OKELLO JOHN PAUL   **15/U/11991/EVE**

REPORT

DETERMINANTS OF HOUSEHOLD POVERTY:

A CASE STUDY OF KIKONI

LIST OF ACRONYMS

FAO   Food And Agricultural Organization

GoU   Government Of Uganda

MFPED   Ministry Of Finance, Planning And Economic Development

NAADS   National Agricultural Advisory Services

NGOs   Non-Governmental Organizations

NURP   Northern Uganda Recovery Program

PAP   Poverty Alleviation Project

PEAP   Poverty Eradication Action Plan

PSR   Poverty Status Report

SACCOS   Savings And Credit Cooperative Organizations

SAGE   Social Assistance Grant For Empowerment

UBOS   Uganda Bureau Of Statistics

UNDP   United Nations Development Programmed

USE	Universal Secondary Education

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter contains the background to the study, statement of the problem, purpose, study objectives, research hypothesis, scope and significant of the study.

1.1 Background to the study

The 2014 census revealed that a total of 34.9 million people, an increase of 10.7 million people from 24.2 million given by 2002 census (National planning and housing census, UBOS, 2014)

Uganda is one of the poorest countries in the world with a per capita income of about US$350(Poverty Reduction Report, World Bank report, 2009)

Uganda is also one of the poorest in sub-Sahara Africa. More than 80 percent of Ugandans poor live in rural areas UNHS (2010), and poverty alleviation programs in the last decade have been mainly implemented in the rural areas. This study will carry out an analysis of determinants of households in Kikoni, in terms of their economic and demographic characteristics and other

Uganda has made enormous progress in reducing poverty, slashing the countrywide incidence from 56 per cent of the population in 1992 to 24.5 per cent in 2009. The reduction of poverty in urban areas has been especially marked. Notwithstanding these gains, however, the absolute number of poor people has increased due to population growth

Uganda Poverty Status Report (2014), rural poverty is seen as the major components of poverty in Uganda because the rural poor include of hundreds of subsistence farmers living in the remote, scattered areas throughout the country. Remoteness makes people poor in as much as it prevents them from benefiting from country's economic growth and dynamic modernization. In this remote rural areas small holder farmers do not have access to the vehicles and roads they need to transport their produce to marketing areas are weak or non-existence. Empirical evidence also shows that the poor are characterized by ill-health, low esteem, low education, high mortality rate among others.

Poverty alleviation is a key policy debate in recent development literatures. Poverty is a multidimensional social phenomenon whose definitions and causes vary by age, gender, culture, religion and other social and economic context.

Poverty is also a pre-dominantly rural phenomenon. Rural residents commonly face cyclical and structural constraints including dependence on seasonal rain-fed agriculture and lack of irrigation schemes, low levels of inputs to improve productivity, limited or poor extension services, unavailability of credit, absence of infrastructures and lack of market linkages. At the same time, they are confronted by limited access to adequate public services-education, health care and safe drinking water.

1.2 Statement of the problem.
Poverty in Uganda has been reducing since 1990's, however over 7.1 million Ugandans still live in absolute poverty, UNHS Report (2013). Uganda remains one of the poorest countries in the world.

It's against this background that the researcher is prompted to assess the determinants of poverty in Kikoni.

1.3 Objectives of the study.
1.3.1 General Objective.

The overall objective of this study is to ascertain the determinants of poverty in Kikoni.

1.3.2 Specific Objectives.
i) To assess the impact of household size on poverty.

ii) To examine how variations in the levels of education impact on one's income.

iii) To assess the impact of Health conditions on the household incomes.

1.4 Research hypotheses.
The followings are the hypotheses of this proposed study.

Ho: Household size has no impact on the level of poverty.

Ho: The variations in the level of education attained does not cause poverty.

Ho: Health conditions of individuals have no impact on household poverty.

1.5 The scope of the study.
1.5.1 Subject scope.

The study covered the determinants of poverty in Kikoni.

1.5.2 Geographical scope.
The study was carried in Kikoni, Makerere

1.6 Significance of the study.
The study will contribute useful information to the already existing pool of knowledge on the determinants of household poverty. Other researchers may use the findings of this study as a source of Literature review.

It will provide unknown information to the policy makers in Uganda to improve on household income levels.

