

IRIS at UMD

Financial Services Impact Assessment Study

Malawi Baseline Household Survey – 2008

The IRIS Center at the University of Maryland is conducting a study to assess the impact of innovations in financial services. This assessment is being conducted in several countries. The results of this study may help to improve the financial services offered.

If you agree to participate in this study, you will be asked to answer the survey questions. This interview will take about 2-3 hours. You will be asked a few questions about yourself and family members, and then about financial services you may have used and about your expenditures, food consumption, housing and other assets. Since we are studying impact, we will need to ask you these same questions one more time in about two years. I know this sounds like a long time from now, but it is important for our measurements to be as complete and precise as possible so that the results genuinely reflect the impact of financial services on households in Malawi.

All information collected in this study is confidential. Your answers will be grouped with the answers of other people like you and your name will not be used. This research project may include taking photographs or video during the interview process for use in our reports and/or project website. Your name will not be used, only your country will be identified. If you do not wish to be photographed or videotaped, please tell me and we will not take any. There are no known risks associated with participating in this research project.

Should you feel uncomfortable with any question(s), you may refuse to answer it. If you have any questions, please contact Wadonda Consult (Dr Ephraim Chirwa: echirwa@yahoo.com or 08839296; Dr Peter Mvula: petermvula58@yahoo.com or 08827933) or IRIS Center staff in the United States: Jeffrey Flory (jflory@iris.econ.umd.edu or +265 05608540), or the University of Maryland's Institutional Review Board irb@deans.umd.edu or 301-405-0678.

A01. Please tell me if you agree to participate in this study. (CIRCLE)

Eya.... 1
Ayi2

	DISTRICT	TA	EA	VILLAGE
A02. LOCATION NAMES:				
A03. LOCATION CODES (SEE CODE SHEET):				
A04. Household ID Number				
A05. Household Head and Spouse Names Include first, middle, last name and			Spouse: (Include first, middle, last name and	
A06. First Interview Date	DD <input style="width: 20px; height: 20px;" type="text"/>	MM <input style="width: 20px; height: 20px;" type="text"/>	YYYY <input style="width: 20px; height: 20px;" type="text"/>	TIME STARTED: _____
				TIME FINISHED: _____
A06b. Second Interview Date	DD <input style="width: 20px; height: 20px;" type="text"/>	MM <input style="width: 20px; height: 20px;" type="text"/>	YYYY <input style="width: 20px; height: 20px;" type="text"/>	TIME STARTED: _____
				TIME FINISHED: _____
A07. Enumerator Name			Enumerator Code:	

B. HOUSEHOLD ROSTER

ENUMERATOR: Please determine all of the household members, using the definition below. Then ask questions 2-8 about each member.

READ: I would like to make a list of all the people in your household. Please tell me the names of the people who usually live and eat together at this home starting the name of the household head and then the spouse(s) of the household head. Please include only the people who have lived and eaten here for all of the past 6 months (since August 2007) and children who are away at school (who are still supported by the household head). Also, include the household head even if he or she has not lived in the household for the past 6 months. Please do not include children who have already moved out or gotten married. **Please start the list with the household head.**

ID	B01. FIRST AND LAST NAMES OF HOUSEHOLD MEMBERS	B02. Relation to HH head HOUSEHOLD HEAD.....1 SPOUSE.....2 SON/DAUGHTER.....3 PARENT.....4 SIBLING.....5 GRANDCHILD.....6 GRANDPARENT.....7 FOSTER CHILD.....8 OTHER RELATIVE.....9 NON-RELATIVE.....10	B03. Age in completed years (report children under 1 as 0)	B04. Gender MALE....1 FEMALE..2	B05. ASK IF AGE < 14: What is [NAME]'s present marital status? MARRIED...1 SINGLE....2 WIDOWED...3 DIVORCED OR SEPARATED.4	B06. How many months in the last 6 months did [NAME] sleep and eat here? MONTHS (RANGE 0-6 MONTHS)	B07. How many days in the past month did [NAME] sleep and eat here? DAYS (RANGE 0-30 DAYS)	B08. What is [NAME]'s main occupation? FARMING.....1 HOUSEHOLD BUSINESS...2 SALARIED PROFESSION..3 WAGE LABOR.....4 STUDENT.....5 COMMUNITY BASED CHILDCARE.....6 OTHER.....7 NONE.....8
1		1						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

D. POVERTY ASSESSMENT TOOL (HOUSEHOLD-LEVEL QUESTIONS)

D13.	D14.	D15.	D16.	D17.	D18.	D19.
<p>THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>GRASS 1 MUD (YOMATA) . . . 2 COMPACTED EARTH (YAMDINDO) . . . 3 MUD BRICK (UNFIRED) . . . 4 BURNT BRICKS . . . 5 CONCRETE 6 WOOD 7 IRON SHEETS 8 OTHER 9</p>	<p>THE <u>FLOOR</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?</p> <p>SAND 1 SMOOTHED MUD. 2 SMOOTH CEMENT 3 WOOD 4 TILE 5 OTHER 6</p>	<p>How many <u>separate rooms</u> do the members of your household occupy?</p> <p>(DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)</p> <p>NUMBER OF ROOMS</p>	<p>What is your main source of <u>lighting fuel</u>?</p> <p>COLLECTED FIREWOOD.1 PURCHASED FIREWOOD.2 GRASS.....3 PARAFFIN.....4 ELECTRICITY.....5 GAS.....6 BATTERY/DRY CELL (TORCH).....7 CANDLES.....8 OTHER.....9</p>	<p>What is your main source of <u>cooking fuel</u>?</p> <p>COLLECTED FIREWOOD..1 PURCHASED FIREWOOD..2 PARAFFIN.....3 ELECTRICITY.....4 GAS.....5 CHARCOAL.....6 CROP RESIDUE.....7 SAW DUST.....8 ANIMAL WASTE.....9 OTHER.....10</p>	<p>What was your main source of drinking water over the past month?</p> <p>PIPED INTO DWELLING..1 PIPED OUTSIDE DWELLING, PERSONAL..2 COMMUNAL STANDPIPE...3 PERSONAL HANDPUMP...4 COMMUNAL HANDPUMP...5 PROTECTED SPRING....6 PERSONAL OPEN, UNPROTECTED WELL...7 COMMUNAL OPEN, UNPROTECTED WELL...8 RIVER/SPRING.....9 LAKE/RESERVOIR.....10 OTHER.....11</p>	<p>Does someone in the household own a cellular telephone (<u>cell phone</u>) in working condition?</p> <p>YES..1 NO...2</p>

D20.	D21.	D22.	D23.	D24.	D25.	D26.	D27.	D28.				
<p>Do any members of your household <u>sleep under a bed net</u> to protect against mosquitoes at some time during the year?</p> <p>YES..1 NO...2 (> D23)</p>	<p>Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six months?</p> <p>YES.....1 NO.....2 ALL NETS TREATED & LESS THAN SIX MTHS. OLD.....3</p>	<p>(ASK ONLY IF HOUSEHOLD HAS CHILDREN AGED UNDER FIVE, ELSE » D23)</p> <p>Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?</p> <p>YES, FOR <u>ALL</u> CHILDREN UNDER FIVE.....1 YES, FOR <u>SOME</u> CHILDREN UNDER FIVE.....2 NO, NONE OF THE CHILDREN UNDER FIVE.....3 NO CHILDREN UNDER 5.....N/A</p>	<p>Have you or anyone in your household grown any kind of tobacco in the <u>past 5 cropping seasons</u>?</p> <p>YES..1 NO...2</p>	<p>Did anyone in your household cultivate a dimba garden in October/ November 2007?</p> <p>YES..1 NO...2</p>	<p>Did anyone in your household harvest any tree crops in the [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP]?</p> <p>YES..1 NO...2 (>D27)</p>	<p>Did you harvest any papayas during [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP]?</p> <p>YES..1 NO...2</p>	<p>Over the past five years, was your household severely affected negatively by the following event: Livestock died or were stolen?</p> <p>YES....1 NO.....2</p>	<p>Over the past <u>one month</u>, did you purchase or pay for any...</p> <p>YES..1 NO...2</p> <table border="1" style="width: 100%;"> <tr> <td>Bar soap (body or clothes soap)</td> <td></td> </tr> <tr> <td>Clothes soap (powder)</td> <td></td> </tr> </table>	Bar soap (body or clothes soap)		Clothes soap (powder)	
Bar soap (body or clothes soap)												
Clothes soap (powder)												

E. Food Security
a. Food insufficiency

READ: Now I would like to ask you about access to food over the past month (30 days)

