

STRICTLY CONFIDENTIAL



Republic of Zambia

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2024 QUARTERLY LABOUR FORCE SURVEY QUESTIONNAIRE

| HOUSEHOLD IDENTIFICATION PARTICULARS | | CODE | |
|---|--------------------------|------|--|
| 1 | Province: | | |
| 2 | District: | | |
| 3 | Constituency: | | |
| 4 | Ward: | | |
| 5 | Region 1. Rural 2. Urban | | |
| 6 | EA | | |
| 7 | Cluster Number | | |
| 8 | SBN | | |
| 9 | HUN | | |
| 10 | HHN | | |
| 11 | Locality Name | | |
| Physical address of Households: Phone Number (if any): | | | |

| INTERVIEWER VISITS | | | |
|--|----------|----|----|
| Visit No. | VISITS | | |
| | Date: DD | MM | YY |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| Total Number of Persons in the Household | | | |

| ID | QUESTIONS & INSTRUCTIONS | CODING CATEGORIES | | SKIPS | LABEL |
|--|---|-----------------------------|------------------------------|--------|-----------------------------------|
| PIN | PERSON IDENTIFICATION NUMBER | | | | |
| SECTION A: DEMOGRAPHIC CHARACTERISTICS | | | | | |
| THESE QUESTIONS SHOULD BE ADDRESSED TO THE MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD | | | | | |
| A1 | Can you please provide the (NAMES) of all persons who are usual members of this household, beginning with the Head of the Household? Household Roster <i>(INCLUDING THOSE WHO ARE TEMPORARILY ABSENT FOR ANY REASON BUT NOT EXCEEDING SIX MONTHS)</i> | | | | |
| A2 | Is (NAME) male or female? | 1 <input type="checkbox"/> | Male | | Sex |
| | | 2 <input type="checkbox"/> | Female | | |
| A3 | How old was (NAME) at (his/her) last birthday? ENTER AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR ENTER '00'. IF AGED 90 YEARS OR OLDER ENTER 90. | | | | Age at last Birthday |
| A4 | What is (NAME)'s relationship to the head of the household? | 01 <input type="checkbox"/> | Head | | Relationship |
| | | 02 <input type="checkbox"/> | Spouse Husband/Wife | | |
| | | 03 <input type="checkbox"/> | Son/ Daughter | | |
| | | 04 <input type="checkbox"/> | Step Child | | |
| | | 05 <input type="checkbox"/> | Brother/Sister | | |
| | | 06 <input type="checkbox"/> | Brother/Sister in-law | | |
| | | 07 <input type="checkbox"/> | Grandchild | | |
| | | 08 <input type="checkbox"/> | Nephew/Niece | | |
| | | 09 <input type="checkbox"/> | Cousin | | |
| | | 10 <input type="checkbox"/> | Parent | | |
| | | 11 <input type="checkbox"/> | Father/Mother -in-law | | |
| | | 12 <input type="checkbox"/> | Uncle/Aunt | | |
| | | 13 <input type="checkbox"/> | Grand Parent | | |
| | | 14 <input type="checkbox"/> | Son/Daughter- in-law | | |
| | | 15 <input type="checkbox"/> | Other Relative | | |
| | | 16 <input type="checkbox"/> | Non- relative | | |
| A5 | FOR PERSONS AGED 10 YEARS OR OLDER What is (NAME)'s current marital status? | 1 <input type="checkbox"/> | Never married | ->>>A7 | Marital Status |
| | | 2 <input type="checkbox"/> | Cohabiting | | |
| | | 3 <input type="checkbox"/> | Monogamously married | | |
| | | 4 <input type="checkbox"/> | Polygamous married | | |
| | | 5 <input type="checkbox"/> | Separated | | |
| | | 6 <input type="checkbox"/> | Divorced | | |
| | | 7 <input type="checkbox"/> | Widowed | | |
| A6 | What was (NAME)'s age at first marriage? | | _____ | | Age at first marriage |
| | | | Age at first marriage | | |
| A7 | FOR PERSONS BELOW 18 YEARS Is the biological mother of (NAME) still alive? | 1 <input type="checkbox"/> | Yes | | Living biological mother |
| | | 2 <input type="checkbox"/> | No | | |
| | | 3 <input type="checkbox"/> | Don't know | | |
| A7a | Is the biological father of (NAME) still alive? SKIP TO A10 if both A7 and A7a are no | 1 <input type="checkbox"/> | Yes | | Living biological father |
| | | 2 <input type="checkbox"/> | No | | |
| | | 3 <input type="checkbox"/> | Don't know | | |
| A8 | Has (NAME)'s parent(s) been very sick for at least three months during the past 12 months, that he/she has been too sick to work or do normal activities? | 1 <input type="checkbox"/> | Yes | | Parents sick for a period of time |
| | | 2 <input type="checkbox"/> | No | | |
| | | 3 <input type="checkbox"/> | Don't know | | |

| ID | QUESTIONS & INSTRUCTIONS | CODING CATEGORIES | SKIPS | LABEL |
|---|--|--|--|---|
| SECTION A: ACTIVITY LIMITATION | | | | |
| <i>READ: Now I am going to ask you some questions on disability about household members aged 5 years or older</i> | | | | |
| A10 | Does (NAME) have difficulty seeing, even if wearing glasses? (For permanent condition) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty Seeing |
| A11 | Does (NAME) have difficulty hearing, even if using hearing aid? (For permanent condition) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty Hearing |
| A12 | Does (NAME) have difficulty walking or climbing steps? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty Walking |
| A13 | Does (NAME) have difficulty remembering or concentrating? (For permanent condition) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty remembering or concentrating |
| A14 | Does (NAME) have difficulty with self-care such as (washing all over or dressing)? (For permanent condition) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty with self-care |
| A15 | Does (NAME) have difficulty communicating for example understanding or being understood by others? (For permanent condition) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all | Difficulty communicating |
| A16 | (NAME) , you mentioned having a lot of difficulties doing some things. When did the first of these difficulties start? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> | At birth Between the birth and the age of 15 Between the ages of 15 and 29 Between the ages of 30 and 65 After age 65 Refused Don't know | When difficulties started |