CHAPTER TWO

LITERATURE REVIEW

2.0   Introduction
This chapter presents a review of literature on the study. This chapter examines the already written information on the study problem and this will be done in sub sections that reflect research objectives and research hypothesis.

2.1 Theoretical framework.
Poverty refers to the situation where there is lack of the basic necessities of life and these include food, shelter, medical care and safe drinking water. These are generally referred to as the shared value of human dignity, Alcock. P (1993). The world Bank report (2009) defined poverty as a condition of not having the means to afford the basic needs such as clean water, nutrition, health care, education and decent shelter. This is also known as absolute poverty

while Dercan (2003), defined Relative poverty as a condition of having the basic needs of life but without the capacity to access the essential needs of life or possession of fewer resources or income than other people or communities.

According to Miguel Valentine (1968), Poverty refers to the essence of inequality among the people. What is a necessity for one individual may not be a necessity for the other?

Poverty at its broadest level can be conceived as a state of deprivation prohibitive of decent human life. This is caused by lack of resources and capacities to acquire basic human needs as seen in many, but often mutually reinforcing parameters which include malnutrition, ignorance, prevalence of diseases, squalid surroundings, high infant, child and maternal mortality, low life expectancy, low per capita income, poor quality housing, inadequate clothing, low technological utilization, environmental degradation, unemployment, rural urban migration and poor communication, World Bank Report (2008). Poverty is caused by both internal and external factors. Whereas the internal causes can be clustered into economic, environmental and social factors, the external causes relate to international trade, the debt burden and the refugee problem.

2.2 Empirical Literature on poverty
This section of literature reviewed a lot more on what other researchers and most text books have reported about the determinants of poverty.

2.2.1 Household Size in relation to poverty

A typical household usually consists of several individuals with different characteristics, including economic capacity, which ultimately determine the economic capacity of the household as a unit. Consequently, a change in a household's composition will affect its economic capacity and condition UBOS statistical abstract (2014).

Jonathan Haughton and Baulch Bob (2004), the Cambodian Socio-economic Survey shows that the poor tend to live in larger households with an average family size of 6 persons. The degree to which a household's economic capacity and condition change due to a change in household composition depends very much on the nature of the change in composition. The death of a

small child in a household may have little effect, but the death of a breadwinner can have a profound effect on the economic capacity and condition of the household. It is most likely that a change in household composition will simultaneously produce both positive and negative effects on a household's economic capacity and condition. The net effect, therefore, will be determined by the difference between these offsetting effects. For example, the death of a Breadwinner will have a negative effect on a household's economic capacity through the loss of earning capacity of the deceased individual. At the same time, however, it will have a positive effect on the household's economic capacity through the loss of the deceased individual's consumption needs. In this case, the net effect will most certainly be negative since the loss in potential earnings will far outweigh the reduction in consumption needs.

The big family size in form of additional children and other dependents results into a decline in the labor force participation of parents as well as in the decline of their earnings. Evidence also show that not only does poverty incidence increase but poverty gap and poverty severity rise as well. OrbetaAniceto Jr. C. (2006). On the other hand, the addition of a working adult to a household will most likely have a positive effect on a household's economic capacity and condition. When a working adult joins a household, he or she brings additional earning capacity to the household. At the same time, he or she adds to the consumption needs of the household. As long as the gain in earning capacity exceeds the increase in consumption needs, the household benefits from the addition to its members.

For demographic composition characteristic in particular, they find that an increase in Household size is likely to place an extra burden on the family and is expected to have a positive relationship with chronic poverty. The main determinants increasing the likelihood of chronic poverty include the movement of family members in and out of households as a result of increases in the dependency ratio, mortality, number of children, grandchildren's presence in the nuclear household, gender and household structure such as single parent and elderly headed households, whether the household is a member of a marginalized group, i.e. a disadvantaged ethnic group, particular castes/tribes or the disabled.

Woolard and Klasen's (2005) study on poverty dynamics and household dynamics in South Africa finds that there are three poverty traps that hamper the poor in moving out of poverty, namely large initial household size, poor initial education, and poor initial participation in the labor market.

2.2.2 Education and poverty.

Education is a fundamental human right as well as a catalyst for economic growth and human development, Okidi (2004). Meanwhile, education can also increase the labor productivity and wage rate of the individual and also have an impact on cultural identity, human capabilities and agency. It enables individuals to make the most of other assets and negotiate new and difficult environments. People with education are more likely to have socioeconomic resilience during a conflict -finding new livelihood options, adjusting to displacement and/or accessing safety and new livelihood options through migration. Following periods of insecurity, they are abler to use other assets to rebuild their lives.

