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INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE (IFPRI)
IMPACT EVALUATION OF COMMUNITY ADVOCACY FORUMS (BARAZAS) IN UGANDA
HOUSEHOLD QUESTIONNAIRE

INTRODUCTION TO BE GIVEN TO THE RESPONDENT:

Hello. My name is _____. I am working for International Food Policy Research Institute (IFPRI), an organization that conducts research on development challenges related to accessibility to agricultural goods and services, markets, health services, education services and other infrastructure in Uganda and elsewhere. We are here to request your participation in a study that we are conducting with the Office of the Prime Minister (OPM) throughout Uganda. This is part of a research program which will run up to 2017. Our objective is to understand the public services accessible to households in rural areas, understand the constraints you face and how the government can improve the services you get. Thus, the questions I would like to ask you will help us to understand how you interact with service providers and others people in the district who have responsibility to serve you. Through conducting this study on over 11,000 Ugandan households, we hope to obtain information which will help the government of Uganda and other stakeholders to promote better policies and actions that improve livelihoods of households.

I would like to inform you that your participation in this study is voluntary. You may choose to discontinue this interview at any time or skip any questions that you think make you uncomfortable but there is no effect or penalty to that. While you do not gain any direct benefit from participation, this will benefit you in the long run as it will influence the government policy on how best to serve citizens. I would also like to assure you that the information you provide to us will be kept confidential at all times and that your answers will be used only as aggregate with other responses collected across the country to gauge public service delivery in Uganda. I am therefore requesting for about one hour of your time to talk to you.

Can I go ahead?

Yes

☐

No

☐

In case you need more information, you can contact Dr. N. Kabunga (PhD) – IFPRI Kampala; Mob: 0772 341 960

SECTION A: IDENTIFICATION AND BASIC INFORMATION

A1: SURVEY INFORMATION:

Survey staff	Name	Staff ID	Date started		
			Day	Month	Year
A1.1. Enumerator					2015
A1.2. Supervisor					2015

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A2: Location Identifiers

A2.1. Region:	
A2.2. District:	
A2.3. Subcounty:	
A2.4. Parish:	
A2.5. Village:	
A2.6. GPS coordinates:	

A3: Respondent information

A3.1. Contact number (**Enter 10 zeros if household does not have telephone contacts**)

A3.2a. Is the contact number owned by the household head 1. Yes → [A3.3] 2. No

A3.2b. What is the relationship of the owner of the contact number with the household head?

- | | | | |
|-----------------|-------------|------------------------------|-------------|
| 1 = spouse | 2 = parent, | 3 = son/daughter | 4 = sibling |
| 5 = grandchild, | 6 = cousin | 7 = other relative (specify) | |

A3.3. District of origin of household head

A3.4. Tribe/Ethnicity of household head

A3.5. Religion of household head:

- | | | |
|--------------------------|--------------------|----------------|
| 1. Christian (all types) | 2. Islam | 3. Traditional |
| 4. None or atheist | 5. Other (specify) | |

A3.6. Highest education level of household head

A3.7. Main language spoken in the household

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A4: Household information

A4.1. Total number of household members

1	2	3	4	5	6
SNo	A4.1.1. Name of household member (starting with the respondent – who is household head or spouse to the household head)	A4.1.2. Age (complete years)	A4.1.3. Sex 1 = male, 2 = female	A4.1.4. Relationship with household head 1 = household head 2 = spouse, 3 = parent, 4 = son/daughter 5 = sibling, 6 = grandchild, 7 = cousin, 8 = other relative (specify)	A4.1.5. Main occupation 1. Agriculture self-employed 2. Agriculture wage labour 3. Non-agric. self-employment 4. Non-agric. wage labour 5. Student (excludes nuser children) 6. Salaried worker 7. Unemployed 8. Retired 9. Too young to work/study, 10. Too old/ incapacitated 11. Other (specify)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Note that we will also be recording the common name of only the household head when we get to him/her.

Notes: In the tablet we ask an additional question “Is there anyone else in the household?” to make sure that we have covered everyone in the household.

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A5: Housing and Sanitation

A5.1. HOUSING	A5.2. LIGHTING	A5.3. SANITATION
<p><i>[If the household has multiple huts/ houses, refer only to the main house]:</i></p> <p>A5.1.1. Do you own this house?</p> <p>1. Own house 2. Rented house or apartment 88. Other (specify)</p> <p>A5.1.2. What is the main material of the roof of the house?</p> <p>1 Grass or leaf thatched 2 Corrugated iron sheets 3 Tiles 88 Other (specify _____)</p> <p>A5.1.3. What is the main material of the walls of the house?</p> <p>1 Wood and mud 2 Mud bricks or burnt bricks 3 Concrete blocks 4 Wood 5 Grass/bamboo 88 Other (specify _____)</p> <p>A5.1.4. What is the main material of the floor of the house?</p> <p>1 Mud or dirt 2 Brick/stones/cement 88 Other (specify _____)</p>	<p>A5.2.1. What is the main source of lighting for your dwelling at night?</p> <p>1 Firewood 2 Candle 3 Solar energy 4 Kerosene Lamp/Tadoba 5 Gas Lamp 6 Flashlight 7 Generator 8 Electricity 9. None 10. Other: _____</p> <p>A5.2.2. What is the main fuel used by the household for cooking?</p> <p>1 Cattle dung 2 Charcoal 3 Firewood 4 Kerosene 5 Electricity 6 Gas cylinder 7 Biogas 88 Other: _____</p>	<p>A5.3.1. What type of toilet does your household mainly use?</p> <p>1 Flush toilet (WC) 2 Covered pit latrine 3 Uncovered pit latrine 4 VIP (Ventilated Improved Pit Latrine) 4 Ecosan Toilet 5 No toilet (use field, bush, etc.) <i>[if "NO TOILET" go to A6]</i> 5 Other: _____</p> <p>A5.3.2. Is the toilet facility in or immediately by your compound?</p> <p>1 Yes 2 No</p> <p>A5.3.3. If No, how far does one walk to the toilet? _____ metres</p> <p>A5.3.4. Is the toilet shared with other households? 1 Yes 2 No</p>

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A6. How far do you have to travel to reach the nearest all-weather road (KM)

A7. What main mode of transport do you use to get to the nearest all-weather road?

1. Walking
2. Bicycle
3. Motorcycle
4. Motorvehicle
5. Not applicable
6. Other (specify)

A8. How long did it take you to reach this road with the <mode of transport>? (hh/mm): ___ / ___

SECTION B: AGRICULTURE

Section B1: Agricultural Inputs

B1.1. Did the household use commercial inputs/improved varieties or breeds/new enterprises (for crop or livestock production) during the last year?

1. Yes
2. No → Section B2

B1.2. If yes, please list all the inputs used by your household

1	2	3	4	5	6	7	8	9
S. No.	B1.2.1. Input [see Input-Code]	B1.2.2. From whom did you buy or obtain <input name> [see From-Whom-Code]	B1.2.3. How many trips were necessary to obtain this <input>?	B1.2.4. Which mode of transport did you usually use to obtain the input? [see TRANSPORT-Code]	B1.2.5. On average, how much time did you spend per trip using this <mode of transport>? (hh/ mm)	B1.2.6. Was this the first time you used this input? 1. Yes 2. No	B1.2.7. Would you use this input again? YES → SEC B2 NO	B1.2.8. If not, why? [see Dissatisfaction-Code] [Check all that apply]
01					___ / ___			
02					___ / ___			
03					___ / ___			
04					___ / ___			
05					___ / ___			
06					___ / ___			

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Input-Code:

1 = Fertilizers (DAP, Urea, NPK, etc.)
 2=Pesticide
 3=Herbicide
 4=Improved crop seed
 5=Irrigation equipment (e.g. irrigation pipe, water pump etc.)
 6=Tractor
 7= Animal draught technology
 8=Livestock feed
 9=Veterinary drugs
 10 = Tarpaulins

11 = Artificial Insemination
 12 = improved livestock breeds
 88=Other: _____
 88=Other: _____

From-Whom-Code:

1. Extension worker (Government)
 2. Community Based Facilitator
 3. NARO/any other research agencies
 4. From family member
 5. Other farmer
 6. Input dealer
 7. Cooperative/associations
 8. NGOs
 9. Private traders / local market
 88. Other: _____
 88. Other: _____

Dis-satisfaction-Code:

1=Input was poor quality
 2=Received input too late
 3=Received too little of the input
 4=Input was too expensive
 5=Input was difficult to obtain
 6=lack knowledge about it
 7=Not resistant to climatic/weather conditions
 8 = better/cheaper substitutes available
 88=Other: _____

Section B2: Extension services

B2.1. Did an expert (e.g. crop or livestock extension agent, or community based facilitator or another experienced farmer) visit your home in the last year?

