

Introduction

The baseline assessment forms the basis for a 'before and after' assessment or a 'change over time' assessment. The assessment involves measuring the status of children, households, communities and institutions. In regard to the quantitative component, ECLT uses a household questionnaire and a child questionnaire for children aged 5-17 for data collection.

To understand the root causes of child labour and the severity of its impacts on children in a specific area consultation with children is critical. Children are experts on their own lives, and they can provide critical information to better understand the drivers of child labour. Also, children have a right to be heard on matters that concerns their lives. As a result, a key aspect of data collection in the Baseline Assessment is to interview children through the Child Questionnaire. Engaging with children on sensitive topics such as child labour requires a carefully designed process that is child focused, driven by the best interest of the child and protects the child from and harm or retribution.

What is a Child Questionnaire?

The Child Questionnaire includes a set of questions used by data collection staff to conduct interviews with children to extensively understand their personal situation.

The questionnaire makes sure that data collection is standardised, which allows for tracking of change over time. It includes a wide variety of questions to fully understand the drivers and impacts of child labour.

This is a generic form and ECLT can help adjust it to the local context and align it with key indicators.

Whom to interview?

- Children

When to use the form

- During the data collection phase of the Baseline Assessment by the data collection team

How to use it

- Data collectors will conduct visits to households and interview the household head and children present.
- All children aged 5-17 in the households should be interviewed.
- Children 5-11 years old may need assistance from their caregiver to answer the questions. However, interviewers should aim for direct interviews as much as possible.
- Follow the flow of questions and ensure that all questions are covered
- Ensure confidentiality of data in alignment with a human rights-based approach to data management and that the data is used for the correct purposes only.

Recommendations

- Ensure that the personnel who is collecting the data is properly trained on interview techniques with children and is fully aware of the rights of the child.
- Interview the child in a space that is private and secure, where the child feels safe to express him/herself
- Clearly explain what the data will be used for
- Do not pressure the child to carry out the interview
- Set aside enough time to explain each question in a way that the child understands it
- Plan the interview during a time that accommodates the child
- Ensure the child's right to privacy and confidentiality is respected, that their opinions are taken into account, and that they are protected from harm and retribution caused by their participation in this assessment.
- The best interests of the child are to be prioritised over any other consideration.
- Avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that place a child in danger or expose a child to humiliation
- Always obtain permission from the child and his or her guardian for all interviews, videotaping and, when possible, for documentary photographs.

Identification

Region:

District:

TA:

EA:

Village name:

Household number:

Name of head of household:

Interviewer visits

*Language codes: (specify)

1.

2.

3.

Language of questionnaire*

Language of Interview*

Visit	Date (dd/mm/yyyy)	Interviewer's name	**Result (indicate code)
1			
2			
3			
Final visit			
Next visit			

Total number of visits:
(specify)

.....

**Result codes:

1. Completed

2. Not at home

3. Postponed

4. Refused

5. Partly completed

6. Incapacitated

7. Other (specify)

.....

	Name	Date
Team supervisor		
Quality control supervisor		
Core team supervisor		

Introduction

► *Read this out to the respondent(s)*

Hello. My name is:

and I am working with:

We are conducting a baseline survey for the ECLT Foundation in:

.....

The baseline survey will be used to inform the development and implementation of a project of a project planned to combat child labour in:

.....

We would very much appreciate your participation in this survey. The results of the baseline survey are intended to provide adequate information to support specific project interventions that are being planned in the three districts.

Informed consent

We would very much appreciate your participation in this survey. Participation is voluntary and whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team. I do, however, hope that you will participate fully in the survey since your views are important for the project. The survey usually takes about 45 minutes.

☐ Respondent agrees to be interviewed

Respondent's Signature

☐ Respondent does not agree to be interviewed ☐ End interview

At this time, do you want to ask me anything about the survey?

Before ending the interview try to identify and address any concern(s) and or objections raised by the respondent and after requesting the assistance of your supervisor.

The Interviewer is expected to assess the situation and if photo is needed, to ask permission at the end of the interview.