| ID | QUESTIONS & INSTRUCTIONS | CODING CATEGORIES | | SKIPS | LABEL |
|--|--|--|--|-----------------|---|
| SECTION B: EDUCATION AND LITERACY | | | | | |
| READ: Now I am going to ask you questions about Education and Literacy for all household members aged 5 years or older | | | | | |
| B1 | Can (NAME) read and write in any language ? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Read and write |
| B2 | Has (NAME) ever attended school? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>>B8 | Ever attended school |
| B3a | At what age did (NAME) begin school? | | _____ | | Age begun school |
| B3b | Has (NAME) ever repeated any level of schooling at any point in time? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Ever repeated level of school |
| B3c | Is (NAME) currently attending school? FOR PERSONS AGED 26 YEARS OR OLDER WHOSE RESPONSE IS NO SKIP TO B6 | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | >>>>B5 | currently attending school |
| B4 | ONLY FOR PERSONS AGED 5 YEARS TO 25 YEARS OLD What is the main reason (NAME) is not currently attending school? | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> | Differently abled (Disabled) Illness Injury School is too far Cannot afford school cost Family does not allow schooling Not interested in school/ poor in studies School not considered valuable by family School environment not conducive/ not safe Family responsibilities Completed school Pregnancy Started work for pay or family business or farm Got Married Help at home with household chores Other(specify)... | Any →Skip to B6 | Reason not currently attending school |
| B5 | What grade/level is (NAME) currently attending? SEE CODES IN THE MANUAL | | _____ | | Grade Currently Attending |
| B6 | What is the highest grade/level of education that (NAME) has successfully completed? FOR PERSONS WITH CODES 00 TO 12 (NURSERY, PRIMARY AND SECONDARY) SKIP TO B9 | | _____ | | Highest Grade/Level of Education |
| B7 | ONLY FOR PERSONS WITH TERTIARY EDUCATION What is the field of study for the highest professional qualification (NAME) successfully completed? | | | →>> B9 | Highest professional qualification successfully completed |
| B8 | What is/was the main reason (NAME) never attended school? | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | Under age / too young Differently abled (Disabled) Illness School was too far Cannot afford school cost Family does not allow schooling Not interested in school/poor in studies School not considered valuable School environment not conducive/ not safe Family responsibilities/ help at home with household chores To work for pay or family business or farm Other (Specify) | | Reason never attended school |

| ID | QUESTIONS & INSTRUCTIONS | CODING CATEGORIES | | | SKIPS | LABEL |
|-----|---|----------------------------|-----|--------|-------|--|
| C2d | Including the time that (NAME) has been absent, will (NAME) return to that same job / business within 3 months or less? | 1 <input type="checkbox"/> | Yes | →>>D1A | | Return to that same job |
| | | 2 <input type="checkbox"/> | No | | | |
| C2e | Does (NAME) (continue to) receive an income from his/her job during this absence? | 1 <input type="checkbox"/> | Yes | →>>D1A | | Receive an income during absence from work |
| | | 2 <input type="checkbox"/> | No | →>>C3b | | |

SECTION C: MARKET ACTIVITY IDENTIFICATION

This section covers work related activities in the last 7 days for all household members **aged 5 years or older**

READ: Now am going to ask you questions related to work activities in the **last 7 days** for all household members aged 5 years or older

| | | | | | |
|-----|---|--|---|--|---|
| C3a | Was this work that you mentioned in...? READ (SINGLE RESPONSE) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Farming or Rearing Animals →>> C3c Fishing →>> C3c Other (Specify) →>> D1A | | Type of work |
| C3b | In the last 7 days, did (NAME) do any work in farming, rearing animals or fishing? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>> G1 | Work in farming, rearing animals or fishing |
| C3c | Thinking about the products (NAME) worked on, are they mainly intended for sale or for family use? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Only for sale Mainly for sale Mainly for family use use Only for family use | →>> D1A →>> D1A →>> G1 →>> G1 | Intended for sale or for family use |

SECTION D: CHARACTERISTICS OF THE MAIN JOB FOR PERSONS AGED 5 YEARS OR OLDER IN THE LAST 7 DAYS

READ: I am now going to ask you some questions about **(NAME)**'s main job. The main job is the one where **(NAME)** usually works the highest number of hours even if **(NAME)** was temporarily absent in the last 7 days.

| | | | | | |
|-----|---|--|--|--------|-------------------------------|
| D1a | In the last 7 days that is from [DATE] up to [DATE/Yesterday] , did (NAME) have more than one job/business? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>>D1c | More than one job/business |
| D1b | How many jobs/businesses did (Name) have in the last 7 days? | <input type="text"/> | | | Number of jobs in last 7 days |
| D1c | In his/her main job/business, what kind of work does (NAME) usually do? WRITE: -JOB TITLE -MAIN TASKS AND DUTIES <i>(e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)</i> | | (JOB TITLE) (MAIN TASKS AND DUTIES) (ISCO CODE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | Occupation |
| D2 | In (NAME) workplace, what kind of business/activity is mainly carried out? WRITE: -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES <i>(e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)</i> | | (NAME OF ESTABLISHMENT) (MAIN ACTIVITY, GOODS OR SERVICES) (ISIC CODE) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | Industry |
| D3 | When did (NAME) start working for this employer or start this business? | MONTH (MM) | YEAR (YYYY) | | start working |

| GIVE MONTH AND YEAR | | | | |
|---------------------|--|---|---|--|
| D4 | Where is (NAME) 's place of work located? | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> | In a formal business place At a market/ shop/ kiosk On the street/ by the road side At the client's premises No fixed location/ different places (mobile) At home/ family dwelling Employer's home Industry/ factory Plantation/ farm/ garden Construction/ Quarrying sites Other (Specify) | Location of place of work |
| D5 | Does (NAME) work in.....? READ OUT | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | Central Government Local Government Parastatal/State-owned firm Embassy/International org. NGO Faith-based org. Private Enterprise Producers' cooperative Private household | Work |
| D6 | How many persons, including (NAME) work at this place of work/business? | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> | 10 or less 11 to 50 51 to 100 101 or more | Number of persons at work |
| D7a | In the main job/business that (NAME) has, is she/he....? READ OUT | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | Working for someone else for pay Working as a paid apprentice Working as a paid intern An employer (employing one or more employees) An own-account worker (not employing any employee) Helping in a family/household business without pay | Work status →>>D7c →>>D7c →>>D7c |
| D7b | Are you at least guaranteed that you will get some work or hours in your job? | 1 2 | Yes, minimum hours or work guaranteed No, 0-hour contract, contacted when needed | For both responses skip to D7i. Work guarantee |
| D7c | In the last 12 months, did most of the income from the business come from just one client? | 1 2 | Yes No | Source of business |
| D7d | Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person? | 1 2 3 4 | READ Yes, all of them Yes, most of them Yes, but only some of them No | Dependent contractors |
| D7e | In this activity, do you | 1 2 3 4 | READ Sell products or services to one company only? Sell products or services supplied by only one company or as a franchise? Work with materials or equipment provided by just one company? NONE OF THE ABOVE | Method of sale |
| D7f | Does that client, company or intermediary set...? | | READ AND MARK ALL THAT APPLY 1. the price of the products or services that you offer? 2. the minimum amount of sales or tasks you must complete? 3. the places, routes or areas where to do the work? | Level of authority over business decisions |

