



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

PART A

Identification Information:

Region

Code

Constituency Name

Code

PSU Number

Rural/Urban

Segment (interviewer)

Dwelling Number

Household Number

Date of Interview

Started on

Ended on

D

D

M

M

D

D

M

M

Field Administrative Information

Final Results

RESULT CODES

1 = Completed

2 = Partially Completed

3 = Non-Contact

4 = Refusal

5 = Other

Comments on any result code 2 to 5:

Particulars of the Household

GPS Readings:

Physical Location of the household:

Telephone Number of the Household (If any)

Questionnaire number of this household (for persons Nos 01 - 10=1, Nos 11-20=2, etc.)

Total Number of questionnaires for this household:

Name of Head of Household

Name of Primary Respondent

Field Staff

Interviewer:

Staff code

Signature

Date

D

D

M

M

Name

Staff code

Signature

Date

D

D

M

M

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 However, the data is outdated and that is why we are collecting new data.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.”









B	ICT: FOR PERSONS 3 YEARS AND ABOVE										Health facility									
B1	B26			B27			B28			B29			B30							
PERSON NUMBER	Mobile Phone Ownership/use						Computer Use			Internet Use			Health facility							
	Does (NAME) own a mobile phone or used one in the last 3 months ?				If (NAME) owns a mobile phone, is it a... ?		Did (NAME) use a computer in the last 3 months?			Did (NAME) use the Internet (Facebook, Google, email etc.) in last 3 months?			Which health facility does (NAME) usually get medical services from?							
													Record the name of the health facility, facility type; district, constituency and region							
	Owns a mobile phone				1		Basic phone (no web browsing)		1		Used the household computer or laptop		3		Used a mobile phone that you do not own		5			
Neither owns nor used a mobile phone				2		► B28		Feature phone (Small screen but some access to the Internet)		2		Used a computer or laptop at work, school or Internet Café		4		Used a computer/laptop/tablet that you do not own		6		
Does not own a mobile but used one				3		► B28		Smart phone (Windows mobile, iOS, Android, Black Berry)		3		Don't Know		9		Don't know		9		
CODE						CODE				CODE			CODE			Health facility name	Facility type	District	Constituency	Region





E		ACTIVITY STATUS: ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER																								
B1	E1	E2			E3			E4			E5			E6		E7			E8			E9				
Transfer from section B, all persons aged 8 years and above	WRITE PERSON NUMBER OF PERSON ACTUALLY INTERVIEWED.	In the past 7 days, did (NAME) do any work for pay (In cash or in kind including paid domestic work) for at least one hour?			In the past 7 days, did (NAME) do any kind of business or self-employed activity, big or small, for her/himself or with partners, or for a business owned by the household or any member, for at least one hour?			Even though (NAME) say she/he did not work in a business or self-employed activity in the past 7 days, did she/he work for at least an hour at an activity, for example as a trader, selling in the market, collecting wood or dung to sell, making handicrafts for sale, etc.? (Excluding subsistence farmers)			Even though (NAME) did not do any kind of work in the past 7 days, did (NAME) have work or business (not including farming), from which (NAME) was temporarily absent because of vacation, illness, layoff, etc., and to which (NAME) will definitely return?			What is the main reason that (NAME) was absent from work in the past 7 days?		Was (NAME) paid while (NAME) was off work, or did (NAME)'s business enterprise continue to function?			For persons coded 1 or 2 in B3  In the past 7 days, did (NAME) do any agricultural work on his/her household farm/ plot/ garden/ cattle post or kraal, or grow farm produce or take care of his/her own or ousehold livestock?  Does (NAME) have any agricultural work on his/her own or household farm/ plot/ garden/ cattle post or kraal, that s/he will definitely return to?							
																								Illness/ Injury		01
																								Maternity/Paternity, Parental Leave		02
																								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																								
Personal, family responsibilities		09																								
Off season		10																								
Other, Specify		11																								
		Yes	1	► E10	Yes	1	► E10	Yes	1	► E10	Yes	1				Yes	1	► E10	Yes	1	► E10	Yes	1			
		No	2		No	2		No	2		No	2	► E8			No	2	► E10	No	2		No	2			
	PERS. NO.	CODE			CODE			CODE			CODE			CODE		CODE			CODE			CODE				

