

**CASH TRANSFER PROJECT - RAPID BASELINE CENSUS**

**FORM A**

Household number:

**Questionnaire processing dates:**

Corrections completed

Data entered

**HOUSEHOLD IDENTIFICATION**

Q001 **Study site references - Main study & CT study:**  main  CT

Q002 **Census district:** \_\_\_\_\_

Q003 **EA:**  **Ward:**

Q004 **Dwelling number (if applicable)**

Q005 **Village:** \_\_\_\_\_

Q006 **Interview zone & location:**  \_\_\_\_\_

Q007 **Name of household head (R4):** \_\_\_\_\_

Q008 **Name of household head (now):** \_\_\_\_\_

Q009 **Category of household\*:**

**INTERVIEWER VISIT**

	1	2	3
Q010 <b><u>Date:</u></b>	_____	_____	_____
Q011 <b><u>Time:</u></b>	_____	_____	_____
Q012 <b><u>Interviewer:</u></b>	_____	_____	_____
Q013 <b><u>Result**:</u></b>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

**CHECKED BY SUPERVISOR**

Q014 **Signature:** \_\_\_\_\_

Q015 **Date:** \_\_\_\_\_

\*HOUSEHOLD CATEGORY

Follow-up household from R4	1
Household refused at R4	4
Household missed at R4	5
New household in the area since R4	8

\*\*RESULT CODES

Completed	1
Other (specify) _____	9

"Now I would like to get some information about all the ADULTS who live in this household" ...

Adults are defined here as being persons aged 18 years and above.

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	RELATED TO H.O.H. (R5a)	SEX	AGE	SURVIVAL STATUS	RESIDENCE STATUS	HEALTH & DISABILITY			
Q016	Q017	Q018	Q019	Q020	Q021	Q022	Q023	Q024	Q025	Q026
	Please give me the names of the adults (aged 18+) who have been staying (physically) in this household on a regular basis (starting with the head of household)? Start with those present at last visit (pre-printed), then add new members. Circle line no. of primary caregiver.	What is the relationship of (NAME) to the head of household?	Is (NAME) male or female?	How old is (NAME)?	Is (NAME) still alive?	Does (NAME) STILL stay in this household on a regular basis?	How many nights has (NAME) slept here in the last month?	Does (NAME) have a chronic illness?	Does (NAME) have any form of disability?	If yes, record form of disability.
		See footnote*	M F	Years	Y N DK	Y N	#	Y N	Y N	Code***

0 1			1 2			1 2 8	1 2		1 2	1 2
0 2			1 2			1 2 8	1 2		1 2	1 2
0 3			1 2			1 2 8	1 2		1 2	1 2
0 4			1 2			1 2 8	1 2		1 2	1 2
0 5			1 2			1 2 8	1 2		1 2	1 2
0 6			1 2			1 2 8	1 2		1 2	1 2
0 7			1 2			1 2 8	1 2		1 2	1 2
0 8			1 2			1 2 8	1 2		1 2	1 2
0 9			1 2			1 2 8	1 2		1 2	1 2
1 0			1 2			1 2 8	1 2		1 2	1 2
1 1			1 2			1 2 8	1 2		1 2	1 2
1 2			1 2			1 2 8	1 2		1 2	1 2
1 3			1 2			1 2 8	1 2		1 2	1 2
1 4			1 2			1 2 8	1 2		1 2	1 2

Tick here, if a further continuation sheet is used:

"Just to make sure that I have a complete listing" ...

Q027 Are there any other persons aged 18 years or more that we have not yet listed - including any adults who have joined the household since we visited you the last time?

\* CODES FOR Q018 & Q029: RELATIONSHIP TO HEAD OF HOUSEHOLD & PRINCIPAL CAREGIVER

\*\*\* DISABILITY CODES

- |                              |   |                                   |
|------------------------------|---|-----------------------------------|
| 01 Head                      | 07 Parent-in-law                        | 13 Paternal uncle                 |
| 02 Wife or husband           | 08 Brother or sister (natural)          | 14/15 Maternal grandfather/mother |
| 03 Son or daughter (natural) | 09 Stepfather/mother (father's co-wife) | 16/17 Paternal grandfather/mother |
| 04 Son or daughter-in-law    | 10 Maternal aunt                        | 18 Other relative/cousin          |
| 05 Grandchild                | 11 Paternal aunt                        | 19 Adopted/foster child           |
| 06 Father/mother (natural)   | 12 Maternal uncle                       | 20 Not related                    |

- 1 Blind or visually impaired
- 2 Dumb
- 3 Mentally disturbed
- 4 Deaf
- 5 Lame (including paralysed)
- 6 Other (specify)

Tick only if the extent of the disability / impairment is such that it seriously affects ability to perform routine work, school and/or other daily functions.