| | | | | | |
|-----|---|--|--|--|----------------------|
| | | | 4. the work to do or how to organize it? 5. the supplier(s) to use? 6. provides the place or equipment to use 7. NONE OF THE ABOVE | | |
| D7g | Who usually makes the decisions about the running of the family/household business...? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | READ (You/NAME) (You/NAME) together with other family members Other family members only Other (non-related) person(s) only | Decision making for the business | |
| D7h | Do you hire any paid employees on a regular basis? | 1 2 | Yes No SKIP TO D19 FOR BOTH RESPONSES IF D7a=4 & 5 AND A3>17 YEARS | Hiring of paid employees | |
| D7i | Which of the following types of pay (do/does) (you/NAME) receive for this work? READ OUT | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> | A wage or salary Payment by piece of work completed Commissions Tips Fees for services provided Payment with meals or accommodation Payment in products OTHER CASH PAYMENT(SPECIFY): _____ NOT PAID | >>>>D8 >>>>D8 >>>>D8 >>>>D8 >>>>D8 >>>>D8 >>>>D8 >>>>D8 >>>>D8 SKIP TO D19 IF D7a=6 A3>17 YEARS | Type of remuneration |
| D7j | At what age did [NAME] start work for the first time in his /her life FOR CHILDREN AGED 5 TO 17 YEARS | | ENTER AGE IN COMPLETED YEARS. | Age started work in completed years | |
| D7k | What is the main reason that (NAME) is doing this work? FOR CHILDREN AGED 5 TO 17 YEARS | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> | Supplement family income Pay outstanding family debt Help in household enterprise Learn skills Schooling is irrelevant School too far Cannot afford school fees Not interested in school To replace adult who is working away from home For socialisation | Reason for working | |
| D7l | In the last 7 days , did (NAME) usually carry out these activities: Read Out Responses (Including children attending school) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | During the day (between 06:00 hrs and 18:00 hours) In the evening or at night (after 18:00 hours) During both the day and the evening (for the entire day) On the week-end Sometimes during the day, sometimes in the evening | Working time for children | |
| D7m | In the last 7 days , when did (NAME) usually carry out these activities: Read Out Responses FOR CHILDREN ATTENDING SCHOOL | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | After school Before school Both before and after school On the week-end During missed school hours/days During the day after other work | School going children working time | |
| D8 | Is (your/NAME)'s contract/agreement...? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | For a specified period of time Until the date a task completed Permanent or until retirement | Length of contract agreement | |

| | | | | | | |
|-----|---|--|--|--|-----------------------------------|--|
| | READ OUT TO THE RESPONDENT | 4 | Ongoing with no specified end date | | | |
| D9 | How long in total is your/ NAME'S current contract/agreement READ OUT | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 8 9 | Hourly contract/agreement Daily contract/agreement Less than 1 Month 1 Month to less than 3 months 3 Months to less than 6 months 6 Months to less than 1 Year 1 Year to less than two years 2 years or more No specified duration | | Total Duration Contract/Agreement | |
| D10 | Does the employer contribute to any social security scheme for (NAME)? e.g., NAPSA, WORKERS COMPENSATION, PSPF, Other Pension Scheme | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Employer contribution | |
| D11 | Is (NAME) entitled to paid leave in his/her main job? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Paid leave | |
| D12 | Is (NAME) entitled to paid sick leave in case of illness or injury? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Sick Leave | |
| D13 | Is (NAME) entitled to paid paternity/ maternity leave? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Paid Paternity/ Maternity Leave | |
| D14 | On this job, is (NAME) a member of any trade union? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Trade Union | |
| D15 | Who determines (Name) annual salary increments? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | Negotiation between the employer and myself Negotiation between union and employers Bargaining council or other bargaining arrangement Employer only No regular annual salary increment Other (Specify)... | | Annual Salary Increments | |
| D16 | Does (NAME)'s employer deduct income tax from his/her salary? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Income Tax deduction | |
| D17 | Is (NAME) entitled to medical insurance benefits from his/her employer? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Medical Insurance benefits | |
| D18 | Is (NAME) employed on the basis of a written contract or an oral agreement? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | A written contract An oral agreement | | Nature of contract | |
| D19 | Is the establishment/business where (NAME) works registered with...? READ OUT RESPONSES | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> | Registrar of Societies Registered with PACRA Local Authority (Council) Registrar for NGOs Registrar for cooperatives Not registered with any Don't know | | Registration of establishment | |
| D20 | Is the establishment/business where (NAME) works registered with Zambia Revenue Authority (ZRA)? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Registration with ZRA | |
| D21 | Does (NAME)'s place of work keep books of accounts? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes No Don't know | | Books of accounts | |

SECTION E: WORKING TIME

This section covers the working time for all persons aged 5 years or older

READ: Now I am going to ask you some questions about the working time for all working persons aged 5 years or older

| | | | | |
|-----|--|--|---|---|
| E1 | In the last 7 days that is from [DATE] up to [DATE/Yesterday], how many hours did (NAME) work in his/her job? | Write the day and number of hours E.g. Main Job Day Hour ----- | | Number of hours in job |
| E2 | Is [NAME]'s main job/business.....? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Full-time Part-time | Full/Part Time |
| E3 | How many hours does (NAME) usually work per week in his/her...? | a. Main job <input type="text"/> b. All other <input type="text"/> <input type="text"/> <input type="text"/> jobs c. OVERALL TOTAL <input type="text"/> <i>Interviewer: add the total and confirm with the respondent - note that the total may not equal the sum of the jobs</i> | | Hours per week |
| E4 | In the last 30 days that is from [DATE] up to [DATE/Yesterday], did (NAME) look for additional or other paid work? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | Look for Additional Work |
| E5 | Would (NAME) want to work more hours per week than usually worked, provided the extra hours are paid? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>>E8 Paid extra hours |
| E6 | Could (NAME) start working more hours within the next two weeks? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>>E8 Hours within Two Weeks |
| E7 | How many additional hours could (NAME) work? | ----- Number of hours | Additional Hours | |
| E8 | Does (NAME) want to change his/her current employment situation? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →>>FA1 Want to change current employment situation |
| E9 | What is the main reason (NAME) wants to change his/her current employment situation? READ OUT | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | Present job(s) is/are temporary To have better paid job To have more clients/business To work more hours To better match skills To work closer to home For better working conditions Other (Specify)... | Reason to change employment |
| E10 | What is the main reason (NAME) worked less hours in the last seven days? READ OUT | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> | Shift work, flexi time, nature of work Vacation, holidays Sickness, illness, accident Education or training Other personal leave (care for family, civic duties, ...) Temporary layoff, reduction in clients, work break Bad weather, natural disaster Strike or labour dispute Seasonal work Mandatory Leave Suspension Lack of clients, capital or materials Lock down due to public health concerns e.g., Covid 19, Cholera, Anthrax Quarantine due to public health concerns e.g., Covid 19, Cholera, Anthrax Insecurity due to public health concerns e.g., Covid 19, Cholera, Anthrax Reduction in work hours by employer due to public health concerns e.g., Covid 19, Cholera, Anthrax | Reasons for working less hours in the reference week |

SECTION F: INCOME FOR PAID EMPLOYEES – PART A

The following questions apply to only persons such as **paid employees, paid interns and paid apprentices**.