E	UNION MEMBERSHIP: ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER						E	EMPLOYMENT CHARACTERISTICS: FOR ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER (who answered Yes in E2, E3, E4, E5, E8 OR E9)											
B1	E10			E11	E12		E13		E14		E15		E16						
PERSON NUMBER	Does (NAME) belong to any trade union?			What is the name of the union does (NAME) belongs to?  <i>SEE CODE LIST</i>	FOR OFFICE USE ONLY		In the last 7 days, did (NAME) have more than one job/business?		What kind of work did (NAME) do on his/her main job? Please describe the work or give the job title.  RECORD AT LEAST TWO WORDS; I.E, CAR SALES PERSON, OFFICE CLEANER, VEGETABLE SELLER, PRIMARY SCHOOL TEACHER, BANK TELLER/CASHIER ETC.  <b>SEE OCCUPATION CODES</b>		What kind of activities are carried out at (NAME)'s work place? What are its main functions?  Examples: Repairing cars, selling commercial real estate, sell food wholesale to restaurants, retail clothing shop, manufacture electrical appliances, bar/restaurant, primary school.  <b>SEE SECTOR/INDUSTRY CODES</b>		How many hours per day does (NAME) usually work on his/her main job/activity?						
					What is the main affiliate body of (NAME)'s union?														
	National Union of Namibia Workers (NUNW)		1																
	The Trade Union Congress of Namibia (TUCNA)		2																
	Namibia National Labour Organization (NANLO)		3																
	Namibia Employees Federations (NEF)		4																
	Yes	1	Next section		National Organization for Small and Medium Enterprises of Namibia (NOSMENA)		5	Yes	1										
	No	2			None		6	No	2										
Don't know			9	Next section															
CODE				CODE			CODE		ACTIVITY DESCRIPTION	OCCUPATION CODE	ACTIVITY DESCRIPTION	SECTOR CODE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



E	EMPLOYEES: FOR ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER (who answered 5 in E21)																						
B1	E23			E24								E25		E26			E27		E28		E29		
PERSON NUMBER	Is (NAME) allowed/entitled to any annual paid leave in this job?			Which of the following paid leaves is (Name) entitled to/ benefit from in this job?  <i>mark "X" in all the appropriate boxes</i>								What type of contract does (NAME) have in this job?		Is the contract or agreement ...			What is the duration of (NAME)'S contract or agreement?		How many people altogether work at the place where (NAME) do/did this job?  WORK PLACE IS BUILDING/BRANCH/UNIT/SCHOOL/C LINIC,ETC		How much is (Name)'s gross salary/wage per month in his/her main job?		
				A	B	C	D	E	F	G						Daily Contract/ Agreement		1					
														Less Than 1 Month			2						
														1-2 Months			3	Less than 5 workers	1				
														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									Verbal Contract		2	Permanent	2	► E28	More than 12 months	6	51 - 100 workers	4	
Don't know			9									Don't know		9	Unspecified Duration	3	► E28	Don't Know	9	More than 100 workers	5		
CODE			Sick Leave Maternity/ paternity Vacation Compassionate Study Other (Specify) Don't know								CODE		CODE			CODE		CODE		N\$			

E	EMPLOYERS: FOR ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER . Enterprise (If coded 1, 3,4 in E21)																	
B1	E30			E31					E32		E33		E34		E35			
PERSON NUMBER	Is this business enterprise registered (i.e. Ministry of Industrialization, Trade and SME development)?			With which of the following institutions is the business registered?(multiple response possible)					Does the business keep accounts?		Is the business expenditure separate from that of the owner's household?  <i>This question is referring to business transaction account.</i>		How many employees (excluding business partners and unpaid family workers) are employed at (NAME)'s business?		What is the estimated monthly turnover of the business?			
				mark "X" in all the appropriate boxes														
				A	B	C	D	E										
				Social Security Commission	Ministry of Industrialization, Trade and SME development	Min Of Finance	Other (Specify ____)	Don't know										
	Yes								1		Yes	1	Yes	1	11 - 50 workers	3	N\$ 800,001 -N\$ 1,5 million	6
	No								2	► E32	No	2	No	2	51 - 100 workers	4	N\$ 1,5 Million +	7
	Don't know								9	► E32	Don't know	9	Don't know	9	More than 100 workers	5	Don't Know	9
	CODE								CODE		CODE		CODE		CODE			

