

SECTION IX

Educational Attainment of All Children (5-17)

17 JUL 2007

Serial No in A1 →							Skip to Question		
Name of household member →									
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years	
C1. Can you read and write a short, simple statement with understanding in any language? 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2			
C2. Are you attending school or pre-school during the current school year? 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2		→C3 →C8	
C3. What is the level of school and grade that you are currently attending? Level: (L) Grade (G) 1. Pre-school..... 2. Primary..... 3. preparatory..... 4. Secondary- general..... 5. Secondary-Technical..... 6. Above intermediate..... 7. University or higher..... 8. Non standard curriculum...	L 1 2 3 4 5 6 7 8	G 	L 1 2 3 4 5 6 7 8	G 	L 1 2 3 4 5 6 7 8	G 	L 1 2 3 4 5 6 7 8	G 	} C4 } →C10
C4. At what age did you begin primary school? (If C3=1 write 95) (Age in completed years..).....									
C5. Did you miss any school day during the past week? 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	→C6 →C17	→C6 →C14	
C6. How many school days did you miss during the past week? (Write the number of days).....									
C7. Why did you miss school day(s) during the past week ? (Read each of the following options and circle two most appropriate option) A. School vacation period..... B. Teacher was absent C. Physical or emotional violence from teacher or peers D. Bad weather conditions..... E. To help family business..... F. To help at home with household tasks ... G. Working outside family business.... H. Illness/ Injury/disablement U. Other	A B C D E F G H U	A B C D E F G H U	A B C D E F G H U	A B C D E F G H U	A B C D E F G H U	A B C D E F G H U	} C17 	} C14	

Other (Specify).....								
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Serial No in A1 →							Skip to Question					
Name of household member →												
Age of household member →	Children Aged 5-9 years	Children Aged 10-17 years										
C8. Have you ever attended school?												
1. Yes.....	1	1	1	1	1	1	→C10					
2. No.....	2	2	2	2	2	2	→C9					
C9. Why have you never attended school? (Read each of the following options and circle the most appropriate option)												
01. Too young	01	01	01	01	01	01	} C17	} C14				
02. Disabled/ illness.....	02	02	02	02	02	02						
03. Physical or emotional violence from teachers or peers	03	03	03	03	03	03						
04. I can't go to school at the same days of work	04	04	04	04	04	04						
05. No school/school too far.....	05	05	05	05	05	05						
06. Cannot afford schooling.....	06	06	06	06	06	06						
07. Family can't afford other education costs	07	07	07	07	07	07						
08. Family did not allow schooling...	08	08	08	08	08	08						
09. Not interested in school.....	09	09	09	09	09	09						
10. Education not considered valuable.	10	10	10	10	10	10						
11. School not safe.....	11	11	11	11	11	11						
12. To learn a job.....	12	12	12	12	12	12						
13. To work for pay	13	13	13	13	13	13						
14. My family not allow me to go to school because I'm a girl and my body grow up	14	14	14	14	14	14						
15. To work as unpaid worker in family business/farm	15	15	15	15	15	15						
16. Help at home with household tasks...	16	16	16	16	16	16						
17. I don't have a birth certificate	17	17	17	17	17	17						
96. Other	96	96	96	96	96	96						
Other(Specify)												
C10. What is the highest level of school and grade you have attended and completed successfully?	L	G	L	G	L	G	L	G	L	G	L	G
<i>Level (L) Grade (G)</i>												
1. Pre-school.....	1		1		1		1		1		1	
2. Primary.....	2		2		2		2		2		2	
3. preparatory.....	3		3		3		3		3		3	
4. Secondary- general.....	4		4		4		4		4		4	
5. Secondary-Technical.....	5		5		5		5		5		5	
6. Above intermediate.....	6		6		6		6		6		6	
7. University or higher.....	7		7		7		7		7		7	
8. Non standard curriculum...	8		8		8		8		8		8	
C11. At what age did you begin primary school? (If C10=1 write 95) (Age in completed years).....												

C12. At what age did you leave school?
(Age in completed years).....