Okurut (1999) in his study, discovered that the poor households in the eastern region hold order the house hold need the levels of education of the house hold need was found to be a significant cause of poverty in Uganda. House hold with head that were more educated were less poor. The poor house hold did not have access to credit and they were the rural.

Ayana Douglas Hall and MichealChau (2007), Higher Education is one of the most effective ways the parents can raise their family's incomes. There is clear evidence that higher evidence that higher educational attainment is associated with good corporate jobs that earn high income hence no poverty experienced in such families whose heads have attained higher level of education.

Kate Bird and Kate Higgins (2009), People with at least even two years of education are described as being more likely to educate their children and to take their children to the local clinic when they were sick. Educated respondents said they saw the value of education and were more likely to strive to educate their own children there is significant evidence of intergenerational transmission of educational attainments from adults to the children in their care.

Education also helps significantly in enabling people to work in non-farm self-employed activities, which are also represented disproportionately among the highest income quintile.

Education is a key human capital asset, Okojie (1998), It is important because of its ability to increase the labor productivity and wage rate of the individual but also because of its impact on cultural identity, human capabilities and agency. Education can play an important role in enabling individuals to make the most of other assets and to negotiate new and difficult environments. Following periods of conflict and insecurity, people with formal education may be abler to use their other assets to rebuild their lives, exiting poverty more rapidly than individuals without education.

The education and absolute poverty will be inversely related: the higher the level of education of the population, the lower would be the proportion of poor people in the total population, as education imparts knowledge and skills that are associated with higher wages. In addition to this direct effect of education, the effect of education on poverty could be indirect though its influence on fulfillment of basic needs like better utilization of health facilities, water and sanitation, shelter etc., and on labor force participation, family size, etc., which in turn enhance the productivity of the people and yield higher wages and reduce inequality in earnings.

Lack of education was listed as one of the largest causes of poverty in Ugandan households because it leads to reduced income generating opportunities, particularly for women who have more illiterate rates than men GoU, (1999). Education is seen by the poor as a route out of poverty as it has been seen to employment and business opportunities. There is evidence to show that during this last decade as the gender gap in access to primary education has been reducing, the gender gap in ownership of business has shifted, especially in sectors that do not require high levels of education.

In recent years, attempts to explain gender inequalities in the accumulation of human capital have focused on the key role of household decision making and the process of resource allocation in households. Family outcomes (e.g. intra household resource allocations) are the result of behavioral decisions taken in the light of a number of factors which are not observed by researchers and policymakers Behrman (1998).

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Inadequate investment in human capital is caused partly by poverty which in its turn contributes to its perpetuation. Various determinants of investment in human resources and their relation to poverty are found in the simple Becker-Woytinsky lecture framework for the demand and the supply of human capital Behrman (1998). For poor families, demand for education will be low the lower public expenditure on education, the lower parents' educational attainment, and the less the availability of non-earned income. Poverty can make parents discount future earnings very heavily. They may therefore limit human resource investment in their children and reinforce transgenerational poverty links. All other things equal, poverty may have an impact on schooling investments through the supply side since the poor are less likely to have access to funds or to incur higher transportation costs to schools of given (better) quality. Thus from both the supply and demand sides, poverty leads to lower human capital investment in children thereby promoting intergenerational transmission of poverty.

Evidence from West Africa also suggests that poverty may contribute to the gender gap in access to education Appleton (1996).

Atolagbe (1999) As shown in the human capital model, households need to be able to afford school fees and the loss of child labour. Poor households may be unable to afford to educate all their children, they therefore give preference to boys because they perceive higher benefits of boys' education in the labour market. Poorer households may also be more dependent on their offspring for greater support in old age and they are more likely to invest in sons if customs dictate that it is sons who should provide old age support. Thus to the extent that education is not regarded as an investment good for girls, poor parents will be less willing to allocate resources to give their daughters its consumption benefits. Poorer households are also less able to afford domestic help and therefore make greater use of the child labour of their daughters in domestic work which reduces their attendance in school resulting in poor academic performance.