E01.	In the past month (30 days), were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	YES...1 NO....2 » E03	
PROBE	When we say lack of resources, we mean not having means to get food either through growing it, purchasing it or trading for it. Preferred foods might include chicken or rice, nsima, beef, fish		
E02.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	
E03.	In the past month (30 days), did you or any household member have to eat a limited variety of foods due to a lack of resources? "A limited variety of foods" might be nsima and salt or beans only	YES...1 NO....2 » E05	
E04.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	
E05.	In the past month (30 days), did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? "A food you really did not want to eat" might include amaranthus	YES...1 NO....2 » E07	
E06.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	
E07.	In the past month (30 days), did you or any household member eat less in either the morning or the evening meal than you felt you needed because there was not enough food?	YES...1 NO....2 » E09	
E08.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	
E09.	In the past month (30 days), did you or any other household member have to eat fewer than your normal number of meals in a day because there was not enough food?	YES...1 NO....2 » E11	
E10.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	
E11.	In the past month (30 days), did you or any household member go to sleep at night hungry because there was not enough food?	YES...1 NO....2 » E13	
E12.	How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)...3	

E13. In the past month (30 days), did you or any household member go a whole day and night without eating anything because there was not enough food?	YES....1 NO.....2 » E15	
E14. How often did this happen?	RARELY (ONCE OR TWICE IN THE PAST MONTH).....1 SOMETIMES (THREE TO TEN TIMES IN THE PAST MONTH).2 OFTEN (MORE THAN TEN TIMES IN THE PAST MONTH)....3	

b. Food diversity

E15. Now I would like to ask you about some of the foods that you or anyone in your household may have eaten in the last week.	YES....1 NO.....2
a1 Any bread, noodles, biscuits, scones, cookies, or food made from rice or wheat?	
a2 Any nsima, or food made from millet, sorghum or maize?	
b Any pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	
c1 Any cassava?	
c2 Any Irish potatoes, white sweet potatoes, or any other foods made from roots or tubers?	
d Any dark green leafy vegetables such as cassava leaves, bean leaves, kale, spinach, pumpkin leaves, or amaranthus leaves	
e Any other vegetables?	
f Any ripe mangoes, ripe papayas or bananas?	
g Any other fruits?	
h Any beef, pork, lamb, goat, rabbit, wild game, chicken, duck or other birds or liver, kidney, heart, or other organ meats?	
i Any eggs?	
j Any fresh or dried fish?	
k Any foods made from beans, peas, lentils, or nuts?	
l Any cheese, yogurt, milk or other milk products?	
m Any use of oil, fat, or butter?	
n Any sugar or honey?	
o Any other foods, such as condiments, coffee, tea?	

E. FOOD SECURITY

c. Food access

E16. In the past month (30 days) , how frequently did your HH have to rely on the following in order to access food? (CIRCLE THE NUMBER CORRESPONDING TO THE CORRECT RESPONSE)	Everyday	3-6 times per week	1-2 times per week	1-3 times in the past month	Never
a. Sell livestock to buy food	1	2	3	4	5
b. Sell other asset to buy food	1	2	3	4	5
c. Use cash savings to buy food	1	2	3	4	5
d. Borrow food, or rely on help from friends and/or relatives?	1	2	3	4	5
e. Purchase food on credit?	1	2	3	4	5
f. Gather wild food or hunt?	1	2	3	4	5
g. Harvest immature crops?	1	2	3	4	5
h. Send HH members to eat elsewhere?	1	2	3	4	5
i. Send HH members to beg?	1	2	3	4	5
j. Restrict consumption by adults so children can eat?	1	2	3	4	5
k. Restrict consumption of non-working members in favor of working members?	1	2	3	4	5
l. Food aid from government, NGOs, church?	1	2	3	4	5
m. Borrow cash to buy food	1	2	3	4	5
n. Migrated to earn money for food.	1	2	3	4	5
o. Other: Specify:	1	2	3	4	5

d. Food stocks

E17. How many kilograms or liters of the following items do you have in stock for your household's own consumption?	AMOUNT	KG..1, LITERS.2 UNITS
a. Maize		
b. Potatoes		
c. Cooking oil		

F. ASSETS

a. Land and buildings for dwelling

F01. Does your household own the dwelling(s) in which you live today?

YES...1 if yes, ask F02-F06

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O W N E R S	F02. How many dwellings does your household own for its own use (please include only the dwellings that your immediate household lives in)? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	F03. What is the area of the plot of land on which these dwellings are built? HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4	F04. How long have you owned your current dwelling (report for oldest dwelling if multiple dwellings)?	F05. How did your household acquire the land for the oldest dwelling? INHERITED.....1 BOUGHT.....2 ALLOCATED BY LOCAL LEADERS/CLAN.....3	F06. What is the current value of all the dwellings that your household owns for its own use plus the land on which these dwellings are built (that is, if you bought the land and dwellings today, how much would you have to pay)? (Include only the dwellings and land that your immediate household lives in, not those that they might rent out) MK (GO TO QUESTION 10)
	NUMBER	AREA	UNITS	YEARS	

R E N T E R S	F07. Who owns the dwelling(s) that your household lives in? RELATIVE.....1 PRIVATE AGENT..2 GOVERNMENT....3 DO NOT KNOW...4 OTHER (SPECIFY) .5	F08. How long have you rented this dwelling? YEARS	F09. How much do you have to pay each month in order to live in (this dwelling/ these dwellings)? MK

B U S I N E S S	F10. Does your household own any buildings or land for business (other than farming)? YES...1 NO....2 (> F15)	F11. How many buildings does your household own for non-farming business? NUMBER	F12. What is the current value of the buildings your household owns for business (that is, if you bought the buildings today, how much would you have to pay)? (MK)	F13. How many acres of land does your household own for non-farming business? HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4	F14. What is the current value of this land (that is, if you bought the land today, how much would you have to pay)? MK	F15. In the last 12 months, has any member of your household rented buildings or land for non-farming business? YES...1 NO....2 >> F17	F16. If yes, in the past 12 months, what was the total that your household spent to rent buildings and land for these enterprises? MK

b. Land and buildings for farming

Now we would like to ask you about land that your household uses for farming. Please include all owned land cultivated by members of your household or left fallow during the last growing season (October 2006 - April 2007), but do not include land rented out or cultivated by people outside

L A N D O W N E D	<p>F17. How much land does your household own for farming? Please include land that is currently left fallow.</p> <p>HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4</p>	<p>F18. How did your household obtain this land? (If the household acquired land in multiple ways, how did the household acquire the majority of the land?)</p> <p>INHERITED.....1 BOUGHT.....2 ALLOCATED BY LOCAL LEADERS/ CLAN....3</p>	<p>F19. What is the current value of all the agricultural land that your household owns and currently uses (that is, if you bought the land today, how much would you have to pay)?</p>	<p>F20. How much of this land did your household cultivate in the last major growing season (Oct 06 - Apr 07)?</p> <p>HECTARES .1 ACRES2 SQ METERS .3 FOOTBALL PITCHES . . . 4</p>
	<p>AREA</p> <p>IF 0 » F21</p> <p>UNITS</p>		<p>MK</p>	<p>AREA</p> <p>UNITS</p>

Now we would like to ask about land that your household rents in or uses for free for farming.

L A N D R E N T E D	<p>F21. In the last growing season, how much land did your household use for free for farming? Please consider only land that you do not own and that you do not have to pay to use.</p> <p>HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4</p>	<p>F22. In the last growing season, how much land did your household rent in for agriculture? Please consider land that you do not own but had to pay to use.</p> <p>HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4</p>	<p>F23. How was rent calculated?</p> <p>FIXED PRICE (MONETARY) . .1 FIXED PRICE IN-KIND2 PERCENTAGE OF YIELD3</p>	<p>F24. How much did you pay to rent this land in the last growing season (include cash payments and the cash value of in-kind payments)?</p>
	<p>AREA</p> <p>UNITS</p>	<p>AREA</p> <p>IF 0 »NEXT MODULE</p> <p>UNITS</p>		<p>MK</p>

