

United Republic of Tanzania - Kagera Health and Development Survey 2004

Economic Development Initiatives

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Identification

SURVEY ID NUMBER

TZA_2004_KHDS_v01_EN_M_v01_A_OCS

TITLE

Kagera Health and Development Survey 2004

COUNTRY

Name	Country code
United Republic of Tanzania	TZA

STUDY TYPE

Living Standards Measurement Study [hh/lsms]

SERIES INFORMATION

The Kagera Health and Development Survey 2004 (KHDS 2004) took place in 2004 as the fifth survey wave. Earlier waves of the survey include the four waves from 1991 till 1994.

ABSTRACT

The Kagera Health and Development Survey was conducted to estimate the economic impact of the death of prime-age adults on surviving household members. This impact was primarily measured as the difference in well-being between households with and without the death of a prime-age adult (15-50), over time. An additional hypothesis was that households in communities with high mortality rates might be less successful in coping with a prime-age adult death. Thus, the research design called for collecting extensive socioeconomic information from households with and without adult deaths in communities with high and low adult mortality rates. Data collected by the KHDS can be used to estimate the "direct costs" of illness and mortality in terms of out-of-pocket expenditures, the "indirect costs" in terms of foregone earnings of the patient, and the "coping costs" in terms of changes in the well-being of other household members and in the allocation of time and resources within the household as these events unfold. The KHDS was an economic survey. It did not attempt to measure knowledge, attitudes, behaviours or practices related to HIV infection or AIDS in households or communities. It also did not collect blood samples or attempt to measure HIV seroprevalence; this would have substantially affected the costs and complexity of the research and possibly the willingness of households to participate. Information on the cause of death in the KHDS household survey is based on the reports of surviving household members; the researchers maintained that household coping will respond to the perceived cause of death, irrespective of whether the deceased actually died of AIDS. Lastly, the KHDS did not attempt to measure the psycho-social impact of HIV infection or AIDS deaths.

KIND OF DATA

Sample survey data [ssd]

UNIT OF ANALYSIS

Households

Scope

NOTES

(a) HOUSEHOLD QUESTIONNAIRE

Section 0 Basic Survey information

Section 1 Household Roster

Section 2 Previous Children Residing Elsewhere

Section 3 Main Activities of the Household

Section 4 Information on Parents

Section 5 Education

Section 6 Health

Section 7 Activities and Non-Labour Income

Section 8 Individual Expenditures

Section 9 Migration

Section 10 Shocks Experienced in the Past 10 Years

Section 11 Farming
 Section 11 Agriculture
 Section 12 Livestock
 Section 13 Non-Farm Self-Employment
 Section 14 Housing
 Section 15 Durable Goods, Expenditures, Inheritance, and Bride Price
 Section 16 Food Consumption and Expenditures
 Section 17 Informal Organizations, Ability to Cope, Assistance from Organizations
 Section 18 Gifts and Loans Received/Sent
 Separate Form Anthropometry
 Separate Form Mortality of Previous Household Members

(b) COMMUNITY QUESTIONNAIRE

GPS coordinates
 Section 0 Selecting respondents
 Section 1 Demographic information
 Section 2 Economy and Infrastructure
 Section 3 Education
 Section 4 Health
 Section 5 Agriculture
 Section 6 Culture
 Section 7 Shocks in the past 10 years

(c) PRICE QUESTIONNAIRE

GPS coordinates
 Part I Food Prices
 Part II Pharmaceutical Prices
 Part III Non-Food Prices

(d) SCHOOL QUESTIONNAIRE

Part A School characteristics, enrolment and fees
 Part B Textbooks, Standard 7 completion, number of teachers employed and assistance or contributions

TOPICS

Topic	Vocabulary
Health	FAO
Agriculture & Rural Development	FAO
Food (production, crisis)	FAO
Migration & Remittances	FAO
Livestock	FAO
Population & Reproductive Health	FAO
Nutrition	FAO
Prices statistics	FAO
Financial Sector	FAO
Access to Finance	FAO

Coverage

GEOGRAPHIC COVERAGE

Regional

UNIVERSE

The KHDS attempts to re-interview all respondents interviewed in the original KHDS 1991-1994, irrespective of whether the respondent had moved out of the original village, region or country or was residing in a new household.