2.2.3 Relationship between a person's Health status and Poverty.

The relationship between poverty and ill-health is not a simple one. It is multi-faceted and bidirectional. Ill-health can be a catalyst for poverty spirals and in turn poverty can create and perpetuate poor health status. The relationships also work positively. Good physical and mental health is essential for effective production, reproduction and citizenship, while productive livelihood strategies and risk management are critical to safeguarding individual and household health status, (Harpham Grant (2002),

Hulme Lawson (2003), in his view stated that as with poverty, ill-health affects both the individual and household, and may have repercussions for the wider community too. Sudden or prolonged ill-health can precipitate families into an irretrievable downward spiral of welfare losses and even lead to the breakdown of the household as an economic unit and hence there is always a vicious cycle of poverty in such families,

Poor households in developing countries are particularly vulnerable and problems of ill-health can be viewed as inherently part of the experience of poverty. This is exemplified by CPRC research in Uganda, am poor because I have nothing in my house; no husband, no blanket, no cooking utensils. I have to beg for food. I can't pay fees for my child. Besides, I am always sick' (a Ugandan woman in Bwaise a Kampala suburb). LwangaNtale and McClean, (2003). This means that ill-health should not only be responded to in terms of its medical components but must be seen and therefore treated as part of the wider socio-economic and political response to poverty reduction.

Kyegombe (2010) identifies 5 main dimensions through which aspects of ill-health interact with other components of poverty: poor nutrition, poor shelter, poor working conditions, health care costs. The poorest people in most societies almost always experience higher morbidity levels, die younger (on average) and experience higher levels of child and maternal mortality (Hulme Lawson (2009). This reflects years of grinding poverty and associated long-term health problems. 'The poverty ratchets model suggests that sickness impoverishes already poor households, which are plunged into a progressive spiral of declining health and economic status and so they remain poor.

The low capabilities of poor individual's low nutritional status, hazardous living and working conditions, inability to afford to adequately treat illnesses mean that ill-health shocks are more often repeated for poor individuals GoudgeGovender, (2000) and they take longer to recover from. For example, the mean duration of illness for the poorest quartile of a sample population in Ethiopia was 1.6 times longer than that of the richest quartile Asfaw (2003). Poor people are often unable to insure their household economies against shocks, and so tend to experience temporary or long-term welfare losses. (Pryere2003) Rates of decline may affect the ability of a household or individual to 'bounce back but this will depend in large measure on how capabilities are affected over time. Nussbaum (2000) distinguishes between: 1) 'basic capabilities' generally from birth; 2) 'internal capabilities' which are developed states of the person; 3) 'combined capabilities' which require an appropriate political, economic and social environment for their exercise. DeJong (2003), in health many capabilities are inter-dependent. Maternal malnutrition may contribute to child malnutrition for example. When malnutrition affects a young girl's development this may later lead to subsequent reproductive health problems which may later affect her own children. Thus, over time vulnerability is increased. This may be experienced through reduced income and accumulation, increased expenditures and indebtedness, reduced child's education and increased malnutrition, as well as other long term impacts on social capital, such as stressed friendships and household relations. The psychological costs of poor health and poverty declines may be unquantifiable, but are intuitively significant although this remains a poorly researched area.

Evidence from eight countries shows that the poor pay proportionately more of their income on health care than do middle income or wealthier groups, Fabricant (1999). Goudge and Govender, (2000), when an illness is costly to treat, (expensive drugs, significant hospitalization or recurrent treatment), the direct and indirect costs can become an irrecoverable drain on household income and assets. This will be exacerbated if funeral costs are also incurred. If households fall below a threshold from which a livelihood can be generated they may become impoverished. This scenario is particularly acute in the case of adult illness. The poor are less likely to be formal sector workers with access to sickness benefits or formal or informal health

insurance. Credit is often hard to obtain, certainly at sufficient levels, and this combination of factors can lead individuals and households into crippling indebtedness.

Pryer (2003), Poorer people often delay treatments (and therefore payment) for as long as possible or until a critical point is reached, at which point the problem may have developed and be harder to treat quickly. Health shocks also often require individuals and households divesting their physical assets. Equipment, tools, and possessions can be sold and houses mortgaged or let in times of dire need. In contexts where sick people are already living in poor conditions this can stress households to breaking point. If household goods are being sold, resources tend to be redirected to meet short-term consumption/survival needs to the detriment of longer term investments (such as productive assets, and education) with implications for a household's future.