1 Yes → Fill B2.2 and B2.3 and skip B2.4 ☒ 2 No → [B2.4]

B2.2. How many such visits took place during the last year? _____

B2.3. FILL THE FOLLOWING TABLE FOR UP TO 3 VISITS DURING THE LAST YEAR BY AN EXPERT THAT THE RESPONDENT FOUND MOST IMPORTANT:

1	2	3	4	5	6	7
S. No.	B2.3.1. Who visited your home? 1. Crop extension agent 2. Livestock extension agent 3. NAADS farmer (eg food security/ model farmers) 4. Non-NAADS model farmers 5. NGO 6. Other [specify]: _____	B2.3.2. Was this visit held upon your request? 1=Yes 2=No	B2.3.3. What was the reason for the visit?	B2.3.4. How satisfied were you with the information provided at that visit? 1. Very satisfied→ [B2.3.6] 2. Satisfied 3. Dissatisfied 4. very dissatisfied	B2.3.5. If you were not very satisfied what was the reason? 1. The topics discussed were not the ones i wanted to know about 2. The expert did not know enough 3. I was not treated well 88. Other: _____	B2.3.6. Did you have to incur any cost for the expert's visit? Eg, material (e.g. veterinary medicine, transport, or expert's time etc.)? 1=Yes 2=No
01						
02						
03						

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B2.4. Did you request a visit of the extension agent/ expert in the last year? ☐ 1 Yes ☐ 2 No

B2.5. If yes, did the extension agent/expert come? ☐ 1 Yes ☐ 2 No IF YES, GO TO Section B.

B2.5. If no, why did the visit not take place, even though you requested it?

Section B3: Visits to demonstration sites

B3.1. During the last year, did you or someone in the household visit an extension office or demonstration site?

☐ 1 Yes ☐ 2 No → [B3.13]

B3.2. If Yes, how many times? _____

Please fill the table below if a visit was made (List up to 6 visits that the farmer found most important)

1	2	3	4	5	6	7	8	9	10	11
S. N O.	B3.3. Type visited 1=extension office 2=Demonstration site 88. OTHER (SPECIFY)	B3.4. Who organised the visit? [see Organiser-Code]	B3.5. Who managed the <insert type eg. Demo site>? (Indicate designation)	B3.6. What was the enterprise demonstrated?	B3.7. How far is it from your farm? (KM)	B3.8. What mode of transport did you use to reach the site or office?	B3.9. How long did it take you to reach using <mode of transport> HH____MM____	B3.10. Was this visit held upon request of farmers in this village? 1=Yes 2=No	B3.11. How satisfied were you with the visit to the plot/ home/ station? [see Satisfaction-Code] [if "1" go to B3.14]	B3.12. If dissatisfied, reasons for dissatisfaction? [see Dissatisfaction-Code]
01										
02										
03										
04										
05										
06										

Organiser Code (B3.4):	Satisfaction-Code (B3.11):	Dis-satisfaction-Code (B3.12):
1. Extension agent 2. Community based facilitator 3. Farmer in Village Farmers Forum (VFF)/Village Farmers Forum Executive (VFFE)/Procurement Committee 4. NAADS model farmer 5. Non-NAADS model farmer	1=very satisfied 2=somewhat satisfied 3=somewhat dissatisfied 4=very dissatisfied	1=Topic was not relevant for me 2=Not enough attention to the questions of attending farmers 3=Person demonstrating was not knowledgeable 4=Not enough time 5=Other: _____ NOW → B3.13

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6. Other farmer 7. Subcounty NAADS office 8. Cooperative/associations 9. NGO[specify]: _____ 88. OTHER: _____		
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B3.13. If you did not visit, what were the reasons (**check all that apply**)?

1. Don't know of any such extension office or demonstration site
2. I have already seen the site or office earlier
3. The nearest site or office is too far away
4. It is not useful to visit such site or office
5. I have no time to visit such a site or office
6. I was not invited
88. OTHERS (SPECIFY)

B3.14. Are there any enterprises/better inputs you would like to adopt?

1. YES
2. NO → B3.20

B3.15. If yes, what are they?

1. _____
2. _____
3. _____

B3.16. Are the extension agents/farmer forum members in the village/parish aware of this need?

1. YES → B3.20
2. NO
99. DON'T KNOW

B3.17a. Have you tried communicating this need to someone?

1. YES
2. NO → [B3.19]

B3.17b If yes, who did you communicate with?

- (1) Extension agents
- (2) Farmer forum

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(3) LC1 chairman

(4) Other (specify): _____

B3.18. What was the result? _____ *NOW GO TO [3.20]*

B3.19. If no, why? _____

B3.20. How are new enterprises decided?

1. From consultation with all farmers
2. From consultation with select farmers
3. Decided by extension agents/forum members without any consultation
99. Don't know
88. Other (specify): _____

Section B4: Connections/Engagement with Community Farmer Organisations

B4.1. Are there any farmer associations/groups in this village?

1. YES
2. NO → SECTION B5

B4.2. Are you or any member of your household a member of any of these farmer associations/groups?

1. Yes → B4.4
2. No

B4.3. Are there any other farmers known to you who are part of these farmer associations/groups in the village?

1. Yes
2. No → B4.7

B4.4. If yes, is the farmer association/group supported by NAADS or Operation Wealth Creation?

1. YES
2. NO
99. DON'T KNOW IF NO OR DON'T KNOW → [B4.6]

B4.5. If yes, in which category is/are the farmer association/groups? **(Please check all that apply)** (Now go to B4.7)

- I) High level farmer's organisation (HLFO)
- II) Subcounty procurememnt committee
- III) Farmers forum
 - (1) Village farmers forum
 - (2) Village farmers forum executive

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- (3) Parish farmers forum
- (4) Subcounty farmers forum
- (5) District farmers forum
- (6) None
- 88. Others (specify)

B4.6. If not, do you know any members of: (please check all that apply)

- (1) Village farmers forum
- (2) Village farmers forum executive
- (3) Parish farmers forum
- (4) Subcounty farmers forum
- (5) District farmers forum
- (6) None

B4.7. Have you or any member of your household been selected by NAADS for any of these categories? (**None** →

B4.8 (for all other responses skip to B4.9))

Category	Tick appropriately
1. Community Based Facilitator (CBF)	
2. Food Security Farmers	
3. Market Oriented Farmers	
4. Commercialized/MODEL farmers	
5. Nucleus farmer	
6. None	

B4.8. If not, do you know any farmers in your village who are selected by NAADS for any of these categories?

Category	Yes	No
1. Food Security Farmers		
2. Market Oriented Farmers		
3. Commercialized farmers		
4. Nucleus farmer		

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B4.9. Did you receive any financial support for crop or livestock based enterprises?

1. YES
2. NO → SECTION B5

B4.10. When was the last time you received the money (mm/yyyy) ? ____ / ____ ____ (Indicate 'Cannot remember the month' if respondent doesn't remember and 99 if respondent doesn't know).

B4.11. Was it in time for the relevant season?

1. YES → [B4.13]
2. NO

B4.12. If late, do you know why? _____

B4.13. Did you teach other farmers this new enterprise?

1. YES
2. NO → B4.15.

B4.14. If yes, how many? _____ (now go to section B5)

B4.15. If no, why not? (**Check all that apply**)

- | | | |
|--|-----------------------------------|----------------------------------|
| 1. Too expensive, not profitable | 2. Too much labour needed | 3. Inputs not available any more |
| 4. Not enough market for the output | 5. Not relevant for other farmers | 6. Other farmers not interested |
| 7. Do not have time to teach other farmers | 88. Other: _____ | |

Section B5: Crop marketing and storage

Please answer the following questions from the perspective of your main produce

B5.1. Is there a crop storage facility in the subcounty?

1. YES
2. NO → B5.8
3. DON'T KNOW → B5.8

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B5.2. Who manages this storage facility?

1. Government
2. NGOs
3. Individual(s)
4. Group members
5. Other (specify)

B5.3 Do you use this facility?

- (1) Yes
- (2) No → B5.7

B5.4. How far is the storage facility from your household? (km) _____

B5.5. What main mode of transport do you use to take your produce to the storage facility?

1. Walk
2. Bicycle
3. Motorcycle
4. Motor vehicle
5. Other (specify):

B5.6. How long does it take to reach this facility? (HH/MM) ____ / ____ *Now go to B5.8*

B5.7. If not, why? **(Check all that apply)**

1. Too far
2. Too expensive
3. Not a member of association/group
4. No storage facility for my crop
5. Others (specify)

B5.8. Where do you mainly sell your main produce?

1. Farm gate → B5.14

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2. To local markets within the village/parish
3. Produce dealers within the village/parish
4. Produce dealers from outside the village/parish
5. Bulk buyers through bulking centre in the village/parish
6. Towns outside my district
7. Other (specify): _____

B5.9. How long does it take to reach that market from where you store your crops? (KM)

B5.10. What is the mode of transport do you use to go to this market?

1. Walk
2. Bicycle
3. Motorcycle
4. Motor vehicle (cars, trucks)
5. Other (specify)

B5.11. How long does it take to reach that market with [mode of transport]? ____ (HH) / ____ (MM)

B5.12a. If answer to B5.8 is “towns outside my district” Is there a market for your produce in your parish?

1. Yes → B5.14
2. No → B5.12b

B5.13a why don't you sell your produce to that market within the parish? _____

B5.12b. If answer to B5.8 is “towns outside my district” Is there a market for your produce in your subcounty?

