

MLTSC household head questionnaire

Bunda, 2/6-07

Name of respondent: _____

Household listing number: _____

Position in household: _____

Interviewer: _____

Supervisor signed: _____

Region	District/TA	EA number	Name of village	Date visit
North	Rumphi/chikulamayembe	8		
		28		
		31		
	Mzimba/Mpherembe	19		
		20		
		801		
Central	Kasungu/Njombwa	1		
		7		
		801		
	Dowa/Dzoole	11		
		12		
		37		
South	Chiladzulu/Likoswe	12		
		26		
		31		
	Phalombe/Nkhumba	83		
		121		
		802		

[Interviewer: On the first day of the study, when you come to the household, please introduce yourself using the following script. You must learn this introduction so that you can say it exactly as it is written below. After you have been greeted say the following]: My name is [mention your name]. I am from Bunda College of Agriculture, a constituent college of the University of Malawi. We are doing a study about land and collective works in Malawi and we would like to discuss these issues with you. All information regarding our conversation will be kept confidential. The answers will be put together with 270 other people we are talking to, to get an overall picture. The information you give will not be distributed to anyone with your name, so please feel free to tell us what you think. We will stay around for about five weeks, and will use this opportunity to come back several times to talk to you in order to have shorter interviews each time, about 90 minutes. There is no penalty for refusing to participate. Do you wish to proceed? Note: The person must give his or her informed consent by answering positively. If participation is refused, walk away from the household and go to a substitute household which your supervisor will give you [This means that supervisors should sample substitute households to be used in cases where respondents refuse to participate in the study]. If consent is secured, proceed as follows:

1 Demographic characteristics

Please tell me the names of all members of the household who normally live in this household. [Interviewer: 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 to complete the listing.

Member line number	01	02	03	04	05	06	07	08	09	10
01	(head)									
02										
03										
04										
05										
06										
07										
08										
09										
10										

E1 What is [NAME]'s relationship to the head of the household?

Head	1	<input type="checkbox"/>								
Spouse	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son/Daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother/Sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not related	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2 Is [NAME] male or female?

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

E3 Was [NAME] born in this village?

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4 How old was name [NAME] at his/her last birthday?

Completed years

--	--	--	--	--	--	--	--	--	--	--

2 Parcels of land owned/operated by household members

F1	List all parcels operated or owned by household members
Parcel no.	Name/nickname/description of parcel
01	Main garden:
02	
03	
04	
05	
06	
07	
08	
09	
10	

[Interviewer: Include all lands owned or operated by household members whether cultivated (gardens) or not. If more than 10 parcels, use another household head interview form]

3 Land tenure

G1 How has the total area of your parcels changed compared to 10 years ago?

- G3 ← Increased 1
- G3 ← Decreased 2
- G4 ← Remained the same 3

G2 Why has the total area of your parcels increased? [Multiple response]

- G4 ← Inherited 1
- G4 ← Allocation from lineage 1
- G4 ← Allocation by Village head 1
- G4 ← Bought more land 1
- G4 ← Rented more land 1
- G4 ← Gift from relatives 1
- G4 ← Other 1

G3 Why has the total area of your parcels decreased? [Multiple response]

- Transferred to heirs 1
- Sold 1
- Stopped renting 1
- Encroachment 1
- Gift to relatives 1
- Taken away [exploited] 1
- Taken away [Govt] 1
- Washed away by flood 1
- Other 1

G4 Do you fear that your own land will be encroached upon? [not rented land]

- Yes 1
- No 2

G5 Do you fear that your own land will be taken away from you? [when spouse pass away etc]

Yes 1
No 2

G6 Has your household rented out one or more parcel of land the past agricultural season?

G11 ← Yes 1
No 2

G7 How many hectares of land has your household rented out the past agricultural season?

Total Area [hectares]

G8 How much did your household received in total for renting out these hectares of land this agricultural season?

Total Price [MK]

G9 To whom have you rented out this land [Multiple response]

Relative 1
Non relative in the village 1
Non relative outside village 1
Other 1

G10 What was the main reason for renting out the land?

Went away from village 1
Married away 2
Have enough land 3
Needed Money 4
Was sick 5
Looking after sick 6
Not enough labour 7
Other 8

G11 Has your household sold any parcel of land in the past 10 years?

G15 ← Yes 1
No 2

G12 Now I would like to have some information of the last parcel the household sold: How many hectares was this parcel?