These negative spirals are not confined to those that are already very poor. Prolonged illness can rapidly uncover household or individual vulnerabilities and their edge over poverty can be eroded. Physical assets provide a buffer during good times but can be quickly sold off or mortgaged. If illness is then prolonged, their ability to remain productive is weakened. Movement out of poverty must be supported long enough to become established or it remains very fragile Ruthven and Kumar, (2003)

Uganda's Poverty Line.

The poverty line in Uganda was developed in Appleton (1999) and has since formed the basis for analysis of income poverty of the household survey data collected by UBOS. The poverty line follows the cost of basic needs approach presented in Ravallion and Bidani (1994) and consists of food and non-food component.

Uganda's poverty line by UBOS in the statistical abstract (2010/11) is about $1.2 (4,380/=)

Research gaps and conclusions.

Wooland and klasens(2005), study on income mobility and poverty dynamics in South Africa, a states that there are 3 poverty traps that hamper the poor in moving out of poverty, namely

large initial household size, poor initial Education, poor initial participation in the labour market. Larger Household sizes in the rural settings is an abundant source of cheap labour force in Agriculture which increases production of both food and cash crops which are sold to generate income to provide for the children school fees to acquire necessary Education and the required skills in the Labor market. This is one way of fighting poverty. The money realized from the sale of food and cash crops is also used to meet medical bills if na person falls sick in a family.

The Government of Uganda (1999) found out that the major cause of poverty in Uganda is lack of Education. (Uganda youth statistics) Encyclopedia of Urban ministry, Uganda Youth Workers institute in (2013) their study on youth unemployment put Unemployed youth at 83% and this is even higher among the youth with formal degrees. This indicates that education is not a sufficient condition to avert poverty in our society.

Corbel, 1989 states that the poverty ratchets model suggests that sickness impoverishes already the poor households which are plunged into a progressive spiral of declining wealth and economic status. We have seen a number of rich and capable individuals battling with cancer, diabetes, Hiv/Aids which indicates that not only the poor suffer from prolonged illnesses.

In conclusion, in order to reduce poverty, it calls for every individual to step up and take on productive economic activities that can generate income that necessitate savings and investment which in the long run leads to capital accumulation.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section presents the design, population and area of study, sample and sampling procedures, data type and source, data collection methods and instruments, data analysis and anticipated challenges.

3.1 Research design.

This research will employ descriptive study design. This is preferred because the researcher will find it easy to study the variables which will simplify the process of data analysis.

3.2 Population and area of study.

This research will be carried in Kikoni, Kampala. The reason for the choice of Kikoni is because many people are highly living in poverty.

3.3 Sample size and sampling procedure.

Data on households will be collected from households in Kikoni. Sampling units will be selected using simple random sampling technique because it reduces bias and improves efficiency among the data. The sample size will be determined as below;

Estimate Population Kampala and that of Kikoni

Proportion (P)= (population of Kikoni)/ (population of Kampala), Q=1-P

This sample size will be obtained at a 95% C.I corresponding to Z-value (1.96) and will allow maximum error of the 5% deviation from the result. Sample will be obtain using Cochran formula given below;

$n=(Z_{\alpha/2}/\varepsilon)^2PQ$

where n=sample size

z=standard normal value corresponding to the desired level of confidence

P=proportion of respondents with required skills

Q=proportion of respondents without required skills

ε^2 is the maximum allowable error. Therefore, the sample size will be calculated using the formula above.

3.4 Data type and source.

The researcher will use primary data obtained from oral interview and other information from key informants from those respondents who cannot read and write. The researcher will use self-determined questionnaires to the rest of the respondents who are literate. Secondary data sources will include official reports of UBOS.

3.5 Data collection methods

The data will be collected through questionnaires administered to the heads of households to collect data household demographics, education, income, other economic issues and assets (land and household properties)

Structured interviews will also be used for respondents who cannot read

3.6 Data analysis

After collecting data, it will be edited with a view of checking for accuracy and completeness. Final analysis on poverty will be made for enhancement of necessary conclusion and policy recommendations. The descriptive and statistical analysis will be conducted basing on data and information collected from primary source.