1. Yes → B5.14
2. No → B5.13c

B5.13b why don't you sell your produce to that market within the subcounty? _____

B5.13c If answer to B5.8 is “towns outside my district” Is there a market for your produce in your district?

1. Yes
2. no → B5.14

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B5.13d why don't you sell your produce to that market within the district? _____

B5.14. Did you receive any help in marketing your produce from the following agents in the last year? (**Select all that apply**)

1. Government extension workers (extension agents, NAADS office)
2. NGO extension workers
3. Community Based Facilitators
4. Village procurement committee/Village farmers forum/Village farmers forum executive
5. Other farmers
6. Cooperative/Association
7. Did not receive any help
8. Other [specify]: _____

B5.15. Did you receive any information about marketing your produce from other sources during the last year: (select all that apply)

1. Posters/pamphlets
2. Radio
3. TV
4. Newspapers
5. Public address system
6. Community Radios
7. Other (Specify): _____

SECTION C: DRINKING WATER

Question	a) Dry season	b) Wet season
C1.1 What is your primary source of water for drinking during: <div><div>1. Piped into dwelling → C1.6</div><div>2. Piped to yard/plot → C1.6</div><div>3. Public tap or standpipe → C1.6</div><div>4. Tube well or borehole</div><div>5. Protected dug well</div><div>6. Unprotected dug well</div><div>7. Protected spring</div><div>8. Unprotected spring</div><div>9. Rainwater</div><div>10. Tanker truck</div><div>11. Cart with small tank</div><div>12. Surface water</div><div>13. Bottled water</div></div>		

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88. Other (specify)		
C1.2 How long does it take to reach this water source (km):		
C1.3 What mode of transport do you usually use to get to this water source in: 1. Walk 2. Bicycle 3. Motorcycle 4. Motorvehicle 5. Other (specify)		
C1.4 How long does it take to reach [water source] using this [mode of transport]? (hh/mm)		
C1.5 On average, how long do you have to wait to collect water during <season type> season? (mins)		
C1.6 How satisfied are you with the quality of water available at this source? 1. very satisfied if 1, go to C2 2. satisfied 3. dissatisfied 4. very dissatisfied		
C1.7 If not satisfied with quality, what is the problem (check all that apply)? 1. Water has bad colour 2. Tastes/smells bad 3. Feel/fell sick after drinking it 4. Water contains dirty objects 88. OTHER: _____		

C2 Please tell us the month in which water was:

	January	February	March	April	May	June	July	August	Sept	October	November	December
Always available												
Not always available												

C3 Do you treat your water before drinking?

1. Yes
2. No → C5

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C4 How do you treat water before drinking? (then go to C6)

- 1 Boil
- 2 Use chlorine / bleach (eg. Water guard)
- 3 Strain with cloth
- 4 Use a filter
- 5 Solar disinfection
- 6 Let stand and settle
- 7 Other (specify) _____

C5 Why do you not treat it?

1. Do not need to/ Water is of good quality/Have not fallen sick due to bad water yet
2. Do not know how to treat
3. Cannot afford the treatment
4. Others (Specify)

C6 During the last year, did you approach anyone when you were dis-satisfied with the water quality or quantity?

1 Yes ☐ 2 No ☐ 3 I have never been dis-satisfied [if "2" or "3" go to C10]

C7 Who did you approach?

- | | | |
|------------------|-------------------|--------------------------|
| 1. Village elder | 2. Parish chair | 3. Parish council member |
| 4. Vht member | 5. Water engineer | 88. Other (specify) |

C8 Was any action taken relating to the problem you approached the person with? ☐ 1 Yes ☐ 2 No → C10

C9 If Yes, how satisfied were you with the action taken?

☐ 1 Very satisfied ☐ 2 Somewhat satisfied ☐ 3 Somewhat dis-satisfied ☐ 4 Very dis-satisfied

C10 Is there a Water User Committee in this village?

1. YES
2. NO → SECTION D
3. DON'T KNOW → SECTION D

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C11 Are you or any member of the household a member of the Committee? ☐ 1 Yes ☐ 2 No *[If NO go to C13]*

C12 If Yes, what is your position/ responsibility? ☐ 1 Chairperson ☐ 2 Treasurer/ Accountant ☐ 3 Secretary ☐ 88 Other: _____

C13 Does the water committee hold public meetings? 1 = yes 2= NO

C14 Have you attended a water committee meeting? 1 = Yes 2 = No → SECTION E

C15 When was the last meeting of the Water Committee held? (mm/yyyy): ____ / _____

SECTION D: HEALTH**D1: IMPACT ON HOUSEHOLD LABOUR**

D1.1. Were any household members unable to work or go to school due to an illness in the past one year?			Response <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO → SECTION D2	
HOUSEHOLD Roster (name)	D1.1.1. Number of days sick	D1.1.2. Number of days unable to:		
		a) Work	b) Go to school	
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				

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D2. ACCESSIBILITY TO HEALTH WORKERS

	D2.1. if you or any member of your household had <health issue>, where would you seek treatment 1. VHT/NURSE 2. HC II 3. HC III 4. HC IV 5. Hospital (general/regional/national referral) 6. Private Practitioner/Doctor 7. Traditional Health Provider 8. Self-treatment 9. Traditional birth attendant 10. None 88. OTHER (SPECIFY)	D2.2 Is there any household member who had <health issue> during the last year? 1. Yes 2. No → go to next row	D2.3. Which health care provider did you visit? 1. VHT 2. HC II 3. HC III 4. HC IV 5. Hospital (general/regional/national referral) 6. Private Practitioner/Doctor 7. Traditional Health Provider 8. Self-treatment 9. Traditional birth attendant 10. None 88) Other (Specify)
[a] Fever			
[b] Fever with shivering			
[c] Cold, cough			
[d] Diarrhoea/ loose motion			
[e] Major injury/fracture			
[f] Delivery/birth			
[g] Vaccination/immunisation			
[h] Family planning advice/services			

Question		Response
D3.1. Is there a VHT in your village?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If 2 → section D4	
D3.2. Are you or any member of the household part of the VHT?	<input type="checkbox"/> 1 YES → D3.18 <input type="checkbox"/> 2 No	

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D3.3. If not, do you know any member of the VHT?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If 2 → section D4	
D3.4 Did someone from the VHT visit you over the last year as part of their official duties?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
D3.5. Did you ask the VHT to visit your household over the last year?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No <i>If 2 → D3.15</i>	
D3.6. If yes, who were you seeking care for?	1. Yourself 2. Spouse 3. Child 4. Grandchild 5. Parents 88. Other (specify)	
D3.7. Did you have to pay the VHT for medical advice?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No	
D3.8. Did the service provider (VHT) share his/her diagnosis with you?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No	
D3.9. Did the service provider (VHT) give you a prescription?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
D3.10. Did the service provider (VHT) give you any medicines?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If 2 → D3.12	
D3.11. If yes, did you have to pay for the medicines?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No	
D3.12. Did you have to buy any medicines from outside?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 2 No	
D3.13 How satisfied were you with the services provided by the VHT?	1. Very satisfied <i>If 1 → D3.15</i> 2. Satisfied 3. Dissatisfied 4. Very Dissatisfied	
D3.14. If not very satisfied, why?	1. Did not have medicines 2. Diagnosis did not work 3. Rude behaviour 4. Came only after being called many times 5. Incompetent 6. Did not refer to proper places 7. They were late 88. Others (specify)	

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D3.15. Did the VHT organise any public meetings in your village in the last year?	1. Yes 2. No IF NO OR DON'T KNOW, SKIP TO D4 99. Don't know	
D3.16. If yes, how many were held?		
D3.17. Did you attend any of these meetings?	<input type="checkbox"/> 1 Yes, all <input type="checkbox"/> 2 yes, but only some <input type="checkbox"/> 3, No	
D3.18 When was the last VHT meeting held?	<input type="text"/> MM/YYYY	

D4: FOR THE Government health centre

Question	Response options	Response
D4.1. What type of government health centre did you and your household members most frequently visit during the last year?	1. HC II → D4.3 2. HC III → D4.3 3. HC IV → D4.3 4. Regional/national referral hospital → D4.3 5. Not visited → D4.2 88. Other (specify): _____ → D4.3	
D4.2. If not visited, which government health centre is the closest?	1. HC II 2. HC III 3. HC IV 4. Regional/national referral hospital 88. Other (specify): _____	
D4.3. How far is this <health centre selected in D4.1 or D4.2> from your household (km)? (End here if answer in D4.1 is 'not visited')		
D4.4. What form of transport do you usually take to to visit the <health centre>?	1. Walk 2. Bicycle 3. Motorcycle 4. Motorvehicle 88. Others (specify)	
D4.5. How long does it take to reach the <health centre> using this <form of transport >?	HH / MM	___/___
D4.5a How many times did you visit this <health centre> during the last year?		
D4.6. The last time you visited this <health centre>, who were you seeking care for?	1. Yourself	