Consent for photographs (optional where a photo is needed)

We would also like to request for your permission to take photo(s) and use it/them in the report.

☐ Yes ☐ No

May I begin the interview now?

Section 1: Educational Attainment of Children (5-17)

Person number: Name: Age:

1. Can you read a short simple statement and understand it in your native language or any other?

☐ Able to read

☐ Cannot read

Please read this sentence to me.

(show card to respondent)

☐ No card with required language

2. Can you write a short simple statement with understanding in any language?

(read out the statement from the card and ask the respondent to write)

☐ Able to write whole sentence

☐ Cannot write at all

3. Are you attending school or pre-school during the current school year?

(read out the statement from the card and ask the respondent to write)

☐ Yes *(go to question 4)*

☐ No *(go to question 9)*

4. What is the level of school and class that you are currently attending?

☐ Pre-school

☐ Junior Primary (Standard 1-5)

☐ Senior Primary (Standard 6-8)

☐ Secondary

☐ College/University

5. *(If applicable)* At what age did you begin primary school? *(specify age)*

6. Who runs the school that you are currently attending?

☐ Government

☐ Religious Institution

☐ Private Institution

☐ Other *(specify)*

☐ Don't know

Section 1: Educational Attainment of Children (5-17) (continued)

Person number: Name: Age:

7. Did you miss any school days during the past week (past 7 days)?

☐ **Yes** (specify how many days)

☐ **No** (go to question 9)

8. Why did you miss school day(s) during the past week? (if applicable)

☐ Teacher was absent

☐ Bad weather conditions

☐ To help family business

☐ To help at home with household tasks

☐ Working outside family business

☐ Illness/ Injury/disablement

9. Have you ever attended school?

☐ **Yes** (go to question 11)

☐ **No** (go to question 10)

10. Why have you never attended school? (then go to question 16)

☐ Too young

☐ Not interested in school

☐ Disabled/ illness

☐ Education not considered valuable

☐ No school/school too far

☐ School not safe

☐ Cannot afford schooling

☐ To learn a job

☐ Family did not allow schooling

☐ To work for pay

11. What is the highest level of school and class you have attended?

☐ Pre-school

☐ Secondary

☐ Junior Primary (Standard 1-5)

☐ College/University

☐ Senior Primary (Standard 6-8)

Section 1: Educational Attainment of Children (5-17) (continued)

Person number: Name: Age:

12. At what age did you leave school? (specify age)

13. What was the main reason for leaving school?

- | | |
|---|---|
| <input type="checkbox"/> Completed his/her primary school | <input type="checkbox"/> To learn a job |
| <input type="checkbox"/> Too old for school | <input type="checkbox"/> To work for pay as employee or (as paid/ unpaid worker) in family business |
| <input type="checkbox"/> Disabled/ illness | <input type="checkbox"/> Help with family agricultural work (crops) |
| <input type="checkbox"/> No school/school too far | <input type="checkbox"/> Help with agricultural work (tobacco) |
| <input type="checkbox"/> Cannot afford schooling | <input type="checkbox"/> Help with livestock grazing |
| <input type="checkbox"/> Family did not allow schooling | <input type="checkbox"/> Marriage/pregnancy |
| <input type="checkbox"/> Poor in studies/not interested in school | <input type="checkbox"/> Help at home with household tasks |
| <input type="checkbox"/> Education not considered valuable | <input type="checkbox"/> Take care of ill family member |
| <input type="checkbox"/> School not safe | <input type="checkbox"/> Other (specify) |

(If current age is equal to or less than 13 years then ask)

14. Would you like to go back to school?

☐ Yes (go to question 15)

☐ No (go to question 16)