Quantitative data will be analyzed using the STATA and SPSS software to compute regressions, percentages, tabulations and cross tabulation of responses. STATA and SPSS will be used because they can accommodate data from almost any type of file and use them to generate tabulated report, charts, perform descriptive statistics and conduct complex statistical analyses

3.7 The empirical model.

To ascertain the determinants of household poverty, the researcher will adopt and use binomial Logit model since it is an appropriate technique to observe the likelihood of a

household for being poor or a risk of the household on entering or escaping poverty. The paper will use a model to analyze the probability likelihood of the household being poor in relation to some independent variables.

Logit(P) = β_0+ $\beta_1 X_1$+ $\beta_2 X_2$+ $\beta_3 X_3$+e

Where

X_1, X_2, $X_3$are the determinants of poverty

β_1, β_2, β_3 are the coefficients of the determinants of poverty, e is the error term.

Table 1: determinants of poverty that was used in the model and their values.

	Description	Definition
Dependent Variable		
Poor	Poverty	1=Household being poor 0= Otherwise
Independent variables		
Household size	Size of household	Continuous
Health status	Household health status	1= poor 2= otherwise
Education level	Level of education attained	1= no education 2= primary 3= secondary 4= tertiary and above

3.8 Ethical consideration
To avoid delays and suspicion, the researcher obtained an introductory letter from the Department of Population Studies Makerere University which was presented to the respondents. The researcher will assure the respondents to maintain a high degree confidentiality which helped the researcher to obtain valid information.

3.9 Anticipated challenges

Finance constraints. Financing the research process was costly in terms of transport cost, feeding, printing questionnaires and processing of the proposal and research report. To

overcome this problem, I will do most of the work by myself to minimize cost and solicit funds from my friends, parents and relatives

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions from the study.it also contains recommendations, which in my opinion can help to overcome poverty specifically in Kikoni Makerere.

The research findings have confirmed the observed phenomenon that the people of Kikoni are living in poverty.

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Appendix 1: Questionnaire
Introduction

I am Okello John Paul a student of Makerere University pursuing a Bachelor Degree in Computer Science investigating the determinants of household poverty. Therefore, I wish to request you kindly to spare some time and answer the questions below as honestly as possible by ticking or filling in the spaces provided. The information given will be purely for Academic purposes and will be treated confidentially. I will be grateful for your corporation.

Part 1: Bio Data.

1) Sex of the respondent

   1) Male ☐   2). Female ☐

2) Age of the respondent in years

   1) 18-35 ☐ 2). 36-60 ☐). Above 60 ☐

3) Marital status of the respondent

1) Single ☐ 2) Married ☐ 3) Divorced ☐

4) Educational Level of respondent

1) Primary ☐ 2) secondary ☐ 3) Post-secondary ☐

5) Occupational characteristics of the respondent

1) Business ☐ 2) civil servant ☐ 3) Farmer ☐ 4)others/specify…………………

Part 11: Household characteristics.

6) The household head is;

1) Male ☐ 2) Female ☐

7) Household size (number of people)

1-3 ☐ 4-6 ☐ 7-9 ☐ 0 and above-12 ☐

8) How much do you use per day on consumption in Ugx?

Less than3000 ☐ 3001-5000 ☐ 001-10000 ☐ above 10000 ☐

9) How any meals do you have on a day?

Once ☐ twice ☐ hrice ☐

Part Iii: Health Characteristics

10) Do you have any regular infection/sickness in the household?

1) Yes ☐ 2) no ☐

b) If yes estimate the average monthly amount incurred when visiting the hospital facility in Ugx.

50000-100000 ☐ 100001-500000 ☐ 00001-1000000 ☐ a☐ve1000000 ☐

11) How many children share a room at night?

1-3 ☐ 4-6 ☐ 7 and above ☐

12) Over the last 12 months, how would you rate your health?

Good ☐   fairly good ☐   not good ☐

13) What is the state of your house?

Good ☐ Adequate ☐ Poor ☐

14) Have your health problems or the health problems of anyone in your household been caused/ made worse by housing situations.

Yes ☐   no ☐

Part 111: Perception on poverty.

15) What are the causes of poverty in your area?(please tick as many as you think)

Big families ☐ No education ☐ Poor health ☐ Laziness ☐

Unemployment ☐ Corruption ☐ poor economic infrastructure like roads ☐

16) What are some of the roles of the government on reducing the levels of poverty among the people in your area?(can tick more than one)

Fighting corruption ☐ Training farmers ☐ monitoring government programs ☐

Provision of enough fund(SACCOS) ☐ Making community consultations ☐