**Kakuma Camp Survey**

|  |  |
| --- | --- |
| **Household number:** |  |
| **Enumerator name:** |  |
| **Date:** |  |
| **Time Start:** |  |
| **Time Finish:** |  |

**RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM**

**Title of the Study:** Household Survey to Understand Kakuma Refugee Camp Impacts on Turkana District

**Principal Investigator:** Jennifer Alix-Garcia (phone: 608-262-4499) (email: jennifer.alix-garcia@wisc.edu)

**DESCRIPTION OF THE RESEARCH**

You are invited to participate in a research study about how household income sources and consumption have been affected by the presence of Kakuma Refugee Camp. This study is being sponsored by the World Bank.

You have been randomly chosen out of all households in the out of all refugees in Kakuma camp. This means that we had a list of all refugee camp residents and picked numbers out of a hat to choose who would be asked to answer the survey.

The purpose of the research is to understand the impacts of the refugee camp on local household livelihoods. This study will include a random sample of urban and rural households in Turkana District, and a random sample of refugee households. Surveys will be completed by enumerators who will interview you at your home.

**WHAT WILL MY PARTICIPATION INVOLVE?**

If you decide to participate in this research you will be asked to answer questions about the individuals who live in your household, their occupations, your main sources of income, and changes in the goods you have consumed during the past five years. All of this information will be anonymous -- we will not keep any identifying names or other information that will allow people to know if you have participated in this survey. Your participation will last approximately 1 hour.

**ARE THERE ANY RISKS TO ME?**

There should be no social, psychological, legal, or employment risks to taking this survey.

**ARE THERE ANY BENEFITS TO ME?**

We don't expect any direct benefits to you from participation in this study.

**WILL I BE COMPENSATED FOR MY PARTICIPATION?**

You will receive a 1 kg bag of sugar for participating in this study. If you do withdraw prior to the end of the study, you will not receive the payment. Your participation is completely voluntary. If you decide not to participate or to withdraw from the study it will have no effect on any services or treatment you are currently receiving.

**HOW WILL MY CONFIDENTIALITY BE PROTECTED?**

This study is anonymous. Neither your name nor any other identifiable information will be recorded.

**WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?**

You may ask any questions about the research at any time. If you have questions about the research after you leave today you should contact the Principal Investigator Jennifer Alix-Garcia at 608-262-4499.

Do you agree to participate in this study? Your verbal confirmation will be taken as assent to do so.

A. HOUSEHOLD CHARACTERISTICS

A1. HOUSEHOLD ROSTER

HOUSEHOLD DEFINITION:

1. A person or a group of people living in the same compound (fenced or unfenced) ·

2. Answerable to the same head

3. Sharing a common source of food and/or income as a single unit in the sense that they have common housekeeping arrangements (that is,   
 share or are supported by a common budget).

ENUMERATOR READS: “I am now going to ask you basic information about the people who currently live in this house, and have lived there for more than a month. Together we will compile a list of first names and put a number next to each name. You will hold on to this list during the survey and keep it at the end. We will NOT disclose any information about the individuals in this house.”

MAKE A LIST OF ALL HOUSEHOLD MEMBERS (BY FIRST NAME ONLY) WHO CURRENTLY LIVE IN THE HOUSEHOLD AND HAVE BEEN THERE FOR AT LEAST A MONTH. RECORD THEIR GENDER. IF THE HOUSEHOLDS HESITATE TO NAME HOUSEHOLD MEMBERS, PLEASE FEEL FREE TO ASSIGN NUMBERS TO EACH MEMBER. MAKE SURE THAT YOU DO NOT LEAVE OUT ANY MEMBERS. ASK QUESTIONS FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST PERSON BEFORE PROCEEDING TO THE NEXT ONE.

|  |
| --- |
| CODES FOR RELATIONSHIP TO HEAD |
| 1. HEAD  2. WIFE OR HUSBAND  3. SON/DAUGHTER  4. BROTHER/SISTER  5. STEP SON/DAUGHTER  6. GRANDCHILD  7. FATHER/MOTHER  8. NIECE OR NEPHEW  9. SON/DAUGHTER IN-LAW  10. BROTHER/SISTER IN-LAW  11. FATHER/MOTHER IN-LAW  12. OTHER RELATIVE OF HEAD  13. SERVANT  14. TENANT  15. OTHER UNRELATED PERSON |