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	2. Spouse 3. Child 4. Grandchild 5. Parent 6. Other relative 88. Other (specify)																															
D4.6a At what time did you reach the <health centre>?	HH/MM	___/___ am/pm																														
D4.7. Was the <health centre> open when you arrived?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																															
D4.8. Were you (or the patient) examined during your visit?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																															
D4.9. Who examined you (or the patient)?	1. In-charge 2. Midwife 3. Nurse 4. Nursing aide/assistant 5. Lab technician 6. Watchman/Askari 7. Doctor 8. Medical officer 9. DON'T KNOW 88. Other (specify)																															
D4.10. How long did you (or the patient) have to wait to be examined?	Hh/mm	___/___																														
D4.11. How long did the examination take?	Minutes																															
D4.12. Did you get the impression that the clinic was clean during your visit?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																															
D4.13. The last time you visited, did you pay or give anything in any form?	1. Yes 2. No → D4.16																															
D4.14. For what services did you give/pay for?																																
<table border="1"> <thead> <tr> <th>Service</th><th>A) CASH</th><th>B) INKIND</th><th>BOTH A) & B)</th><th>NOT PAID</th></tr> </thead> <tbody> <tr> <td>[1] Drugs</td><td></td><td></td><td></td><td></td></tr> <tr> <td>[2] Immunisation</td><td></td><td></td><td></td><td></td></tr> <tr> <td>[3] Doctor/consultation fee</td><td></td><td></td><td></td><td></td></tr> <tr> <td>[4] Antenatal care</td><td></td><td></td><td></td><td></td></tr> <tr> <td>[5] Delivery</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Service	A) CASH	B) INKIND	BOTH A) & B)	NOT PAID	[1] Drugs					[2] Immunisation					[3] Doctor/consultation fee					[4] Antenatal care					[5] Delivery						
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[5] Delivery																																

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[6] Family planning materials/condoms									
[7] Dental services									
88. Other (specify)									
D4.15. Did the examiner share his/her diagnosis with you?								1 Yes 2 No	
D4.16. Did you receive any medicines?								1 Yes 2 No IF 1 → D4.19	
D4.17. Why did you not receive any medicines from the <health centre>?								1. Did not need medicines 2. Correct medicines were not available. 3. Other (specify)	
D4.18. Did you receive a prescription?								1 Yes 2 No	
D4.19. Did you have to buy any medicines from outside?								1 Yes 2 No	
D4.20. How satisfied were you with the quality of services at this <health centre> during your last visit?								1. Very satisfied IF 1, → D4.26 2. Satisfied 3. Dissatisfied 4. Very dissatisfied	
D4.21. If you were not very satisfied, what was the reason? (Do not prompt, check all that apply)								1. Received some/no drugs 2. Long waiting time 3. Staff not well trained 4. Mistreated/cheated by staff 5. Staff not present 6. Not properly examined during visit 7. No diagnostic/lab tests carried out 8. Had to pay for free services 9. Long distance to facility 10. Don't have many services 11. Not clean 88. Other (specify)	
D4.22. Have you complained about the quality of services to someone?								1 Yes 2 No IF 2 → D4.26	
D4.23. Who was the principle person you complained to?								1. Member of HUMC 2. LC 1 Chairperson 3. LC 2 Chairperson	

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	4. LC 3 Chairperson 5. LC 4 Chairperson 6. Parish Chief 7. LCV Chairperson 8. Subcounty Chief 9. CAO 10. Doctor/Health Centre in-charge 88. Other: _____	
D4.24 Was there any action taken as a result of that complaint	1. Yes 2. No	
D4.25. Were you satisfied with the outcome?		
D4.26. IS there is a Health Unit Management Committee at this health centre?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW IF 2, 99 → SECTION D5	
D4.27. Do you know about their roles and responsibilities?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	
D4.28. Is anyone from this household part of this HUMC?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO IF 1, GO TO D.4.34	
D4.29. If no, do you know anyone else who is part of the HUMC?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	
D4.30. How were the last members of the HUMC selected?	1. Directly selected 2. Elections (GO TO D4.32) 99. DON'T KNOW	
D4.31. Did you vote in this election?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	
D4.32. How many times did the HUMC meet in the last year?	Indicate 0 if they did not meet and 99 if respondent doesn't know	
D4.32a When was the last meeting held?	<input type="text"/> Mm/yyyy	___/___
D4.33. Are meetings open to the public?	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 99 DON'T KNOW	
D4.34. Did you attend the meetings held in the last year? (Skip if D4.32 is 0 or 99)	1. Yes, all 2. Yes, but only some 3. No	
D4.34a If not, why?	[1] SMC is ineffective	

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	[2] Meeting was held during work hours [3] Not informed about meeting [88] OTHER (SPECIFY):	
D4.35. Do you feel that decisions taken during these meetings are implemented by the <health centre>?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	

D5: FOR PRIVATE PROVIDERS

Question	Response options	Response
D5.1. Have you, or a member of the household visited a private health provider during the last year?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	
D5.2. If yes, how many times?		
D5.3. How far is it to get to this private health provider that you most frequently visit (km)?		
D5.4. What form of transport do you usually take for the visit?	1. Walk 2. Bicycle 3. Public taxi/bus 4. Motorcycle 5. Motorvehicle 88. Others (specify)	
D5.5. How long does it take to reach using this form [form of transport] (Hours/Minutes)?		
D5.6. Why do you go to this health provider? <i>Select all that apply. Do not prompt.</i>	1. Better facilities than public health centre 2. Referred here 3. Public facility treatment not effective 4. Public health facility closed 5. Staff better trained 6. Polite staff 7. Close to home 8. Know the doctor/other people in clinic 9. Provides more services than public facility 10. Low waiting time 11. Cleanliness 12. Specialists available here 13. Other (specify)	
D5.7 The last time you visited, who were you seeking care for?	1. Yourself 2. Spouse 3. Child	

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	4. Grandchild 5. Parent 6. Other (specify)					
D5.8 Were you (or the patient) examined during your visit?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No → D5.10</td></tr></table>	1	Yes	2	No → D5.10	
1	Yes	2	No → D5.10			
D5.9 Did the person examining you (or the patient) ask you questions about your (patient) sickness?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.10 Did the examiner share his/her diagnosis with you?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.11 Did you receive a prescription?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.12 Did you get the impression that the clinic was clean during your visit?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.13 Did you buy any medicines from the clinic?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.14 Did you buy any medicines from outside?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table>	1	Yes	2	No	
1	Yes	2	No			
D5.15 How satisfied were you with the services provided by the clinic?	1. Very satisfied → Section D6 2. Satisfied 3. Dissatisfied 4. Very dissatisfied					
D5.17 If you were not very dissatisfied, what was the reason? (Do not prompt. check all that apply)	1. Received some/no drugs 2. Long waiting time 3. Staff not well trained 4. Mistreated 5. Cheated by staff 6. Not properly examined during visit 7. No diagnostic/lab tests carried out 8. Had to pay for free services 9. Long distance to facility 10. Don't have many services 11. Not clean 12. Other (specify)					

D6: For traditional healers

Question	Response Options	Response				
D6.1 Have you visited a traditional health practitioner in the last year?	<table border="1"><tr><td>1</td><td>Yes</td><td>2</td><td>No</td></tr></table> IF NO, GO TO Section D7	1	Yes	2	No	
1	Yes	2	No			
D6.2 How many times did you visit the traditional healer over the last year?						
D6.3 How far is the traditional health practitioner from your home (km)?						

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D6.4 What form of transport do you usually take to visit the traditional healer?	1. WALK 2. BICYCLE 3. MOTORCYCLE 4. MOTORVEHICLE 88. OTHERS(SPECIFY)						
D6.5 How long does it take to reach the traditional healer using this <form of transport>?							
D6.6 Why do you go to the traditional healer? (Do not prompt, check all that apply)	1. Referred here by government/private centre 2. Recommended by friends/relatives/neighbours 3. Public facility treatment not effective 4. Public health facility closed 5. Private facility treatment not effective 6. Private health facility closed 7. Staff better trained 8. Polite staff 9. Close to home 10. Know the practitioner/other people in facility 11. Provides more services than public facility 12. Low waiting time 13. Cleanliness 14. Only healer can handle this issue 15. OTHER (SPECIFY)						
D6.7 The last time you visited, who were you seeking care for?	1. Yourself 2. Spouse 3. Child 4. Grandchild 5. Parent 6. Sibling 7. other relative 8. Other (specify)						
D6.8 Were you <or the patient> examined during your visit?	<table border="1"> <tr> <td>1</td> <td>Yes</td> <td>2</td> <td>No</td> <td>IF NO, GO TO D6.10</td> </tr> </table>	1	Yes	2	No	IF NO, GO TO D6.10	
1	Yes	2	No	IF NO, GO TO D6.10			
D6.9 Did the person examining you ask you questions about your (patient) sickness?	<table border="1"> <tr> <td>1</td> <td>Yes</td> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes	2	No				
D6.10 Did the examiner share his/her diagnosis with you?	<table border="1"> <tr> <td>1</td> <td>Yes</td> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes	2	No				
D6.11 Did they give you a prescription/remedy?	<table border="1"> <tr> <td>1</td> <td>Yes</td> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes	2	No				
D6.12 Did you have to buy any remedies from the healer?	<table border="1"> <tr> <td>1</td> <td>Yes</td> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes	2	No				

