NAMIBIA STATISTICS AGENCY



NAMIBIA INTERCENSAL DEMOGRAPHIC (NID) & LABOUR FORCE SURVEY (LFS) 2016

NAMIDIA INTERCENSAL DEMOGRAFIIIC (NID) &	TADOON I		Li 5/ 20.	
		Field Administrative Information		
PART A		Final Results	RESULT (CODES
Region Code			1 = Comp 2 = Partia 3 = Non- 4 = Refus	ally Completed Contact
Constituency Name Code			5 = Othe	r
PSU Number Rural/Urban		Comments on any result code 2 to	5:	
Segment (interviewer) Dwelling Number				
Household Number				
Date of Interview Started on D D M M D D M M				
Particulars of the Household GPS Readings:	Field Staff Interviewer:		Staff code	
Physical Location of the household:	Signature		Date	
Telephone Number of the Household (If any)				D D M M
Questionnaire number of this household (for persons Nos 01 - 10=1, Nos 11-20=2, etc.) Total Number of questionnaires for this household:	Name		Staff code	
Name of Head of Household .	Signature		Date	D D M M
Name of Primary Respondent				

My name is _______. I am a representative of the Namibia Statistics Agency. We are conducting the 2016 Namibia Intercensal Demographic and Labour Force Survey. A few households have been selected randomly for the interview, which will be conducted over a period of two weeks. Similar surveys were conducted in 2006 and 2014, the results from the previous surveys guided the government to plan more efficiently. However, the data is outdated and that is why we are collecting new data.

Before I ask you any questions, I would like to assure you that the information about you and your household I will record on the Tablet is **confidential** and no one, except the survey personnel, will have access to it. I am liable to be prosecuted if I reveal any of the information to a third party, except my supervisor. I would now like to ask you questions, which I will record in this Tablet."

PART B: FOR ALL PERSONS B2	B3		B4			B5		В	6			В7			B8	
What are the names of all the persons who spent the	Relationship		Sex	х		Age		Marital Status (for persons	s aged 8 years	s and above)	Age at firs	t marriage		(Citizenship	
	What is [NAME]'s relationship of household?		Is [NAME] formale?	emale or		was [NAME] last birthday		What is [NAME's] marital st	atus?		What is [N marriage	AME's] age		What is (Na citizenship		intry of
Start with the head of											For those t & 7 in B6	that are cod	ed 2,3,5,6			
household. List the names and surnames of all persons including those who were on											If age is no	ot known ent	er 999			
night shift on the reference night.	Head	01	1													
mgnt.	Spouse/ Partner	02														
	Daughter/Son	03														
Interviewer: make a complete list of everyone	Daughter/ Son-In-Law	04														
complete list of everyone and fill in questions b3 - b5 before going on to b6 - b24	Grandchild	05			If < 1	1 years, ente	er 000	Never Married	1	▶ B8				S.	ee codelistí:	2
Before going on to bo B24	Parent	06						Married with Certificate	2					30	ee codenst:	
	Parent-In-Law	07						Married traditionally/Customary	3							
	Sister/ Brother	08						Consensual Union	4	▶ B8						
	Sister/ Brother-In-Law	09						Widowed	5							
A head of the household	Other Relative	10			If > 12	20 years , en	ter 120	Divorced	6							
should be someone who is 12 years and old	Domestic Worker	11	Female	1				Separated	7			20 years , en	ter 120			
	Other Non-Relative	12	Male	2				Don't know	9	▶ B8						
CODE	CODE	1	COL	DE		YEARS		со	DE	1		YEARS			CODE	1
					<u> </u>						<u> </u>					
											1					
																1