15. What would motivate you to go back to school?

- | | |
|--|---|
| <input type="checkbox"/> I want to complete primary education | <input type="checkbox"/> My parents stressed that I go back to school |
| <input type="checkbox"/> I want to complete secondary education | <input type="checkbox"/> The community looks at me negatively since dropping from school |
| <input type="checkbox"/> I want to complete Vocational Training | <input type="checkbox"/> Council /Community is enforcing a bylaw requiring all school age children to go back to school |
| <input type="checkbox"/> I like life after school | <input type="checkbox"/> I am no longer afraid of the Teachers |
| <input type="checkbox"/> Quality of education at the school has improved significantly | |
| <input type="checkbox"/> To meet my friends | |

Section 1: Educational Attainment of Children (5-17) (continued)

Person number: Name: Age:

16. Have you ever attended/are you currently attending a vocational skills training course or apprenticeship and mentoring schemes outside of school?

☐ **Yes** *(go to question 17)*

☐ **No** *(go to question 19)*

17. Have you / will you obtain a certificate for this vocational training or apprenticeship and mentoring schemes?

☐ **Yes** *(go to question 17)*

☐ **No** *(go to question 19)*

18. Describe subject of vocational training received/ being received. (If more than one then indicate the most important)

☐ **Carpentry**

☐ **Bricklaying**

☐ **Basket weaving**

☐ **Pottery**

☐ **Welding/Fabrication**

☐ **Tailoring**

☐ **Other** *(specify)*

Section 2: Current Economic Activity Status of Children (5-17)

Person number: Name: Age:

19. From (specify date) ☐ Yes (go to question 20)
to date, did you do any tobacco related work?
(as employee, self-employed, employer or unpaid family worker) ☐ No (go to question 21)

20. From (specify date) to date, did you do any of the following activities, even for only one hour?

- | | |
|--|--|
| <input type="checkbox"/> Land preparation | <input type="checkbox"/> De-sucking |
| <input type="checkbox"/> Manure Application | <input type="checkbox"/> Leaf plucks |
| <input type="checkbox"/> Nursery establishment | <input type="checkbox"/> Leaf transport |
| <input type="checkbox"/> Ridging | <input type="checkbox"/> Leaf tying |
| <input type="checkbox"/> Planting | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Fertilizer application | <input type="checkbox"/> Leaf bundle making |
| <input type="checkbox"/> Shade/ban construction (kukonza zigafa) | <input type="checkbox"/> Bailing |
| <input type="checkbox"/> Weeding | <input type="checkbox"/> Transporting bales |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Auction holdings follow-ups |
| <input type="checkbox"/> Application of pest control | <input type="checkbox"/> Other (specify) |

21. Did you engage in any work for at least one hour during the past 7 days? ☐ Yes (go to question 22)
☐ No (go to question 23)

Section 2: Current Economic Activity Status of Children (5-17) (continued)

Person number: Name: Age:

22. What activities did you do for at least one hour during the past 7 days?

- ☐ **Run or do any kind of business, big or small, for himself/herself or with one or more partners?**
Examples: Selling things, making things for sale, repairing things, guarding car, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, barber, shoe shining etc.
- ☐ **Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?**
Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.
- ☐ **Do any work as a domestic worker for a wage, salary or any payment in kind?**
- ☐ **Help unpaid in a household business of any kind? (Don't count normal housework.)**
Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.
- ☐ **Do any work on his/her own or the household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household?**
Examples: ploughing, harvesting, looking after livestock.
- ☐ **Does any construction or major repair work on his/her own home, plot, or business or those of the household?**
- ☐ **Catch any fish, prawns, shells, wild animals or other food for sale or household food?**
- ☐ **Fetch water or collect firewood for household use?**
- ☐ **Produce any other good for this household use?**
-

23. Even though you did not do any of these activities in the past week, do you have a job, business, or other economic or farming activity that you will definitely return to?