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D6.13 Did you have to buy any remedies from elsewhere?	1	Yes	2	No	
D6.14 How satisfied were you with the services provided?	1. Very satisfied → D 7 2. Satisfied 3. Dissatisfied 4. Very dissatisfied				
D6.15 If you were not very satisfied, what was the reason? <i>(Do not prompt, Enter all that apply)</i>	1. Received some/no drugs 2. Long waiting time 3. Staff not well trained 4. Mistreated 5. Cheated by staff 6. Not properly examined during visit 7. No diagnostic/lab tests carried out 8. Had to pay for free services 9. Long distance to facility 10. Don't have many services 11. Not clean 88. Other (specify)				

D7: Maternal Health

D7.1. Has anyone in the household been pregnant in the last two years?	I) YES 2. NO → SECTION D8	
D7.2 If yes, where did they go for antenatal care?	1. VHT 2. HC 2 3. HC 3 4. HC 4 5. GENERAL HOSPITAL/REGIONAL/NATIONAL REFERRAL HOSPITAL 6. Traditional birth attendant → D7.4 7. Private practitioner → D7.4 8. Traditional healer → D7.4 9. Did not take antenatal care 88. Others(specify)	
D7.3 If they did not take antenatal care, what was the reason?	1. Facility not available 2. Facility available, but too expensive 3. Facility available, but too far	

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	4. Not needed 5. Not Applicable (N/A) 88. OTHER (SPECIFY)	
D7.4 If they took some antenatal care, but not at a government facility, what was the reason? (skip this question if D7.2 is 1, 2, 3, 4 or 5)	1. Impolite staff 2. Not affordable 3. Needed more advanced care 4. Too early in pregnancy 5. Sent away due to too many deliveries 6. Fear midwife/nurse 7. Referred elsewhere (→D7. 5) 8. N/A 88. Other (Specify)	
D7.5 Where were they referred to? (skip this question if D7.4 is not 7)	1. ANOTHER HC II 2. HC III 3. HC IV 4. Regional/national referral hospital 5. Private practitioner/doctor 6. Traditional health provider 88. Other (specify)	
D7.6 What was the outcome of the last pregnancy?	1. LIVE BIRTH 2. STILL BIRTH 3. SPONTANEOUS ABORTION /MISCARRIAGE 4. INDUCED ABORTION 5. CURRENTLY PREGNANT →SECTION D8	
D7.7 Where did the <pregnancy outcome> take place?	1. HOME 2. HC II 3. HC III 4. HC IV 5. Regional/national referral hospital 6. Private clinic/hospital 7. Traditional health provider 88. Other (specify)	
D7.8 Did you have to pay/give something for the delivery/service?	1. YES 2. NO	

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D7.9 Was there a trained midwife or nurse to assist with the delivery/service?	1. YES IF YES, GO TO SECTION D8 2. NO	
D7.10 If not, who assisted with the delivery?	1. Household member 2. Traditional birth attendant 3. Support staff at health centre 4. Other health centre staff 5. None 88. OTHER (SPECIFY):	

D8: Children below 5 Among the children who have not yet completed 5 years of age, pick the youngest child. All questions under this section focus on that child. If there is no child who is less than 5 year old, we will skip this section.			
Is there any household member who is below 5 years?	1. Yes	2. No	IF NO, GO TO SEC. E
D8.1 Has this child needed any medical attention in the last one year?	1. YES 2. NO → D8.3		
D8.2 Where did you seek treatment? (check all that apply)	1. VHT 2. HC II 3. HC III 4. HC IV 5. Other government health centre(specify): 6. Private practitioner/doctor 7. Traditional health provider 88. Other (specify)		
D8.3 Is s/he immunised?	1. YES, WITH A CARD 2. YES, WITHOUT A CARD 3. NO → D8.6 4. 99. DON'T KNOW		
D8.4 Where did s/he receive immunisation? (check all that apply)	1. VHT 2. HC II 3. HC III 4. HC IV 5. Other government health centre (specify):		

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	6. Private practitioner/doctor → D8.6 88. Other (Specify)	
D8.5 Did you have to pay/ give anything for immunisation at the government health centre/VHT?	1. YES 2. NO	
D8.6 Did that child suffer from diarrhoea in the last two weeks?	1. YES 2. NO IF 2, → D8.11	
D8.7 Was s/he given any treatment?	1. YES 2. NO IF 2, → D8.11	
D8.8 If yes, what was the treatment?	1. ORS 2. Oral medication (pill or syrup) → D8.11 3. Injection/drip → D8.11 4. Traditional herbs → D8.11 88. Other (specify) → D8.11	
D8.9 If s/he were given ORS, was this from a VHT/government centre?	1. YES 2. NO → D8.11	
D8.10 If yes, did you have to pay for it?	1. YES 2. NO	
D8.11 Did the child suffer from fever in the last two weeks?	1. YES 2. NO IF 2, GO TO SECTION E	
D8.12 Was s/he given any treatment?	1. YES 2. NO IF 2, GO TO SECTION E	
D8.13 If yes, what was the treatment?	1. Tablets/drugs 2. Injection/drip 3. Traditional herbs → Section E 4. Others (specify)	
D8.14 If s/he were given tablets/drugs or injection/drip, was this from a government centre?	1. Yes 2. No → Section E	
D8.15 If yes, did you have to pay for it?	1. Yes 2. no	

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SECTION E: EDUCATION

Question		Primary	Secondary (O/A Level)
E1 Do you have any household members attending primary or secondary school?	1. Yes 2. No IF NO, GO TO E.46]		
E2 If yes, how many?	Males		
	Females		
E3 Do you have children studying in:	1. UPE/USE		
	2. NON UPE/USE		
	3. BOTH 1 and 2		
E4 Of these, how many are attending <school category>	UPE/USE		
	NON UPE/USE		
E5 How far is the nearest <school category> attended by your child(ren) (km)?	UPE/USE		
	NON UPE/USE		
E6 What form of transport do they use to reach the nearest <school category>? 1. Walking 2. Bicycle 3. Motorcycle 4. Motorvehicle 5. In boarding section →E8 88. OTHERS(SPECIFY)	UPE/USE Non UPE/USE		
E7 How long does it take student(s) in nearest <school category> to reach using Emode of transport (Hours/Minutes)?	UPE/USE Non UPE/USE		
E8 who manages this school I) Government II) Private III) Charitable organisation IV) Religious organisation V) Community VI) Other (specify)	UPE/USE Non UPE/USE		

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E9 Is there any other government school closer to your household than the school you send your child? 1. Yes 2. No → E11	UPE/USE	IF NO, GO TO 10	
	Non UPE/USE	IF NO, GO TO 10	
E10 If yes, why do you prefer the current <school category>? (do not read out, Check all that apply) 1. Cheaper 2. Better teachers 3. Better facilities (libraries, laboratories, buildings etc) 4. Single sex school 5. Updated syllabus 6. Religious instruction 88. OTHER (SPECIFY)	UPE/USE		
	Non UPE/USE		
E11 Do all students in the <school category> attended by your child(ren) study in classrooms? 1. YES 2. NO	UPE/USE		
	Non UPE/USE		
E12 Is there a complete boundary fence for the nearest <school category> attended by your child(ren)? 1. Yes 2. No	UPE/USE		
	Non UPE/USE		
E13 Does that <school category> have electricity? 1. Yes 2. No	UPE/USE		
	Non UPE/USE		
E14 Does that <school category> have a water facility within? 1. Yes 2. No	UPE/USE		
	Non UPE/USE		
E15 Do teachers and students in that <school category> have separate toilets? 1. Yes 2. No 99. Don't know	UPE/USE		
	Non UPE/USE		
E16 Do boys in that <school category> have a separate functional toilet? 1. Yes 2. NO 99. DON'T KNOW	UPE/USE		
	Non UPE/USE		
E17 Do girls in that <school category> have a separate functional toilet? 1. YES 2. NO 99. Don't know	UPE/USE		
	Non UPE/USE		
E18 Were any Parent Teacher Association (PTA) meetings held in that <school category> during 2014? 1. Yes 2. No → E21 99. Don't know → E21	UPE/USE		
	Non UPE/USE		
E19 IF yes, how many PTA meetings?			

