



NATIONAL STATISTICAL OFFICE  
ZOMBA

CONFIDENTIAL

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NATIONAL CENSUS OF AGRICULTURE AND LIVESTOCK

**Module 4: Food security & HIV/AIDS**

**To be administered in May**

Important information for the interviewer:

Create a reference number by combining the cluster, household and module number. Write this number NOW on the top of all pages.

CLUSTER

HOUSEHOLD

MODULE  
NUMBER

REFERENCE NUMBER

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**A. Interview Information**

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**A1. Interviewer's number/ name**

**A2. Head of household**

**A3. District code/name**

**A4. TA /Town/ Area**


**A5. Date**

**A6. Household type**

**A7. Respondent**

Day	Month	Year

Small scale = 1  
Large scale = 2

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Member number

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## GENERAL INFORMATION

**F1 Did your household leave any farm land uncultivated this season that was cultivated last season?**

Yes 1 ☐  
**F3 ←** No 2 ☐

**F2 What was the main reason that this land was not cultivated?**

Shortage of labour 1 ☐  
 Owner died 2 ☐  
 Owner sick in hospital 3 ☐  
 Owner left for another place 4 ☐  
 Fallow 5 ☐  
 Other 6 ☐

**F3 In this agricultural season 2006/2007, have you [or any member of the household] attended an extension course, attend a village meeting or was visited at the farm by an extension worker?**

**F5 ←** Yes 1 ☐  
 No 2 ☐

**F4 Why not?**

**F6 ←** Extension worker not available 1 ☐  
**F6 ←** Available but no visit 2 ☐  
**F6 ←** Available but farmer does not participate in extension work meetings 3 ☐

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**F5 In the agricultural season 2006/2007, how many times did anybody from this household attend an extension course, attend a village meeting or was visited at the farm by an extension worker? [MULTIPLE RESPONSE]**

No of times attended an extension course   
 No of times attending village extension meeting   
 No of times an extension worker visited the farm

**F6 How many men, women, boys and girls from *this household* have been engaged in the following farming activities in this season?**

	Adult family members		Children [= <14 yrs old]	
	Male	Female	Boys	Girls
Land Preparation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Planting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weeding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Harvesting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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F7

How large share of the work was done by the men, women, boys and girls in the household for each of these farming activities in this season?

	Adult Men					Adult Women					Boys[ =<14 yrs old]					Girls[= <14 yrs old]				
	All= 1	Most = 2	Half = 3	Some = 4	None = 5	All= 1	Most = 2	Half = 3	Some = 4	None = 5	All= 1	Most = 2	Half = 3	Some = 4	None = 5	All= 1	Most = 2	Half = 3	Some = 4	None = 5
Land Preparation																				
Planting																				
Weeding																				
Harvesting																				
Marketing																				

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How many and what type of paid workers did your household engage in the following farming activities in this season?

	Permanent workers		Casual Labour	
	Male	Female	Male	Female
Land Preparation				
Planting				
Weeding				
Harvesting				
Marketing				

F9a

Did you practise any of the following methods to protect your crops during the following farming seasons? [MULTIPLE RESPONSE]

	Previous season		This season	
Put a fence around the garden	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Post guards in the field	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Guard the field yourself	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Scarecrows	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Harvest early	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Store harvested crop in house	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Use magic (kutsirika)	1	<input type="checkbox"/>	1	<input type="checkbox"/>
No protection method at all	1	<input type="checkbox"/>	1	<input type="checkbox"/>

F9b

Has your household experienced any theft of the following during the last 5 years

	Yes	No
Livestock	<input type="checkbox"/>	<input type="checkbox"/>
Crop produce in field	<input type="checkbox"/>	<input type="checkbox"/>
Crop produce from storage	<input type="checkbox"/>	<input type="checkbox"/>

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**F10** Has your household harvested any staple food in the 2006/2007 season yet?

F12 ← Yes 1 ☐  
No 2 ☐

**F11** Do you still have staple food left from your 2006/2007 harvest?

F13 ← Yes 1 ☐  
No 2 ☐

**F12** Does your household expect to harvest any staple food in the 2006/2007 season? [this season]

F14 ← Yes 1 ☐  
No 2 ☐ +

**F13** In which month will your staple food (2006/2007) run out?

Month Year

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**F14** During the last 7 days how many main meals did the household take per day?

One meal 1 ☐  
Two meals 2 ☐  
Three meals or more 3 ☐

**F15** What staple food did your household mainly eat in these meals?

	Code	First meal	Second meal	Third meal
Nsima from Maize	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from other cereals	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from cassava	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Sorghum	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Millet	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Rice	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plantains	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw Cassava	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potato	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish potato	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw maize cobs	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**F16 During the past 7 days, how often did your household eat the following food items? Read out [MULTIPLE RESPONSE]**

	Almost daily (more than 3 times)	Two or three times	Once	Never
Nuts and seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F17 In the past 7 days what were the main sources of food for the household? [MULTIPLE RESPONSE]**

Own produce	1	<input type="checkbox"/>
Purchase from market	1	<input type="checkbox"/>
Casual labour paid in food	1	<input type="checkbox"/>
Wild food	1	<input type="checkbox"/>
Gift	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Free food	1	<input type="checkbox"/>
Winter/irrigated own food	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

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**F18 During the past 7 days, what income sources did the household use to provide for the food consumed? [MULTIPLE RESPONSE]**