READ: Now I am going to ask you some questions for persons in paid employment, paid internship and paid apprentices.

| | | | | | | | | | | | | | | | |
|-----|---|--|---|-----------------|-----------------------|--|--|--|--|--|--|--|--|--|----------------------------|
| FA1 | How often does [NAME] receive earnings in his/her main job? | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> | Annually Monthly Every two weeks Weekly Daily Hourly Don't Know> Refused | →>>FB3 →>>H1 | Frequency of earnings | | | | | | | | | | |
| FA2 | Does [NAME] usually receive any tips or commission? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Tips or commissions | | | | | | | | | | |
| FA3 | What is [NAME] 's annual/monthly/weekly/daily/hourly earnings before deductions? | (Include tips and commission) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | Earnings before deductions |
| | | | | | | | | | | | | | | | |
| FA4 | If amount not stated, give range | Range | | | Amount unstated | | | | | | | | | | |

SECTION F: INCOME FOR EMPLOYERS AND OWN-ACCOUNT WORKERS – PART B

The following questions apply to only persons in EMPLOYERS AND **OWN ACCOUNT WORK**

Attention: Section F is preferably to be answered by the individual respondents themselves and not by any household member.

| | | | | | | | | | | | | | | | |
|-----|--|--|--|------------------------------|-------------------------|--|--|--|--|--|--|--|--|--|---|
| FB1 | [NAME] , what is the easiest way for you to tell us your earnings after expenses? Would it be.....? Read out all responses except Don't know and refused. | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | Annually Monthly Every two weeks Weekly Daily Hourly Don't Know Refused | →>>FB3 →>>H1 | Periodicity of Earnings | | | | | | | | | | |
| FB2 | What is [NAME] 's earnings after expenses? | (Include tips and commission) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | Earnings If amount not stated provide range in FB3 |
| | | | | | | | | | | | | | | | |
| FB3 | FOR THOSE WHO DO NOT KNOW, PLEASE PROVIDE A RANGE AS GUIDED BELOW (Include tips and commission) | | | Ranges is in the CAPI | Don't know earnings | | | | | | | | | | |

SECTION G: UNEMPLOYMENT AND JOB SEARCH

This section covers unemployment and job search

READ: Now I am going to ask you some questions about employment and job search

| | | | | | |
|----|--|---|--|---|-------------------------------|
| G1 | During the last 30 days that is from [DATE] up to [DATE/Yesterday], did (NAME) do anything to find a paid job/business? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | ->>>G3 | Did to find paid work |
| G2 | What did (NAME) do in the last 30 days to find a job or start a business? READ OUT THE RESPONSES (Multiple response) | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> | Apply to prospective employers Place or answer job advertisements Study or read job advertisements Register with (employment centre) Register with private recruitment offices Take a test or interview Seek help from relatives, friends, others Check at factories, work sites Wait on the street to be recruited Seek financial help to start a business Look for land, building, equipment, materials to start a business Apply for permit or license to start a business Check Website/ Job portal Other (specify)... | All responses should skip to G4 ->>> G4 | Efforts to find a job 30 days |
| G3 | What is the main reason (NAME) did not try to find a paid job or start a business in the last 30 days? READ OUT THE RESPONSES | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> | Waiting for results of a previous search Awaiting recall from a previous job Waiting for the season to start Tired of looking for jobs, no jobs in area No jobs matching skills, lacks experience Considered too young/old by employers In studies, training Family / household responsibilities In agriculture / fishing for family use Disability, injury, illness Other sources of income Lock down due to public health concerns e.g., Covid 19, Cholera, Anthrax Quarantine due to public health concerns e.g., Covid 19, Cholera, Anthrax Insecurity due to public health concerns e.g., Covid 19, Cholera, Anthrax Other (Specify) | Not trying to find paid job | |
| G4 | If (a/the) job or business opportunity had been available could (NAME) have started working last week or in the next two weeks? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Yes, Last week Yes, next two weeks No | ->>>G6 ->>>G6 | Availability |
| G5 | What is the main reason why (NAME) is not available to start working? READ OUT THE RESPONSES | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | Awaiting recall from a previous job Waiting for the season to start In studies, training Family / household responsibilities In agriculture / fishing for family use Retired, pensioner Disability, injury, illness Lock down due public health concerns e.g., Covid 19, Cholera, Anthrax Quarantine due to public health concerns e.g., Covid 19, Cholera, Anthrax Insecurity due public health concerns e.g., Covid 19, Cholera, Anthrax Other (specify) | Reason not available to start working | |

| | | | | | |
|----|---|--|---|--|----------------------------|
| G6 | For how long has (NAME) been without a paid job or a business? READ OUT THE RESPONSES | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | Less than 1 month 1 month to < 3 months 3 months to < 6 months 6 months to < 12 months 1 year to < 2 years 2 years or more | | How long without paid work |
|----|---|--|---|--|----------------------------|

SECTION H: OWN-USE PRODUCTION 18 YEARS OR OLDER

These questions are about own-use production activities that people engage in **without any pay** to care for or maintain their household for all persons aged 5 years or older.

| | | | | | |
|-----------|--|--|-----------|----------------|--|
| H1 | In the last 7 days that is from [DATE] up to [DATE/Yesterday], did (NAME) do any of the following activities to produce foodstuff intended mainly for consumption by the household? READ OUT A. Growing any crops, vegetables or fruits B. Gathering other foodstuff such as [wild fruits, mushrooms] C. Rearing or tending to animals D. Fishing (i.e Kapenta, breams) E. Hunting If any item = Yes continue | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | → H4 | Own use activities in last 7 days |
| H2 | How many hours did (NAME) spend on these activities in the last seven days ? | No. of Hrs | | | Hours In the last 7 days |
| H3 | Which type of animals or products mainly for consumption by the household was (NAME) working on? | SEE ISIC IN THE MANUAL (<i>e.g.: fish, cattle, chicken, maize, potatoes, rice</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (ISIC CODE) | | | Type of animals or products |
| H4 | In the last 7 days, did (NAME) spend any time providing care, help or assistance to household members aged 18 years or older because of a disability, illness, or problems related to old age? READ For example: Administering medication, feeding, helping them with bathing, and personal hygiene, etc. | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →> H6 | Assistance to 18 years or older |
| H5 | How many hours did (NAME) spend on these activities in the last 7 days | ----- - Number of Hours | | | How many hours |
| H6 | Did (NAME) spend any time looking after children aged 17 years or younger living in this household? READ For example: Bathing playing with children, taking children to school, sports or other activities, instructing, tutoring or helping children with homework, advising or talking with teens about their problems, etc | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | →> I1 | Looking after children |
| H7 | How many hours did (NAME) spend on these activities from in the last 7 days? | ----- Number of Hours | | | Number of hours looking after children |