G/H. CONSUMER & PRODUCTIVE ASSETS

<p>Please ask question G01 for all of the items listed below. Then ask questions G02a-G04 for the items that the household owns (G01=1).</p> <p style="text-align: center;">ITEMS</p>	<p style="text-align: center;">ITEM CODE</p>	<p>G01. Do you or anyone in your household own a [ITEM]?</p> <p style="text-align: center;">YES . . 1 (» NEXT ITEM) NO . . . 2 (» NEXT ITEM)</p>	<p>G02a. How many [ITEM]s or how much of [ITEM] do you own?</p> <p style="text-align: center;">NUMBER</p>	<p>G02b. Units of G02a.</p> <p>ITEM 1 KG 2 LITRES 3 OTHER (SP) . 4</p>	<p>G03. What is the current value of the total quantity of [ITEM] your household owns? (That is, if you bought them now in their current condition, how much would you have to pay?)</p> <p style="text-align: center;">MK</p>	<p>G04. Is this item primarily used for personal use, or for farming and/or business?</p> <p>PERSONAL USE 1 BUSINESS OR FARMING . . . 2 (THEN »NEXT ITEM WITH G01 = 1)</p>
Mortar/pestle (<i>mtondo</i>)	501					
Bed	502					
Table or desk	503					
Chair	504					
Fan	505					
Radio ('wireless')	506					
Tape or CD player; HiFi	507					
Television & VCR	508					
Sewing machine	509					
Kerosene/paraffin stove	510					
Electric or gas stove; hot plate	511					
Bicycle	512					
Motorcycle/scooter	513					
Car	514					
Beer brewing drum	515					
Boat/canoe/raft	516					
Fishing net/basket	517					
Upholstered chair, sofa set	518					
Cupboard, drawers, bureau	519					
Lantern (paraffin)	520					
Clock	521					
Iron (for pressing clothes)	522					
Car battery	523					
Generator	524					

G/H. CONSUMER & PRODUCTIVE ASSETS

Please ask question G01 for all of the items listed below. Then ask questions G02a-G04 for the items that the household owns (G01=1). ITEMS	ITEM CODE	G01. Do you or anyone in your household own a [ITEM]? YES . . . 1 (» NEXT ITEM) NO . . . 2 (» NEXT ITEM)	G02a. How many [ITEM]s or how much of [ITEM] do you own? NUMBER	G02b. Units of H02a. ITEM 1 KG 2 LITRES 3 OTHER (SP) . 4	G03. What is the current value of the total quantity of [ITEM] your household owns? (That is, if you bought them now in their current condition, how much would you have to pay?) MK	G04. Is this item primarily used for personal use, or for farming and/or business? PERSONAL USE 1 BUSINESS OR FARMING . . . 2 (THEN »NEXT ITEM WITH G01 = 1)
Mini-bus	525					
Lorry	526					
Ox-cart	527					
Wheelbarrow	528					
Hand sprayer	529					
Panga	530					
Hoe	531					
Axe	532					
Sickle	533					
Tractor	534					
Plough	535					
Water Pump	536					
Granary	537					
Tools, Machinery, Utensils, etc.	538					
Fuels and lubricants for resale	539					
Maize for processing or resale	540					
Seeds for processing or resale	541					
Fertilizer for resale	542					
Pesticides/Herbicides for resale	543					
Other Business Inventory for resale (Specify) _____	544					
Land assets that your HH allows other people to use for free.	545					
Others (specify) _____	546					
Others (specify) _____	547					
Others (specify) _____	548					
Others (specify) _____	549					

I. LIVESTOCK: PURCHASES, SALES, AND CURRENT STOCKS

I01: Has any member of your household raised or owned livestock or poultry during the past 12 months?

YES...1 (if yes, » I02)

NO...2 (if no, » NEXT MODULE)

ENUMERATOR INSTRUCTIONS: If the respondent answers YES (code 1) in question I02, then you must ask questions I03, I05, I07, I09 and I11, for that animal regardless of the answers to other questions.

Now I would like to ask you about livestock that your household owns

	c.	I02.	I03.	I04.	I05.	I06.	I07.	I08.	I09.	I10.	I11.	I12.
	A N I M A L	During the last twelve months, has any member of your household raised any [ANIMAL]?	How many [ANIMAL] does your household own at present?	How much are they worth in total today?	In the past 12 months, how many [ANIMAL] did your household purchase, including those that you may no longer have?	How much did you pay for all of the [ANIMAL] that you purchased in the last 12 months (including those that you may no longer have)?	In the past 12 months, how many [ANIMAL] did your household sell or trade?	How much did you receive in cash (or cash equivalent if traded) for all of the [ANIMAL] that you sold or traded?	In the past 12 months, how many [ANIMAL] did your household slaughter for its own consumption?	How much could you have received for them if you had sold them?	In the past 12 months, how many other [ANIMAL] died or got lost before you could sell them or slaughter them?	How much could you have received for them if you had sold them?
	ITEM CODE	YES...1 (If yes, » I03) NO...2 (If no, » NEXT ANIMAL)	IF 0 » I05 NUMBER	MK	NUMBER (If 0 » I07)	MK	NUMBER (If 0 » I09)	MK	NUMBER (If 0 » I11)	MK	IF 0 » NEXT ANIMAL NUMBER	MK
Oxen	701											
Cattle (cows/bulls)	702											
Sheep	703											
Goats	704											
Pigs	705											
Chickens	706											
Other poultry	707											
Other _____	708											
Other _____	709											

J. FARM INCOME (ONLY FROM LAST MAIN GROWING SEASON)

J01. Last season (October '06-April '07), did anyone in your household grow any crops either to sell or for personal consumption?

YES...1 (if yes, » J02)
NO...2 (if no, » NEXT MODULE)

J02. Last season, what crops did you or members of your household grow? IF MORE THAN 10 CROPS, ASK ABOUT THE 10 CROPS WITH THE BIGGEST HARVEST (KG) PROBE FOR ALL CROPS BEFORE ASKING J03		J03. On how much land did you grow [CROP] last season? HECTARES.....1 ACRES.....2 SQ METERS.....3 FOOTBALL PITCHES.....4		J04. How many harvests did you grow [CROP] on that land last season?	J05. How many kilograms of [CROP] did your household sell last season? Please include the total amount from all harvests.	J06. How much did you receive in total for all of [CROP] sold last season?	J07. How many kilograms of [CROP] did you keep for your household's own consumption? IF 0»NEXT CROP KG	J08. How much would you have received in total for the [CROP] you maintained last season if you had sold it?
CROP	CROP CODE	AMOUNT	UNITS	NUMBER	KG IF 0»J07	MK	IF 0»NEXT CROP KG	MK
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								
i.								
j.								

Now I would like to ask you about the crops that you grew during the past growing season.

J09. Which of the following inputs did you use last season on any of your crops?		J10. How much did you spend on all of the [INPUT] that you used last season? Please do not include the cost of [INPUT] still in stock or paid for but not yet used.			J11a. How much [INPUT] did you use?	J11b. Was any of [this/these INPUT] subsidized?
INPUT	Yes...1 No...2	MK			KG	YES...1 NO...2
a. Fertilizer						
b. Manure						
c. Seeds/seedlings						
d. Non-household paid labor for planting, weeding, harvesting, cleaning?						
e. Equipment rentals						

K. BUSINESS INCOME

K01.

Over the past month, has anyone in your household operated any non-agricultural income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?
 (Enterprises might include, for example, fishing, making mats, bricks, or charcoal; builder; firewood selling; tinsmith; welder; tailoring; repair work; food processing, fish marketing, petty trading, etc.)

YES . . 1
 NO . . . 2
 > NEXT
 MODULE

K02. ENTERPRISE ID NUMBER		1	2	3	4												
K03. What <u>income-generating enterprises</u> did individuals in your household operate over the past month? COLLECT INFORMATION ON ALL ENTERPRISES HERE BEFORE GOING ON TO COLLECT DETAILS ON EACH.	DESCRIPTION																
	INDUSTRY CODE SEE CODE SHEET																
K04. Which household member is the primary owner of the [ENTERPRISE] business?	MEMBER ID																
K05. What was the main source of startup capital for this enterprise? <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">LOAN FROM FAMILY/FRIENDS . . . 1</td> <td style="width: 50%;">NON-AGRICULTURAL CREDIT, BANK</td> </tr> <tr> <td>GIFT FROM FAMILY/FRIENDS . . . 2</td> <td>OR OTHER INSTITUTION 6</td> </tr> <tr> <td>PROCEEDS FROM ANOTHER</td> <td>LOAN FROM MONEY LENDER 7</td> </tr> <tr> <td>BUSINESS 3</td> <td>INHERITED 8</td> </tr> <tr> <td>OWN SAVINGS 4</td> <td>OTHER (SPECIFY) 9</td> </tr> <tr> <td>AGRICULTURAL INPUT CREDIT . . 5</td> <td>NO STARTUP CAPITAL NEEDED . . 10</td> </tr> </table>						LOAN FROM FAMILY/FRIENDS . . . 1	NON-AGRICULTURAL CREDIT, BANK	GIFT FROM FAMILY/FRIENDS . . . 2	OR OTHER INSTITUTION 6	PROCEEDS FROM ANOTHER	LOAN FROM MONEY LENDER 7	BUSINESS 3	INHERITED 8	OWN SAVINGS 4	OTHER (SPECIFY) 9	AGRICULTURAL INPUT CREDIT . . 5	NO STARTUP CAPITAL NEEDED . . 10
LOAN FROM FAMILY/FRIENDS . . . 1	NON-AGRICULTURAL CREDIT, BANK																
GIFT FROM FAMILY/FRIENDS . . . 2	OR OTHER INSTITUTION 6																
PROCEEDS FROM ANOTHER	LOAN FROM MONEY LENDER 7																
BUSINESS 3	INHERITED 8																
OWN SAVINGS 4	OTHER (SPECIFY) 9																
AGRICULTURAL INPUT CREDIT . . 5	NO STARTUP CAPITAL NEEDED . . 10																
K06. On average, in the last month (30 days), how many employees did you hire (do not count household members that you did not pay)?	NUMBER IF 0 >> K08																
K07. What was the average daily wage that you paid your workers?	MK																
K08. During the past MONTH , how much did you receive from the sale of [ENTER-PRISE]'s goods or services (net sales)?	MK																
K09. How much did your household spend on the following inputs towards [ENTERPRISE] during the past MONTH ?																	
a. Hired Labor	MK																
b. Items for resale	MK																
c. Raw materials (items that you process or change before reselling).	MK																
K10. Over the past 30 days, did you earn a profit, make a loss, or just break even?	EARNED A PROFIT . . 1 LOSS 2 BROKE EVEN 3																
K11. Is the period over the last 30 days a normal, peak or slow period for business?	NORMAL . . 1 PEAK . . . 2 SLOW . . . 3																
K12. What month is typically the peak month for [BUSINESS]?	MONTH																
K13. What month is typically the slowest month for [BUSINESS]?	MONTH																