Sale of own maize	1	<input type="checkbox"/>
Sale of own other food crops	1	<input type="checkbox"/>
Sale of own cash crops	1	<input type="checkbox"/>
Sale of own livestock	1	<input type="checkbox"/>
Sale of own fish	1	<input type="checkbox"/>
Sale of own milk	1	<input type="checkbox"/>
Sale of firewood	1	<input type="checkbox"/>
Ganyu	1	<input type="checkbox"/>
Income from business work	1	<input type="checkbox"/>
Income from paid job	1	<input type="checkbox"/>
Remittances	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Loans	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

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**F19 During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

**F23**   ←   Yes                      1   ☐  
                                      No                        2   ☐

**F20 For how many of the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

Almost daily (more than 3 times)    1   ☐  
 Two or three times                      2   ☐  
 Once                                        3   ☐  
    +

**F21 How did your household cope? [MULTIPLE RESPONSE]**

Ate less of staple food	1	<input type="checkbox"/>
Shifted to cheaper food	1	<input type="checkbox"/>
Combined cheaper food /wild food	1	<input type="checkbox"/>
Shifted to wild food	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Hand outs from Govt/NGO	1	<input type="checkbox"/>
Hand outs from Religious organisations	1	<input type="checkbox"/>
Cash for work	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

**F22 Which members of the household failed to eat the meal? [MULTIPLE RESPONSE]**

Children < 12 yrs	1	<input type="checkbox"/>
Adult Males	1	<input type="checkbox"/>
Adult Females	1	<input type="checkbox"/>
All members	1	<input type="checkbox"/>

#### HIV/AIDS

**F23 Has somebody in your household or related to any member of the household been chronically ill for at least 3 months during this farming season?**

Yes [member from household]                      1   ☐  
 Yes [other relative]                      2   ☐  
**F30**   ←   No                                      3   ☐

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**F24 How many persons in your household (or other relatives) have been chronically ill for at least 3 months during this farming season?**

Number of persons [From household]

Number of persons [other relative]

**F25 What chronic illness did they suffer from?**

[MULTIPLE RESPONSE]

	Person 1		Person 2			Person 3	
	Yes	No	Yes	No		Yes	No
Chronic Malaria/Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis [TB]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Bilharzia/schistosomiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/ Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Nerve Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Stomach Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sores that do not heal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**F26 Was the sick person(s) cared for at home, at the clinic or both?**

**F28** ← At home only 1 ☐

At the clinic only 2 ☐

Both 3 ☐

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**F27 Who in the household cared for the sick person(s)?****[MULTIPLE RESPONSE]**

Female household

members

1 ☐

Male household members

1 ☐

Child/children

1 ☐

+

Servant

1 ☐**F28 How was the economy of the household affected because of caring for the sick person(s)? [MULTIPLE RESPONSE]**

The household had to sell produce

1 ☐

The household had to sell assets

1 ☐

The household had to obtain loans/credit

1 ☐

Household members had to do Ganyu

1 ☐

Other

1 ☐

The economy was not affected

1 ☐

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**F29 How were the farming activities of the household affected because of caring for the sick person(s)? [MULTIPLE RESPONSE]**

Did not have time for land preparation

1 ☐

Did not have time for weeding

1 ☐

Did not have time to apply fertilizer/pesticides

1 ☐

Livestock was left unattended

1 ☐

Did not harvest in time

1 ☐

Other

1 ☐

Farming activities were not affected

1 ☐**F30 Has there been any death in the household or community in this agricultural season? [MULTIPLE RESPONSE]**

Yes, in the household

1 ☐

No, but in the community

1 ☐

No

1 ☐**F34** ←

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**F31 How many persons passed away?**

In the household


In the community


**F32 How have these death(s) affected your household? [MULTIPLE RESPONSE]**

Farming activities had to be postponed/or not carried out

1

☐

Had to help out through sale of produce/asset?

1

☐

Other

1

☐

Not affected

1

☐

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**F33 Approximately how many days have your household spent attending funerals/mourning periods instead of doing household farming activities this season?**

Number of days


**F34 Do you have any orphans in your household?**

Yes

1

☐**F36** ←

No

2

☐**F35 How does having the orphans affect your farming activities? [MULTIPLE RESPONSE]**

They provide farm labour

1

☐

They help in household chores

1

☐

Have to spend time to look for food instead of farming

1

☐

Have to spend time to look for fees instead of farming

1

☐

Have to spend time to care the orphans when sick instead of farming

1

☐

Other

1

☐**F36 In the past twelve months, did any member of your household participate in the following types of cooperative agricultural work (*chipele ganyu, badili, chikimva, chinzake, dima, etc.*)?**

Preparing garden

1

☐

Planting

1

☐

Irrigating

1

☐

Weeding

1

☐

Harvesting

1

☐

Other agriculture work

1

☐

Have no garden

1

☐

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Completed with selected household  
Incomplete  
Refusal  
Not found  
Too ill

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
	+

Yes

No

1	<input type="checkbox"/>
2	<input type="checkbox"/>

## Comments

## HOUSEHOLD ROSTER

**Member line number**

1

2

**3**

4

**6**

7

8

9

**10**

**MAKE A COMPLETE LIST OF NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD. STARTING WITH THE HEAD OF THE HOUSEHOLD. IF MORE THAN TEN MEMBERS, USE A NEW QUESTIONNAIRE**

Head									

Head

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