Area of last parcel sold [hectares]

G13 To whom did your household sell this parcel of land? (the last parcel being sold)

Relative 1
Non relative in the village 2
Non relative outside village 3
Other 4

G14 Why did you sell this parcel of land? (the last parcel being sold)

[Multiple response]

- | | | |
|---------------------------|---|--------------------------|
| Went away from village | 1 | <input type="checkbox"/> |
| Married | 1 | <input type="checkbox"/> |
| Had more land than needed | 1 | <input type="checkbox"/> |
| Needed Money | 1 | <input type="checkbox"/> |
| Was sick | 1 | <input type="checkbox"/> |
| Looking after sick | 1 | <input type="checkbox"/> |
| Not enough labour | 1 | <input type="checkbox"/> |
| Other | 1 | <input type="checkbox"/> |

G15 Has your household had any dispute with anyone over land in the past 10 years?

- G18 ←**
- | | | |
|-----|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |

G16 With whom was the (most important) dispute? [Multiple response]

- | | | |
|----------------------------|---|--------------------------|
| Relative from husband side | 1 | <input type="checkbox"/> |
| Relative from wife side | 1 | <input type="checkbox"/> |
| Other relative | 1 | <input type="checkbox"/> |
| Non Relative | 1 | <input type="checkbox"/> |
| Village headman | 1 | <input type="checkbox"/> |
| Politicians | 1 | <input type="checkbox"/> |
| Other | 1 | <input type="checkbox"/> |

G17 Who resolved this dispute

- | | | |
|-----------------------|---|--------------------------|
| Was not resolved | 1 | <input type="checkbox"/> |
| Ourselves | 2 | <input type="checkbox"/> |
| Elders [Husband side] | 3 | <input type="checkbox"/> |
| Elders [wife side] | 4 | <input type="checkbox"/> |
| Traditional leaders | 5 | <input type="checkbox"/> |
| District commissioner | 6 | <input type="checkbox"/> |
| Party officials | 7 | <input type="checkbox"/> |
| Courts | 8 | <input type="checkbox"/> |
| Other | 9 | <input type="checkbox"/> |

G18 If you had a dispute over your land at this time, where would you go to seek help first?

- | | | |
|-----------------------|---|--------------------------|
| Elders [Husband side] | 1 | <input type="checkbox"/> |
| Elders [wife side] | 2 | <input type="checkbox"/> |
| Traditional leaders | 3 | <input type="checkbox"/> |
| District commissioner | 4 | <input type="checkbox"/> |
| Party officials | 5 | <input type="checkbox"/> |
| Courts | 6 | <input type="checkbox"/> |
| Ward councillors | 7 | <input type="checkbox"/> |
| Other | 8 | <input type="checkbox"/> |

4 Access to and use of lands owned in common

J1 Where does your household find the following building materials:

		Own HH land	From village land	From land of other villages	Estate lands	Forest Reserve
Wood/ timber for roofing, walls or floors	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grass for thatching of roofs	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone for use in walls, floors, foundations	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sand, gravel for use in walls, floors, foundations	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil, mud for making bricks, or use in floors, foundations	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bamboo for construction	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J2 Where do your household members collect the following: [Multiple response]

		Own HH land 1	From village land 2	From land of other villages 3	Estate lands 4	Forest Reserve 5
a) Branches of wild trees	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fruits of wild trees	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hunting game	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Herbs/roots for medicine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Herbs/Roots for food	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Honey	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Mushrooms	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Caterpillars / etc	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Hunting wild birds	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eggs of wild birds	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Wild berries	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Mice	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED...

		National park 6	Other Government lands 7	Do not collect 8	Buy 9	Other 10
a) Branches of wild trees	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fruits of wild trees	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hunting game	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Herbs/roots for medicine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Herbs/Roots for food	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Honey	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Mushrooms	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Caterpillars / etc	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Hunting wild birds	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eggs of wild birds	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Wild berries	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Mice	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J3 Do any of your household members own livestock?

J5 ← Yes 1
No 2

J4 Where do you find pasture for them? [Multiple response]

		Hold rights to use	Have permission to use	Pay for it	May use in emergencies	Not used
Own HH land	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From lineage land	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village land – Dambo	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village land – Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate lands	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forest Reserve	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National park	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Government lands	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J5 What type of energy do you use for cooking in this household? [Multiple response]

		Usually	Occasionally	Not available	Not relevant here
Charcoal	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop residue (maize cobs, tobacco stems, etc)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cattle dung	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraffin	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firewood	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J6 From where do you get firewood and how do you pay for it? [Multiple response]

		Hold rights to take	Have permission to take	Pay for it	May take in emergencies	Not relevant here
		1	2	3	4	5
Own HH land	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From lineage land	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other village land	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate lands	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forest Reserve	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National park	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Government lands	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From exchange of goods with other villagers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy it in the “market”	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Social capital – Trust

K1 People often lend money to each other. Did you or anybody else in this household lend out money to anybody in these groups during the last 12 months?