L. OTHER INCOME

	L01.	L02.	L03.
Has anyone in your household benefited in the past 12 months from the following programme?	<p>YES . . 1 (> NEXT ITEM)</p> <p>NO . . . 2 (> NEXT ITEM)</p>	<p>What would you estimate is the total value (cash equivalent) of all of [AID PROGRAM] that your household received during the past 12 months?</p> <p style="text-align: center;">MK</p>	<p>How did you re-ceive the transfer?</p> <p>CASH 1 BANK DEPOSIT . 2 COUPON 3 IN-KIND 4</p>
Free food/maize distribution (not school meals).			
School meals or snacks			
Food-for-work programme or cash-for-work programme (e.g. MASAF PWP)			
Free agricultural inputs distributions			
Scholarships or bursaries for education.			
Direct cash or in-kind grants (from the Government).			
Subsidy coupons (from the Government).			

	L04.	L05.	L06.
Has anyone in your household received cash or gifts from one of the following sources in the past 12 months ?	<p>YES . . 1 (> NEXT ITEM)</p> <p>NO . . . 2 (> NEXT ITEM)</p>	<p>What would you estimate is the total value (cash equivalent) of all of [INCOME SOURCE] that your household received during the past 12 months?</p> <p style="text-align: center;">MK</p>	<p>How did you re-ceive payment?</p> <p>BANK TRANSFER . . . 1 FRIENDS ,RELATIVE OTHER PERSON . . . 2 COLLECTED IN CASH AT ADMIN AGENCY . . 3</p>
Retirement Pensions			
Savings Account Interest			
Insurance Payments			
Inheritance			

	L07.	L08.
Did anyone in your household <i>rent out</i> any of the following items in the past 12 months?	<p>YES . . 1 (> NEXT ITEM)</p> <p>NO . . . 2 (> NEXT ITEM)</p>	<p>How much was your household paid for renting out [ITEM] in the last 12 months (total over 12 months)?</p> <p style="text-align: center;">MK</p>
Land (for farming; business; dwelling)		
Animals (Ox, Cow, Other (specify))		
Tools or Equipment		
Vehicles		
Buildings or rooms in a building		
Other (specify _____)		

M. Access and Use of Savings Services

Now, I'd like to ask about your HH savings.

M01. Do you or any member of your household hold any savings account or keep cash savings with the following external agents?

ID	AGENT	YES....1 NO.....2			
1	MALAWI SAVINGS BANK (MSB)		»	If yes, write the agent name in column M02 below and then ask M01 about next agent. If no, ask M01 about next agent. IF NO CURRENT SAVINGS SERVICES » M42	CODE B (M10) NEEDED IT TO GET A LOAN.....1 EMERGENCY FUND.....2 CHILDREN'S EDUCATION.....3 HEALTH EXPENSES.....4 BUY BUSINESS ASSET.....5 BUY BUSINESS INVENTORY.....6 PAY LABORERS.....7 BUY GIFTS.....8 CONSTRUCT/REPAIR HOUSE.....9 BUY BICYCLE.....10 FRIENDS/FAMILY COMPEL ME...11 SPOUSE /RELATIVES MAY STEAL.12 INTEREST RATES ARE GOOD....13 FUNERAL RITES.....14 OTHER (SPECIFY).....15
2	OIBM		»		
3	NATIONAL BANK (NBM)		»		
4	STANDARD BANK (STB)		»		
5	MALAWI RURAL FINANCE COMPANY (MRFC)		»		
6	NBS BANK (NBS)		»		
7	COOPERATIVE		»		
8	RoSCA		»		
9	FRIEND'S OR RELATIVE'S HOME		»		
10	FRIENDS' OR RELATIVE'S BANK ACCOUNT SPECIFY BANK		»		
11	OTHER (SPECIFY)		»		

A C C O U N T C O D E	M02.	M03. Which members of your household have savings accounts or hold cash savings with [AGENT]?	M04. How far away from your home is the branch that [NAME] can visit in order to access savings with [AGENT]?		M05. By what means do you typically travel to this location?	M06. What type of account is this? SAVINGS ACCT....1 CURRENT ACCT....2 FIXED DEPOSIT.3 SAFE-KEEPING WITH FRIEND/RELATIVE..4	M07. Is this an individual or a group account? INDIV- IDUAL.1 GROUP.2	M08. When did [YOU/NAME] open this account with [INSTITUTION]?		M09. What is the current balance of this account?	M10. What are the primary reasons that [YOU/ NAME] hold a savings account? (LIST UP TO 4 BY ORDER OF IMPORTANCE) CODE B				CODE A (M05): WALK.....1 RIDE BIKE.2 BIKE TAXI.3 DRIVE....4 BUS/LORRY.5 TRACTOR...6
	AGENT NAME FROM M01	MEMBER ID	KM	MILES	CODE A		MONTH	YEAR	MK	1ST	2ND	3RD	4TH		
101															
102															
103															
104															
105															

A C C O U N T C O D E	M11.	M12.	M13.	M14.	M15.a	M15.b	M16.	M17.	M18.	M19.
		The following questions refer to when you opened your account: What was the minimum opening balance required to open the [NAME]'s account with [AG]?	How much did [you/ name] have to pay for an ATM card for this account with [AG]? IF NO ATM CARD WRITE NA	How much was the applica-tion fee for [NAME]'s account with [AG]?	What form of ID was required for [name] to open the account with [AG]? PASSPORT.....1 DRIVER'S LICENSE...2 OTHER GOVT ID CARD.3 BANK ATM CARD.....4 BIOMETRIC BANK CARD W/ PICTURE..5 NONE.....6 OTHER (SPECIFY)....7	How much did [NAME] spend on this ID and other supporting documents?	Were these documents specifically obtained in order to open this account? YES...1 NO....2	How many times did you need to go to [AG] to open the account?	On average, how long did it take you to travel each time you went to open the account with [AG]?	On average, how much did it cost for transportation, food, and lodging each time you went to open the account with [AG]?
	MK	MK	MK		MK	MK	TIMES	HOURS	MK	TIMES
101										
102										
103										
104										
105										

The following questions refer to deposits that household members have *personally* made in the past ONE MONTH (30 days). Do NOT include direct deposits made by employers, remittances sent directly to a bank account, or any other deposits to the account by a third party.

A C C O U N T C O D E	M20.	M21.	M22.	M23.	M24.	M25.	M26.	M27.	M28.	M29.	M30.	M31.
		In total, over the past month (30 days) , how much did you deposit into [your/NAME'S] account with [AG]?	How much did you pay in ATM fees to deposit into this account in the past month (30 days)? IF ATM NOT AVAIL FOR DEPOSIT, WRITE N/A IF USED ATM BUT DON'T KNOW FEES, WRITE DK	How much did you have to pay in total to use a teller to make deposits in the past month (30 days)? IF USED TELLER BUT DK FEES, WRITE DK	How many times did you make a deposit to [AG] in the past month (30 ds)?	How many times did name travel to make a deposit to [AG] in the past month (30days)?	In the past month, EACH TIME you traveled to make deposits, on average, how long did it take?	EACH TIME you traveled, on average how much did you spend on transportation, lodging, and food?	How many times were you able to combine these trips with travel for other errands?	Do you pay a monthly ledger fee to use this account? YES . 1 NO . . 2	How much is the monthly ledger fee?	How many deposits each month does the ledger fee allow free of charge? IF NO LIMIT WRITE INF
	IF 0 » M28 MK	MK	MK	TIMES	TIMES	HOURS	MK	TIMES	»M32	MK	NUMBER	NUMBER
101												
102												
103												
104												
105												

The following questions refer to *withdrawals* that household members have made in the past ONE MONTH...