В	PART B: FOR ALL PERSO	NS	54	0	D44		MIGRAT	ION QUES		12 - B19):	FOR ALL	PERSONS	<u>s</u>	D42				D4.4			D1F	
B1	B9	Birth Certif	icate B1	0	ID: For persons aged 16 years	ears and			B12 Birth Plac	e			Usı	B13 Ial Reside	nce			B14		Has (NAME) ı		
	Does (NAME) hold Certificate?		Has (NAME) be any services be having a Birth	ecause of not	above Does (NAME) hold a Nami Identification card (ID)?	ibian		vas [NAM AME] was		er usually	living	Where	does (NAI	ME) usual	ly live?		been liv	long has (ing at the paid ing at the paid in the interest in the paid in the interest in the paid in the interest in the inte	(NAME) place of n	region (or cou in the past 5 y September 20 2016)?	ears (since
			Only for those in B									has li		ends to liv nths or m	e for at le ore	east 6						
PERSON NUMBER							code or i		Namibia e	nd constitu		code or	mibia ente if outside (See code	Namibia			000 and	an a year, if 120 or 1 10, if Don't 19	more			
<u>a</u>	Yes, Namibian	1																				
	Yes, Non-Namibian	2																				
	No	3			Yes, New ID	1																
	Don't know	9	Yes	1	Yes, South West Africa (SWA) ID	2														Yes	1	
			No	2	No	3														No	2	►B20
	If no , go to Bi	10	Don't know	9	Don't know	9														Don't Know	9	►B20
	CODE		COI	DE	CODE		Со	untry/ Reยู	gion	Constitue	ency	Co	ountry/ Re	gion	Constitu	ency		NUMBER		C	ODE	
	_						<u> </u>					<u> </u>										
				<u> </u>			<u> </u> 	<u> </u>				<u> </u>		<u> </u> 			<u> </u>					
							1															
							1															

В	MIGRATION Q	UESTIONS (B1	2 - B19): FOR	ALL PERSON	s													Part B: FOR AL	L PERSONS		
B1	B1				B17			B18					B1	9				B2)	B21	
	When did [NA this present re		What region moving to the		s [NAME] liv	ving in just k	efore	For persons aged 8 years and	above									Orphan hood f	or persons	aged 18 years an	d below
	recent move)?			-				What was the main reason [Nato this region?	AME] moved	Who did	[NAME]	move w	ith whe	n moved	to this	region?		Is (NAME)'s bid mother alive?	ological	Is (NAME)'s bid father alive?	ological
	The person mu			a enter region nibia enter th							r	Record or	20 or mu	ultinla ra	cnonco						
	stayed or inten							To work	01	1	, , , , , , , , , , , , , , , , , , ,	ecora or	ie or mi	лиріе ге	sponse						
	at least 6 mont residence.	ths at current						Job transfer	02												
								Look for paid work	03												
								To start a business	04	1											
								Look for land for farming	05												
ER I								Family moved	06								_				
IUMB								Marriage	07	Alone						01					
PERSON NUMBER								Partnership	08	With Spo	use/Parti	ner				02					
3								School/ Training	09	With Chil	d(ren)					03					
								To live with a relative	10	With Pare	ent (s)					04					
								Divorce/ Separation	11	With Sibl	ing(s)					05					
								Adventure	12	With oth	er relativ	e (s)				06					
								Natural disaster	13	With a Fr	iend					07		Yes	1	Yes	1
								Political situation	14									No	2	No	2
									1	Other (Sp	ecify)				08		110	_		_
								Other (Specify)	15		•	·					J	Don't know	9	Don't know	9
	YEAR	MONTH	Co	ountry/Regio	n	Const	ituency	CODE		01	02	03	04	05	06	07	08	COI)E	COD	E

В	Part B: FOR ALL PERSONS																		
B1	B22			B23		B	24						B2	5					
	Disabilit	у			Disa	bility						SOCIA	L GRANTS:	For all per	rsons				
	Does (NAME) have any type of long limitation?	term disability	or	For persons ag		For persons o	aged 4 years	Does (Name)	receive an	y social gran	nts/ pension	?							
	If more than one, record the main th	ree		Because of the (ies) does (NAN	1E) have	Because of the	AME) have	Multiple resp	onse										
				any difficulties				None								00			
				in economic act	ivity?	in learning a		Old age Pens								01			
		T		_				Disability Gra	ints for adu	lts (over 16 y	years)					02	-		
	No disability	00	►B25					Child Mainte	nance grant	ts						03			
BER	Hearing impairment	01	-					Foster care g								04			
Σ	Visual impairment	02	1					Special main	tenance gra	nt for disabl	ed children	16 years &	less)			05	_		
PERSON NUMBER	Speech impairment	03						From the wo	rkmen's cor	mpensation	unemploym	ent insuran	ce			06			
R	Physical impairment-upper limb	04						Social securit	У							07			
	Physical impairment-lower limb	05						MVA and sim	ilar funds							08			
	Mental disability	06						Pension from	previous jo	ob						09			
	Albinism	07						GIPF								10			
	Autism	08						Other specify	1							11			
	Other, Specify	09		Yes	1	Yes	1	Don't know								99			
	Don't know	99		No	2	No	2	00	01	02	03	04	05	06	07	08	09	10	99
	CODE			COD	E	cc	DDE						COI	DE					
																			<u> </u>
														l					