SECTION H: OWN-USE PRODUCTION- TIME USE

These questions are about own-use production activities that persons aged 18 years or older engage in **without any pay** to care for or maintain their household in the Last seven days.

| | | | | |
|------------|---|---------------------------------|--|--|
| H8a | In the last 7 days [DATE] up to [DATE/Yesterday], how much time did (NAME) spend on Cleaning the house, washing clothes, for the household? | ----- Number of Hours | | Number of hours spent cleaning |
| H8b | In the last 7 days, how much time did (NAME) spend on preparing, cooking and preserving food e.g drying, smoking and salting | ----- Number of Hours | | Number of hours spent preparing meals |
| H8c | In the last 7 days how, much time did (NAME) spend on Making goods for use by the household, such as [furniture, pottery, baskets, clothing, mats]. | ----- Number of Hours | | Number of hours spent making goods |
| H8d | In the last 7 days, how much time did (NAME) spend on shopping, paying household bills or arranging services to fix or maintain the household's dwelling or car | ----- Number of Hours | | Number of hours spent paying household bills |
| H8e | In the last 7 days, how much time did (NAME) spend on doing repairs or maintenance works, such as [fixing broken appliances or fixtures, painting walls, etc] | ----- Number of Hours | | Number of hours spent doing repairs |
| H8f | In the last 7 days, how much time did (NAME) spend on Doing construction work to renovate, extend or build the household's dwelling? | ----- Number of Hours | | Number of hours spent doing construction |
| H8g | In the last 7 days, how much time did (NAME) spend on Fetching water from natural or public sources for use by the household? | ----- Number of Hours | | Number of hours spent fetching water |
| H8h | In the last 7 days, how much time did (NAME) spend on Collecting firewood or other natural products for use as fuel by the household? | ----- Number of Hours | | Number of hours spent collecting firewood |
| H8i | In the last 7 days, how much time did (NAME) spend on Leisure e.g., playing sports, watching TV etc.? | ----- Number of Hours | | Number of hours spent on Leisure |
| H8j | In the last 7 days, how much time did (NAME) spend on Personal care e.g bathing, eating and sleeping? | ----- Number of Hours | | Number of hours spent on Personal Care |

| SECTION J_A: LABOUR MIGRATION | | | | | |
|---|---|---|---|--|--|
| This section covers migration for all persons | | | | | |
| READ: Now I am going to ask you questions about the migration for all persons in the household | | | | | |
| J1_A | In which (NAME) was born? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Within Zambia>>> J2_A Outside Zambia | | Country of birth |
| J1B_A | Specify the country in which (NAME) was born? | | List of Country | | Country of birth |
| J2_A | What is (NAME) Nationality? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Zambian Non-Zambian>>> J3_A | | Nationality |
| J2B_A | Does (NAME) have another nationality? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Dual Nationality |
| J3_A | Has (NAME) moved from another country to Zambia in the last twelve months? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Moved internationally in the last 12 months (Period Migration) |
| J4_A | When did (NAME) move to Zambia | | 1. State the year moved 2. Not Applicable | | Country of Origin (Lifetime Migration) |
| J5_A | In which country was (NAME) living before he/she moved to Zambia | | List of countries 1. State the country 2. Not Applicable | | Country moved from |
| J6_A | What was the main reason for (NAME) moving to Zambia? READ OUT | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> | To work Other income reasons Drought, flood or other weather conditions Eviction Land related problems Follow family Marriage School/training Illness, injury Divorce/separation To escape insecurity To return home from displacement Abduction To be a refugee To be an asylum seeker Other (Specify)... Not Applicable | | Reason for Moving |
| J7_A | With whom did (NAME) move? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Head of household Member of Household Unaccompanied None household member Not Applicable | | Persons moved with |
| J8_A | In the last 12 months, has (NAME) travelled abroad for work? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No Skip to J1_C IF J1_A=1 & J8_A=2. Skip to J13_B IF J1_A=2 | | |
| J9_A | How many trips has (NAME) made? | | Number..... | | |
| J10_A | Did (NAME) travel abroad to provide a service in the destination country? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No>>> J13_B | | |
| J11_A | What type of service did (NAME) provide? | | | | |
| J12_A | Approximately, what was the cost of the service? | | | | |
| SECTION J_B: CASH REMITTANCES TO RELATIVES ABROAD (Only for those born outside Zambia) | | | | | |
| J13_B | Does (NAME) send money to relatives abroad | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No →>> J2_C | | Send remittances |

| | | | | IF J2_A=2 SKIP & J13_B=2 SKIP TO J2_C. | | | |
|-------|---|--|--|--|-------------------------------|-------------------|----------------------|
| J14_B | How much does (NAME) send? | | State amount | | | Amount sent | |
| J15_B | How does (NAME) send this money? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | Western Union Bank Transfer Money Gram Relative or Friend travelling home Mobile Money Other (Specify.....) | | | Method of sending | |
| J16_B | How much, on average, does (NAME) pay as fees for the money sent? | | State amount | | | Sending fees | |
| J17_B | How often does (NAME) send? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Weekly Every two weeks Monthly Quarterly Annually | | ANY RESPONSE SKIP J2_C | | Frequency of sending |

| SECTION J_C: LABOUR MIGRATION- PART B – INTERNAL MIGRATION | | | | | | | |
|---|---|--|-----------------------|-----------------------------|-----------------------|------------------------------|--|
| This section covers migration for all persons born in Zambia | | | | | | | |
| READ: Now I am going to ask you questions about the migration for all persons in the household | | | | | | | |
| J1_C | In which district was (NAME) born? | List of Districts | | | State the District | | District of birth |
| J2_C | Has (NAME) moved from one district to another in the last 12 months? | 1 <input type="checkbox"/> | Yes | 2 <input type="checkbox"/> | No | >>>SECTION K | |
| J3_C | When did (NAME) move to this district? | Give year and month State year in four figures, e.g 2019 State month in two figures, e.g 12 | | | | | When moved |
| J4_C | In which district was (NAME) living before he/she moved to the current district? | List of Districts | | State the District | | District of origin | |
| J5_C | What was the main reason for (NAME) moving to current district of residence? READ OUT | 01 <input type="checkbox"/> | To work | 02 <input type="checkbox"/> | Other income reasons | 03 <input type="checkbox"/> | Drought, flood or other weather conditions |
| | | 04 <input type="checkbox"/> | Eviction | 05 <input type="checkbox"/> | Land related problems | 06 <input type="checkbox"/> | Follow family |
| | | 07 <input type="checkbox"/> | Marriage | 08 <input type="checkbox"/> | School/training | 09 <input type="checkbox"/> | Illness, injury |
| | | 10 <input type="checkbox"/> | Divorce/separation | 11 <input type="checkbox"/> | To escape insecurity | 12 <input type="checkbox"/> | To return home from displacement |
| | | 13 <input type="checkbox"/> | Abduction | 14 <input type="checkbox"/> | To be a refugee | 15 <input type="checkbox"/> | To be an asylum seeker |
| | | 16 <input type="checkbox"/> | Other (Specify)... | | | | |
| J6_C | With whom did (NAME) move? | 1 <input type="checkbox"/> | Head of household | 2 <input type="checkbox"/> | Member of Household | 3 <input type="checkbox"/> | Unaccompanied |
| | | 4 <input type="checkbox"/> | None household member | | | | |
| | | | | | | | Person with whom moved |