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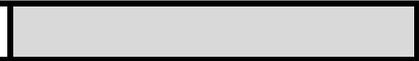
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Serial No in A1 →	_____						Skip to Question	
	Name of household member →							
Age of household member →	_____						Children Aged 5-9 years	Children Aged 10-17 years
C13. Why did you leave school? (Circle the most appropriate option)							} C17	
01. Completed his/her compulsory schooling (IF C10=X)	01	01	01	01	01	01		
02. Too old for school.....	02	02	02	02	02	02		
03. Disabled/ illness.....	03	03	03	03	03	03		
04. No school/school too far.....	04	04	04	04	04	04		
05. Cannot afford schooling...	05	05	05	05	05	05		
06. Family did not allow schooling.	06	06	06	06	06	06		
07. Poor in studies/not interested in school.	07	07	07	07	07	07		
08. Education not considered valuable	08	08	08	08	08	08		
09. School not safe.....	09	09	09	09	09	09		
10. To learn a job.....	10	10	10	10	10	10		
11. To work for pay as employee or (as paid/ unpaid worker) in family business or farm.....	11	11	11	11	11	11		
12. Help at home with household tasks.....	12	12	12	12	12	12		
96. Other (Specify).....	96	96	96	96	96	96		
Other(Specify)								
C14. Have you ever attended/are you currently attending a vocational / skills training course outside of school?								
1. Yes.....	1	1	1	1	1	1		→C15
2. No.....	2	2	2	2	2	2		→C17
C15. Have you /will you obtain a certificate for this vocational training?								
1. Yes	1	1	1	1	1	1		→C16
2. No.....	2	2	2	2	2	2		→C17
C16. Describe subject of vocational training received/being received. (e.g Carpentry, Car repair, Nursing, etc) (If more than one then indicate the most important)								
For official use (OCCUPATION CODE)	_____	_____	_____	_____	_____	_____		

SECTION X

Current Economic Activities Status of All Children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
<i>Economic Activity</i>								
C 17. Did you engage in any work at least one hour during the past week? <i>(As employee, self employed, employer or unpaid family worker)</i> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2		→ C20 → C18
C18. During the past week, did you do any of the following activities, even for only one hour? <i>(Read each of the following questions until the first affirmative response is obtained)</i> (a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? <i>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, production of ghee, butter, cheese etc.</i>	1= YES 2=NO		If any “YES” → C20 Otherwise →C19					
(b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing working in quarries, tanneries.</i>								
(c) Do any work as a domestic worker for a wage, salary or any payment in kind?								
(d) Help unpaid in a household business of any kind? (Don't count normal housework.) <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>								
(e) 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? <i>Examples: ploughing, harvesting, looking after livestock.</i>								
(f) Do any construction or major repair work on his/her own home, plot, or business or those of the household?								
(g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?								
(h) Fetch water or collect firewood for household use? (i) Produce any other good for this household use? <i>Examples: clothing, furniture, clay pots, etc.</i>								

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
C19. 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? <i>(For agricultural activities, the off season in agriculture is not a temporary absence).</i> 1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2	→C20 →C31	
C20. Describe the main job/task you were performing e.g. carrying bricks; mixing baking flour; harvesting maize; etc. <i>(“Main” refers to the work on which (NAME) spent most of the time during the week.)</i>								
Job/Task								
OCCUPATION CODE For official use								
C21. Describe briefly the main activity i.e. goods produced and services rendered where you are doing this job or task								
Activity / Type								
INDUSTRY CODE For official use							→C33	Check c17,c18,c19 If c17=2 and c18=2 in all options and c19=1 Then skip to c25

Serial No in A1 →							Skip to Question						
Name of household member →													
Age of household member →													
C22. In addition to your main work, did you do any other work during the past week?							Children Aged 10-17 years						
1. Yes..... 2. No.....	1 2	1 2	1 2	1 2	1 2	1 2							
C23. For each day worked during the past week how many hours did you actually work? <i>Main (M) Other (O)</i>	M	O	M	O	M	O	M	O	M	O	M	O	
1. Monday..... 2. Tuesday..... 3. Wednesday..... 4. Thursday..... 5. Friday..... 6. Saturday..... 7. Sunday.....													
TOTAL													
C24. During the past week when did you usually carry out these activities? <i>For ALL children (including children attending school):</i>													
A. During the day (between 6 a.m. and 6 p.m)	A	A	A	A	A	A	A	A	A	A	A	A	
B. In the evening or at night (after 6 p.m.)	B	B	B	B	B	B	B	B	B	B	B	B	
C. During both the day and the evening (for the entire day).	C	C	C	C	C	C	C	C	C	C	C	C	
D. On the week-end.....	D	D	D	D	D	D	D	D	D	D	D	D	
E. Sometimes during the day, sometimes in the evening	E	E	E	E	E	E	E	E	E	E	E	E	
<i>ADDITIONAL: For children attending school ONLY (If C2=YES):</i>													
F. After school.....	F	F	F	F	F	F	F	F	F	F	F	F	
G. Before school.....	G	G	G	G	G	G	G	G	G	G	G	G	
H. Both before or after school.....	H	H	H	H	H	H	H	H	H	H	H	H	
I. On the week-end.....	I	I	I	I	I	I	I	I	I	I	I	I	
J. During missed school hours/days.....	J	J	J	J	J	J	J	J	J	J	J	J	
K. I can't go to school at the same days of work	K	K	K	K	K	K	K	K	K	K	K	K	