В	ICT: FOR PERSONS 3 YEARS AND AI	BOVE									He	ealth facilit	у	
B1	B26			B27		B28		B29				B30		
1		Mobile	Phone Ow	vnership/use		Computer Use		Internet Use			He	ealth facilit	у	
	Does (NAME) own a mobile phone the last 3 months?	or used	one in	If (NAME) owns a mobile phone, is it	a ?	Did (NAME) use a computer in the last 3 months?		Did (NAME) use the Internet (Faceb Google, email etc.) in last 3 months?		Which health fa	acility does	(NAME) us from?	ually get medic	cal services
	Owns a mobile phone Neither owns nor used a mobile phone Does not own a mobile but used one	1 2 3	► B28 ► B28	Basic phone (no web browsing) Feature phone (Small screen but some access to the Internet) Smart phone (Windows mobile, iOS, Android, Black Berry)	1 2 3	No Used own computer or laptop Used the household computer or laptop Used a computer or laptop at work, school or Internet Café Don't Know	4	No Used the Internet on own mobile phone only Used it only on a computer/laptop/tablet Used it on own mobile phone and on a computer/laptop/tablet Used a mobile phone that you do not own Used a computer/laptop/tablet that you do not own Don't know	1 2 3 4 5 6	Record the no		nealth facili	ity, facility type; region	: district,
	one CODE			Android, Black Berry) CODE		CODE		CODE			Facility	District	Constituency	Region
										name	type		,	
			1											
			<u> </u>					1		<u> </u>	<u> </u>			
														1
			1											
<u> </u>														
			+							1				
1														

С	PART C: Child Prot years	ection, Fo	or all persons a	ged 0 - 18	PART D: Early Childhood Develo	oment (ECI	D), For all persons aged 0 - 5 y	ears	PART D: ED	UCATION, for p	person age 6 years and above		
B1	C1		C2		D1		D2			D3	D4		
	Who has the legal responsibility for t care of (NAME)?	aking	Do you know property or in that was take from (NAME)	of any heritance n away	Is (NAME) attending ECD? If coded 1,2,3 or 9 go to next person		Why is (NAME) not attendin		Can (NAME write a mes language wi understand	read and sage in any ith	Has (name) ever attended school?		What is (NAME) highest grade/standard or level of education completed?
							For persons aged 4-5 years		language co		If code 1 or 9 Go to next person or Section	ı E	See code list
									If more than language, e				
									SEE C	ODELIST			
PERSON NUMBER													
	Father	1					Financial constraints	1	-		Never attended	1	-
	Mother	2			Edu-care (Day-care, Crèche, Kinder- garten)	1	Illness	2			Attending Pre-Primary	2	
	Guardian	3			Pre-Primary	2	Disability	3	_		Attending adult education programme	3	1 1
	Both Parent	4	Yes	1	Attending Primary School	3	Distance to centre	4	-		Attending school	4	-
	Other, specify	5	No	2	No	4	Other, specify	5	_		Left school	5	
	Don't Know	9	Don't know	9	Don't know	9	Don't know	9			Don't know	9	
	CODE		COD	E	CODE		CODE		FIRST	SECOND	CODE		CODE
											1		