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E20 Were you able to attend them? 1. Yes, all of them 2. Yes, but only some of them 3. NONE	UPE/USE		
	Non UPE/USE		
E21 Do you know the Headteacher and/or the children's teachers in that <school category>? 1. YES 2. No	UPE/USE		
	Non UPE/USE		
E22 Does the <school category> have an SMC? 1. Yes 2. No 99. Don't know If 2, 99, GO TO 36	UPE/USE		
	Non UPE/USE		
E23 Are you or any member of your household part of this SMC? 1. Yes 2. No	UPE/USE		
	Non UPE/USE		
E24 If yes, what position do(e) you/s/he hold? 1. Chairperson/Vice Chairperson 2. Treasurer/ accountant 3. Secretary 4. Member 88. OTHER: _____	UPE/USE		
	Non UPE/USE		
E25 If not a member, do you know any members of the SMC? 1. yes 2. No	UPE/USE		
	Non UPE/USE		
E26 Are there any parents in the SMC? 1. Yes 2. No 88. DON'T KNOW	UPE/USE		
	Non UPE/USE		
E27 How are SMC members selected? 1. Selected by teachers →E31 2. Direct appointment →E31 3. Voting 88. Others (specify) →E31 99. Don't know →E31	UPE/USE		
	Non UPE/USE		

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E28 When was the most recent election to the SMC? mm/yyyy	UPE/USE		
	NON UPE/USE		
E29 Did you participate in this election? 1. Yes 2. NO	UPE/USE		
	NON UPE/USE		
E30 If not, why? 1. SMC is ineffective 2. Meeting was held during work hours 3. Not informed about meeting 88. Other (specify):	UPE/USE		
	NON UPE/USE		
E31 Are SMC meetings open to the public? 1. YES 2. No	UPE/USE		
	NON UPE/USE		
E32 Are you informed about SMC meetings? 1. YES 2. No → E35	UPE/USE		
	NON UPE/USE		
E33 When was the last meeting held? mm/yyyy	UPE/USE		
	NON UPE/USE		
E34 How many times did the SMC meet in 2014? (Write the number. If the respondent doesn't know, please enter 99)	UPE/USE		
	NON UPE/USE		
E35 Did you attend the meetings? 1. Yes, all 2. Yes, but only some 3. No	UPE/USE		
	NON UPE/USE		
E36 Do you feel that decisions taken during these meetings are implemented by the <school category>?	UPE/USE		

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1. YES 2. No	NON UPE/USE				
E37 If yes, were you required to pay any recurring fees in 2014? 1. Yes 2. No→E39	UPE/USE				
	NON UPE/USE				
E38. Did you have to pay for the following and in what form?	A. Cash	B. In kind	C. Both	D. Not paid	
PTA					
School uniforms					
Books and stationery					
Test materials					
School lunch					
School fees/Extra tuition					
School construction/building fund					
Staff food					
88. other (specify)					
E39 Many parents have complained about the schools their children attend. In your opinion, what are the issues in the school where you send your children? (Check all that apply. Do not read out the responses to the respondent) 1. Class Size 2. Number or quality of classrooms 3. Sanitary facilities (lack of toilets) 4. Dropout rates 5. Lack of parental involvement in the school	UPE/USE				

QUESTIONNAIRE ID:

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6. Lack of teachers 7. Training of staff 8. Teacher absence 9. Teacher lateness 10. Supervision of staff 11. Motivation of teachers 12. School budget not sufficient 13. Shortage of teaching materials, such as books 14. Provision of meals 15. None → E45 88. Others(specify)	NON UPE/USE		
E40 Have you complained about any of the above mentioned problems to someone 1. Yes 2. No IF NO, GO TO E45	UPE/USE		
	NON UPE/USE		
E41 Who did you complain to? 1. Regular teacher 2. Head teacher 3. SMC member (other than head teacher) 4. LC 1 Chairperson 5. LC1 member 6. LCII Chaiperson 7. Parish Chief 8. Parish Councillor 9. Subcounty Chief 10. School inspector 88. Other: _____	UPE/USE		
	NON UPE/USE		
E42 Was there any action taken 1. Yes 2. No 3. Don't know IF 2 OR 99 GO TO E45	UPE/USE		
	NON UPE/USE		
E43 If yes, what was the outcome of this complaint?	UPE/USE		
	NON UPE/USE		

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E44 Were you satisfied with the outcome? 1. Very satisfied IF 1, GO TO E45 2. Satisfied 3. Dissatisfied 4. Very dissatisfied	UPE/USE		
	NON UPE/USE		
E45 Do you know if government monitors/inspectors visiting this school over 2014? 1. Yes 2. NO	UPE/USE		
	NON UPE/USE		
For only households without household members in schools			
E46. Do you know any primary and/or secondary schools that are available in your sub county/district? 1. Yes 2. No			
E47. How far is your household to the nearest school? (km)			
E48 what is the mode of transport used by majority of students attending this school 1. Walking 2. Bicycle 3. Motorcycle 4. Motorvehicle 5. Not applicable 6. Others(specify)			
E49. Who manages this school 1. Government 2. Private 3. Charitable organization 4. Religious organization 99. Don't know			
E50. Is this school UPE/USE? 1. Yes 2. No			
E51. Do teachers and students of this school have separate toilets 1. Yes 2. No 99. Don't know			
E52. Does the school have separate functional toilet for girls? 1. Yes 2. No 99. Don't know			
E53. Does the school have separate functional toilet for boys? 1. Yes 2. No 3. Don't know			
E54. Does the school have electricity 1. Yes 2. No			
E55. Does the school have a water facility within?			

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1. Yes 2. No 99. DON'T KNOW			
E56. Do all students study in classrooms? 1. Yes 2. No			
E57. Is there a complete boundary fence for the school 1. Yes 2. No			
E58. Many parents have complained about the schools their children attend. In your opinion, what are the issues that people are unhappy about in this school? (Do not read, Check all that apply)	1. Class Size 2. Number or quality of classrooms 3. Sanitary facilities (lack of toilets) 4. Dropout rates 5. Lack of parental involvement in the school 6. Lack of teachers 7. Training of staff 8. Teacher absence 9. Teacher lateness 10. Supervision of staff 11. Motivation of teachers 12. School budget not sufficient 13. Shortage of teaching materials, such as books 14. Provision of meals 88. Others(specify)		

SECTION F: COMMUNITY PARTICIPATION AND INFORMATION

F1: DESCRIBE YOUR ACCESS TO DIFFERENT MEDIA

S. No.	MEDIA	F1.2. What is the most important source/ medium you use to obtain information about:					F1.1. How often do you use this medium? 1=Every day, 2=A few times a week, 3=Once a week, 4=A few times a month, 5=Once a month, 6=A few times year, 7 = Never
		Agriculture	Education	Health	Roads	Water	
01	Radio						
02	Newspaper						
03	Mobile/ wireless phone						

QUESTIONNAIRE ID:

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S. No.	MEDIA	F1.2. What is the most important source/ medium you use to obtain information about:					F1.1. How often do you use this medium? 1=Every day, 2=A few times a week, 3=Once a week, 4=A few times a month, 5=Once a month, 6=A few times year, 7 = Never
		Agriculture	Education	Health	Roads	Water	
04	Land line phone						
05	Television/ Video						
06	Internet						
07	Community Radio						
08	Posters/Fliers/Pamphlets						
09	Do not get information						

F2: LOCAL LEADERSHIP POSITIONS:

F2.1. In this household, are there any members who currently hold any political/traditional positions? ☐ 1 Yes ☐ 2 No *[if NO go to part 3]*

(If the household member holds more than one position, indicate only the main position as given by the respondent)

F2.2.1. If yes, indicate household member who holds the position	F2.2.2. Official or village position [see OFFICIAL POSITION, TRADITIONAL POSITION-Codes]	F2.2.3. For how long have you been holding this position? From [Year]

OFFICIAL POSITION, TRADITIONAL POSITION-Codes

1. LC 1 Chairperson	2. LC 2 Chairperson	3. LC 3 Chairperson/Mayor	4. Subcounty Chief
5. Subcounty councillor	6. Parish Chief	7. LC V Chairmen	8. RDC
9. District councillor	10. Religious leader	11. Road committee member	12. Member of Parliament (MP)
13. Local party leader	14. Head of agricultural cooperative	15. Farmer's forum member	16. SMC member (excluding Head Teacher)
17. Head teacher	18. HUMC Member	19. VHT member	20. Water committee member

QUESTIONNAIRE ID:

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21. Government extension agents	22. Community based facilitator	23. Sub county NAADS Coordinator	24. HC 2 medical officer
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F2.3: DESCRIBE YOUR CONTACT WITH LOCAL LEADERS:

S. No.		F2.3.1. When was the last time that you spoke personally with this person, for a reason relating to service provision in agriculture, health, education, water or roads? <i>1=within last week</i> <i>2=within last month</i> <i>3=2-3 months ago</i> <i>4=about 6 months ago</i> <i>5=6-12 months</i> <i>6=more than a year ago</i> <i>7=never</i>
01	LC 1 Chairperson	
02	LC 3 Chairperson	
03	Subcounty Chief	
04	RDC	
05	District councilor	
06	CAO	
07	Head teacher	
08	SMC member (excluding Head Teacher)	
09	HUMC Member	
10	Water committee member	
11	Community based facilitator	
12	Chairperson Farmer forum	

QUESTIONNAIRE ID:

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F2.4. PLEASE DESCRIBE YOUR PARTICIPATION IN DIFFERENT TYPES OF ELECTIONS:

S. No.	ELECTION TYPE	F2.4.1. Have you ever voted for this type of election? 1=Yes 2=No [if NO go to next row]	F2.4.2. When was the most recent time you voted for this type of election? [year]	F2.4.3. Before that, did you ever vote for this type of election? 1=Yes 2=No [if NO go to next row]	F2.4.4. When was the most recent time before that? [year]
01	LCI election		_____		_____
02	LC3 election		_____		_____
03	LC5 election		_____		_____
04	Presidential		_____		_____
05	Parliamentary		_____		_____
05	Party leaders		_____		_____
06	Other (specify)		_____		_____

SECTION G: CONTRIBUTIONS FOR INFRASTRUCTURE

G1. Have you ever made any cash, in-kind, land or labour contribution to community infrastructure or community project in the last two years?