E	FOR ALL HOUSEHOLD MEMBERS 8 YEARS AND OLDER (who answered No in E2, E3, E4, E5, E8 AND E9)																		
B1	E36			E37		E38			E39							E40		E41	
PERSON NUMBER	If there was an opportunity for work in the past 7 days, would (NAME) have been available to start work within the next 2 weeks?			Since (NAME) was not working for pay, profit , family gain, or in agriculture nor available to start work within the next 2 weeks,what was (NAME) doing in the past 7 days?		In the past 30 days, was (Name) actively looking for a job (that would give wage, salary or in-kind payment) or did (NAME) try to start business?			What steps did (NAME) take to look for work/try to start business in the past 30 days?							What was the main reason that (NAME) didn't look for work or try to start his/ her business during the last 30 days		How long has (NAME) been without work and available for work?	
									Go to E41										
									mark "X" in all the appropriate boxes										
									A	B	C	D	E	F	G				
									Registration at Ministry Of Labour office	Registration At Other Employment Agencies	Direct application to employers	Checking at work sites, farms, factory gates, market or other assembly places	Placed or answered media advertisement	Seeking assistance of friends, relatives, colleagues, unions, etc.	Other (Specify _____)				
	Retired		1	Yes		1			Thought no work available		1	Less than 1 month		1					
	Old age		2						Awaiting replies from employers		2	1 Month to < 3 months		2					
	Illness / disabled		3						Got tired of seeking work		3	3 Months to < 6 months		3					
Homemaker		4	Already found work to start within one month						4	6 Months to < 1 year		4							
Student / learner/ scholar / pupil		5	Awaiting busy season						5	1 Year to < 2 years		5							
Income recipient		6	Lack of resources						6	2 Years or more		6							
Yes	1	► E38	Other, Specify		7	No		2	► E40		Other, specify.....		6						
CODE			CODE		CODE										CODE		CODE		

<b>F</b>	<b>PART F: FERTILITY, FOR ALL FEMALES AGE 8 - 54 YEARS</b>
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**BEFORE STARTING WITH SECTION F, TRANSFER FROM SECTION B THE PERSON NUMBER FOR ALL FEMALES AGED 8 TO 54 YEARS**

*These questions refer to the last live birth*

[illegible]

G		MORTALITY: Deaths in the household																				
G1		G2		G3	G4	G5		G6			G7		G8		G9		G10		G11			
(Deaths in the last 12 months)																						
												FOR FEMALES 8 - 54 YEARS										
Has any deaths occurred in this household from November 2015 to October (until )  <i>only people who passed away after having spent 6 months or more in the household</i>  <i>If yes, enter number</i>  <i>If no enter '00' and go to H1</i>	Name of the household member who died  <i>List all names and surnames of persons who died in this household</i>	Was the person female or male?		How old was (NAME) when he/she died?  <i>If &lt; 1 years, enter 00</i>  <i>If &gt; 120 years , enter 120</i>  <i>Age in complete years</i>	Was the death registered?  (Death certificate)  Yes 1  No 2  Don't know 9		What was the cause of (NAME)'s death?  <i>If coded 03 - 99 for male go to Section H, for female aged 8-54 go to G9</i>  Cancer 01 Pregnancy related 02 Diabetes 03 Heart Disease 04 Hypertension (Stroke) 05 Any Lung Diseases 06 Accident 07 Murder 08 Suicide 09 Other, specify 10 Don't know 99			Did (NAME) die because of:  <i>For females aged 8-54 years go to G9, for males go to next person or section H</i>  Breast cancer 1 Cervix cancer 2 Prostate cancer 3 Skin cancer 4 Other, specify 5 Don't know 9		Maternal Deaths		How many live born children did (SHE) give birth to during her lifetime  <i>If no live births go to next female person or section H</i>	How many of her children are still alive?		How many of her children are no longer alive?					
												Did (NAME) die... (If female and coded 02 in G6)										
NUMBER		NAMES		CODE		NUMBER		CODE		CODE			CODE		CODE		NUMBER		NUMBER		NUMBER	