**FILL IN THE TABLE, USING CODES WHERE APPROPRIATE. COMPLETE THE INFORMATION FOR 1 MEMBER AT A TIME:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Is [NAME]  male or female? | 2. What is the relationship of [NAME] to the head of the household? | 3. How old is [NAME]? | 4. Is [NAME] currently enrolled in school | 5. What is the highest level of schooling [NAME] completed? | 6. In what year and month did  [NAME] arrive in the camp | | 7. In what country and district were they living before? | 8. What is the ethnicity of [NAME]? | 9. Was [NAME] working during **the last 12 months**? | 10. What is the current occupation of [NAME]? | 11. For how many **FULL** days did [NAME] do this work during the **last month**? | 12**. IF THIS IS FOR A** **FIXED WAGE**, How much was [NAME]'s payment for wages and salary **last month**? |
|  | 1. Male  2. Female |  | **ENTER AGE AT LAST BIRTHDAY. FOR CHILDREN UNDER 1 YEAR, ENTER 0.** | 1. YES  2. NO | 1. No School  2. Some Primary  3. Primary   Complete  4. Some   Secondary  5. Secondary   Complete  6. More than   Secondary  7. Informal /   Vocational | **ENTER YEAR AND MONTH OF FIRST ARRIVAL** | |  | 1. Somali  2. Dinka  3. Nuba  4. Darfuri  5. Congolese  6. Other   (SPECIFY) | 1. YES  2. NO  **IF NO, SKIP TO NEXT PERSON** | **WRITE IN OCCUPATION** |  | **IF IT IS NOT FOR A FIXED WAGE, WRITE “N/A”** |
|  | SEX | RELATIONSHIP | AGE | ENROLLED | SCHOOL | YRMO | | TOWN | ETHNICITY | OCCUPATION | | DAYS | MONTHLY WAGE |
|  | CODE | CODE | YEARS | CODE | CODE | YR | MO | NAME | CODE | CODE | NAME | NUMBER | KSHS |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |

A2. PAST MEMBER ROSTER

ENUMERATOR READS: “We are now going to ask you about people who are not on the previous list but may have lived with you for more than 3 months between the date that you most recently arrived in Kakuma camp and today. These could be people who have migrated or died between the date that you most recently arrived in Kakuma camp and the present. Together we will compile a list of first names and put a number next to each name. You will hold on to this list during the survey and keep it at the end. We will NOT disclose any information about the individuals in this house.”

MAKE A LIST OF ALL HOUSEHOLD MEMBERS (FIRST NAMES ONLY) WHO HAVE LIVED IN THE HOUSEHOLD FOR AT LEAST THREE MONTHS BETWEEN THE FIRST TIME YOU ARRIVED AT THE CAMP. RECORD THEIR GENDER. IF THE PARTICIPANT HESITATES TO GIVE NAMES, ASSIGN NUMBERS TO THE INDIVIDUALS. ASK QUESTIONS FOR EACH PERSON ON THE LIST. COMPLETE ALL QUESTIONS FOR THE FIRST PERSON BEFORE PROCEEDING TO THE NEXT ONE.