☐ Yes ☐ No [if NO go to Section H]

G2: STATE THE CONTRIBUTIONS YOU MADE FOR COMMUNITY PROJECTS IN THE LAST TWO YEARS

S. No	DESCRIPTION OF THE PROJECT	G2.1. Did you make this form of contribution towards the:?			G2.2. If the contribution was 'In-kind' or both, what was the nature of the contribution?	
		1. In-Kind	2. Money	3. Both 1 & 2	1. Labour	2. Land
					3. Both 1 and 2	88. Other (specify)
CONSTRUCTION OR REHABILITATION OF:						
01	SCHOOL					
02	HEALTH CENTRE					
03	ROAD/BRIDGE					
04	DRINKING WATER FACILITY					
05	DAM/ IRRIGATION FACILITY					
06	OTHER BUILDING/ STRUCTURE					

QUESTIONNAIRE ID:

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S. No.	DESCRIPTION OF THE PROJECT	G2.1. Did you make this form of contribution towards the:?			G2.2. If the contribution was 'In-kind' or both, what was the nature of the contribution?	
		1. In-Kind	2. Money	3. Both 1 & 2	1. Labour	2. Land
					3. Both 1 and 2	88. Other (specify)
07	OTHER: _____					
08	OTHER: _____					

SECTION H: ASSETS

H1. How many land parcels does your household own? _____ (Record 0 if household does not own land) IF 0, GO TO 3

H2: PLEASE LIST ALL THE PARCELS OF LAND THAT THE HOUSEHOLD OWNS:

1	2	3	4	5	6
S. No.	H2.1. Name of land parcel as named by respondent	H2.2. What is the size/area of this parcel (acres)?	H2.3. What is this parcel mainly used for? 1. Agriculture (own) 2. Agriculture (rented-out) 3. Agriculture (sharecropped) 4. Residence (own) 5. Commercial activity except agriculture (own) 6. Commercial activity except agriculture (rent-out) 7. Planted forest 88. Other (specify)	H2.4. Does the household have a land title for this parcel? 1=Yes 2=No	H2.5. If no, do you have full user-rights of this parcel (land agreement, no conditions/restrictions impositions etc) 1. yes 2. no
01					
02					
03					
04					
05					
06					
07					
08					

QUESTIONNAIRE ID:

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H3. Does the household own any of the following livestock?

S. No.	LIVESTOCK	H3.1. Do you <u>own</u> this live-stock? 1=Yes 2=No
01	OXEN	
02	BULLS	
03	COWS	
04	HEIFER	
05	CALVES	
06	GOATS	
07	Pigs	
08	SHEEP	
09	Chicken	
10	Ducks	
11	Turkey	
12	Donkeys	
13	Fish Pond	
14	BEEHIVES	
15	OTHER:_____	
16	OTHER:_____	
17	OTHER:_____	

H4. Does the household own any of the following agricultural/ productive assets?

S. No.	AGRICULTURAL ASSETS	H4.1. Do you <u>own</u> this productive asset? 1=Yes 2=No
01	Tractor	
02	Ox plough	
03	Trailer/ Cart	
04	Thresher	
06	Hoe/ Pick	
07	Axe	
08	Spade/ Shovel	
09	Chopper/ Knife/ Cutlass	
10	Mill	
11	Sickle	
12	Harrow/Forked hoe	
13	Tiller	
14	Spraying machine	
15	Water pump	
16	Irrigation pipe	
17	Machete (Panga)	
18	Wheel barrow	
19	Other:_____	
20	Other:_____	

H5. Does any household member own any of the following consumer assets? [include only items if they are functioning]

S. No.	CONSUMER ASSETS	H5.1. Currently owned? 1=Yes 2=No
01	Fridge	
02	Chair/ Bench	
03	Mattress	
04	Bed	
05	Table	
06	Radio/ Tape recorder	
07	Mobile/Wireless Phone	
08	Television	
09	Bicycle	
10	Motorcycle	
11	Car/ Lorry	

QUESTIONNAIRE ID:

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SECTION I: PRIORITIES/RANKING OF PROBLEMS

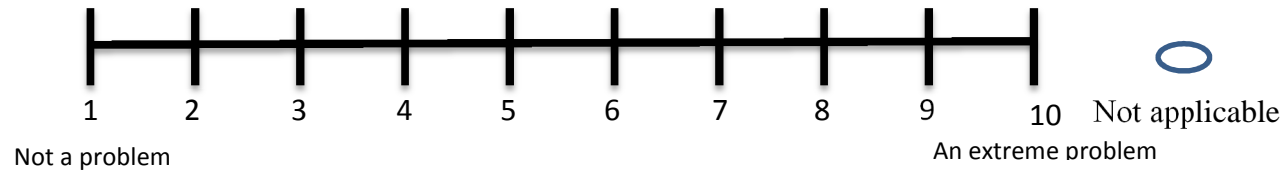
I1 Please rank the following sectors according to where you think the government needs to dedicate the most effort at this point in time.

1. Agriculture
2. Education
3. Health
4. Roads
5. Drinking water

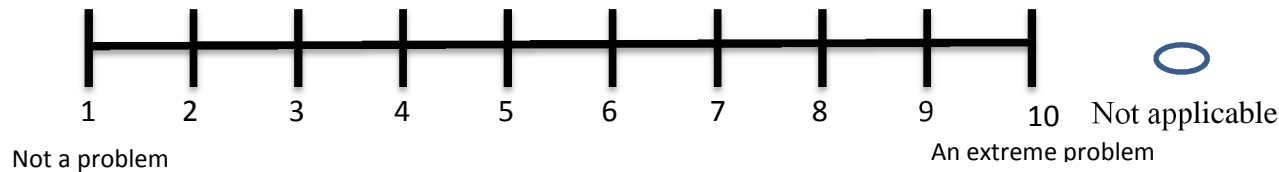
Instructions to the enumerator: Ask the respondent to indicate where the government should apply most effort. Do this by ranking the 5 sectors with the most priority sector receiving a rank of 1, 2, and so on.

I2 On a scale of 1 to 10, please rate your agreement with the following statements we will read out to you. If you disagree with the statement, you should choose near 1 (to the left of the scale). If you agree with the statement, you should mark a number near 10 (to the right of the scale). If you feel that this question is not at all relevant for you or your community, please mark "Not Applicable".

1. Access to a drinking water source is a serious problem.



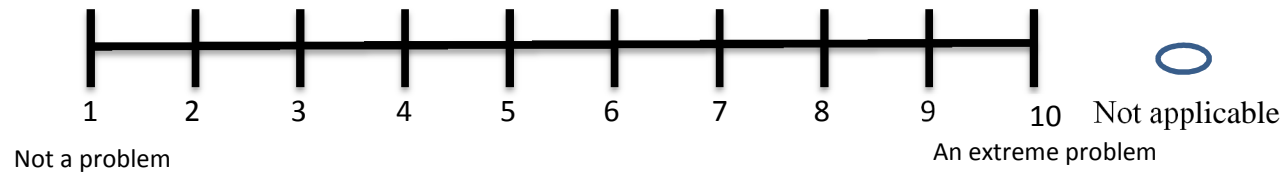
2. Drinking water is usually dirty.



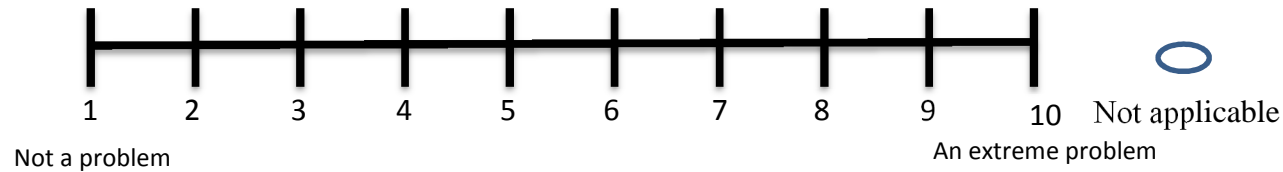
3. Access to a government health centre or hospital is a serious problem.

QUESTIONNAIRE ID:

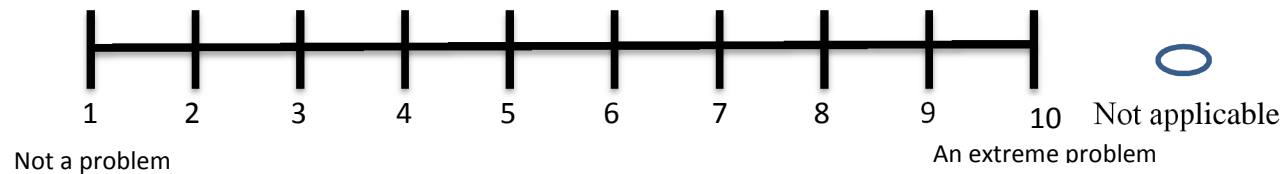
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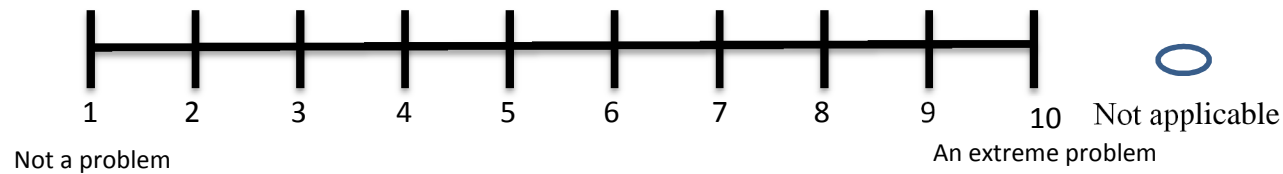
4. Government health centres or hospitals do not have relevant medicines.