E	ACTIVIT	Y STATU	JS: ALL HC	DUSEHOLI	О МЕМВЕ	RS 8 YEAR	RS AND O	LDER															
B1	E1		E2			AME) do any kind of she/he did not work in a						E5		E6			E7			E8		ES	9
er	PERSO	(NAME	ast 7 day do any v	vork for	(NAME) c	do any kin	d of	she/he d	lid not wo	rk in a		d of work	in the	What is the main reason that (NAME) was al work in the past 7 days?	osent from	Was (NAM (NAME) wa (NAME)'s l	as off wor	k, or did				1 or 2 in B3	
n B, all	NUMB	includi work) f	cash or in ng paid do for at leas	mestic t one	activity, k her/hims	or self-en big or sma self or with or for a b	ill, for h	employe past 7 da	ed activity ays, did sh	in the e/he	past 7 days work or bu including f (NAME) wa	isiness (no arming), f	ot rom which			continue to			In the par (NAME) of work on I farm/ plo	do any agi his/her ho	ricultural ousehold	Does (NAM any agricul work on hi own or hou	tural s/her
years	N ACTUA LLY					y the hous ember, fo hour?	r at	example selling in	ivity, for as a trade the mark	er, et,	absent bed illness, lay which (NA	cause of values	acation, and to	Illness/ Injury	01				post or ke produce his/her o	raal, or gr or take ca	ow farm are of	farm/ plot, cattle post that s/he v	/ garden/ or kraal,
and above	INTERV IEWED.							to sell, n handicra	g wood or naking Ifts for sal ng subsitan	e, etc.?	return?			Maternity/Paternity, Parental Leave	02				livestock	?		definitely r	return to?
								farmers)	-					Holiday/ Vacation	03								
														Education leave	04								
														Strike/Lock-Out	05								
														Temporary lay-off	06								
														Reduction in economic activity	07	_							
														Temporary reorganization or Suspension from work	08	1							
												I		Personal, family responsibilities	09								
		Yes	1	►E10	Yes	1	►E10	Yes	1	►E10	Yes	1		Off season	10	Yes	1	►E10	Yes	1	►E10	Yes	1
		No	2		No	2		No	2		No	2	▶ E8	Other, Specify	11	No	2	►E10	No	2		No	2
	PERS. NO.		CODE			CODE	1		CODE	1		CODE	<u> </u>	CODE	T		CODE	<u> </u>		CODE		COI	DE T
								<u> </u> 								<u> </u>							
	_																						

E	UNION MEME	BERSHIP	: ALL HOUSEHOL	D MEMBERS 8 YEAI	RS AND OLDER		Е	EMPLO	YMENT CHARACTERISTICS: F	FOR ALL HOUSE	EHOLD MEMBERS 8 YEARS AN	D OLDER (who	answ	ered Ye	s in E2, E	3, E4, E5	5, E8 O	R E9)
B1		E10		E11	E12		E	13	E14		E15				E1	6		
	Does (NAME) union?			What is the name of the union does (NAME) belongs to?	EOD OFFICE LISE ONLY		In the la days, di (NAME) more th job/bus	ast 7 id) have nan one	What kind of work did (NA his/her main job? Please d work or give the job title.		What kind of activities are ca (NAME)'s work place? What functions?		usual		ours per on his/h	day doe		ΛE)
				SEE CODE LIST					RECORD AT LEAST TWO WO SALES PERSON, OFFICE CLE VEGETABLE SELLER, PRIMA TEACHER, BANK TELLER/CA	ANER, ARY SCHOOL	Examples: Repairing car commercial real estate, sell for to restaurants, retail clot manufacture electrical a bar/restaurant, primar	ood wholesale hing shop, ppliances,						
PERSON NUMBER					National Union of Namibia Workers (NUNW)	1	-											
					The Trade Union Congress of Namibia (TUCNA)	2			SEE OCCUPATION	CODES	SEE SECTOR/INDUSTR	Y CODES						
					Namibia National Labour Organization (NANLO)	3												
	Yes	1		-	Namibia Employees Federations (NEF)	4			-									
	No	2	Next section		National Organization for Small and Medium Enterprises of Namibia (NOSMENA)	5	Yes	1										
	Don't know	9	Next section		None	6	No	2	A CTIVITY DESCRIPTION	OCCUPATION.	A CTIVITY DESCRIPTION	CECTOR.	day	day	Wednesday	. _	дау	ау
		CODI	E	CODE	CODE	1	C	ODE	ACTIVITY DESCRIPTION	CODE	ACTIVITY DESCRIPTION	SECTOR CODE	Monday	Tuesday	Wednesd	Friday	Saturday	Sunday
						<u> </u>												
				<u> </u>		<u> </u>		<u> </u>					<u> </u>					
						<u> </u>		<u> </u>	1		I							