(for agricultural activities, the off season in agriculture is not a temporary absence)

☐ **Yes** (go to question 24)

☐ **No** (go to question 33)

24. Describe the main job/task you were performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc ('main' refers to the work the person spent most of their time doing in the week)

(specify job/task)

Section 2: Current Economic Activity Status of Children (5-17) (continued)

Person number: Name: Age:

22. Describe briefly the main activity, the products that you help to make, the services you do and where you are doing this type of work. *(specify)*

Main activity: Services:

Products: Where:

23. In addition to your main work, did you do any other work during the past week (past 7 days)?

☐ No ☐ Yes *(specify main work done)*

24. For each day worked during the past 7 days how many hours did you actually work?
(round up to the closest hour)

Main work (hours) Other work (hours)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Total:

25. During the past week when did you usually carry out these activities?

For ALL children (including children attending school):

ADDITIONAL: For children attending school ONLY

☐ During the day (between 6 a.m. and 6 p.m.)

☐ After school

☐ In the evening or at night (after 6 p.m.)

☐ Before school

☐ During both the day and the evening (for the entire day)

☐ Both before or after school

☐ On the week-end

☐ On the week-end

☐ Sometimes during the day, sometimes in the evening

☐ During missed school hours/days

Section 2: Current Economic Activity Status of Children (5-17) (continued)

Person number: Name: Age:

26. Where did you carry out your main work during the past week? *(tick two most appropriate options)*

- | | |
|---|--|
| <input type="checkbox"/> At (his/her) family dwelling | <input type="checkbox"/> Mine / quarry |
| <input type="checkbox"/> Client's place | <input type="checkbox"/> Shop / kiosk / coffee house / restaurant / hotel... |
| <input type="checkbox"/> Formal office | <input type="checkbox"/> Different places (mobile |
| <input type="checkbox"/> Factory / Barn | <input type="checkbox"/> Fixed, street or market stall |
| <input type="checkbox"/> Plantations / farm / garden | <input type="checkbox"/> Pond / lake / river |
| <input type="checkbox"/> Construction sites | <input type="checkbox"/> Other <i>(specify)</i> |
-

27. For your main job/work were you any of the following?

- ☐ Employee
- ☐ Own account worker *(their own business without employees)*
- ☐ Employer *(their own business with employees)*
- ☐ Member of producers' cooperatives
- ☐ Unpaid family worker *(go to question 30)*
-

28. What was the mode of payment for the last payment period?

- ☐ Hourly
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Upon completion of task
- ☐ Other *(specify)*
-

29. What is your average monthly income from the main work? *(specify)*

Currency: Monthly Income:

Section 2: Current Economic Activity Status of Children (5-17) (continued)

Person number: Name: Age:

30. What do you usually do with your earnings? *(tick one or more)*

- | | |
|---|---|
| <input type="checkbox"/> Give all/part of money to my parents/guardians | <input type="checkbox"/> Save |
| <input type="checkbox"/> Employer gives all/part of money to my parents/guardians | <input type="checkbox"/> Spend |
| <input type="checkbox"/> Pay my school fees | <input type="checkbox"/> Sale |
| <input type="checkbox"/> Buy things for school | <input type="checkbox"/> Buy Agricultural inputs |
| <input type="checkbox"/> Buy things for household | <input type="checkbox"/> Invest in business |
| <input type="checkbox"/> Buy things for myself | <input type="checkbox"/> Other <i>(specify)</i> |
-

31. Why do you work? *(tick one or more)*

- | | |
|--|--|
| <input type="checkbox"/> Supplement family income | <input type="checkbox"/> Cannot afford school fees |
| <input type="checkbox"/> Help pay family debt | <input type="checkbox"/> Not interested in school |
| <input type="checkbox"/> Help in household enterprise | <input type="checkbox"/> To temporarily replace someone unable to work |
| <input type="checkbox"/> Learn skills | <input type="checkbox"/> Buy agricultural inputs |
| <input type="checkbox"/> Schooling not useful for future | <input type="checkbox"/> Invest in business |
| <input type="checkbox"/> School too far / no school | <input type="checkbox"/> Supplement family food requirements |
| | <input type="checkbox"/> Other <i>(specify)</i> |
-

32. Did you get payment in kind in the form of the following? *(tick one or more)*

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Inputs |
| <input type="checkbox"/> Cloth | <input type="checkbox"/> Utensils |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Other <i>(specify)</i> |
| <input type="checkbox"/> Transport | <input type="checkbox"/> None |

