4: FAMILY PLANNING AND HIV/AIDS SERVICES

13. What places in this community/village provide ARV drugs?

LIST UP TO 3 IN ORDER OF IMPORTANCE

- | | | | |
|----------------------------|---|-----------|--------------------------|
| PUBLIC HOSPITAL..... | 1 | 1ST PLACE | <input type="checkbox"/> |
| PUBLIC CLINIC..... | 2 | | |
| HEALTH POST..... | 3 | 2ND PLACE | <input type="checkbox"/> |
| PRIVATE DOCTOR/CLINIC..... | 4 | | |
| NON-GOV'T ORG/MISSION..... | 5 | 3RD PLACE | <input type="checkbox"/> |
| PHARMACY/CHEMIST..... | 6 | | |
| OTHER (SPECIFY)..... | | | |

14. In what year were ARV drugs first available in this community/village at this place/places?

YEAR

>>Q19

15. How far from this community/village is the nearest place where someone can get ARV drugs?

KM

16. What means of transport is normally used to get to this place?

- | | | |
|----------------------|---|--------------------------|
| WALKING..... | 1 | |
| BICYCLE..... | 2 | |
| PRIVATE CAR..... | 3 | <input type="checkbox"/> |
| BUS..... | 4 | |
| TAXI..... | 5 | |
| OTHER (SPECIFY)..... | | |

IF OPTION 1, 2 OR 3 GO TO Q18

17. What is the cost of taking this transportation one way from your community/village to this place?

18. How long does it take to get there using this means of transport (one way)?

HOURS

MINUTES

19. Write the serial number of the respondents for this section?

NEXT SECTION

SECTION 5: OTHER INSTITUTIONS AND SERVICES

Now I will ask you about other services and institutions that serve the people of this community.

SERIAL NUMBER	Service/Facility	1. Is this service/facility available in this community/village? YES.....1 NO.....2 (>>6)	2. What is the name of the service/facility? IF MULTIPLE, ASK FOR NEAREST	3. How far is _____ from the center of this community/village? KM IF IN CENTRE PUT '0'	4. Has _____ been here for 5 years or more? YES.....1 NO.....2 (>>NEXT FACILITY/SERVICE)
1.	Customary court (Kgotla)				
2.	Magistrate's court				
3.	Bank branch (include post office bank, etc., if appropriate)				
4.	Post office				
5.	Police station				
6.	Credit Cooperative				
7.	Informal lenders				
8.	Sales/distribution point for cell phone air time (cards)				
9.	Shop selling clothing				
10.	Shop selling alcohol				
11.	Bar/night club				
12.	Shop selling food/food outlet				
	RURAL COMMUNITIES ONLY (SEE COVER PAGE FOR RURAL DESIGNATION):				
13.	Store/market selling agricultural inputs				
14.	Agricultural extension services				
15.	Agricultural cooperative				
16.	Livestock advisory center (LAC)				
17.	Livestock artificial insemination center				

SECTION 5: OTHER INSTITUTIONS AND SERVICES

SERIAL NUMBER	5. What year did it begin/open? ->NEXT FACILITY/ SERVICE	6. How far is the nearest such service/facility from this community/village?	7. What is the most common form of transport to get to the service/facility? WALKING.....1 BICYCLE.....2 PRIVATE CAR.....3 BUS.....4 TAXI.....5 OTHER (SPECIFY).....	8. How long does it take to get there using the most common form of transport?	GO TO NEXT SERVICE/ FACILITY. IF NO MORE >>9
				HRS. MIN.	
1					
2					
3					
4					
5					
6					
7					
8					
9					

9. Write the codes of the respondents for this section

NEXT SECTION

SECTION 6: BASIC CHARACTERISTICS AND INFRASTRUCTURE

1. How many dwellings live in this village/community?

NUMBER

2. What are the main sources of employment of residents of this village/community?

UP TO 3, IN ORDER OF IMPORTANCE

- | | | |
|---------------------------------------------------------|---|--------------------------|
| LIVESTOCK/AGRICULTURE..... | 1 | |
| INDUSTRY/MANUFACTURING..... | 2 | 1ST <input type="text"/> |
| EXTRACTION/MINING..... | 3 | |
| LARGE TRADE/RETAIL TRADE,
HOTEL AND RESTAURANTS..... | 4 | 2ND <input type="text"/> |
| TRANSPORTATION AND COMMUNICATION..... | 5 | |
| SMALLER SERVICES
(HAIRCUTTING TAILORS, ETC)..... | 6 | 3RD <input type="text"/> |
| CRAFTS, SMALL TRADERS..... | 7 | |
| OTHER (SPECIFY)..... | | |