E						E	MPLO	YMENT CHAR	ACTER	ISTICS: F	OR ALL HOUSEHOLD MEMBERS 8 YEA	ARS AND	OLDER (who ans	wered	Yes in E2, E3, E4, E5, E8 OR E9)		EMPLOYEES: FOR ALL HOUSEHOLD MEM YEARS AND OLDER (who answered 5 ir	
B1				E17				E	18		E19		E20		E21		E22	
	usua	For p many h lly worl	nours p		y does	(NAN	ΛE)	Would (NAMI preferred to v hours during t days?	work fo	or more	Where would (NAME) have preferre work for more hours?	ed to	Did (NAME) loo additional work during the ays?		In (NAME)'s job, did he/she work as?		Which of the following was (NAME)'s emptor this job?	ployer
															READ ALL CATEGORIES		READ ALL CATEGORIES	
PERSON NUMBER															Subsistence/Communal Farmer (with paid employees) Subsistence/Communal Farmer	1 ► E30	-	
PERSO															(without paid employees) Other Employer	3 ► E30	_	
															Other Own Account Worker (without paid employees)	4 ► E30	-	
		1													Employee	5	A private company, enterprise or cooperative	1
								Yes	1		At present job	1	Yes	1	Unpaid Family Worker	6 End Interview for this person	The government (Including local authorities), public sector or army	2
								No	2	► E20	Other jobs in addition to present job	2	No	2	Other, specify.	7	A state-owned enterprise/parastal	3
	lay	lay	Wednesday	day		day		Don't know	9	► E20	Other jobs with more hours to replace the present job	3	Don't know	9	Don't know	9	A private household/ individual	4
	Monday	Tuesday	Wedn	Thursday	Friday	Saturday	Sunday	CC	ODE	T	CODE	Γ	CODE	Ι	CODE		CODE	<u> </u>
	H																	
	\vdash																	

B1	EMPLOYEES: F	E23	OUSEHO	I IVIL	IVIDLI	SOIL	E24		יון אשע.	wiio ai	E25			E26		E27	E28	E29
PT	Is (NAME) allo any annual pa job?	wed/enti				ne follo	owing	paid le			What type of contrac (NAME) have in this		Is the contract or a			What is the duration of (NAME)'S contract or agreement?	How many people altogether wo at the place where (NAME) do/di this job?	k How much is (Name)'s gross
1BER				A B C D E F													WORK PLACE IS BUILDING/BRANCH/UNIT/SCHOOI LINIC,ETC	/c
PERSON NUMBER				A	В	С	D	E	F	G						Daily Contract/ Agreement 1		
PER																Less Than 1 Month 2		
																1-2 Months 3	Less than 5 workers	
			7]	3-6 Months 4	5 - 10 workers 2	
	Yes	1									Written Contract	1	Limited Duration	1		7-12 Months 5	11 - 50 workers 3	
	No	2	► E25		Maternity/ paternity		je j		3		Verbal Contract	2	Permanent	2	►E28	More than 12 months 6	51 - 100 workers 4	
	Don't know	9	► E25	eave	rnity/ p	ion	Compassionate		Other (Specify)	Don't know	Don't know	9	Unspecified Duration	3	►E28	Don't Know 9	More than 100 workers 5	
	(CODE		Sick Leave	Mate	Vacation	Comp	Study	Other	Don't	CODE	ı	(CODE	I	CODE	CODE	N\$
	-																	
													1					
				1		1												