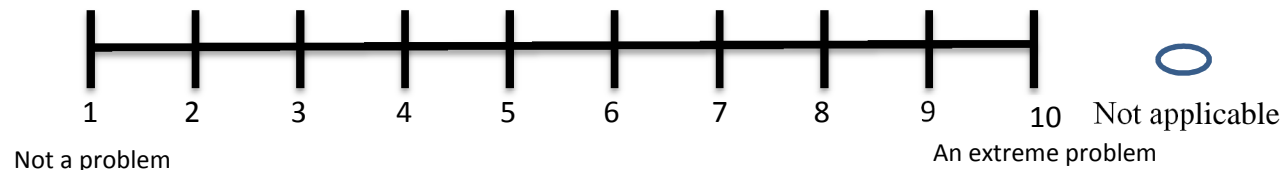
5. Staff at government health centres or hospitals are rude to patients.



6. Medical staff at government health centres or hospitals are often absent.



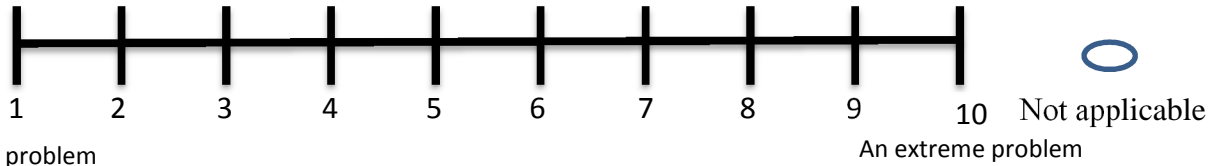
7. Access to a government primary school is a serious problem.



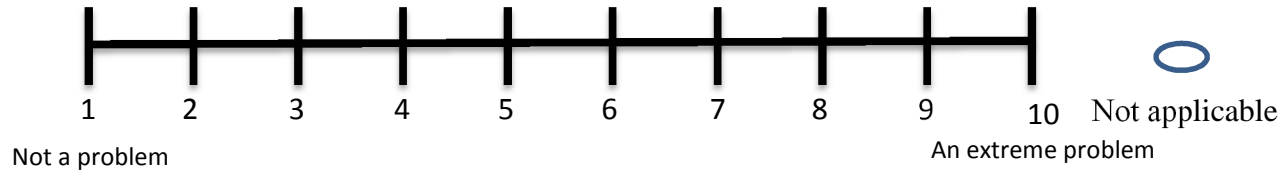
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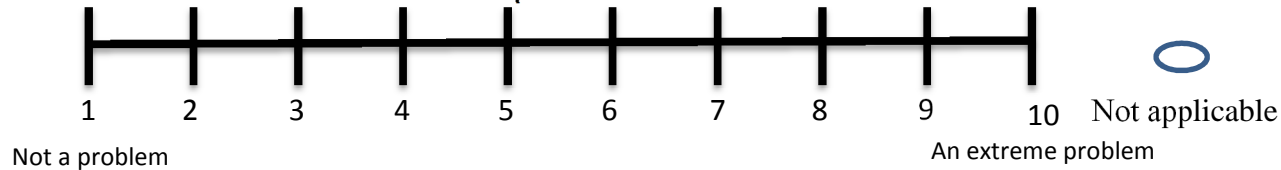
8. Teachers in government schools are often absent.



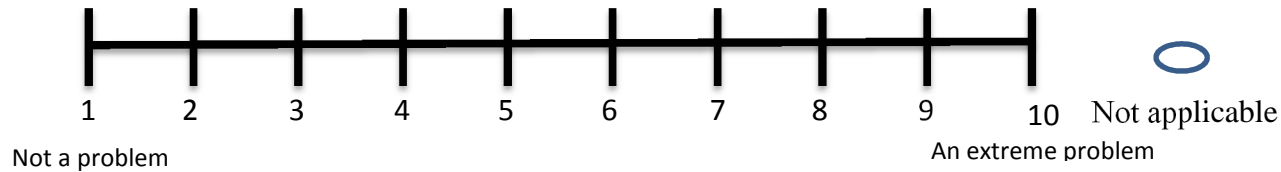
9. Children's learning outcomes are poor.



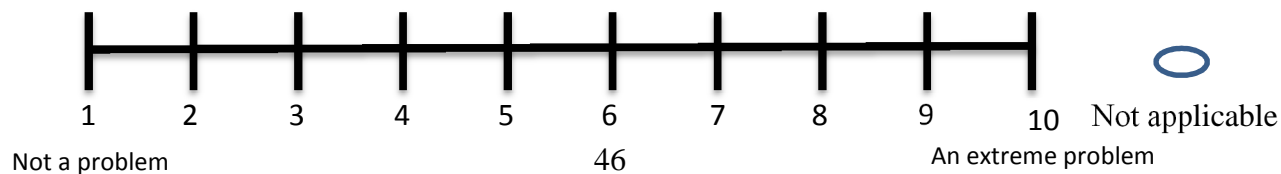
10. Access to all-weather roads is a serious problem.



11. Agricultural inputs supplied by the government are of poor quality.



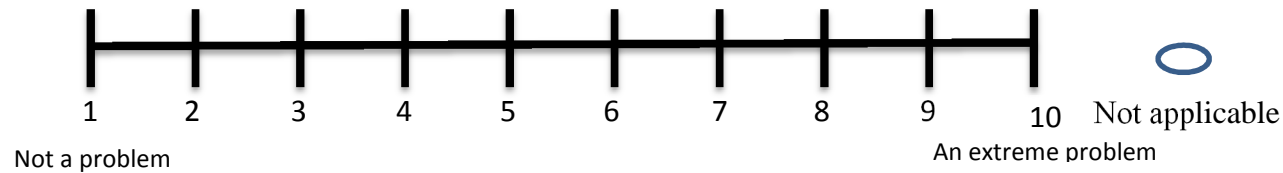
12. There is lack of transparency in how farmers are selected to receive agricultural inputs from the government.



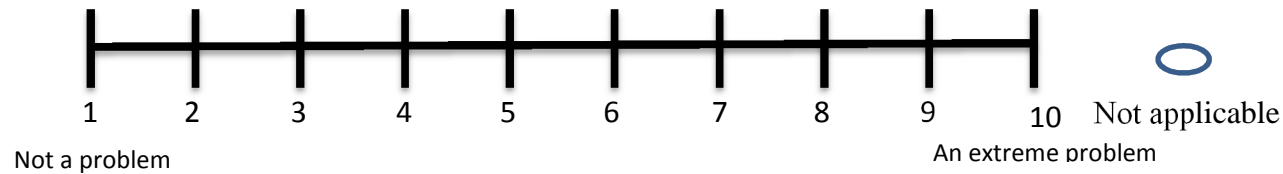
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13. Agricultural extension agents rarely visit.



14. Agricultural extension agents are not aware of enterprises or agricultural inputs relevant for farmers.



SECTION J: BARAZAS

J1 Have you heard of the term called baraza?

1. Yes
2. No

J2 Have you heard of any public meetings where people meet to discuss service delivery and accountability issues?

1. Yes
2. No → J9

J3 Who organized these public meetings

1. RDC/district/government
2. NGO
3. Local leaders
4. Don't know

J4 How did you hear about these public meetings? (Do not prompt, check all that apply)

1. Community leaders
2. From neighbours/friends/colleagues
3. Newspapers
4. Radio

QUESTIONNAIRE ID:

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5. TV
6. Posters/pamphlets
7. Loudspeaker announcements
8. Churches/mosques
9. Other (specify): _____

J5 Who were the participants in such public meetings? (**Do not prompt, check all that apply**)

1. Citizens
2. Subcounty officials
3. District officials
4. Local council members
5. Members of parliament
6. Central government officials
7. Ministers
8. Civil society
9. Religious leaders
10. Other (specify): _____

J6 Have you physically attended any of such public meetings?

1. Yes
2. No → J8

J7 If yes, how far did you have to travel to attend such a public meeting (km)?

J8 Did you hear the proceedings of such a public meeting broadcast on radio?

1. Yes
2. No

J9 How far is your household from the sub county/town council headquarters (km)

J10 How far is your household from the district headquarters (km)

Survey closing:

1. End time of survey (hh/mm) (24 Hour Format):
2. End date of survey (dd/mm/yyyy):
3. How many visits did you have to make to complete this questionnaire? ____