Serial No in A1 →							Skip to Question
Name of household member →							
Age of household member →							
C25. Where did you carry out your main work during the past week?							Children Aged 10-17 years
01. At (his/her) family dwelling...	01	01	01	01	01	01	
02. At dwelling for others	02	02	02	02	02	02	
03. Client's place	03	03	03	03	03	03	
04. Formal office	04	04	04	04	04	04	
05. Factory / Atelier	05	05	05	05	05	05	
06. Plantations / farm / garden.....	06	06	06	06	06	06	
07. Construction sites.....	07	07	07	07	07	07	
08. Mine / quarry.....	08	08	08	08	08	08	
09. Shop / kiosk / coffee house / restaurant / hotel	09	09	09	09	09	09	
10. Different places (mobile).....	10	10	10	10	10	10	
11. Fixed market stall	11	11	11	11	11	11	
12. in street	12	12	12	12	12	12	
13. Pond / lake / river.....	13	13	13	13	13	13	
96. Other.....	96	96	96	96	96	96	
Other (specify)							
C26. For your main job/work were you a/an....?							→C27 C28 C30
1. Employee.....	1	1	1	1	1	1	
2. Own account worker (His/her own business without employees)	2	2	2	2	2	2	
3. Employer (His/her own business with employees)	3	3	3	3	3	3	
4. Unpaid family worker....	4	4	4	4	4	4	
C27. What was the mode of payment for the last payment period?							
1. Piece rate.....	01	01	01	01	01	01	
2. Hourly.....	02	02	02	02	02	02	
3. Daily.....	03	03	03	03	03	03	
4. Weekly.....	04	04	04	04	04	04	
5. Monthly.....	05	05	05	05	05	05	
6. Upon completion of task....	06	06	06	06	06	06	
96 Other (specify).....	96	96	96	96	96	96	
Other (specify)							

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
C28. What is your average monthly income from the main work? (in local currency)								
C29. What do you usually do with your earnings? (Multiple answers are allowed)								
A. Give all/part of money to my parents/guardians...	A	A	A	A	A	A		
B. Employer gives all/part of money to my parents/guardians...	B	B	B	B	B	B		
C. Pay my school fees.....	C	C	C	C	C	C		
D. Buy things for school	D	D	D	D	D	D		
E. Buy things for household	E	E	E	E	E	E		
F. Buy things for myself	F	F	F	F	F	F		
G. Save	G	G	G	G	G	G		
U. Other.....	U	U	U	U	U	U		
Other (specify)								
C30. Why do you work? (Multiple answers are allowed)								
A. Supplement family income...	A	A	A	A	A	A	}	C33
B. Help pay family debt.....	B	B	B	B	B	B		
C. Help in household enterprise...	C	C	C	C	C	C		
D. Learn skills.....	D	D	D	D	D	D		
E. Schooling not useful for future.....	E	E	E	E	E	E		
F. School too far / no school	F	F	F	F	F	F		
G. Cannot afford school fees.....	G	G	G	G	G	G		
H. Not interested in school.....	H	H	H	H	H	H		
I. To temporarily replace someone unable to work.	I	I	I	I	I	I		
U. Other	U	U	U	U	U	U		
Other (specify)								
A. Job Search								
C31. Were you seeking work ing the last week?								
1. Yes.....	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2		
C32. At any time during the past 12 months did you engage in any work?								
1. Yes.....	1	1	1	1	1	1	→C33	
2. No.....	2	2	2	2	2	2	→C41	

SECTION XI

Health and Safety Issues about working children (5-17)

Serial No in A1 →	<input type="text"/>	Skip to Question						
Name of household member →								
Age of household member →	<input type="text"/>	Children Aged 5-9 years	Children Aged 10-17 years					
C33. Did you have any of the following in the past 12 months because of your work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO	If all "NO" → C36 Otherwise → C34						
01. Superficial injuries or open wounds	01 <input type="text"/>							
02. Fractures.....	02 <input type="text"/>							
03. Dislocations, sprains or stains...	03 <input type="text"/>							
04. Burns, corrosions, scalds or frostbite	04 <input type="text"/>							
05. Breathing problems.....	05 <input type="text"/>							
06. Eye problems.....	06 <input type="text"/>							
07. Skin problems...	07 <input type="text"/>							
08. Stomach problems / diarrhea ...	08 <input type="text"/>							
09. Fever.....	09 <input type="text"/>							
10. Extreme fatigue.....	10 <input type="text"/>							
96. Other (specify).....	96 <input type="text"/>							
Other (specify)								
C34. Think about your most serious illness/injury, how did this/these affect your work/schooling?								
1. Not serious- did not stop work/schooling.	1	1	1	1	1	1		
2. Stopped work or school for a short time	2	2	2	2	2	2		
3. Stopped work or school completely.	3	3	3	3	3	3		
C35. Think about your most serious illness/injury, what were you doing when this happened?								
Job/Task								
OCCUPATION CODE For Official use	<input type="text"/>							