B1		E30				E31			E32		E33		E34		E35	
	Is this business er Ministry of Indust SME development	nterprise regi rialization, T		institu registe possib	tions is ered?(<i>n</i> <i>le</i>) 'X" in a	f the for the bus nultiple	siness respon	se	Does the business kee	-	Is the business e	expenditure of the owner's old? referring to	How many employees (excluding partners and unpaid family work employed at (NAME)'s business	kers) are	What is the estimated monthly turn business?	over of the
PERSON NUMBER													None		N\$ 0 - N\$ 50,000 N\$ 50,001 - N\$ 100,000	2
<u>. </u>				Α		С	D	E					Less than 5 workers	1	N\$ 100,001 - N\$ 300,000 N\$ 300, 001 - N\$500,000	4
					Trade and SME								5 - 10 workers	2	N\$ 500,001 - N\$800,000	5
	Yes	1		ssion	trialization, T				Yes	1	Yes	1	11 - 50 workers	3	N\$ 800,001 -N\$ 1,5 million	6
	No	2	► E32	Social Security Commission	dustriali	8	ج.		No	2	No	2	51 - 100 workers	4	N\$ 1,5 Million +	7
	Don't know	9	► E32	Securit	Ministry of Industi development	Min Of Finance	r (Specify_	Don't know	Don't know	9	Don't know	9	More than 100 workers	5	Don't Know	9
		CODE	<u> </u>	Socia	Minis	Min	Other	Don'	CODE	Π	CODE	<u> </u>	CODE		CODE	
															1	
				1												

B1	If there was	E36	unity for	E37 Since (NAME) was not working for	r nav profit	In the past	E38 : 30 days, wa	as (Namo)	١٨.	lhat sta	nc did (E39	taka ta	look fo	\r_	E40 What was the main reason that (NAME) (didn't	E41 How long has (NAME) been	without
	work in the (NAME) hav start work v weeks?	past 7 days e been ava	s, would iilable to	family gain, or in agriculture nor start work within the next 2 wee (NAME) doing in the past 7 days?	available to ks,what was	actively lo would give kind paym to start bu	work/try to start business in the past 30 days?					ast 30 d		look for work or try to start his/ her busing the last 30 days		work and available for work			
									A	В	С	y places \Box	Е	F	G				
PERSON NUMBER				Retired Old age	2							t or other assembly		unions, etc.		Thought no work available	1		
PER				Illness / disabled	3							market		agues, ı		Awaiting replies from employers	2	Less than 1 month	1
				Homemaker	4	_			office	gencies		gates,	nent	s, colle		Got tired of seeking work	3	1 Month to < 3 months	2
				Student / learner/ scholar / pupil	5				our off	nent Ag	٤	factory	rertisen	relative		Already found work to start within one month	4	3 Months to < 6 months	3
				Income recipient				y Of Labour	mployr	employers	farms,	ed media advertisement	ce of friends, relatives, colleagues,		Awaiting busy season	5	6 Months to < 1 year	4	
	Yes	1	► E38	Other, Specify	7	Yes	1		Registration at Ministry	Registration At Other Employment Agencies		work sites,				Lack of resources	6	1 Year to < 2 years	5
	No 2			End Labour Force Section for this person		No	2 ► E40		ration at	ration A	application to	at	l or answer	Seeking assistan	Other (Specify_	Other, specify	6	2 Years or more	6
		CODE	_	CODE		CODE		Regist	Regist	Direct	Checking	Placed or	Seekin	Other	CODE		CODE		
																			<u> </u>
						<u> </u> 			<u> </u> 										1
						<u> </u> 			<u> </u>									<u> </u>	<u> </u>
																			+

F	PART F: FERTILITY, FOR ALL FEMALES AGE 8 - 54 YEARS																																
	В	BEFORE	STARTIN	IG WITH	SECTION	F, TRAN	NSFER FI	ROM SEC	CTION B	THE PER	SON NU	MBER F	OR ALL F	EMALES	AGED 8	3 TO 54 \	YEARS		These q	uestion	s refer to	o the las	t live bir	th									
B1			F1			F	2			F	3		F4 F5					5	F6						F7 F8						F9		
	How many live births have you had?			ave you	children were with you on the							children are no longer alive?			How old you wh had you live birt	en you ur first						Was it sing multiple bi		Is your male?	last live	birth fer		Is the last bi alive?	rth still				
PERSON NUMBER	NUMBER																									lf yes, ente still alive							
	If 00 or 99, go to person or section G		or	NUMBER			NUMBER				NUMBER										Single 1 Multiple 2		NUMBER			NUMBER							
	Fen	nale	М	lale	Fen	nale	М	ale	Female Male		ale	Female Male			lale	NUMBER		MONTH		YEAR			CODE		Female		М	ale	Female Male				
			<u> </u>												<u> </u>																		
			<u> </u>				<u> </u>	<u> </u>					<u> </u>		<u> </u> 	<u> </u>	<u> </u>	<u> </u>			<u> </u> 	<u> </u> 	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>			
			1																		<u> </u>				<u> </u> 								