A C C O U N T C O D E	M32. In total, over the past month , how much did [you/name] withdraw from [your/NAME'S] account with [AG]? MK IF 0 » M40	M33. How much did you pay in ATM fees to make withdrawals from this account in the past month? IF ATM NOT AVAILABLE FOR WITHDRAWALS, WRITE N/A IF USED ATM BUT DON'T KNOW FEES, WRITE DK MK	M34. How much did you have to pay in total to use a teller to make withdrawals in the past month? IF USED TELLER BUT DON'T KNOW FEES, WRITE DK MK	M35. How many times did you make a withdraw from [AG] in the past month? TIMES	M36. How many times did you name travel to withdraw from [AG] in the past month? TIMES	M37. In the past month, EACH TIME you traveled to make withdrawals, on average how long did it take? HOURS	M38. EACH TIME you traveled, on average how much did you spend on transportation, lodging, and food? MK	M39. How many times were you able to combine these trips with travel for other errands? TIMES	M40. What is the maximum amount that you are able to withdraw without giving advanced notice? IF NO MAXIMUM, WRITE N/A MK	M41. How many days notice, if any, [ARE YOU/ IS NAME] required to give prior to withdrawing a large amount from your account? IF NO MAX WITHDRAWAL FOR NO PRIOR NOTICE, WRITE N/A DAYS
	101									
102										
103										
104										
105										

M42. In the past TWO years, did anyone in your current household *close* any savings account with any external agents? (INSTRUCTION: Remind the respondent to also consider informal accounts, such as money kept at a friend's or relative's house.)

YES...1 » M43
NO...2 » M53

A C C O U N T C O D E	M43. Please name all of the institutions where a household member closed a savings account in the past 2 years. AGENT NAME	M44. Which members of your household had savings accounts or held cash savings with [AGENT]? MEMBER ID	M45. What type of account was this? SAVINGS ACCT...1 CURRENT ACCT...2 FIXED DEPOSIT...3 SAFE KEEPING W/FRIEND/RELATIVE.4	M46. Was this an individual or a group account? INDIV- IDUAL.1 GROUP.2	M47. When did a [YOU/NAME] open this account with [AGENT]? MONTH YEAR	M48. When did [YOU/NAME] close this account with [AGENT]? MONTH YEAR
	201					
202						
203						

A C C O U N T C O D E	M49. What was the balance when you closed this account with [AG]?	M50. In the last year that you had this account, how many times did you use it for deposits?	M51. In the last year that you had this account, how many times did you use it for withdrawals?	M52. What was the primary reason that [name] closed this account with [AG]?
	MK	TIMES	TIMES	REASON CODES
	201			
	202			
203				

» M56

REASON CODES (M52)	
NO MONEY.....	1
NEEDED MONEY IMMEDIATELY.....	2
LOCATION WASN'T SAFE.....	3
INTEREST RATES WERE LOW.....	4
TOO FAR FROM HOUSE.....	5
TOOK TOO LONG TO DEPOSIT/WITHDRAW MONEY.	6
STAFF NOT FRIENDLY.....	7
DID NOT PROVIDE LOANS.....	8
NEEDED DOCUMENTS TO DEPOSIT.....	9
NEEDED MANY DOCUMENTS TO WITHDRAW.....	10
COULD NOT ACCESS IN EMERGENCY.....	11
HOURS NOT CONVENIENT.....	12
HIGH MINIMUM BALANCES.....	13
LIMITED NUMBER OF DEPOSITS/ WITHDRAWALS PER MONTH.....	14
LIMIT ON DEPOSIT/ WITHDRAW AMOUNT PER TRANSACTION.....	15
HIGH COSTS FOR DEPOSIT/WITHDRAW.....	16

ASK M53-M55 IF NO CURRENT SAVINGS AND NO SAVINGS IN PAST 2 YEARS (i.e. M01=2 AND M42=2)	M53. Why hasn't anyone in your household held savings with any external agent in the past 2 years? (CIRCLE ALL THAT APPLY)	NO NEED	1	M54. Have you or anyone in your household applied for a savings account in the past 2 years? YES . . 1 NO . . . 2 » M56	M55. Why did you not get the savings account? CODE UP TO 3 RANK MOST IMPORTANT FIRST REASON1 REASON2 REASON3	M56. Besides all the things we just talked about, where else do you keep cash savings? (DO NOT PROMPT) At Home.1 Other (specify).2 Nowhere Else.....3
		NO MONEY	2			
		NO SAFE PLACE TO SAVE	3			
		NOT AWARE OF EXTERNAL SAVINGS MECHANISM	4			
		LOW INTEREST RATES	5			
		AGENT TOO FAR	6			
		UNFRIENDLY STAFF	7			
		DOESN'T PROVIDE LOANS	8			
		NO ID DOCUMENTS	9			
		DO NOT WANT OTHERS TO KNOW SAVINGS AMT	10			
		NOT ACCESSIBLE IN EMERGENCIES	11			
		HOURS OF OPERATION INCONVENIENT	12			
		HIGH MINIMUM BALANCES	13			
		TAKES TOO LONG TO DEPOSIT AND WITHDRAW MONEY	14			
		LIMITED WITHDRAWAL/DEPOST PER MO.	15			
		LIMITS AMT OF SAVINGS FOR WITHDRAWAL/DEPOSIT EACH MONTH	16			
		HIGH FEES FOR WITHDRAWAL/DEPOSIT	17			
		DENIED AN ACCOUNT	18			
		THINKS THAT HH WOULD BE DENIED AN ACCOUNT	19			
		OTHER (SPECIFY)	20			

N. Access to and Use of Loans

N01. As of today do you or any household members hold any loans with the following external agents?

AGENT	YES...1 NO.....2
MALAWI SAVINGS BANK (MSB)	
OIBM	
NATIONALBANK (NBM)	
STANDARD BANK (STB)	
MALAWI RURAL FINANCE COMPANY (MRFC)	
NBS BANK (NBS)	
FINCA	
NGO	
COOPERATIVE	
RoSCA	
FRIENDS	
LOCAL GROCERY STORE	
OTHER MONEY LENDER	
OTHER (SPECIFY)	

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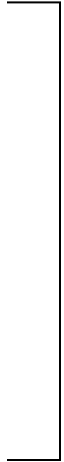
If yes, write the agent name in column N02 below and then ask M01 about next agent.

If no, ask N01 about next agent.

IF NO CURRENT LOANS » N41

COLLATERAL CODES (N10)	
NONE.....	1
LAND TITLES.....	2
BUILDINGS.....	3
THIRD PARTY GUARANTORS.....	4
BUSINESS INVENTORY.....	5
BUSINESS ASSETS.....	6
FARM EQUIPMENT AND MACHINERY.....	7
AUTOMOBILES.....	8
SAVINGS.....	9
LOAN INSURANCE.....	10
OTHERS (SPECIFY).....	11

A C C O U N T C O D E	N02.	N03.	N04.	N05.	N06.	N07.	N08a.	N08b.	N09.	N10.	
	AGENT NAME FROM N01	Which members of your household have loans with [AGENT]?	MEMBER ID	Where was this loan obtained? BANK BRANCH.1 VILLAGE GROUP LDR.....2 LOAN OFFICER THAT CAME TO VILLAGE...3 MOBILE BANK...4 FRIEND.....5 OTHER (SP)....6	How far away from your home is the location of [AG] that [NAME] most often visits ? KM MILES	By what means do you typically travel to this location? WALK.....1 RIDE BIKE.2 BIKE TAXI.3 DRIVE.....4 BUS/LORRY.5 TRACTOR...6	When did [YOU/NAME] obtain this loan with [INSTITUTION]?	What was the amount that [AG] approved for [NAME]'s loan?	What was the total amount that [NAME] borrowed from [AG] in this loan?	What is the length of this loan?	What collateral was required to take this loan? COLL'L CODE
	MONTH	YEAR	MK	MK	MONTHS						
201											
202											
203											
204											
205											



N11. Was this a first- time or repeat loan?
FIRST TIME . 1 REPEAT . 2

ENUMERATOR INSTRUCTION: Be sure that the ACCOUNT CODE refers to the same agent and account holder in all tables