	Yes	No	Do not know
Your own family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in your own village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People outside your village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from same church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K2 People often lend tools like axes, hoes, etc. and other tools to each other. Did you or anybody else in this household lend out tools to anybody in these groups during the last 12 months?

	Yes	No	Do not know
Your own family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relatives outside the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in your own village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People outside your village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from same church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Social capital – Cooperation

L1 Are you or anybody in your household a member of the following groups and clubs?

	Yes	No	Do not know
Local farmers group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASFAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other farmers group such as TAMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit club, revolving fund, SACCOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water user associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, music and culture groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home based care groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L2 Have you or anybody in your household during the last 12 months participated in cooperative agricultural work (e.g. Chilimila, Chikimva, Chinzake, Dima)

	Yes	1	<input type="checkbox"/>
L4 ←	No	2	<input type="checkbox"/>
L4 ←	Have no garden	9	<input type="checkbox"/>

L3 In the past twelve months, did you participate in the following types of cooperative agricultural work (*chipele ganyu, badili, chikimva, chinzake, dima, etc.*)?

			# days/year
Preparing garden	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Planting	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Irrigating	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Weeding	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Harvesting	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other agriculture work	1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have no garden	1	<input type="checkbox"/>	
Did not participate in any of the indicated types	1	<input type="checkbox"/>	

L4 What type of people participate in collective agricultural work through work exchange

	Yes	No	Do not know
Only relatives and/or close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people living in the villages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Also people living outside the village?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L5 When people do not comply in the cooperative agricultural work, what types of sanctions are used against them? [Multiple response]

Gossip	1	<input type="checkbox"/>
Confiscate tools, products, etc.	1	<input type="checkbox"/>
Fine	1	<input type="checkbox"/>
Cast a spell	1	<input type="checkbox"/>
Punish physically	1	<input type="checkbox"/>
Threaten the person with no help in future	1	<input type="checkbox"/>
Not threaten openly, but do not give help in the future	1	<input type="checkbox"/>
Discriminated when there are handouts in the village	1	<input type="checkbox"/>
Eviction from the village	1	<input type="checkbox"/>
Do nothing	1	<input type="checkbox"/>

L6 Besides cooperative agricultural, have you or anybody in your household participated in similar exchange work for other tasks?

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

L7 Have you or anybody in your households participated in any type of public works without payment in the last year, e.g. construction or maintenance of roads or buildings?

M1←	Yes	1	<input type="checkbox"/>
M1←	No	2	<input type="checkbox"/>
	Do not know	3	<input type="checkbox"/>

L8 Which of the following types of projects have you or anybody in your household participated in over the last 12 months?

	No	Yes	# days/year
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Irrigation works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Work on dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clearing graveyard	<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"/>

7 Social capital – Generalized trust

M1 Generally speaking, do you think most people can be trusted or that they cannot be trusted?

Most people can be trusted	1	<input type="checkbox"/>
Most people cannot be trusted	2	<input type="checkbox"/>

M2 *In general, do you trust the leaders and officials in this country? Would you say you trust all, most, some, just a few or none in the following groups*

	All	Most	Some	Only a few	None	Do not know
Government officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Councillors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local assembly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group village headmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village headmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaders of NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M3 In general, do you trust people in this area? Would you say you trust all, most, some or just a few people in the following groups?

	<i>All</i>	<i>Most</i>	<i>Some</i>	<i>Only a few</i>	<i>None</i>	<i>Do not know</i>
Your family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from outside the village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of same ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from outside ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from same church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People <i>not</i> from same church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Lineage systems

N1 Is this residential unit located in the man's home village or the woman's (chikamwini or chitengwa)?

Matrilineal and neolocal:

The married couple is not located in either the man's or the woman's homevillage but the children belong to the woman's lineage

1

Matrilineal and matrilocal (chikamwini):

A woman born in the village brings in her man to join her and the children will belong to the woman's lineage

2

Matrilineal and patrilocal (chitengwa):

A man born in the village brings in his woman to join him and the children will belong to the woman's lineage

3

Patrilineal and neolocal:

The marriage is not located in either the man's or the woman's home village but the children belong to the man's lineage

4

Patrilineal and patrilocal:

A man born in the village brings in his woman to join him and the children will belong to the man's lineage

5

Do not know/other

6

N2 For your marriage did you pay any bridal payment? No Yes

9 Education and employment

O1	What is the highest level of education you have completed? <i>[Code from answer. Do not read options]</i>	
	No formal schooling	<input type="checkbox"/>
	Informal schooling only (including Koranic schooling)	<input type="checkbox"/>
	Some primary schooling	<input type="checkbox"/>
	Primary school completed	<input type="checkbox"/>
	Some secondary school / high school	<input type="checkbox"/>
	Secondary school / high school completed	<input type="checkbox"/>
	Post-secondary qualifications, other than university e.g. a diploma or degree from a technical or college	<input type="checkbox"/>
	Some university	<input type="checkbox"/>
	University completed	<input type="checkbox"/>
	Post-graduate	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