G1	G2	G3	G4	G5		G6			G 7		G8		G	9	G10	G1:	1
						(Death:	in the las	st 12 mo	onths)								
												FOR FE	MALES 8	3 - 54 YE	ARS		
Has any deaths occurred in this household from November 2015 to October (until	Name of the household member who died	Was the person female or male?	How old was (NAME) when he/she died?	was the deat registered?	th	What was the cause of (NAM) If coded 03 - 99 for male go to 6 for female aged 8-54 go to 6	of:	d (NAME) die bo	ecause	Maternal Deaths Did (NAME) die (If female and 02 in G6)		born chi did (SHE birth to her lifet	ildren E) give during	How many of her children are still alive?	How man her childr no longer	ren are	
only people who passed away after having spent 6 months or more in the	List all names and surnames of persons who died in this household		If < 1 years, enter 00 If > 120 years , enter 120	(Death certifi	cate)	Cancer Pregnancy related Diabetes Heart Disease Hypertension (Stroke)	01 02 03 04 05	ye	For females age ears go to G9, fo go to next pers section H	r males			If no live go to ne female ¡	xt			
household						Any Lung Diseases Accident	06		east cancer	1 2	-		or sectio	on H			
lf yes, enter number						Murder	08	Pro	ostate cancer	3	While pregnant	1					
			Age in complete years	Yes	1	Suicide	09		in cancer		During childbirth	2					
If no enter 100' and go to H1		Female 1	L	No	2	Other, specify	10	Otl	her, specify	5	Within 2 months after child birth	3					
		Male 2	2	Don't know	9	Don't know	99	Do	on't know	9	Within 42 days of termination of pregnancy	4	Female	Male	Female Male	Female	Male
NUMBER	NAMES	CODE	NUMBER	CODE		CODE			CODE		CODE		NUM	1BER	NUMBER	NUM	BER
																	1
								- -					<u> </u>				
		<u> </u>		<u> </u>		<u> </u>		- -					<u> </u>		<u> </u>	1	
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What is the type of housing unit?		Н4	What is the main material for the	e outer walls?		Н8	What is the main source of energy this household uses for cooking?			
Detached house	01									
Semi-detached house/Town house	02	\neg	Cement blocks/Bricks/Stones	01			Electricity from mains	01		
Apartment/Flat	03		Burnt bricks/Face bricks	02			Electricity from generator	02		
Guest flat	04		Mud/Clay bricks	03			Gas	03		
Part commercial/industrial	05		Corrugated iron/Zinc	04			Paraffin	04		
Mobile home (Caravan/tent)	06		Prefabricated materials	05			Wood/ Firewood	05		
Single quarters	07		Wood poles/Sticks or Grass/Reeds	06			Charcoal- Coal	06		
Traditional dwelling	08		Sticks with mud/Clay/Cow dung	07			Solar energy	07		
Improvised housing unit (Shack)	09		Tin	08			Animal dung	08		
Other (Specify)	10		Other (Specify)	09			None	09		
What is the Tenure Status?		—					Other (Specify)	10		
Owner occupied with mortgage	01	Н5	What is the main material used for the floor?			Н9	What is the main source of energy this ho	usahald usas fai		
Owner occupied without mortgage	02	113	Sand/Earth	01		113	heating?	aseriola ases loi		
Rented (government)	03	\dashv	Cement	02			Electricity from mains	01		
Rented (local authority)	04		Mud/Clay	03			Electricity from generator	02		
Rented (parastatal)	05		Wood	04			Gas	03		
Rented (Private firm)	06		Concrete	05			Paraffin	04		
Rented (individual)	07		Tiles (Ceramic/Wood/Plastic)	06			Wood/Firewood	05		
Occupied rent free	08		Other (Specify)	07			Charcoal- Coal	06		
Other (Specify)	09						Animal dung	07		
		Н6	How many rooms are used for sleeping?				Solar energy	08		
What is the main material used for the roof?			INCLUDE KITCHENS, SITTING ROOMS, BATHROOMS, OR VERANDAS IF USED FOR SLEEPING	HALLWAYS			None	09		
			ON VERANDAS IF USED FOR SELEPING				Other (Specify)	10		
Corrugated iron/zinc sheet	01									
Asbestos sheet	02	Н7	What is the household's MAIN source of water for cooking and drinking?	Cooking	Drinking	H10	What is the main source of energy this he lighting?	ousehold uses fo		
Brick tiles	03		Piped water inside				Electricity from mains	01		
Concrete	04		Piped water outside	İ			Electricity from generator	02		
Concrete	04		Piped water outside				Electricity from generator	02		
			<u> </u>							
Thatch, grass	05		Public pipe				Gas	03		
Slate	06		Borehole/Borehole with tank covered				Paraffin/Kerosene	04		
Wood covered with melthoid	07		Boreholde with open tank				Charcoal from wood	05		
	08		River/Dam/Stream				Wood	06		
Sticks with mud and cow-dung			Canal				Candles	07		
Sticks with mud and cow-dung Tin	09		Cartai				•	11		
Sticks with mud and cow-dung Tin Other (Specify)	09		Well Protected				Animal dung	08		
Tin							Animal dung Solar energy	08		
Tin			Well Protected				-			
Tin			Well Protected Well Unprotected				Solar energy	09		