IF URBAN>>Q8

3. How far is it from this village to the district headquarters [NAME OF DISTRICT HEADQUARTERS/SUB DISTRICT]?

KM

4. Is it possible to travel from this village to [DISTRICT HEADQUARTERS/SUB DISTRICT] entirely by TARRERD road?

YES...1(>>6)
NO...2

5. How far is it from this village to the nearest tarred road?

KM

6. Is motorized public transportation regularly available to take people from this village to other villages, towns, or regions?

YES ... 1
NO...2(>>8)

7. What types of transportation are regularly available to the public for this purpose?

UP TO 3 IN ORDER OF IMPORTANCE

- | | | |
|----------------------|---|--------------------------|
| BUS..... | 1 | 1ST <input type="text"/> |
| MINIBUS..... | 2 | |
| TAXI CAR..... | 3 | |
| MOTORBIKE..... | 4 | 2ND <input type="text"/> |
| TRAIN..... | 5 | |
| BOAT..... | 6 | |
| OTHER (SPECIFY)..... | | 3RD <input type="text"/> |

SECTION 6: BASIC CHARACTERISTICS AND INFRASTRUCTURE

8. Does this village/community get electricity from the grid? (i.e. not generators)	YES ... 1 NO...2(>>12)	<input type="checkbox"/>
9. What year did this service begin?	YEAR	<input type="text"/>
10. What share of dwellings in this community/village are connected to the gridlines?		
VERY FEW.....1 MORE THAN A FEW BUT LESS THAN HALF.....2 ABOUT HALF.....3 MORE THAN HALF.....4 ALL OR ALMOST ALL.....5	<input type="checkbox"/>	
11. How often is there a disruption of electrical service?		
NEVER/ALMOST NEVER.....1 ABOUT ONCE PER MONTH.....2 ABOUT ONCE PER WEEK.....3 ABOUT ONCE OR MORE PER DAY.....4	<input type="checkbox"/>	
12. Is there piped water in this community/village?	YES ... 1 NO...2(>>16)	<input type="checkbox"/>
13. What year was piped water first available in this community/village?		
		YEAR <input type="text"/>
14. What share of dwellings in this community/village have piped water?		
VERY FEW.....1 MORE THAN A FEW BUT LESS THAN HALF.....2 ABOUT HALF.....3 MORE THAN HALF.....4 ALL OR ALMOST ALL.....5	<input type="checkbox"/>	
15. How often are there service disruptions or water shutoffs?		
NEVER/ALMOST NEVER.....1 ABOUT ONCE PER MONTH.....2 ABOUT ONCE PER WEEK.....3 ABOUT ONCE OR MORE PER DAY.....4	<input type="checkbox"/>	
16. Does this community/village have a sewage system, that is pipes for the flow of waste water from dwellings?	YES ... 1 NO...2(>>19)	<input type="checkbox"/>
17. What year was the sewage system introduced in this community/village?		
		YEAR <input type="text"/>

SECTION 6: BASIC CHARACTERISTICS AND INFRASTRUCTURE

18. What share of households in this community/village are connected to the sewerage system?

- VERY FEW1
- MORE THAN A FEW BUT LESS THAN HALF..... 2
- ABOUT HALF..... 3
- MORE THAN HALF.....4
- ALL OR ALMOST ALL.....5

19. Does this community/village have land line (fixed line) phone service?

- YES ... 1
- NO...2(>>21)

20. What share of dwellings in this community/village have fixed line phones?

- VERY FEW1
- MORE THAN A FEW BUT LESS THAN HALF..... 2
- ABOUT HALF..... 3
- MORE THAN HALF.....4
- ALL OR ALMOST ALL.....5

21. Does this community/village get cell phone reception?

- YES ... 1
- NO...2(>>26)

22. What share of dwellings in this community/village have cell phones?

- VERY FEW1
- MORE THAN A FEW BUT LESS THAN HALF..... 2
- ABOUT HALF..... 3
- MORE THAN HALF.....4
- ALL OR ALMOST ALL.....5

23. How often are there cell phone service disruptions/lack of reception?

- NEVER/ALMOST NEVER.....1
- ABOUT ONCE PER MONTH.....2
- ABOUT ONCE PER WEEK.....3
- ABOUT ONCE OR MORE PER DAY.....4

24. Are residents in this community/village able to make payments (for example, for merchandise or services) using cell phone units?