Section 2: Current Economic Activity Status of Children (5-17) (continued)

Person number: Name: Age:

33. Were you seeking work in the last 7 days? ☐ Yes (go to question 34)

☐ No (go to question 35)

34. Describe the kind of work you were seeking in the last week (7 days)?

(specify kind/type of work)

35. At any time during the past 12 months did you engage in any work? ☐ Yes (go to question 36)

☐ No (go to question 37)

36. Describe the kind of work you were engaged in the past 12 months?

(specify kind/type of work)

Section 3: Health & safety issues about working children (5-17)

► For those who worked during the past 7 days or anytime during past 12 months (answered yes to question 21 and/or question 35)

Person number: Name: Age:

37. Did you have any of the following injuries or illnesses in the past 12 months because of your work?

- | | |
|---|--|
| <input type="checkbox"/> Superficial injuries or open wounds | <input type="checkbox"/> Broken arm and/or leg |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Ear damage |
| <input type="checkbox"/> Dislocations, sprains or stains | <input type="checkbox"/> Infected cuts or wounds |
| <input type="checkbox"/> Burns, corrosions, scalds or frostbite | <input type="checkbox"/> Slip and fall |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> General Illness |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Falling under loads |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Inhale of dust/smoke |
| <input type="checkbox"/> Stomach problems / diarrhoea | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Inguinal hernia |
| <input type="checkbox"/> Extreme fatigue | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Snake/Wildlife bite or attack | <input type="checkbox"/> Other (specify) |
| | <input type="checkbox"/> No injury (go to question 44) |

38. How severe was your most serious injury/illness?

- | |
|---|
| <input type="checkbox"/> Superficial, no treatment required |
| <input type="checkbox"/> Required self-treatment or help from HH member |
| <input type="checkbox"/> Required treatment from health facilities or herbalist |
| <input type="checkbox"/> Required hospitalisation |
| <input type="checkbox"/> Very severe injury, almost died |

39. Think about your most serious illness/injury, how did this/these affect your work/schooling?

- | |
|---|
| <input type="checkbox"/> Not serious- did not stop work/schooling |
| <input type="checkbox"/> Stopped work or school for a short time |
| <input type="checkbox"/> Stopped work or school completely |

Section 3: Health & safety issues about working children (5-17) (continued)

► For those who worked during the past 7 days or anytime during past 12 months
(answered yes to question 21 and/or question 35)

Person number: Name: Age:

40. Think about your most serious illness/injury, in what type of activity did you face this illness/injury?
(tick one or more and circle the most serious injury/illness suffered in the past 12 months)

- | | |
|---|--|
| <input type="checkbox"/> Land preparation | <input type="checkbox"/> De sucking |
| <input type="checkbox"/> Manure Application | <input type="checkbox"/> Leaf plucks |
| <input type="checkbox"/> Nursery establishment | <input type="checkbox"/> Leaf transport |
| <input type="checkbox"/> Ridging | <input type="checkbox"/> Leaf tying |
| <input type="checkbox"/> Planting | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Fertilizer application | <input type="checkbox"/> Leaf bundle making |
| <input type="checkbox"/> Shade/ban construction | <input type="checkbox"/> Bailing |
| <input type="checkbox"/> Weeding | <input type="checkbox"/> Transporting bales |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Auction holdings follow-ups |
| <input type="checkbox"/> Application of pest control/herbicides | <input type="checkbox"/> No injuries |

41. Did you receive/seek treatment?

- | | |
|--|--|
| <input type="checkbox"/> Yes, from employer | <input type="checkbox"/> Yes, from Victim Support Unit |
| <input type="checkbox"/> Yes, from family | <input type="checkbox"/> Yes, from Health Centre |
| <input type="checkbox"/> Yes, from VDC | <input type="checkbox"/> Yes, Herbalist |
| <input type="checkbox"/> Yes, from Child protection unit | <input type="checkbox"/> Other (specify) |
| | <input type="checkbox"/> No |