Н	HOUSEHOLD CHARACTERISTICS													
H1:	What is the household's main toilet facility?		H14	What is the household's main source of livelihood/su	rvival?	H15	Does the household own or have access to any of the following assets?							
	Private flush connected to main sewer	01												
	Shared flush connected to septic main sewer	02		Salaries and / or wages	01		READ ALL RESPONSES AND SELECT AL	. THAT APPLY						
	Private flush connected to septic cesspool	03		Subsistence farming	02		mark "X" in all the appropriate boxes	;						
	Shared flush connected to septic cesspool	04		Commercial farming	03									
	Pit latrine with ventilation pipe	05		Business activities, non-farming	04		Assets	Own	Access	None				
	Covered pit latrine without ventilation pipe	06		Pensions from employment and/or annuity funds	05		Transportation assets							
	Uncovered pit latrine without ventilation pipe	07		cash remittances (not including alimony/child support)	06		Car							
	Bucket toilet (manually removed)	08		Rental income	07		Motorbike							
	No toilet facility (bush, riverbed, fields)	09		Interest from savings/investments	08		Bicycle							
	Other, specify	10		State old age pension	09		Animal-drawn cart							
				War veterans/ex-combatants grants	10		Truck							
H12	What is the household's MAIN means of waste dis	sposal?		Disability grants for adults (over 16 years)	11		Boat							
	Mention only MAIN.			State child maintenance grants	12		Pick-up truck (Bakkie)							
	Regularly collected	01		State foster care grants	13		Jet/ Plane							
	Irregularly collected	02		Vulnerable grant	14		Bus/mini-bus							
	Burning	03]	State special maintenance grants (Disabled under 16 years)	15		Communication assets							
	Roadside dumping	04		Alimony or similar allowances	16		Radio							
	Rubbish Pit	05		Drought relief assistance	17		Television							
	Burying	06		In kind receipts	18		TV decoder (e.g. DSTV)							
	Other (Specify)	07		Other (Specify)	19		Telephone (fixed)							
		·]				Telephone (mobile)							
H13	What is the main language spoken in this househo	ld?					Home internet connectivity							
	See codelist						Computer/Laptop							
	Enter the Language code]				Housing utilities							
							Refrigerator/Freezer							
		•	_				Stove							
							Microwave							
							Washing machine							
							Sewing/knitting machine							
								<u> </u>	<u> </u>					