- YES.....1
- NO.....2

25. Are residents in this community/village able to make bank payments, for example to add to their savings, using their cell phones?

- YES.....1
- NO.....2

26. Write the serial number of the respondents for this section.

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NEXT SECTION

SECTION 7: EVENTS AND HISTORY

POSITIVE EVENTS IN THE LAST 5 YEARS				
SERIAL NUMBER	<p>1. I would like to know about important events that have taken place in this community/village since [FIVE YEARS AGO]. I am particularly interested in events that have changed the well-being of people in this community. We'll begin with events that may have made people better off. Example are new housing projects, a factory that opened, or construction of a new road or water supply system.</p> <p>What events since [FIVE YEARS AGO] have made people in this community/village better off?</p> <p>OPENING OF A HEALTH FACILITY 1 OPENING OF A SCHOOL 2 OPENING OF A BANK/CREDIT SERVICES..... 3 NEW FACTORY 4 NEW IMPROVED ROADS 5 OTHER (SPECIFY)</p>	<p>2. In what year did this event occur?</p>	<p>3. What share of the households in this community/village benefited?</p> <p>VERY FEW 1 MORE THAN A FEW BUT LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL OR ALMOST ALL 5</p>	<p>PROBE FOR OTHER POSITIVE EVENTS. IF NO MORE >>Q4</p>
1				
2				
3				
4				
5				
6				
7				
8				

SECTION 7: EVENTS AND HISTORY

NEGATIVE EVENTS IN THE LAST 5 YEARS				
SERIAL NUMBER	1. Now I would like to know about events that have made people in this community/village worse off. Examples of such events include famines, droughts, and other sorts of natural disasters, fires, or major livestock disease, and closing of health centres or factories. What events since [FIVE YEARS AGO] have made people in this community/village worse off? DROUGHT1 EPIDEMIC/EXC. AIDS.....2 FIRE.....3 LIVESTOCK/CATTLE EPIDEMIC.....4 INFECTIOUS BURN.....5 CIVIL STRIFE/MAJOR VIOLENCE.....6 HEALTH FACILITY CLOSING7 OTHER (SPECIFY).....	2. In what year did this event occur?	3. What share of the households in this community/village were affected? VERY FEW1 MORE THAN A FEW BUT LESS THAN HALF2 ABOUT HALF.....3 MORE THAN HALF.....4 ALL OR ALMOST ALL.....5	PROBE FOR OTHER POSITIVE EVENTS. IF NO MORE >>Q7
	EVENT	YEAR		
1				
2				
3				
4				
5				
6				
7				
8				

7. Write the serial number of the respondents for this section

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NEXT SECTION

SECTION 8: INDUSTRY

1. Are there any employers within a one-hour commute from this village/community that are involved in the manufacturing of [PRODUCT]?	2. How many such firms are there (within an hour of this community and employing members of this community)?	3. What is the name of the firm producing [PRODUCT], that employs the greater number of residents of this community/village?	4. What is the average daily wage of an unskilled/low skilled adult man working for [NAME OF FIRM]?	5. What is the average daily wage of skilled adult man working for [NAME OF FIRM]?	6. What is the average daily wage of an unskilled/low skilled adult woman working for [NAME OF FIRM]?	7. What is the average daily wage of skilled adult woman working for [NAME OF FIRM]?
PRODUCT TYPE	NUMBER	NAME				
FOOD PRODUCTS						
TEXTILES						
CONSUMER GOODS (LIGHT INDUSTRY)						

>>NEXT
PRODUCT
IF NO MORE
>>8

Male	Female
------	--------

8. Are there any men/women in this village/community who are employed as auto repair EMPLOYED IN VILLAGE/COMMUNITY OR WITHIN HOUR'S COMMUTE

YES 1
NO 2 (>> 10)

9. What is the average daily wage of a skilled auto mechanic in this village/community?

DAILY WAGE

10. Are there men/women in this village/community who are employed as domestics? EMPLOYED IN VILLAGE/COMMUNITY OR WITHIN HOUR'S COMMUTE

YES 1
NO 2

Male	Female
------	--------

11. What is the average daily wage of a domestic employed in this village/community?

DAILY WAGE

NEXT SECTION

SECTION 9: AGRICULTURE AND LIVESTOCK

1. Is agriculture (growing crops) an important source of work or income for some households in this village/community? YES ... 1
NO 2(>>6)