42. Do you carry heavy loads when working?

- ☐ Yes (go to question 43)
- ☐ No (go to question 44)

Section 3: Health & safety issues about working children (5-17) (continued)

► For those who worked during the past 7 days or anytime during past 12 months
(answered yes to question 21 and/or question 35)

Person number: Name: Age:

43. What load do you usually carry at work?

☐ Bales of tobacco

☐ Pesticides/Herbicides

☐ Fertilizer

☐ Farm equipment

☐ Harvested Tobacco Leaves

☐ Tobacco seedlings

☐ Drying Poles

☐ Other

(specify how much, how often and for how long)

44. Do you work with any of the following equipment at work?

☐ Tractor

☐ Ploughs

☐ Hoes

☐ Saw

☐ Sickle

☐ Panga knife

☐ Chisongole (Big needle)

☐ Ox-carts

☐ Sprayer

☐ Digging spear

☐ Bailing machine (Jeke)

☐ Hammer

☐ Other (specify)

45. Are you exposed to any of the following at work?

☐ Dust, fumes

☐ Fire, gas, flames

☐ Loud noise or vibration

☐ Extreme cold or heat

☐ Dangerous tools (knives etc)

☐ Work underground

☐ Work at heights

☐ Work in water/lake/pond/river

☐ Workplace too dark or confined

☐ Insufficient ventilation

☐ Chemicals (pesticides, glues, etc.)

☐ Explosives

☐ Other (specify things, processes or conditions
bad for health or safety)

Section 3: Health & safety issues about working children (5-17) (continued)

► *For those who worked during the past 7 days or anytime during past 12 months
(answered yes to question 21 and/or question 35)*

Person number: Name: Age:

46. Is protective wear provided at work? ☐ Yes
☐ No

47. Have you ever been subjected to the following at work?

<input type="checkbox"/> Constantly shouted at	<input type="checkbox"/> Debt bondage
<input type="checkbox"/> Repeatedly insulted	<input type="checkbox"/> Locked-up
<input type="checkbox"/> Beaten /physically hurt	<input type="checkbox"/> Non-payment of wages
<input type="checkbox"/> Sexually abused (touched or done things to you that you did not want)	<input type="checkbox"/> Having sex with employer or fellow employee
	<input type="checkbox"/> Other (specify)

48. Have you ever had a school health check-up? ☐ Yes
☐ No

Section 4: Household Tasks of Children (5-17)

Person number: Name: Age:

49. During the past week did you do any of the tasks indicated below for this household?

- | | |
|--|---|
| <input type="checkbox"/> Shopping for household | <input type="checkbox"/> Washing clothes |
| <input type="checkbox"/> Repair any household equipments | <input type="checkbox"/> Caring for children/old/sick |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Other household tasks (<i>specify</i>) |
| <input type="checkbox"/> Cleaning utensils/house | |

50. During each day of the past week how many hours did you do such household tasks?
(*specify hours*)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Total:

51. During the past week when did you usually carry out these activities?

For ALL children (including children attending school):

ADDITIONAL: For children attending school ONLY

- | | |
|---|--|
| <input type="checkbox"/> During the day (between 6 a.m. and 6 p.m) | <input type="checkbox"/> After school |
| <input type="checkbox"/> In the evening or at night (after 6 p.m) | <input type="checkbox"/> Before school |
| <input type="checkbox"/> During both the day and the evening (for the entire day) | <input type="checkbox"/> Both before or after school |
| <input type="checkbox"/> On the week-end | <input type="checkbox"/> On the week-end |
| <input type="checkbox"/> Sometimes during the day, sometimes in the evening | <input type="checkbox"/> During missed school hours/days |

Section 5: Migration Status of Children 5-17 Years of Age

Person number: Name: Age:

52. Whom do you live with?

- | | |
|--|--|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Father and stepmother |
| <input type="checkbox"/> Mother alone | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Father alone | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Mother and stepfather | <input type="checkbox"/> Non relative |
| | <input type="checkbox"/> Other (specify) |