H HOUSEHOLD CHARACTERISTICS									
H1 What is the type of housing unit?			H4 What is the main material for the outer walls?			H8 What is the main source of energy this household uses for cooking?			
<div>Detached house01</div> <div>Semi-detached house/Town house02</div> <div>Apartment/Flat03</div> <div>Guest flat04</div> <div>Part commercial/industrial05</div> <div>Mobile home (Caravan/tent)06</div> <div>Single quarters07</div> <div>Traditional dwelling08</div> <div>Improvised housing unit (Shack)09</div> <div>Other ( Specify_____)10</div>			<div>Cement blocks/Bricks/Stones01</div> <div>Burnt bricks/Face bricks02</div> <div>Mud/Clay bricks03</div> <div>Corrugated iron/Zinc04</div> <div>Prefabricated materials05</div> <div>Wood poles/Sticks or Grass/Reeds06</div> <div>Sticks with mud/Clay/Cow dung07</div> <div>Tin08</div> <div>Other ( Specify_____)09</div>			<div>Electricity from mains01</div> <div>Electricity from generator02</div> <div>Gas03</div> <div>Paraffin04</div> <div>Wood/ Firewood05</div> <div>Charcoal- Coal06</div> <div>Solar energy07</div> <div>Animal dung08</div> <div>None09</div> <div>Other ( Specify_____)10</div>			
H2 What is the Tenure Status?			H5 What is the main material used for the floor?			H9 What is the main source of energy this household uses for heating?			
<div>Owner occupied with mortgage01</div> <div>Owner occupied without mortgage02</div> <div>Rented (government)03</div> <div>Rented (local authority)04</div> <div>Rented (parastatal)05</div> <div>Rented (Private firm)06</div> <div>Rented (individual)07</div> <div>Occupied rent free08</div> <div>Other ( Specify_____)09</div>			<div>Sand/Earth01</div> <div>Cement02</div> <div>Mud/Clay03</div> <div>Wood04</div> <div>Concrete05</div> <div>Tiles (Ceramic/Wood/Plastic)06</div> <div>Other ( Specify_____)07</div>			<div>Electricity from mains01</div> <div>Electricity from generator02</div> <div>Gas03</div> <div>Paraffin04</div> <div>Wood/Firewood05</div> <div>Charcoal- Coal06</div> <div>Animal dung07</div> <div>Solar energy08</div> <div>None09</div> <div>Other ( Specify_____)10</div>			
H3 What is the main material used for the roof?			H6 How many rooms are used for sleeping?			H10 What is the main source of energy this household uses for lighting?			
<div>Corrugated iron/zinc sheet01</div> <div>Asbestos sheet02</div> <div>Brick tiles03</div> <div>Concrete04</div> <div>Concrete04</div> <div>Thatch, grass05</div> <div>Slate06</div> <div>Wood covered with melthoid07</div> <div>Sticks with mud and cow-dung08</div> <div>Tin09</div> <div>Other ( Specify_____)10</div>			<div>INCLUDE KITCHENS, SITTING ROOMS, BATHROOMS, HALLWAYS OR VERANDAS IF USED FOR SLEEPING</div>			<div>Electricity from mains01</div> <div>Electricity from generator02</div> <div>Electricity from generator02</div> <div>Gas03</div> <div>Paraffin/Kerosene04</div> <div>Charcoal from wood05</div> <div>Wood06</div> <div>Candles07</div> <div>Animal dung08</div> <div>Solar energy09</div> <div>battery lamp / torch/ cell phone10</div> <div>None11</div> <div>Other ( Specify_____)12</div>			
			H7 What is the household's MAIN source of water for cooking and drinking ?						
			<div>Piped water inside</div> <div>Piped water outside</div> <div>Piped water outside</div> <div>Public pipe</div> <div>Borehole/Borehole with tank covered</div> <div>Boreholde with open tank</div> <div>River/Dam/Stream</div> <div>Canal</div> <div>Well Protected</div> <div>Well Unprotected</div> <div>Bottled /filtered/purified water</div> <div>Other ( Specify_____)</div>			<div>Cooking</div> <div>Drinking</div>			