\*\* CHRONIC ILLNESS

Defined as very sick for at least 3 months during the past 12 months where "very sick" is defined as being too sick to work or do normal activities around the house.



"Now I would like to get some information about the children under 18 years of age who live in this household" ...

LINE NO	USUAL RESIDENTS AND REGULAR VISITORS	RELATED TO H.O.H. (R5a)	SEX	AGE	PARENTS SURVIVAL STATUS				SURVIVAL STATUS	RESIDENCE STATUS	HEALTH & DISABILITY				BIRTH REGISTRATION	VACCINATIONS [children under 6 years of age only]	SCHOOL ATTENDANCE [children aged 6-17 years]				
Q028	Q029	Q030	Q031	Q032	Q033	Q034	Q035	Q036	Q037	Q038	Q039	Q040	Q041	Q042	Q043	Q044	Q045	Q046-Q049	Q050	Q051	Q052
	<i>Please give me the names of the children (&lt;18 yrs) who have been staying (physically) in this household on a regular basis (starting with the head of household)? Start with those present at last visit (pre-printed), then add new members. Circle line no. of primary caregiver.</i>	<i>What is the relationship of (NAME) to the head of household?</i>	<i>Is (NAME) male or female?</i>	<i>How old is (NAME)?</i> <small>Record months if &lt;1yr</small>	<i>Is (NAME)'s NATURAL BIOLOGICAL father still alive?</i> <small>Tick "BC" if checked identity - birth certificate.</small>	<i>Is (NAME)'s NATURAL BIOLOGICAL mother still alive?</i> <small>Year died.</small>	<i>Is (NAME) still alive?</i> <small>Year died.</small>	<i>Does (NAME) still live in this household on a regular basis?</i>	<i>How many (NAME) slept here in the last month?</i>	<i>Does (NAME) suffer from a chronic illness?</i>	<i>Does (NAME) have any form of disability?</i>	<i>If yes, record form of disability, certificate?</i>	<i>Does (NAME) have a birth certificate?</i> <small>If yes, ask to see certificate.</small>	<i>Why does (NAME) have a birth certif??"</i>	<i>Does (NAME) have a child health card?</i> <small>If yes, ask to see the card.</small>	<i>If child health card seen, copy the details onto the form below.</i> <small>If no child health card is available, ask respondent whether (NAME) has received the vaccinations.</small>	<i>Is (NAME) currently enrolled in school? If yes, go to Q52.</i>	<i>Why (NAME) not enrolled in school? Go to Q53.</i>	<i>In the last 20 SCHOOL days, how many (NAME) miss school?</i>		

Code*	M	F	Yrs	Mths	Y	N	DK	BC	Yr	Y	N	DK	BC	Yr	Y	N	#	Y	N	Y	N	Code (p2)	Y	Y	N	Code**	Y	Y	N	BCG	Measles	Polio	Diphtheria	Y	N	Code***	#
																							seen	not seen		seen	not seen	Y	N	Y	N	No.	No.				

10	1				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	2				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	3				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	4				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	5				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	6				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	7				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	8				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
10	9				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		
11	0				1	2	8			1	2	8			1	2	8			1	2		1	2	3			1	2	3	1	2	1	2			1	2		

Tick here, if a further continuation sheet is used:

"Just to make sure that I have a complete listing" ...

Q053 Are there any other persons such as small children or infants that we have not yet listed? Number:

Q054 Are there any other family members or other people who usually stay elsewhere, but who sleep here from time to time and stayed overnight within the last month? Number:

\* CODES FOR Q029: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 Head
- 02 Wife or husband
- 03 Son or daughter (natural)
- 04 Son or daughter-in-law
- 05 Grandchild
- 06 Father/mother (natural)
- 07 Parent-in-law
- 08 Brother or sister (natural)
- 09 Stepfather/mother (father's co-wife)
- 10 Maternal aunt
- 11 Paternal aunt
- 12 Maternal uncle
- 13 Paternal uncle
- 14/15 Maternal grandfather/mother
- 16/17 Paternal grandfather/mother
- 18 Other relative/cousin
- 19 Adopted/foster child
- 20 Not related