53. Why are you living here?

- | | |
|---|---|
| <input type="checkbox"/> Convenient to school | <input type="checkbox"/> Debt payment for self |
| <input type="checkbox"/> To work on tobacco farm | <input type="checkbox"/> Debt payment for other family member |
| <input type="checkbox"/> To work on other food crop farm | <input type="checkbox"/> Mother died |
| <input type="checkbox"/> Parents have no money to take care of me/food security | <input type="checkbox"/> Father died |
| <input type="checkbox"/> No peace at home/community | <input type="checkbox"/> Parents died |
| <input type="checkbox"/> Family tradition | <input type="checkbox"/> Other (specify) |

54. Where is your father living?

- ☐ In our house in this village/community
- ☐ Elsewhere in the village/community
- ☐ Elsewhere in the region
- ☐ Elsewhere in the country
- ☐ Abroad
- ☐ Died
- ☐ Other (specify)

55. Where is your mother living?

- ☐ In our house in this village/community
- ☐ Elsewhere in the village/community
- ☐ Elsewhere in the region
- ☐ Elsewhere in the country
- ☐ Abroad
- ☐ Died
- ☐ Other (specify)

Section 5: Migration Status of Children 5-17 Years of Age (continued)

Person number: Name: Age:

56. If parents / mother / father are alive are you free to visit parents or do parents visit you?

☐ Yes (go to question 57)

☐ No (go to question 58)

57. If No, why not?

☐ Distance is far

☐ Too young to travel alone

☐ I am content here

☐ I will not be allowed to go

☐ Other (specify)

58. Is your stay in the present household permanent?

☐ Yes

☐ No

59. Do you have other relatives in this community?

☐ Yes

☐ No

60. Was your last place of residence...

Indigene (more permanent)

☐ In-migration from within this region

☐ In-migration from outside this region

☐ In-migration from outside this country

☐ Other (specify)

Transient migrant (more brief/temporary)

☐ In-migration from within this region

☐ In-migration from outside this region

☐ In-migration from outside this country

☐ Other (specify)

61. Who decided that you should come and live in this household?

☐ Myself

☐ Parents

☐ Father

☐ Mother

☐ Relative

☐ Non-relative

☐ Other (specify)

Section 5: Migration Status of Children 5-17 Years of Age (continued)

Person number: Name: Age:

62. What was the main reason for coming to live with the present household? (tick one or more, circle the most important 2 if multiple answers)

- | | |
|--|--|
| <input type="checkbox"/> To work on a tobacco farm | <input type="checkbox"/> To attend school/training institution |
| <input type="checkbox"/> To work on other crop farm | <input type="checkbox"/> Family disruption (e.g death, divorce, separation, etc) |
| <input type="checkbox"/> To assist with household chores | <input type="checkbox"/> Sent here by parent |
| <input type="checkbox"/> To learn a trade | <input type="checkbox"/> Sent here by agent |
| <input type="checkbox"/> To go to school | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> To have a home/family | |

63. How did you come here?

- | | |
|---|--|
| <input type="checkbox"/> I traveled here alone by myself | <input type="checkbox"/> I was accompanied by agent |
| <input type="checkbox"/> I was accompanied here by parents/ relatives | <input type="checkbox"/> Traveled here with some friends |
| <input type="checkbox"/> I traveled here with other children | <input type="checkbox"/> I was accompanied by farmer/caretaker |
| <input type="checkbox"/> Traveled with non-relative | <input type="checkbox"/> Other (specify) |

64. Are you satisfied here?

- ☐ Yes
- ☐ No

END OF INTERVIEW

Has the child been interviewed in the company of an adult or an older child?

- ☐ Yes
- ☐ No

Time of interview:

.....

Interviewer's Observations

Comments about respondent:

Comments on specific questions:

Any other comments:

Supervisor's Observations

Name of Supervisor: _____ Date: _____

Quality Control Officer's Observations

Name of Quality Control Officer: _____ Date: _____