SECTION K: SOCIAL PROTECTION

This section covers social protection for all household members

| | | | | | |
|----|---|----------------------------|-----|--|---|
| K1 | Is any member of this household a beneficiary of Social cash transfer program? | 1 <input type="checkbox"/> | Yes | | Social cash transfer program |
| | | 2 <input type="checkbox"/> | No | | |
| K2 | Is any member of this household a beneficiary of Public welfare assistance scheme? | 1 <input type="checkbox"/> | Yes | | Public welfare assistance scheme |
| | | 2 <input type="checkbox"/> | No | | |
| K3 | Is any member of this household a beneficiary of FERTILISER INPUT SUPPORT PROGRAM (FISP)? | 1 <input type="checkbox"/> | Yes | | Fertilizer input support program (FISP)? |
| | | 2 <input type="checkbox"/> | No | | |
| K4 | Is any member of this household a beneficiary of Food Security Pack (FSP)? | 1 <input type="checkbox"/> | Yes | | Food Security Pack (FSP) |
| | | 2 <input type="checkbox"/> | No | | |
| K5 | Is any member of this household a beneficiary of School feeding program? | 1 <input type="checkbox"/> | Yes | | School feeding program |
| | | 2 <input type="checkbox"/> | No | | |
| K6 | Is any member of this household a beneficiary of Women empowerment program? | 1 <input type="checkbox"/> | Yes | | Women empowerment program |
| | | 2 <input type="checkbox"/> | No | | |
| K7 | Is any member of this household a beneficiary of Orphans and Vulnerable Children (OVC) bursary? | 1 <input type="checkbox"/> | Yes | | Orphans and Vulnerable Children (OVC) bursary |
| | | 2 <input type="checkbox"/> | No | | |

SECTION L: HOUSEHOLD TASKS- For all children 5-17 years

I am now going to ask you questions about household chores for children aged 5-17 years

| | | | | | |
|----|--|----------------------------|---------------------------------|---|---|
| L1 | In the last 7 days that is from [DATE] up to [DATE/Yesterday], did (NAME) do any of the household chores below for the household? (Multiple response) | 1 <input type="checkbox"/> | Fetching water | | Household chores |
| | | 2 <input type="checkbox"/> | Fetching firewood | | |
| | | 3 <input type="checkbox"/> | Cooking | | |
| | | 4 <input type="checkbox"/> | Cleaning utensils/ house | | |
| | | 5 <input type="checkbox"/> | Washing clothes | | |
| | | 6 <input type="checkbox"/> | Caring for children/ old/ sick | | |
| | | 7 <input type="checkbox"/> | Shopping | | |
| | | 8 <input type="checkbox"/> | Selling Items | | |
| | | 9 <input type="checkbox"/> | Other household tasks | | |
| L2 | In the last 7 days, how many hours did (NAME) do such household tasks? | 1 <input type="checkbox"/> | Monday | Hours per day _____ _____ _____ _____ _____ | Hours per day spent on household chores |
| | | 2 <input type="checkbox"/> | Tuesday | | |
| | | 3 <input type="checkbox"/> | Wednesday | | |
| | | 4 <input type="checkbox"/> | Thursday | | |
| | | 5 <input type="checkbox"/> | Friday | | |
| | | 6 <input type="checkbox"/> | Saturday | | |
| | | 7 <input type="checkbox"/> | Sunday | | |
| L3 | In the last 7 days, when did (NAME) usually carry out these activities? Read Out Responses FOR CHILDREN ALL AGED 15-17 | 1 <input type="checkbox"/> | In the morning only | | Children working time |
| | | 2 <input type="checkbox"/> | In the afternoon only | | |
| | | 3 <input type="checkbox"/> | In the evening only | | |
| | | 4 <input type="checkbox"/> | Both Morning and afternoon | | |
| | | 5 <input type="checkbox"/> | The whole day | | |
| L4 | In the last 7 days, when did (NAME) usually carry out these activities? Read Out Responses FOR CHILDREN ATTENDING SCHOOL | 1 <input type="checkbox"/> | After school | | School going children working time |
| | | 2 <input type="checkbox"/> | Before school | | |
| | | 3 <input type="checkbox"/> | Both before and after school | | |
| | | 4 <input type="checkbox"/> | On the week-end | | |
| | | 5 <input type="checkbox"/> | During missed school hours/days | | |
| | | 6 <input type="checkbox"/> | During the day after other work | | |

SECTION M: FOOD SECURITY

This section covers food and access to food

READ: Now I am going to ask you questions about food and access to food for this household during the last 12 months, from [month 2023 to Month 2024]

| | | | | | |
|----|--|--|-----------|--|-----------------------|
| M1 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU were worried you would not have enough to eat? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Enough to eat |
| M2 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU were unable to eat healthy and nutritious food? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Unable to eat healthy |
| M3 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU ate only a few kinds of foods? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Ate few kinds of food |
| M4 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU had to skip a meal? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Skip meal |
| M5 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU ate less than you thought you should? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Ate less |
| M6 | During the last 12 months , was there a time when, because of lack of money or other resources, YOUR household ran out of food? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Ran out of food |
| M7 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU were hungry but did not eat? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Hungry |
| M8 | During the last 12 months , was there a time when, because of lack of money or other resources, YOU went without eating for a whole day? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | | Day without eating |