O2	What is your religion, if any? <i>[Code from answer. Do not read options]</i>	
	None	<input type="checkbox"/>
	Catholic	<input type="checkbox"/>
	Protestant (Mainstream)	<input type="checkbox"/>
	Protestant (Evangelical/ Pentecostal)	<input type="checkbox"/>
	African Independent Church	<input type="checkbox"/>
	Providential Industrial Mission	<input type="checkbox"/>
	Traditional religion	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>
	Agnostic (Do not know if there is a God)	<input type="checkbox"/>
	Atheist (Do not believe in a God)	<input type="checkbox"/>
	Christian (general)	<input type="checkbox"/>
	Muslim, Sunni	<input type="checkbox"/>
	Muslim, Shiite	<input type="checkbox"/>
	Jehovah's Witness	<input type="checkbox"/>
	Seventh Day Adventist	<input type="checkbox"/>
	Other <i>[Specify]:</i> _____	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

O3	Excluding weddings and funerals, how often do you attend religious services? <i>[Code from answer. Do not read options]</i>	
	Never	<input type="checkbox"/>
	About once a year or less	<input type="checkbox"/>
	About once every several months	<input type="checkbox"/>
	About once a month	<input type="checkbox"/>
	About once a week	<input type="checkbox"/>
	More than once a week	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

O4	Which of these things do you own personally?		
		No (Don't own)	Yes (Do Own)
			Don't know

Motor Vehicle / Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ox-cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

05	Does your main house have any of the following components?	
	Unburned brick walls	<input type="checkbox"/>
	Burnt brick walls	<input type="checkbox"/>
	Cement floor	<input type="checkbox"/>
	Tin roof	<input type="checkbox"/>
	Glass windows	<input type="checkbox"/>
	One room	<input type="checkbox"/>
	Two rooms	<input type="checkbox"/>
	More than two rooms	<input type="checkbox"/>

06	Do you have a job that pays a cash income? Is it full-time or part-time? And are you presently looking for a job (even if you are presently working)? [Code from answer. Do not read options]	
	No (not looking)	<input type="checkbox"/>
	No (looking)	<input type="checkbox"/>
	Yes, part time (not looking)	<input type="checkbox"/>
	Yes, part time (looking)	<input type="checkbox"/>
	Yes, full time (not looking)	<input type="checkbox"/>
	Yes, full time (looking)	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

07	What is your main occupation? (If unemployed, retired or disabled, what was your last main occupation?) [Do not read options. Code from responses.]	
	Never Had A Job	<input type="checkbox"/>
	Agrarian	
	Subsistence farmer (produces only for home consumption)	<input type="checkbox"/>
	Peasant Farmer (produces both for own consumption and some surplus produce for sale)	<input type="checkbox"/>
	Commercial Farmer (produces mainly for sale)	<input type="checkbox"/>
	Farm worker	<input type="checkbox"/>
	Worker	
	Fisherman	<input type="checkbox"/>
	Trader / Hawker / Vendor	<input type="checkbox"/>
	Miner	<input type="checkbox"/>
	Domestic Worker / Maid / Char / Househelp	<input type="checkbox"/>
	Armed Services/ Police / Security Personnel	<input type="checkbox"/>
	Artisan / skilled manual worker in the formal sector	<input type="checkbox"/>
	Artisan / skilled manual worker in the informal sector	<input type="checkbox"/>
	Clerical Worker	<input type="checkbox"/>
	Unskilled manual worker in the formal sector	<input type="checkbox"/>
	Unskilled manual worker in the informal sector	<input type="checkbox"/>

<i>Professional</i>	
Businessperson (works in company for others)	<input type="checkbox"/>
Businessperson (Owns small business of less than 10 employees)	<input type="checkbox"/>
Businessperson (Owns large business of 10 or more employees)	<input type="checkbox"/>
Professional Worker (e.g., lawyer, accountant, nurse, engineer, etc.)	<input type="checkbox"/>
Supervisor / Foreman	<input type="checkbox"/>
Teacher	<input type="checkbox"/>
Government Worker	<input type="checkbox"/>
Retail worker	<input type="checkbox"/>
<i>Other</i>	
Student	<input type="checkbox"/>
Housewife / Works In the Household	<input type="checkbox"/>
Other [<i>Specify</i>] _____	<input type="checkbox"/>
Don't know	<input type="checkbox"/>