|  |
| --- |
| CODES FOR RELATIONSHIP TO HEAD |
| 1. HEAD  2. WIFE OR HUSBAND  3. SON/DAUGHTER  4. BROTHER/SISTER  5. STEP SON/DAUGHTER  6. GRANDCHILD  7. FATHER/MOTHER  8. NIECE OR NEPHEW  9. SON/DAUGHTER IN-LAW  10. BROTHER/SISTER IN-LAW  11. FATHER/MOTHER IN-LAW  12. OTHER RELATIVE OF HEAD  13. SERVANT  14. TENANT  15. OTHER UNRELATED PERSON |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID | 1. Is [NAME]  male or female? | 2. What is the relationship of … [NAME] … to the head of the household? | 3. What is the highest level of schooling [NAME] completed? | 4. From what village and district did [NAME] originate? | 5. In what year did [NAME] begin living in this house? | 6. Is [NAME] still alive? | 7. **IF STILL ALIVE**, to what town/ country did [NAME] go? | 8. **IF STILL ALIVE**, In what year did [NAME] leave this house? | 9**. IF STILL ALIVE**, how hold was [NAME] when s/he left this house? | 10**. IF DIED**, in what year did [NAME] pass away ? | 11. **IF DIED** How old was [NAME] when s/he died? |
|  | 1. Male  2. Female | **SEE RELATIONSHIP TO HEAD CODES ABOVE** | 1. No School  2. Some   Primary  3. Primary   Complete  4. Some   Secondary  5. Secondary   Complete  6. More than   Secondary  7. Informal /   Vocational |  | **ENTER YEAR** | 1. YES  2. NO   **IF NO, SKIP TO 10 >>** | IF LIVING IN CAMP, WRITE : “KAKUMA CAMP” | **ENTER YEAR** | **ENTER AGE, THEN GO TO NEXT PERSON** | **ENTER YEAR** | **ENTER AGE AT LAST BIRTHDAY.   FOR CHILDREN UNDER 1 YEAR, ENTER 0.** |
|  | SEX | RELATIONSHIP TO HEAD | SCHOOLING | HOME TOWN | YEAR | YESNO | MIGRATE TOWN | YRLV | AGE | YRDIE | AGE |
|  | CODE | CODE | CODE | NAME | YEAR | CODE | NAME | YEAR | YEARS | YEAR | YEARS |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |

A3.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have any of your family members been injured or killed as a result of violence within the camp?    1. YES  2. NO   |  |  | | --- | --- | |  | CODE |   **IF NO, CONTINUE TO SECTION B. >>** | | | |
| 2. How many have been injured?  **IF NONE, WRITE “0” AND SKIP TO  QUESTION 4 >>** | 3. Were any of these injuries perpetrated by non-camp residents?  1. YES  2. NO | 4. How many have been killed?  **IF NONE, WRITE “0” AND SKIP TO SECTION B** >> | 5. Were any of these deaths caused by non-camp residents?  1. YES  2. NO |
| NUMBER | CODE | NUMBER | CODE |
|  |  |  |  |

B. ECONOMIC ACTIVITIES

B1. HOUSEHOLD ENTERPRISES

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Over the **past month**, has anyone in your household operated any non-agricultural businesses or activities, or has anyone in your household owned a shop or operated a trading business? Activities include shopkeeper, jua kali business, hawking, boda boda, sewing, cutting hair, phone repair, etc. (both formal and informal activities)  1. YES  2. NO   |  |  | | --- | --- | |  | CODE |   **IF NO, CONTINUE TO TABLE B2. >>** | | | | | | |
| 2. What income-generating activities did individuals in the household operate over the **past month**?  **COLLECT INFORMATION ON ALL INCOME-GENERATING ACTIVITIES HERE BEFORE GOING ON TO COLLECT DETAILS ON EACH.** | 3. How many months during the **last 12 months** did your household operate this  activity? | 4. Where does household operate the income generating activity?  1. Inside the home  2. In the town market  3. In the camp market  4. Elsewhere   (SPECIFY) | 5. How many years has your household engaged in this activity here?  **IF LESS THAN 1 YEAR, NOTE FRACTIONS OF YEAR** | 6. What were the total sales for the income-generating activity during the **last** **month?**  **APPROXIMATION IS FINE** | 7. What were the business **costs last month?**  **INCLUDE WAGES, RENT, INSURANCE, ETC. APPROXIMATION FINE** | 8. What was the amount you earned or lost from this income generating activity over the **last month**?  **IF A LOSS**  **(COSTS GREATER THAN SALES), PUT FIGURE IN PARENTHESES. APROXIMATION IS FINE**. |
| ACTIVITY | NUMBER | CODE | NUMBER | KSH | KSH | KSH |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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B2: ANIMALS: IN ALL CASES FOR THIS TABLE, IF THE ANSWER TO THE QUESTION IS NONE, ENTER ZERO.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has any member of your household raised or owned animals (e.g., chicken, pigeon, ducks, etc.) during the **past 12 months**?   1. YES  2. NO   |  |  | | --- | --- | |  | CODE |     (**IF NO, CONTINUE TO SECTION B3**) | | | | | | | | | |
| 2. Please give me a list of all the types of animals that any member of your household raised in the **last 12 months**. | 3. How many […] does your household care for that are not owned by the household? | 4. How many […]  does household  own right now? | 5. If your household sold one of those […] today, how much money could you get for it?  **(AVG PRICE)** | 6. How many […] did your  household sell during  the **last 12 months**? | 7. How much did your household receive in total for selling these […] during the **last**  **12 months**?  **INCLUDE VALUE OF IN KIND PAYMENTS** | 8. How many [. . .] did your household consume during the **last 12 months**? | 9. How many […] died during the **last 12 months**? | 10. How many of your […] were lost or  stolen during the **last**  **12 months**? | 11. How many of your  […] were given away during the **last 12 months**? |
| TYPES OF ANIMALS | NUMBER OF ANIMALS | NUMBER OF ANIMALS | KSH | NUMBER OF ANIMALS | KSH | NUMBER OF ANIMALS | NUMBER OF ANIMALS | NUMBER OF ANIMALS | NUMBER OF ANIMALS |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