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
C36. Do you carry heavy loads at work?								
1. Yes.....	1	1	1	1	1	1		
2. No.....	2	2	2	2	2	2		
C37. Do you operate any machinery/heavy equipment at work?								
1. Yes.....	1	1	1	1	1	1		→ C38
2. No.....	2	2	2	2	2	2		→ C39
C38. What type of tools, equipment or machines do you use at work? (Write down 2 mostly used)	1.....	1.....	1.....	1.....	1.....	1.....		
	2.....	2.....	2.....	2.....	2.....	2.....		
C39. Are you exposed to any of the following at work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO							
01. Dust, fumes,	01 <input type="checkbox"/>							
02. Fire, gas, flames.....	02 <input type="checkbox"/>							
03. Loud noise or vibration.....	03 <input type="checkbox"/>							
04. Extreme cold or heat	04 <input type="checkbox"/>							
05. Dangerous tools (knives etc).....	05 <input type="checkbox"/>							
06. Work underground.....	06 <input type="checkbox"/>							
07. Work at heights.....	07 <input type="checkbox"/>							
08. Work in water/lake/pond/river.....	08 <input type="checkbox"/>							
09. Workplace too dark or confined	09 <input type="checkbox"/>							
10. Insufficient ventilation\Bad smell.....	10 <input type="checkbox"/>							
11. Chemicals (pesticides, glues, etc)..	11 <input type="checkbox"/>							
12. Explosives.....	12 <input type="checkbox"/>							
13. getting extremely tired	13 <input type="checkbox"/>							
14. Bending for a long time	14 <input type="checkbox"/>							
15. no toilet in work place	15 <input type="checkbox"/>							
96. Other things, processes or conditions bad for your health or safety (specify).....	96 <input type="checkbox"/>							
Other (specify)								
C40. Have you ever been subject to the following at work? (Read each of the following options and mark "YES" or "NO" for all options)	1= YES 2=NO							
1. Constantly shouted at	1 <input type="checkbox"/>							
2. Repeatedly insulted.....	2 <input type="checkbox"/>							
3. Beaten /physically hurt...	3 <input type="checkbox"/>							
4. Sexually abused (touched or done things to you that you did not want)	4 <input type="checkbox"/>							
7. Other (Specify).....	7 <input type="checkbox"/>							
Other (specify)								

SECTION XII

Household Tasks of Children (5-17)

Serial No in A1 →							Skip to Question	
Name of household member →								
Age of household member →							Children Aged 5-9 years	Children Aged 10-17 years
C41. During the past week did you do any of the tasks indicated below for this household? (Read each of the following options and mark "YES" or "NO" for all options) 1. Shopping for household... 2. Repair any household equipments 3. Cooking..... 4. Cleaning utensils/house..... 5. Washing clothes..... 6. Caring for children/old/sick..... 7. Other household tasks..... Other (Specify)	1= YES 2=NO	If any "YES" →C42 Otherwise → C44						
	1	1	1	1	1	1		
	2	2	2	2	2	2		
	3	3	3	3	3	3		
	4	4	4	4	4	4		
	5	5	5	5	5	5		
	6	6	6	6	6	6		
	7	7	7	7	7	7		
C42. During each day of the past week how many hours did you do such household tasks? (Record for each day separately)								
1. Monday.....								
2. Tuesday.....								
3. Wednesday.....								
4. Thursday.....								
5. Friday.....								
6. Saturday.....								
7. Sunday.....								
TOTAL								
C43. During the past week when did you usually carry out these activities?								
<u>For ALL children (including children attending school):</u>								
A. During the day (between 6 a.m. and 6 p.m)	A	A	A	A	A	A		
B. In the evening or at night (after 6 p.m.)	B	B	B	B	B	B		
C. During both the day and the evening (for the entire day).	C	C	C	C	C	C		
D. On the week-end.....	D	D	D	D	D	D		
E. Sometimes during the day, sometimes in the evening	E	E	E	E	E	E		
<u>ADDITIONAL: For children attending school ONLY (If C2=YES):</u>								
F. After school.....	F	F	F	F	F	F		
G. Before school.....	G	G	G	G	G	G		
H. Both before or after school.....	H	H	H	H	H	H		
I. On the week-end.....	I	I	I	I	I	I		
J. During missed school hours/days.....	J	J	J	J	J	J		
C44. Has (NAME) been interviewed in the company of an adult or an older child?							END for this HH member. Go to the next child in Section II.	
1. Yes	1	1	1	1	1	1		
2. No	2	2	2	2	2	2		

END OF INTERVIEW