\*\* CODES FOR Q044: REASON FOR NOT HAVING BIRTH CERTIFICATE

- 1 Parent(s) has no birth/death records
- 2 Parent(s) not Zimbabwean
- 3 Child born outside Zimbabwe
- 4 Child born out of wedlock
- 5 Transport costs
- 6 Distance to registration office
- 7 Not got around to it yet
- 8 No hospital birth record (lost or not born in hospital)
- 9 Birth certificate lost
- 10 Registration process takes too long
- 11 Other \_\_\_\_\_

\*\*\* CODES FOR Q051: REASON NOT ENROLLED IN SCHOOL

- 1 Not yet started school
- 2 Insufficient funds
- 3 Found job
- 4 Inadequate exam passes
- 5 Needed to help at home
- 6 Marriage
- 7 Pregnancy/childbirth - voluntary
- 8 Pregnancy - expelled
- 9 Expelled from school - other
- 10 Had to look after sick relative
- 11 Disability (type) \_\_\_\_\_
- 12 Other \_\_\_\_\_

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q055	What is the main source of drinking water for members of your household?	Piped into residence	1	<input type="checkbox"/>
		Private tap in yard or plot	2	<input type="checkbox"/>
		Communal tap	3	<input type="checkbox"/>
		Own well or borehole	4	<input type="checkbox"/>
		Other well or borehole	5	<input type="checkbox"/>
		Protected spring	6	<input type="checkbox"/>
		Other (specify)	8	<input type="checkbox"/>
Q056	What kind of toilet facility does your household have?	Flush toilet	1	<input type="checkbox"/>
		Blair toilet	2	<input type="checkbox"/>
		Pit latrine	3	<input type="checkbox"/>
		Other (specify)	4	<input type="checkbox"/>
		No facilities	5	<input type="checkbox"/>
				- Q058
Q057	Is this toilet facility used by members of your household alone, shared with neighbours, or is it communal?	Household alone	1	<input type="checkbox"/>
		Shared with neighbours	2	<input type="checkbox"/>
		Communal	3	<input type="checkbox"/>
Q058	<u>Record house type.</u>	Pole and dagga structure	1	<input type="checkbox"/>
		Brick house - thatched roof	2	<input type="checkbox"/>
		Brick house - tiled/sheeting roof	3	<input type="checkbox"/>
		Cabin/other	8	<input type="checkbox"/>
Q059	<u>Observe and record type of floor of the main dwelling.</u>	Natural floor (earth/sand/dung)	1	<input type="checkbox"/>
		Rudimentary (planks/palm/bamboo)	2	<input type="checkbox"/>
		Finished (wood/cement/carpet...)	3	<input type="checkbox"/>
Q060	Does your household have: Electricity? A refridgerator? A radio? A television?		<u>Y</u> <u>N</u>	
		Electricity	1	2
		Refridgerator	1	2
		Radio	1	2
		Television	1	2
Q061	Does any member of your household own? A bicycle? A motorcycle? A car? A tractor? A scotch kart?		<u>Y</u> <u>N</u>	
		Bicycle	1	2
		Motorcycle	1	2
		Car	1	2
		Tractor	1	2
		Scotch kart	1	2
Q062	How many of the following does your household own?	Cattle		<input type="checkbox"/>
		Goats		<input type="checkbox"/>
Q063	How many hectares of land does your household have under cultivation? <u>Round to nearest 0.1 of a hectare.</u>	Maize, casava, sorghum		<input type="checkbox"/>
		Cotton		<input type="checkbox"/>
		Other crops (specify) _____		<input type="checkbox"/>
		Vegetable garden		<input type="checkbox"/>

## CASH TRANSFER PROJECT - EXTERNAL ASSISTANCE FOR OVC

Q064	Is your household currently receiving any external assistance to help care for orphans or vulnerable children?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	- End
Q065	<u>List line numbers of children for whom assistance is received.</u>				
Q066	From what source(s) is the assistance received?		<u>Y</u> <u>N</u>		
		Family member (non-resident)	1	2	
		Friend	1	2	
		BEAM	1	2	
		Other government scheme	1	2	
		NGO (specify) _____	1	2	
		Faith-based organisations	1	2	
		Local community groups	1	2	
		Other (specify) _____	1	2	
Q067	What form does the assistance take?		<u>Y</u> <u>N</u>		
		Cash	1	2	
		Direct payment for services - school fees	1	2	
		Direct payment for services - other	1	2	
		Clothes or other supplies	1	2	
		Psychosocial support for child	1	2	
		Food and/or seed	1	2	
	<u>Tick more than one box if appropriate.</u>	Other (specify) _____	1	2	