SECTION N: HOUSING AND HOUSEHOLD CHARACTERISTICS

This section covers housing and household characteristics

READ: Now I am going to ask you questions about the housing and household characteristics

| | | | | | |
|-----------|---|--|---|--|--------------------------|
| N1 | In what type of dwelling does the household live? | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Traditional HUT Improved traditional hut Mixed housing unit stand-alone/detached house Flat/ apartment/ multi-unit semi-detached house Servants quarter Guest wing Cottage House attached to/ on top of a shop etc. Hostel Non-residential building (e.g. school classroom, etc.) Unconventional (e.g. Kantemba, Storage container, etc.) Plastic Sheets other, specify | | Type of housing |
| N2 | On what basis does your household occupy the dwelling you are living in? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> | Owner occupied Rented from Local Government (Council) Rented from Central Government Rented from Private Company Rented from parastatal (e.g. ZSIC, NAPSA, ...) Rented from private persons (Landlords) Free from employer Other free housing Other (Specify)... | | Housing occupancy status |
| N3 | How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively) | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 5px;"></div> Number of rooms | | | |

| | | | | | |
|-----------|--|---|--|--------------------------|-------------------------------|
| N6 | What is the main source of energy for lighting in your household? | 1 2 3 4 5 6 7 8 9 10 11 | ELECTRICITY FIREWOOD CANDLE SOLAR Lantern PARAFFIN BIO FUEL TORCH DIESEL BATTERY NONE OTHER | <input type="checkbox"/> | Source of energy for lighting |
| N7 | What is the main source of electricity? (only those who answered 1 in N5 or N6) | 1 2 3 4 5 6 7 | MAIN GRID HYDRO COMMUNITY SYSTEM GENERATOR COMMUNITY SYSTEM COMMUNITY SOLAR SYSTEM SOLAR HOME SYSTEM WINDMILL HOME SYSTEM GENERATOR HOME SYSTEM | <input type="checkbox"/> | Source of electricity |
| N8 | What is the main source of drinking water? | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | PIPED WATER INTO THE HOUSING UNIT PIPED TO NEIGHBOUR (NEIGHBOR'S PIPED WATER) COMMUNAL TAP PROTECTED BOREHOLE UNPROTECTED BOREHOLE PROTECTED WELL UNPROTECTED WELL PROTECTED SPRING UNPROTECTED SPRING SURFACE WATER (RIVER/DAM/STREAM/LAKE/POND/CANAL) RAINWATER WATER KIOSK WATER VENDOR MINERAL/BOTTLED WATER OTHER | <input type="checkbox"/> | Source of drinking water |

SECTION P: FINANCIAL INCLUSION

This section covers Financial Inclusion for **ONE randomly selected** household member aged 15 years or older.

READ: Now I am going to ask you questions about Financial Inclusion

| | | | | | | | | | |
|----|--|---|--|--|---|---|---|--|------------------------|
| P1 | Which of the following are you aware of? <i>Read out; Multiple mention possible</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | Savings Warehouse receipting Insurance Bank Accounts Different uses of debt Credit Guarantee Scheme Movable Collateral Facilities mobile money services Credit Reference Bureau (CRB) Investments Savings groups/ village savings Pensions/ Micro Pensions | | Financial Awareness | | | | |
| P2 | Which of the following documents do you have? <i>Read out; Multiple mentions possible</i> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | National registration card Valid Driver's license Valid Passport Payslip from employer Lease or rental agreement in your name Subscription (e.g. satellite TV) in your name Tax Payer Identification Number (TPIN)/certificate in your name Electricity/water bill in your name Insurance policy Telephone/Zamtel bill in your name Title deed in your name White book in your name Skip if below 16 years | | Documents possessed | | | | |
| P3 | In the last 3 months, did you? <i>Read out; Multiple mention possible</i> | 1 Yes 2 No | | Pay all bills on time 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Use a spending plan or budget 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Have a financial emergency plan 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Have a Financial plan and set goals for the future 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Financial Behavior | |
| P4 | In the past 12 months, about how often did you use the following for paying bills? <i>Multiple Response</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Never Daily Weekly Monthly Less than monthly | Cash 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | ATM/ Debit Card 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Credit Card 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Bank Transfer 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Mobile Money 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Method of paying bills |
| P5 | Which one of these is the most important to have to be able to manage your finances? <i>Read out; Single mention</i> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> | Savings account at a bank Savings at a microfinance institution Loan at a microfinance institution Savings at a savings and credit cooperative (SACCO) or Financial Cooperative Loan at a savings and credit cooperative (SACCO) or Financial Cooperative Chilimba Savings in a savings group Village Bank services Loan from a Village Bank Loan from a savings group Loan from a kaloba/shylock Mobile money services Don't Know | Manage finances | | | | | |

| | | | | |
|-----|--|---|---|----------------|
| P6 | Which of the following do you use to help you manage your money? Read out; Multiple mentions possible | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> | Bank Microfinance institutions (MFIs) Lender Insurance services Pensions Fund Manager Chilimba Saving groups Savings and credit cooperative (SACCO) Village Banking Mobile money services Someone in the community Family/friends Other specify | Managing money |
| P7 | When you use a bank do you use it ...single mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | As an account holder in your name only As a joint account holder As an account holder through a group/association you belong to An account in somebody else's name As a non-account holder using Over the Counter (OTC) services I don't use a bank If answer is 'I don't use the bank', then skip to P9 | Use of banks |
| P8 | Which of the following products or services do you use with a bank? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> | ATM/debit card Money transfer (without using a mobile phone) Mobile banking Current/cheque account Savings account Fixed deposit account Internet Banking Credit Any other products / services not mentioned here (specify) | Services used |
| P9 | What method do you mainly use to pay for food/groceries? <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify, | | | |
| P10 | What method do you mainly use to pay for utility bills (e.g water, electricity) <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify, | | | |

| | | |
|-------------------|--|--|
| <p>P11</p> | <p>How do you usually pay for school fees?</p> <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify | |
| <p>P12</p> | <p>How would you mainly pay for larger goods/appliances such as a radio, TV, furniture or a bicycle?</p> <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet Banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify, | |

| | | | | | | | |
|-----|---|---|--|---|---|---|------------------|
| P13 | <p>If you needed (K500 FOR RURAL / K1,000 FOR URBAN) within three days in case of an emergency, were would you get it from? (minimum values of amount)</p> <p>Single Response</p> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> | Savings Rely on savings group social fund Borrow from a bank Borrow from microfinance institutions Borrow from microlender such as Innovate Borrow from a savings and credit cooperative (SACCO) Borrow from savings group Borrow from moneylender/kaloba/shylock Borrow from family/friends Rely on family and friends for gifts Rely on the community for gifts Sell something that I bought for this purpose Sell something not intentionally bought for this purpose Cut back on expenses Borrow from mobile money Claim insurance Other, specify Don't know Will not be able get it | Sources of funding | | | |
| P14 | <p>How will you mainly ensure that you have money to meet your needs when you are old and cannot work?</p> <p>Do not read out; Single response</p> | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> | Savings Rely on support from children Land/property Own business Rental income Shares Farming/agriculture/livestock Pension Insurance policy Government securities (Treasury bills/bonds) Don't know/have no plans Other specify | Pension and insurance | | | |
| P15 | <p>How often does this statement apply to you?</p> <p>Read out; Multiple mention possible</p> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | <p>Always</p> <p>Often</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p> | I know how much money I need to meet my monthly expenses. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | I keep track of my monthly expenses 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | I split my monthly earnings on consumption, savings and investment. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Financial Skills |
| P16 | <p>Do you understand why Financial Service Providers request for personal information when registering for a service?</p> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | Know your customer | | | |
| P17 | <p>Do you understand fully the terms and conditions for the services offered by your financial service provider?</p> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | Disclosure and transparency | | | |