Producers and sponsors

PRIMARY INVESTIGATORS

Name
Economic Development Initiatives

FUNDING AGENCY/SPONSOR

Name	Abbreviation
Danish Agency for Development Assistance	DANIDA
Knowledge for Change Trust Fund at the World Bank	

Sampling

SAMPLING PROCEDURE

Sample size of this study was 900 households following the KHDS 91-94 Household Sampling procedure:

(a) SAMPLE DESIGN AND SELECTION

Qualitative studies of small samples of households can point to hypotheses about the ways in which fatal adult illness affects households. However, policymakers need to know which households are suffering the most, the size of the impact, the extent to which they suffer more than other households in a poor country, and the potential costs and effects of assistance programs. For this purpose, the sample of households must be representative of the population, a random sample for which the probability of selecting each household from the whole population is known. The KHDS used a random sample that was stratified geographically and according to several measures of adult mortality risk. This strategy allowed the team to ensure an adequate number of households with an adult death in the sample while retaining the ability to extrapolate the results to the entire population. The results from the household survey show that stratification of the sample on mortality risk at both the community and household level proved to be worthwhile. Among the 816 households in the original sample that began the survey in the first passage, 91 had an adult death in the course of the survey-more than three times the expected number (25) had the households been drawn at random with no stratification. The 816 households that began the survey in the first passage were observed, on average, for 1.6 years, generating a total of 1,322.7 years of observation. The average probability of an adult death per household per year, according to the 1988 Tanzania Census, is 0.0188. Thus, the expected number of deaths from a random sample of 816 households observed for 1.6 years is 25. Because households were added to the sample to compensate for attrition, a total of 918 households were eventually interviewed at least once. Between the first and last interview, 102 of these households had an adult death, compared to 27 households that would have been expected to have a death from a non-stratified sample.

(b) SAMPLING PROCEDURE

The KHDS household sample was drawn in two stages, with stratification based on geography in the first stage and mortality risk in both stages. It used a two-stage stratified random sampling procedure.

RESPONSE RATE

96 percent

Data Collection

DATES OF DATA COLLECTION

Start	End
2004-01	2004-08

DATA COLLECTION MODE

Face-to-face [f2f]

Access policy

CONTACTS

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CONFIDENTIALITY

The users shall not take any action with the purpose of identifying any individual entity (i.e. person, household, enterprise, etc.) in the micro dataset(s). If such a disclosure is made inadvertently, no use will be made of the information, and it will be reported immediately to FAO

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2. Three copies of all publications, conference papers, or other research reports based entirely or in part upon the requested data will be supplied to:

The World Bank
Development Economics Research Group
LSMS Database Administrator
MSN MC3-306
1818 H Street, NW
Washington, DC 20433, USA

tel: (202) 473-9041
fax: (202) 522-1153
e-mail: lsms@worldbank.org

3. The researcher will refer to the 2004 Kagera, Tanzania Health and Development Survey as the source of the information in all publications, conference papers, and manuscripts. At the same time, the World Bank is not responsible for the estimations reported by the analyst(s).

4. Users who download the data may not pass the data to third parties.

5. The database cannot be used for commercial ends, nor can it be sold.

CITATION REQUIREMENTS

Use of the dataset must be acknowledged by including a citation which would include:

- Identification of the Primary Investigator
- Title of the survey (including the country name and year of implementation)
- Survey reference number
- Source and date of download

Example:

Kagera Health and Development Survey 2004. Ref. TZA_2004_KHDS_v01_M. The World Bank.

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Metadata production

DDI DOCUMENT ID

DDI_TZA_2004_KHDS_v01_EN_M_v01_A_OCS_FAO

PRODUCERS

Name	Abbreviation	Affiliation	Role
Office of Chief Statistician	OCS	Food and Agriculture Organization	Adoption of metadata for FAM
Development Economics Data Group	DECDG	The World Bank	Documentation of the DDI

DDI DOCUMENT VERSION

TZA_2004_KHDS_v01_EN_M_v01_A_OCS_v01

Data Dictionary

Data file	Cases	Variables
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