A C C O U N T C O D E	Now I would like to ask about costs that you incurred when you first took out the loans that you currently have.													
	N12. Is [NAME]'s loan with [AG] an individual or a group loan? INDIV. .1 » N17 GROUP. .2	ASK IF GROUP LOAN				ASK THESE QUESTIONS ABOUT ALL LOANS -- INDIVIDUAL OR GROUP								N23a. How much did [NAME] have to spend on identification cards and other supporting documents to apply for this loan? MK
		N13. How many members are in [NAME]'s group for the loan with [AG]? NUMBER	N14. How many days did it take to form the group that [NAME] belongs to? DAYS	N15. How much was the group formation fee to form [Name]'s group? IF NO FEE WRITE 0 MK	N16. After [NAME]'s group formed, how many days did they wait before applying for the loan with [AG]? DAYS	N17. How much savings did [NAME] need to get a loan from [AG]? IF 0 » N20 MK	N18. How long did [NAME] need to hold the savings to get this loan from [AG]? WEEKS	N19. How many days of loan training did [NAME] need in order to obtain this loan from [AG]? DAYS	N20. How much was the applica-tion fee to apply for [NAME]'s loan with [AG]? MK	N21. How much did [NAME] have to pay for an ATM card for this loan with [AG]? IF FREE, WRITE 0, IF NO ATM CARD, WRITE NA MK	N22. What identification was needed for [NAME] to apply for this loan from [AG]? CODE UP TO 2 PASSPORT...1 DRIVER'S LICENSE...2 OTHER GOVT ID CARD...3 BANK ATM CARD.....4 BIOMETRIC BANK CARD W/ PICTURE...5 NONE.....6 OTHER (SPECIFY).....7 IF 6 (NONE) » N24 ID 1 ID 2			
201														
202														
203														
204														
205														

A C C O U N T C O D E	These questions refer to costs incurred after obtaining the loans:											
	N23.b Were these documents obtained specifically in order to get [Name]'s loan? Yes...1 No...2	N24. How many times did [NAME] personally have to travel to [AG] to apply for this loan? TIMES IF 0 » N28	N25. Each time [NAME] traveled to [AG] to apply for the loan, on average, how long did it take in full hours? HOURS	N26. Each time [NAME] traveled to [AG] when applying for the loan, on average, how much was spent on transportation, lodging, food, etc.? MK	N27. How many times was [NAME] able to combine these trips with travel for other errands? TIMES	N28. How does [NAME] make payments on this loan? SEE CODE SHEET	N29. What is the fee for using this mode each time you make a payment? MK	N30. How many times has [NAME] made a payment in the last month (30 days)? TIMES	N31. How many times has [NAME] personally traveled to make a payment in the past month? TIMES IF 0 » N35	N32. Each time [NAME] made a payment in the last month, on average how long did it take in full hours? HOURS	N33. Each time [NAME] traveled to make a payment, on average how much did he spend on transp., food, etc.? MK	N34. How many times was [NAME] able to combine these trips with travel for other errands? TIMES
201												
202												
203												
204												
205												

A C C O U N T C O D E	Now I would like to ask about payments on these loans					
	N35. In how many installments must [NAME] repay the loan to [AG]?	N36. How much is [NAME] suppose to pay per installment?	N37. What is the average actual amount paid per installment? (IF SAME AS ANSWER TO N36, REWRITE THE AMOUNT)	N38. How many install-ments has [NAME] missed since the start of this loan with [AG]?	N39. What is the penatly fee for missed installments for [NAME]'s loan with [AG]?	N40. What is the outstanding balance on [NAME]'s loan with [AG]?
	NUMBER	MK	MK	NUMBER	MK	MK
	201					
	202					
	203					
204						
205						

REASONS FOR NOT BORROWING CODES (N48)
NO NEED.....1
BELIEVED WOULD BE REFUSED.....2
TOO EXPENSIVE (HIGH INTEREST RATES) .3
INADEQUATE COLLATERAL.....4
DO NOT LIKE TO BE IN DEBT.....5
DO NOT KNOW ANY LENDER.....6
NEEDED SAVINGS ACCT BUT DIDN'T HAVE.....7
PEOPLE LOOK DOWN ON THOSE WITH LOANS.....8
PAYMENT FREQUENCY TOO HIGH.....9
PAYMENT FREQUENCY TOO LOW.....10
LOAN AMOUNT TOO SMALL.....11
LOAN OFFICES TOO FAR AWAY.....12
TAKES TOO LONG TO APPLY.....13
DO NOT LIKE GROUP LOANS.....14
NEED TOO MANY DOCUMENTS TO APPLY...15
HIGH COST OF OBTAINING DOCUMENTS...16
LOAN OFFICE HOURS INCONVIENIENT...17
LOAN OFFICE STAFF NOT FRIENDLY.....18
OTHER (SPECIFY.....) ..19

N41. **Other than the current loans, in the past TWO years, did anyone from your household apply for any other loans with an external agent? (INSTRUCTION: Remind the respondent to also consider informal loans, such as loans from a friend or relative.)** YES..1 » N42
NO...2 » N48

M E M B E R I D	N42. What was the name of the institution or agent to which [NAME] applied for the loan? IF [NAME] APPLIED FOR LOANS FROM MORE THAN ONE INSTITUTION, PLEASE LIST ALL OF THE INSTITUTIONS.	N43. TYPE OF LOAN: INDIV-IDUAL . 1 GROUP . 2	N44. How far away from your home is the location of [AG] that [NAME] most often visits ? (KM)	N45. When did [NAME] apply for this loan?	N46. Was this applica-tion accepted? YES..1 » NEXT MODULE NO...2 » N47	N47. Why was this applica-tion denied? INVESTMENT ACTIVITY NOT ACCEPTED.....1 NOT ENOUGH INCOME..2 BAD CREDIT HISTORY.3 INADEQUATE COLLATERAL.....4 OWE TOO MUCH.....5 OTHER REASONS (SP) .6	
	AGENT			MONTH YEAR			

ASK IF N41=2 & N01=2 FOR ALL N48.	
Why did no one from your household apply for a loan in the past TWO years? CODE 3 MOST IMPORTANT	
REASON CODE	
REASON 1	
REASON 2	
REASON 3	

» Next
Module

O. ACCESS TO AND USE OF REMITTANCE AND PAYMENT SERVICES

O01. In the past 12 months, did you or any members of your household RECEIVE any remittances?

YES..1 » O02
NO...2 » O13

O02. Who in your household received this remittance from him/her? MEMBER ID	O03. Who has sent remittances to members of your house in the past 12 months? CHILD.....1 SPOUSE.....2 BROTHER/ SISTER....3 PARENT.....4 OTHER REL..5	O04. Where did this remittance come from? MALAWI.....1 SOUTH AFRICA.2 OTHER SOUTHERN AFRICA..3 EAST AFRICA..4 WEST AFRICA..5 EUROPE.....6 AMERICA.....7 AUSTRALIA...8 ASIA.....9 OTHER (SP)..10	O05. How often did this person send remittances to [NAME] in the past 12 months? WEEKLY.....1 BI-WEEKLY...2 MONTHLY.....3 EVERY TWO MONTHS...4 EVERY SIX MONTHS...5 SPECIAL OCCASIONS...6 NO SCHEDULE.7 OTHER.....8	O06. In the past 12 months, how much did this person send to [NAME]? MK	O07. How was this money received? CODE A	O08. What is the name of the institution where [NAME] collected/received this remittance? CODE B IF 9 >> NEXT REMITTANCE	O09. How far from your home is this institution? KM MILES	O10. By what means do you typically travel to this location? WALK.....1 RIDE BIKE....2 BIKE TAXI.....3 DRIVE.....4 BUS/LORRY...5 TRACTOR....6	O11. What type of account does [NAME] have for receiving the remittance? SAVINGS ACCOUNT..1 CURRENT ACCT....2 FIXED DEPOSIT...3 NONE.....4	O12. When [NAME] collects this remittance, how much is the receipt fee that [NAME] must pay each time? MK

CODE A (O07)
DIRECT DEPOSIT TO BANK ACCOUNT..1
MONEY ORDER/ POST OFFICE.....2
SENT AS CASH THROUGH FRIENDS OR RELATIVES.....3
SENT THROUGH REMITTANCE CARRIER.4
SENT THROUGH REMITTANCE COMPANY (SUCH AS WESTERN UNION).....5
SENT AS A CHECK TO DEPOSIT.....6
OTHER.....7

CODE B (O08)
MALAWI SAVINGS BANK..1
OIBM.....2
NATIONAL BANK (NBM)..3
STANDARD BANK (STB)..4
MALAWI RURAL FINANCE COMPANY (MRFC).....5
NBS.....6
POST OFFICE.....7
COOPERATIVE.....8
FRIENDS.....9
WESTERN UNION.....10
OTHER.....11

O13. In the past 12 months, did you or any members of your household SEND any remittances?