| | | | | |
|------|---|--|--|-------------------------------------|
| P18 | Are you satisfied with the quality of services that you receive from your financial service provider? Link this to the specific service provider. | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | Fair Treatment and Business Conduct |
| P19 | Do you understand the procedure for lodging complaints in case of a dispute with your financial service provider? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No | Dispute Resolution |
| P20 | Do you own a mobile phone? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> | | | Mobile Money |
| P20B | Do you own a sim card? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> IF NO >>>> P22 | | | |
| P21 | Do you have a mobile money account in your own name? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> | | | |
| P22 | In the last three (3) Months have you used mobile money? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> IF NO >>>>P26 | | | |
| P23 | In the last three (3) months, how often have you used mobile money? Read out; Single mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Daily Weekly Monthly Never >>>>>>>> P26 | Mobile Money |
| P24 | What type of mobile money transaction do you typically make? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | Airtime Recharge Fund Transfer Savings Bill Payments Cash Withdrawal/ deposit Investment Loan insurance | Mobile Monies |
| P25 | On a scale of 1 to 4, Do you find mobile money services to be cheap or expensive? Read out; Single mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Very Cheap Cheap Expensive Very Expensive | Mobile Money |
| P26 | If you save, specify reasons for saving? Read | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | Purchase of Property For Children's Education For Agricultural Purposes | Savings Group |

| | | | | |
|-------------|---|--|--|--------------------------------------|
| | out; Multiple mention | 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | Starting new business Emergencies Repaying Debts Household Expenses Other, specify _____. | |
| P27 | In the last 3 months, have you sent money to anyone? Read out; Single mention 1. Yes 2. No>>>>P28 | | | Remittances |
| P27a | How did you mostly send the money? Read out; Multiple mention 1. Bank transfer/ pay into bank account 2. Through post office 3. Mobile banking 4. International Money Transfer E.g. Western Union/money gram/swift cash/union pay 5. Mobile money 6. Through friends or family 7. Through bus/taxi driver 8. Other specify | | | |
| P28 | In the last 3 months, have you received money from anyone? 1. Yes 2. No>>>>>P29 | | | |
| P28a | How do you mostly receive the money? Read out; Multiple mention 1. Bank transfer/ pay into bank account 2. Through post office 3. Mobile banking 4. International Money Transfer E.g. Western Union/money gram/swift cash/union pay 5. Mobile money 6. Through friends or family 7. Through bus/taxi driver 8. Other specify | | | |
| P29 | In the past 3 months, has (Name) borrowed money from....? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> | A bank A microfinance institution A micro-lender A Savings and Credit Cooperative (SACCO) A Government Scheme/Institution Your employer A family/friend A saving group A village bank A moneylender (Kaloba/shylock) A church or other community based group that you belong to An insurance policy A Pension Fund Building Societies (ZNBS, Pan African Building Society) Other, specify _____. | Source of borrowing money |
| P30 | Which of the following does (Name) have? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> | Savings at a bank Savings at a microfinance Savings at a Savings and Credit Cooperative (SACCO) Savings that you keep on your mobile money account Savings with your employer Savings with chilimba Savings with savings group Savings with a community group or church Savings in the form of cash at home or in a secret hiding place that you are not using for everyday living expenses Savings in the form of cash kept safe by carrying it around (e.g., in waist band/chitenge)- not using it for everyday living expenses Savings by means of money given to a household or family member or friend to keep safe for you | Methods of savings/Investment |

| | | | | |
|------|--|--|---|--------------------------|
| | | 12 <input type="checkbox"/> | Savings by means of money given to someone else for safe keeping (e.g., money guards) | |
| | | 13 <input type="checkbox"/> | Investments in Treasury Bills or Government Bonds | |
| | | 14 <input type="checkbox"/> | Investments in unit trusts | |
| | | 15 <input type="checkbox"/> | Shares on the stock exchange | |
| | | 16 <input type="checkbox"/> | Pension e.g., NAPSA | |
| | | 17 <input type="checkbox"/> | Other, specify. _____. | |
| P31a | Is your savings group linked to a formal financial service provider? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No>>>P32 | Savings group attributes |
| P31b | What kind of financial services and products do you use? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> | Savings account Credit Insurance Mobile banking Investment Other specify _____. | Savings group attributes |
| P32 | (NAME) have you invested your savings so far? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | Yes No>>>SKIP TO NEXT SECTION. | Meth ods of |
| P33 | What is your source of funds for investment? Read out; Multiple mention | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> | Remittances Salary Savings Borrowing Rental income Proceeds from agriculture produce Other specify _____. | Source of Investment |

| SECTION R: HOUSEHOLD EXPENDITURE (FOOD) | | | | |
|---|---|--|--|-----------------------|
| I am now going to find out if this household purchased, consumed own produce or received as a gift the following items in the last 4 weeks. | | | | |
| R1 | In the last 4 weeks, did this household purchase, consume or receive as gift any of the following [ITEM]? | | 1. Yes 2. No | Household consumption |
| | | 1. Onion 2. Cabbages 3. Eggs 4. Breakfast meal 5. Potatoes unpeeled 6. Dried beans 7. Chicken (Fresh) 8. Sugar 9. Cremora 10. Cooking Oil | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

SECTION S: YEARLY NON-FOOD (HEALTH AND CLOTHING)

I am now going to find out if this household paid for medicines, children's clothing and footwear in the last 12 months.

| ITEM ID | S1. In the last 12 months, did this household pay for or receive [ITEM]? | |
|---------|--|----------------------|
| 195 | Medicines | Yes.....1 No....2 |
| 209 | Children's clothing | Yes.....1 No....2 |
| 214 | Footwear (e.g. shoes, sandals, patapata, sofias) | Yes.....1 No....2 |

SECTION T: HOUSEHOLD ASSETS

I am now going to find out if this household owns any household assets.

| | | T1. Does this household own any of the following [ITEM]? | T2. How many [ITEM] does your household own? |
|----|------------------|--|--|
| | | ASK FOR EACH SET OF ITEMS BEFORE MOVING TO T2 FOR ITEMS MARKED YES. 1.YES 2.NO | NUMBER |
| | GENERAL | | |
| 1 | Bed | | |
| 2 | Mattress | | |
| 8 | Color Television | | |
| 9 | Smart Television | | |
| 45 | Axe | | |
| 46 | Pick | | |
| 68 | Car | | |
| 72 | Cattle | | |

**END OF INTERVIEW
THANK THE RESPONDENT**