2. What share of dwellings in this village/community grow crops?

CHOOSE CLOSEST ANSWER

VERY FEW.....1
ONE QUARTER/ONE THIRD.....2
ABOUT HALF.....3
TWO THIRDS/THREE QUARTERS.....4
MORE THAN THREE QUARTERS.....5

3. What are the main crops grown in this village/community? Please list them in order of importance.

UP TO 3 IN ORDER OF IMPORTANCE

MAIZE.....1 1ST
SORGHUM.....2
MILLET.....3
BEANS.....4 2ND
SUNFLOWER.....5
MELONS.....6 3RD
OTHER (SPECIFY).....

4. Is there a system of irrigation in this village? YES ... 1
NO 2(>>6)

5. What share of the dwellings in this village is covered by the irrigation system?

VERY FEW.....1
ONE QUARTER/ONE THIRD.....2
ABOUT HALF.....3
TWO THIRDS/THREE QUARTERS.....4
MORE THAN THREE QUARTERS.....5

6. Do some individuals in this village/community work for wages in agriculture for other households or farms? YES ... 1
NO 2(>>9)

7. What is the average daily wage of an unskilled male labourer in agriculture in this village/community? DAILY WAGE

8. What is the average daily wage of an unskilled female labourer in agriculture in this village/community? DAILY WAGE

9. Is livestock herding an important source of work or income for some households in this village/community? YES ... 1
NO 2(>>11)

SECTION 9: AGRICULTURE AND LIVESTOCK

10. What share of households are involved in livestock activities in this village/community?

- VERY FEW.....1
ONE QUARTER/ONE THIRD.....2
ABOUT HALF.....3
TWO THIRDS/THREE QUARTERS.....4

11. Do some individuals in this village/community work for wages in livestock activities for other dwellings or farms?

YES ... 1
NO 2(>>14)

12. What is the average daily wage of an unskilled male labourer in livestock activities in this village/community?

MONTHLY WAGE

13. What is the average daily wage of an unskilled female labourer in livestock activities in this village/community?

MONTHLY WAGE

14. Write the serial number of the respondents for this section

SECTION 10: PRICES

VENDOR TYPE: SMALL SHOP 1 SUPERMARKET 2 MARKET VENDOR 3 STREET STALL 4 OTHER (SPECIFY).....

ITEM	ASK SENIOR MEMBER(S) 1. Is [...] available in this Community? YES1 NO2 (>>NEXT ITEM)	2. Vendor Type	3. Preferred Unit	ASK VENDOR TYPE 4. Preferred Brand	5. Price	6. Amount (Unit) KILOGRAM1 GRAM2 MILLILITRE3 LITRE4
1. Maize meal						
2. Sorghum meal						
3. White bread flour						
4. Samp						
5. Milk						
6. Cooking oil						
7. Sugar						
8. Tea leaves						
9. Tooth Paste						
10. Household Soap						
11. Washing Powder						
12. Beef (Meat)						
13. Chicken						
14. Fish						
15. Dried Beans						
16. Fine Salt						
17. Instant Yeast						
18. Potatoes						
19. Cabbage						
20. Onions						
21. Oranges						

WHEN DONE WITH ITEMS ON THIS PAGE, CONTINUE TO NEXT PAGE

SECTION 10: PRICES

VENDOR TYPE: SMALL SHOP 1 SUPERMARKET 2 MARKET VENDOR 3 STREET STALL 4 OTHER (SPECIFY).....

ITEM	ASK SENIOR MEMBER(S)		ASK VENDOR TYPE	6. Amount (Unit) KILOGRAM.....1 GRAM.....2 MILLILITRE.....3 LITRE.....4		
	1. Is [...] available in this Community? YES.....1 NO.....2 (>>NEXT ITEM)	2. Vendor Type			3. Preferred Unit	4. Preferred Brand
22. Match Box						
23. Paraffin per litre						
24. Tooth Brush						
25. Paraffin Lamp						
26. Blanket (1)						
27. Men's trousers						
28. Men's shirt						
29. Ladies dress						
30. Ladies' Shoes, leather						

END OF INTERVIEW. THANK RESPONDENTS FOR THEIR TIME AND COOPERATION

MADE this 2nd day of February, 2009.

BALEDZI GAOLATHE,
Minister of Finance and Development Planning.