

United Republic of Tanzania - Kagera Health and Development Survey 2010

Economic Development Initiatives

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Identification

SURVEY ID NUMBER

TZA_2010_KHDS_v01_EN_M_v01_A_OCS

TITLE

Kagera Health and Development Survey 2010

COUNTRY

Name	Country code
United Republic of Tanzania	TZA

STUDY TYPE

Living Standards Measurement Study [hh/lms]

SERIES INFORMATION

The Kagera Health and Development Survey 2010 (KHDS 2010) took place in 2010 as the sixth survey wave. Earlier waves of the survey include the four waves from 1991-1994, and the fifth wave in 2004.

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

The scope of the KHDS 2010 includes the following topics that are also sections of the questionnaire:

(a) HOUSEHOLD QUESTIONNAIRE

- Parents
- Education
- Health
- Employment
- Individual Expenditures
- Shocks
- Migration
- Agriculture
- Land & Seeds
- Inheritance

- Group Inheritance
- Individual Inheritance
- Non-Farm Self-Employment
- Household Health
- Esteem and Efficacy
- Household
- Household Income Sources
- Housing
- Durable Goods, Livestock and Expenditure

(b) CONSUMPTION AND PRICE QUESTIONNAIRE

- Seasons of the Past 12 Months
- Identification of Consumed Items
- Food Consumption of Home Production (Crops)
- Food Consumption of Home Production (Animal Products)
- Food Expenditures
- Seasonal Foods
- Food Expenditures
- Non-Seasonal Foods
- Miscellaneous Consumption Questions

(c) WEDDING QUESTIONNAIRE

- Networks
- Links with Previous Household Members
- Migration Expectations
- Links with Baseline Village
- Gifts and Loans Received from Others
- Gifts and Loans Given to Others
- Anthropometry

TOPICS

Topic	Vocabulary
Health	FAO
Financial Sector	FAO
Access to Finance	FAO
Migration & Remittances	FAO
Nutrition	FAO
Population & Reproductive Health	FAO
Labor	FAO
Agriculture & Rural Development	FAO
Food (production, crisis)	FAO
Land (policy, resource management)	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

PRODUCERS

Name	Affiliation	Role
Vera Ngowi	Muhimbili University of Health and Allied Sciences	Technical assistance
Gideon Kwesigabo	Muhimbili University of Health and Allied Sciences	Technical assistance
Innocent Semali	Muhimbili University of Health and Allied Sciences	Technical assistance
Respichius Mitti	Economic Development Initiatives	Technical assistance
Leonard Kyaruzi	Economic Development Initiatives	Technical assistance
Joachim De Weerd	Economic Development Initiatives	Technical assistance
Kathleen Beegle	World Bank	Technical assistance
Helene Bie Lilleor	Rockwool Foundation	Technical assistance
Kalle Hirvonen	University of Sussex	Technical assistance
Sofya Krutikova	University of Oxford	Technical assistance
Martina Kirchberger	University of Oxford	Technical assistance

FUNDING AGENCY/SPONSOR

Name	Role
Rockwool Foundation	Financial assistance
World Bank	Financial assistance

Sampling

SAMPLING PROCEDURE

Sample size of this study followed 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.

DEVIATIONS FROM THE SAMPLE DESIGN

Because people have moved out of their original household, the new sample in KHDS 2004 consists of over 2,700 households from the baseline 832, which were re-contacted. Much of the success in re-contacting respondents was due to the effort to track people who had moved out of the baseline villages. One-half of all households interviewed were tracking cases, meaning they did not reside in the baseline communities. Of those households tracked, only 38 percent were located nearby the baseline community. Overall, 32 percent of all households were not located near the baseline communities. While tracking is costly, it is an important exercise because migration and dissolution of households are often hypothesized to be important responses to hardship. Excluding these households in the sample raises obvious concerns regarding the selectivity of attrition. In particular, out-migration from the village, dissolving of households, and even marriage, may be responses to adult mortality. At the same time, tracking will provide a unique opportunity to study these coping mechanisms: who uses them, what is the effect, do they get people out of poverty or do they themselves constitute a poverty trap. Turning to recontact rates of the sample of 6,204 respondents, Re-interview rates are monotonically decreasing with age, although the reasons (deceased or not located) vary by age group. The older respondents were much more likely to be located if living, which is consistent with higher migration rates among the young adults in the sample. Among the youngest respondents, over three-quarter were successfully re-interviewed. Excluding people who died, 82 percent of all respondents were re-interviewed. Without tracking, re-interview rates of surviving respondents would have fallen from 82 percent to 52 percent. Non-local migration is not trivial; restricting the tracking to nearby villages would have resulted in 63 percent recontact of survivors. Migration proved to be an important factor in determining whether someone was re-contacted. Respondents who were untraced were much more likely to be residing outside Kagera (52 percent) compare to their counterparts who were re-interviewed (9 percent). KHDS 2004 tracked international migrants for Uganda only. Although the location of those in other countries was known, they were not traced. For those respondents who were not re-interviewed, the KHDS 2004 gives some information about their interactions with the re-interviewed respondents. Survey modules on the frequency of contact with all previous household members inform on the cash, in-kind and labour interactions between former household members.

Data Collection

DATES OF DATA COLLECTION

Start	End
2010-04	2010-10

DATA COLLECTION MODE

Face-to-face [f2f]

Access policy

CONTACTS

Name	Affiliation	Email	URL
LSMS Data Manager	The World Bank	lsms@worldbank.org	surveys.worldbank.org/lsms

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Washington, DC 20433, USA

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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).

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- Title of the survey (including the country name and year of implementation)
- Survey reference number
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Metadata production

DDI DOCUMENT ID

DDI_TZA_2010_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_2010_KHDS_v01_EN_M_v01_A_OCS_v01

Data Dictionary

Data file	Cases	Variables
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