YES..1 » O14
NO...2 » O25

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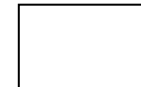
O15. Who in your household sent this remittance to him/her? MEMBER ID	O14. To whom have members of your household sent remittances in the past 12 months? CHILD.....1 SPOUSE.....2 BROTHER/ SISTER.....3 PARENT.....4 OTHER REL..5 OTHER (SP) .6	O16. Where was this remittance sent? MALAWI.....1 SOUTH AFRICA.2 OTHER SOUTHERN AFRICA..3 EAST AFRICA..4 WEST AFRICA..5 EUROPE.....6 AMERICA.....7 AUSTRALIA...8 ASIA.....9 OTHER (SP)..10	O17. How often did [NAME] send remittances to this person in the past 12 months? WEEKLY.....1 BI-WEEKLY...2 MONTHLY.....3 EVERY TWO MONTHS...4 EVERY SIX MONTHS...5 SPECIAL OCCASIONS.....6 NO SCHEDULE.7 OTHER.....8	O18. In the past 12 months, how much did [NAME] send to this person? MK	O19. How was this money sent? CODE A IF 3 » NEXT REMIT.	O20. What is the name of the institution through which this remittance was sent? CODE B	O21. How far from your home is this institution? KM MILES	O22. By what means does [NAME] typically travel to this location? WALK.....1 RIDE BIKE....2 BIKE TAXI.....3 DRIVE.....4 BUS/LORRY...5 TRACTOR....6	O23. What type of account does [NAME] have for sending the remittance? SAVINGS ACCOUNT..1 CURRENT ACCT.....2 FIXED DEPOSIT...3 NONE.....4	O24. When [NAME] sends this remittance, how much is the sending fee that [NAME] must pay each time? MK

CODE A (O19)
DIRECT DEPOSIT TO BANK ACCOUNT..1
MONEY ORDER/ POST OFFICE.....2
SENT AS CASH THROUGH FRIENDS
OR RELATIVES.....3
SENT THROUGH REMITTANCE CARRIER.4
SENT THROUGH REMITTANCE COMPANY
(SUCH AS WESTERN UNION).....5
SENT AS A CHECK TO DEPOSIT.....6
OTHER.....7

CODE B (O20)
MALAWI SAVINGS BANK..1
OIBM.....2
NATIONAL BANK (NBM)..3
STANDARD BANK (STB)..4
MALAWI RURAL FINANCE COMPANY (MRFC).....5
NBS.....6
POST OFFICE.....7
COOPERATIVE.....8
FRIENDS.....9
WESTERN UNION.....10
OTHER.....11

O25. In the past 12 months, did you or any member of your household use any external agents for payment systems such as receiving and paying salaries, receiving auction house payments, to pay utility bills, or for any other reason? (for example, for tobacco payments?)

YES...1 > O26
NO...2 > NEXT MODULE



O26. For each HH member that used an external agent for such payments in the past 12 months, which services did they use? FOR EACH MEMBER THAT USED SUCH SERVICES, USE ONE LINE FOR EACH OF THE TYPES OF SERVICES HE OR SHE USED		O28. In the past 12 months, how often does [NAME] make or receive these payments? WEEKLY.....1 BI-WEEKLY...2 MONTHLY.....3 EVERY TWO MONTHS....4 EVERY SIX MONTHS....5 SPECIAL OCCASIONS.....6 NO SCHEDULE.7 OTHER.....8	O29. What amount is transferred each time? MK	O30. What mode of payment was used for this payment? CODE A	O31. What is the name of the institution through which this payment is made? CODE B	O32. How far from your home is this institution? KM MILES	O33. By what means does [NAME] you typically travel to this location? WALK.....1 RIDE BIKE.2 BIKE TAXI.3 DRIVE.....4 BUS/LORRY.5 TRACTOR...6	O34. How much does [NAME] typically spend on travel, lodging and food when sending/receiving these payments? MK	O35. What type of account does [NAME] have to [SEND/RECEIVE] these payments? SAVINGS ACCOUNT..1 CURRENT ACCT.....2 SPECIAL PAYMENT ACCOUNT...3 NONE.....4	O36. What is the charge per transaction when [NAME] [SENDS/RECEIVES] these payments? MK
MEMBR ID	NAME	PYMT TYPE CODE C								

CODE A
DIRECT DEPOSIT TO BANK ACCOUNT..1
MONEY ORDER/ POST OFFICE.....2
SENT AS CASH THROUGH FRIENDS OR RELATIVES.....3
SENT THROUGH REMITTANCE CARRIER.4
SENT THROUGH REMITTANCE COMPANY (SUCH AS WESTERN UNION).....5
SENT AS A CHECK TO DEPOSIT.....6
OTHER.....7

CODE B
MALAWI SAVINGS BANK..1
OIBM.....2
NATIONAL BANK (NBM)..3
STANDARD BANK (STB)..4
MALAWI RURAL FINANCE COMPANY (MRFC).....5
NSB.....6
POST OFFICE.....7
COOPERATIVE.....8
FRIENDS.....9
WESTERN UNION.....10
OTHER.....11

CODE C
RECEIVES AUCTION HOUSE PAYMENTS AS DIRECT DEPOSIT.....1
RECEIVES SALARY AS DIRECT DEPOSIT..2
PAYS SALARIES AS DIRECT TRANSFERS..3
PAYS REMITTANCES.....4
PAYS UTILITY BILLS.....5
PAYS INPUT DEALERS AS DIRECT TRANSFER.....6
OTHER (SPECIFY).....7

P. SHOCKS AND OTHER UNCOMMON EVENTS

CODE	Over the past 12 months , was your household severely affected negatively by any of the following events? GO THROUGH ENTIRE LIST BEFORE PROCEEDING.	P01. YES..1 (»NEXT ITEM) NO...2 (»NEXT ITEM)	P02. When did [THIS SHOCK] occur?		P03. [THIS SHOCK] affected: [READ] Own HH only.1 Some other HHs too . .2 Most HHs in community .3 All HHs in community .4	P04. Did this loss lead directly to a reduction in expected income for your household? YES..1 NO...2	P05. Did you need to spend any of your cash savings in response to [SHOCK]? How much? MK	P06. Did you need to sell any assets, farmland, or livestock in response to [SHOCK]? YES..1 NO...2 » P09	P07. What was the cash value of all of assets, farmland and livestock that you sold in response to this shock? MK	P08. Were any of these assets, farmland or livestock used previously in farming or a household business? YES..1 NO...2	P09. What were the most important things that your household did in response to this shock to try to regain your former welfare level? [LIST UP TO 3 BY ORDER OF IMPORTANCE]		
			MON	YEAR							1ST	2ND	3RD
101	Lower crop yields due to drought or floods												
102	Crop disease or crop pests												
103	Livestock died or were stolen												
104	Household business failure, non-agricultural												
105	Loss of salaried employment or non-payment of salary												
106	End of regular assistance, aid, or remittances from outside HH (e.g. loss of fertilizer subsidy)												
107	Unexpected increase in input prices												
108	Large fall in sale prices for crops												
109	Large rise in price of food												
110	Illness or accident of household member												
111	Death of HH head												
112	Death of working member of household												
113	Death of other household member												
114	Break-up of the household												
115	Theft												
116	Dwelling damaged, destroyed by fire, flood, vandalism, etc.												
117	Communal fights												
118	Other 1 (SPECIFY) _____												

SPENT CASH SAVINGS.....1	OTHER HH MEMBERS WHO WEREN'T WORKING	RECEIVED HELP FROM RELIGIOUS INSTITUTION..17
SENT CHILDREN TO LIVE WITH RELATIVES..2	WENT TO WORK.....10	RECEIVED HELP FROM GOVERNMENT.....18
SOLD ASSETS (TOOLS, FURNITURE, ETC.)..3	REMOVED CHILDREN FROM SCHOOL TO WORK.11	REDUCED FOOD CONSUMPTION.....19
SOLD FARMLAND.....4	WENT ELSEWHERE TO FIND WORK FOR MORE THAN A MONTH.....12	CONSUMED LOWER COST, LESS PREFERRED FOODS.20
RENTED OUT FARMLAND.....5	BORROWED MONEY FROM RELATIVES.....13	REDUCED NON-FOOD EXPENDITURES.....21
SOLD ANIMALS.....6	BORROWED MONEY FROM MONEY LENDER....14	SPIRITUAL EFFORT (PRAYER, SACRIFICES, CONSULTED DIVINER, ETC).....22
SOLD MORE CROPS.....7	BORROWED MONEY FROM BANK, MRFC, ETC..15	DID NOT DO ANYTHING.....23
STARTED A NEW BUSINESS.....8	RECEIVED HELP FROM NGO.....16	OTHER (SPECIFY).....24
WORKED LONGER HOURS, WORKED MORE.....9		