B3: TRANSFERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has any member of your household received any money transfers from outside of the camp during the **past 12 months**?   1. YES  2. NO   |  |  | | --- | --- | |  | CODE |   **(IF NO, SKIP TO TABLE B4 >>)** | | | | | |
| 2. How often does your household receive these money transfers?  **(NOTE FREQUENCY AND TIME, for example: 1 PER MONTH)** | | 3. How much in total did your household receive **last time** you received a money transfer? | 4. Through which service does your household **usually** receive these transfers?  1. Hawala, Amaal Express, Kaah   Express, Dahabshil  2. Moneygram, Western Union,   or other formal service  3. Mobile Money (MPesa)  4. Relative / friend from within   Kenya  5. Other (SPECIFY) | 5. Since April of 2015, has the frequency of your transfers …  **READ OPTIONS OUTLOUD**  1. Increased substantially  2. Increased slightly  3. Remained the same  4. Decreased slightly  5. Decreased substantially | 6. **IF HOUSEHOLD DOES NOT USE FORMAL TRANSFERS  (i.e., anything but “2. Moneygram, Western Union” in question 4)**:   Why do you prefer this system of transfer to using a formal service?  (WRITE ALL THAT APPLY)  1. It is safer  2. Fees are lower  3. Currency rates are more favorable  4. Readily available  5. Other (SPECIFY) |
| A. NUMBER | B. UNIT (month, year, etc.) | KSH | CODE | CODE | CODE(S) SEPARATED BY COMMAS |
|  |  |  |  |  |  |

B4: OTHER SOURCES OF INCOME

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has any member of your household received any other income (NOT MENTIONED ELSEWHERE) in the **past 12 months**?  1. YES  2. NO   |  |  | | --- | --- | |  | CODE |   (**IF NO, SKIP TO SECTION C >>**) | |
| 2. What were the sources of this other income during the **past 12 months** (examples: agricultural income, government payments, rental income, investment income, selling of rations)? | 3. How much in total did your household receive from this income(s) in the **last 12 months**? |
| NAME | KSH |
|  |  |
|  |  |
|  |  |

C. CONSUMPTION AND ASSETS

C1. CONSUMPTION

For each of the following items, answer the series of questions going across the table, then move on to the next item