P. SHOCKS

CODE	Over the past 12 months , did your household experience any of the following events? GO THROUGH ENTIRE LIST BEFORE PROCEEDING.	P10. YES . . 1 (»NEXT EVENT) NO . . . 2 (»NEXT EVENT)	P11. When did [THIS SHOCK] occur?		P12. Did you need to spend any of your cash savings to pay for this [EVENT] or additional expenses arising from this [EVENT]? How much? MK	P13. Did you need to sell any assets, farmland, or livestock to pay for this [EVENT] or additional household expenses arising from this [EVENT]? YES . . 1 NO . . . 2 » NEXT EVENT	P14. What was the cash value of all of assets, farmland and livestock that you sold to pay for this event? MK	P15. Were any of these assets, farmland or livestock used previously in farming or a household business? YES . . 1 NO . . . 2
			MONTH	YEAR				
119	Birth							
120	Adoption/Fostering a new child							
121	Wedding within the household							
122	Funeral rites							
123	Paid primary school fees (incl. uniforms, books, etc.)							
124	Paid secondary school fees							
125	Paid post-secondary school fees							

Q SOCIAL CAPITAL

a. Group membership

Q01. Does anyone in your household belong to any groups, organizations, or associations?

YES .1 » Q02.
NO .2 » Q12.

G R O U P I D	Q02.	Q03.	Q04.	Q05.	Q06.	Q07.	Q08.	Q09.	Q10.	Q11.
	What is the name of the organization or organizations that [NAME] belongs to? ENTER EACH ORGANIZATION ON A SEPARATE LINE GROUP NAME	Please name all of the household members who belong to [GROUP]. ALLOW UP TO 3 PER GROUP HH MEMBER ID	What type of organization is this? ORG CODE	What is your position in this group? LEADER/VICE.1 TREASURER...2 SECRETARY...3 OTHER LDSP.4 MEMBER...5	Are group members mostly of the same extended family? YES .1 NO .2	Are members mostly from your village? YES .1 NO .2	Are members mostly of the same gender? YES .1 NO .2	Do members mostly have the same occupation? YES .1 NO .2	Are members mostly from the same age group? YES .1 NO .2	Do members mostly have the same level of education? YES .1 NO .2
901										
902										
903										
904										
905										
906										

Q12. Are members of your household occasionally denied access or have limited access to the following services: YES .1 NO .2		Q13. Why is this so? REASON CODE REASON 1 REASON 2		REASON CODES	ORGANIZATION CODES
a. Education/Schools				INCOME LEVEL.....1	FARMERS' /FISHERMEN'S GROUP.....1
b. Health services/clinics				OCCUPATION.....2	COOPERATIVE.....2
c. Housing assistance				SOCIAL STATUS (CLASS/CASTE) 3	TRADERS' ASSOCIATION/ BUSINESS GROUP. 3
d. Job training/employment				AGE.....4	PROFESSIONAL ASSOCIATION.....4
e. Credit/Finance				GENDER.....5	TRADE UNION.....5
f. Transportation				RACE/ETHNICITY.....6	CREDIT/FINANCE GROUP.....5
g. Water distribution				LANGUAGE.....7	WATER/WASTE GROUP.....7
h. Sanitation Services				RELIGIOUS BELIEFS.....8	NEIGHBORHOOD/VILLAGE ASSOCIATION...8
i. Agricultural Extension				POLITICAL AFFILIATION.....9	CIVIC GROUP.....9
j. Justice/conflict resolution				LACK OF EDUCATION.....10	NGO.....10
k. Security/polices services				LACK OF ID.....11	RELIGIOUS GROUP.....11
				CLAN MEMBERSHIP.....12	CULTURAL ASSOCIATION.....12
				OTHER (SPECIFY).....13	SPORTS GROUP.....13
					POLITICAL GROUP.....14
					YOUTH GROUPS.....15
					WOMEN'S GROUP.....16
					PARENT GROUP.....17
					SCHOOL COMMITTEE.....18
					HEALTH COMMITTEE.....19
					OTHER (SPECIFY).....20

Q14. What types of services can you access using [ID TYPE] that you cannot access without any form of ID card?			Q15. PLEASE LIST THE MEMBER IDS OF ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER			Q16. Did [NAME] have any form of an id card that is recognized by the government or a formal banking institution 1 year ago?		Q17. What type of identification was this? UP TO 2		Q18. Does [NAME] currently have any of these forms of ID?		Q19. What type of identification is this? UP TO 2									
EDUCATIONAL SERVICES.....1	HEALTH SVCS/CLINICS.....2	FINANCE SERVICES.....3	HOUSING ASSISTANCE.....4	JOB TRAINING/EMPLOYMENT...5	WATER/SANITATION SVCS.....6	SECURITY/POLICE.....7	AGRI EXTENTION.....8	OTHER (SPECIFY).....9	MEMBER ID	MEMBER NAME	PASSPORT...1	DRIVER'S LICENSE...2	OTHER GOVT ID CARD.3	BANK ATM CARD.....4	BIOMETRIC BANK CARD W/ PICTURE...5	OTHER (SPECIFY).....6	YES 1 » Q19 NO .2 » NXT MEMBER	ID 1	ID 2	ID 1	ID 2
Passport																					
ATM																					
Biometric card																					

Q20. In the past 3 years has anyone in your household done any of the following things: YES .1 NO .2		Q21. Suppose your household had something unfortunate happen to you, such as an unexpected loss of income or unexpected expense. Who do you think you could turn to for help in this situation? (RECORD FIRST 3 MENTIONED.)		Q22. Do you think that in this village people generally trust one another in matters of lending and borrowing?		Q23. Do you think over the last year this level of trust has gotten better, gotten worse or stayed about the same?		Q24. Compared with other villages, is there more or less conflict in this village?		Q25. When you need to leave your home for several hours do you worry about the security of your things?	
a. Voted in national/local elections											
b. Actively participated in an association											
c. Made contact w/ an influential person											
d. Contacted an elected representative											
e. Contributed time/labor for village development											
f. Talked with people in your area about a HH problem											
g. Notified the court or police about a problem											
h. Made a monetary or in-kind donation											
i. Volunteered for a charitable organization											
SUPPORTER CODES (Q21)		SUPPORTER CODE		YES .1 NO .2		BETTER .1 SAME .2 WORSE .3		MORE .1 SAME .2 LESS .3		WORRY A LOT .1 WORRY SOME .2 DO NOT WORRY .3	
NO ONE WOULD HELP.....1	PATRON/EMPLOYER.....10										
FAMILY.....2	POLITICAL LEADER.....11										
NEIGHBORS.....3	GROUP THAT HOUSEHOLD BELONGS TO.....12										
FRIENDS.....4	ASSISTANCE GROUP THAT HOUSEHOLD DOES NOT BELONG TO.....13										
RELIGIOUS LEADER/GROUP.5	OTHER (SPECIFY).....14										
COMMUNITY LEADER.....6											
BUSINESS LEADER.....7											
POLICE.....8											
COURT/JUDGE.....9											

R. GPS, INTERVIEW NOTES, SUPERVISOR CHECKLIST

a. GPS

DO NOT SIMPLY COPY THE SAME READING INTO BOTH ROWS.

READING 1

S	O	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>		Accuracy	<input type="text"/>	<input type="text"/>	meters
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READING 2

E	O	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>		Accuracy	<input type="text"/>	<input type="text"/>	meters
S	O	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>		Accuracy	<input type="text"/>	<input type="text"/>	meters
E	O	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>		Accuracy	<input type="text"/>	<input type="text"/>	meters

b. LOCATION NOTES (Please provide descriptive location of household so that it is easier to find in round 2)
(example: near primary school, off main road, etc.)

c. INTERVIEW NOTES (Please make notes on responsiveness of household, difficulties encountered during interview, etc.)

d. SUPERVISOR CHECKLIST

a	COVER PAGE	
b	ROSTER	
c	LABOR TIME	
d	PAT	
e	FOOD SECURITY	
f	HOME RENTALS OWNERSHIP	
g/h	CONSUMER & PRODUCTIVE ASSETS	
i	LIVESTOCK	

SUPERVISOR NAME:

j	FARM INCOME	
k	NON-FARM BUSINESS	
l	OTHER INCOME	
m	SAVINGS	
n	LOANS	
o	REMITTANCES	
p	SHOCKS	
q	SOCIAL CAPITAL	
r	GPS AND INTERVIEW NOTES	

SUPERVISOR NAME: _____

ID

SIGNATURE: _____ **DATE:** _____