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ITEM | 1. Has anyone in your household purchased THIS ITEM in the **past 2 weeks**?  1. YES  2. NO | 2. What quantity did your household purchase the **last time** you bought this good?  **LIST QUANTITY** | 3. Did anyone in your household purchase THIS ITEM during the **first 2 weeks of April of this year**  (about two months ago)?  1. YES  2. NO | 4. When you purchased this good in April, what quantity did you USUALLY purchase?  **LIST QUANTITY** | 5. The last time that you purchased THIS ITEM, did the store allow you to buy it on credit?  1. YES  2. NO |
|  | CODE | NUMBER AND UNIT | CODE | NUMBER AND UNIT | CODE |
| Sugar |  |  |  |  |  |
| Tea |  |  |  |  |  |
| Milk powder |  |  |  |  |  |
| Meat (goat, beef, camel) |  |  |  |  |  |
| Fish |  |  |  |  |  |
| Rice |  |  |  |  |  |
| Fruit |  |  |  |  |  |
| Coffee |  |  |  |  |  |
| Alcohol (home brewed) |  |  |  |  |  |
| Beer (factory brewed) |  |  |  |  |  |
| Tobacco |  |  |  |  |  |
| Mirat |  |  |  |  |  |
| Henna |  |  |  |  |  |
| Incense |  |  |  |  |  |
| Phone cards |  |  |  |  |  |
| Clothing |  |  |  |  |  |
| Soap / Lotion |  |  |  |  |  |
| Diapers / Bumpers |  |  |  |  |  |
| Makeup / Perfume |  |  |  |  |  |

C2. ASSETS

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | A | B | C |
|  | DESCRIPTION OF ASSETS | 2. Did anyone in your household own …[ITEM]… the first year after you moved into the camp? | 1. Does anyone in your household currently own …[ITEM]? |
|  | READ THE NAME OF THE ITEM IN FULL WHEN …[ITEM]…IS SPECIFIED IN THE QUESTIONS TO THE RIGHT | **FIRST ASK THIS YES/NO QUESTION FOR ALL ITEMS IN THE LIST**  1. YES  2. NO | **FIRST ASK THIS YES/NO QUESTION FOR ALL ITEMS IN THE LIST**  1. YES  2. NO |
|  |  | CODE | CODE |
| 1 | Commercial buildings |  |  |
| 2 | Car/pickup truck/matatu |  |  |
| 3 | Moto/boda boda |  |  |
| 4 | Bicycle |  |  |
| 5 | Refrigerator |  |  |
| 6 | Television |  |  |
| 7 | Radio |  |  |
| 8 | Cell phone |  |  |
| 9 | Generator |  |  |
| 10 | Laptop / Table |  |  |
| 11 | Camera / Video camera |  |  |

D. EDUCATION AND HEALTH

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has any member of your household fallen ill during the **past month?**  1. YES 2. NO  **IF NO, SKIP TO 5 >>** | 2. Where did you seek medical help for this illness?   (WRITE ALL THAT APPLY)  1. Public health   facility  2. Private health   facility  3. Traditional   Healer  4. Did not seek   help (**SKIP   TO 5 >>**) | 3. Where was this medical help located?    1. In town  2. In the   Camp  3. Out of   someone’s   home  4. Other   (SPECIFY) | 4. How much did this medical treatment cost you, including travel, consultation, diagnostic costs, medicine, and/or hospitalization? | 5. Has any member of your household given birth to a child during the **past 1 year**?  1. YES 2. NO  **IF NO, SKIP TO 8 >>** | 6. Who helped you with the birth of this child?  1. Public health   facility  2. Private health   facility  3. Traditional   Healer  4. Did not seek   help (**SKIP   TO 8 >>**) | 7. Where was this medical help located?    1. In town  2. In the   Camp  3. Out of   someone’s   home  4. Other   (SPECIFY) | 8. **If there is a child attending PRIMARY school during the past 1 year**  What was the total amount spent on uniforms, books, fees, and other school-related expenditures?  **WRITE THE COST FOR ONLY 1 CHILD** | 9. **If there is a child attending SECONDARY school during the past 1 year**,  What was the total amount spent on uniforms, books, fees, and other school-related expenditures?  **WRITE THE COST FOR ONLY 1 CHILD** |
| CODE | CODE | CODE | KSH | CODE | CODE | CODE | KSH | KSH |
|  |  |  |  |  |  |  |  |  |