

## Cuvelai Household Drought Risk Survey

Date     
Questionnaire no.  (filled in by supervisor)  
Name of interviewer   
Country ☐ Namibia ☐ Angola

Constituency / Commune   
Community name   
Coordinates SOUTH     
Coordinates EAST

Ongepi Meme / Ongepi Tate,

My name is ..... and I work for ....., the international research project SASSCAL and the German Institute for Social-Ecological Research (ISOE). I would like to ask some questions about the way you use water and how you deal with drought situations.

Of course, all your answers will be anonymized and treated absolutely confidential.

1. Which water sources do you use for domestic purposes in the rainy season? (Tick boxes)

2. If two or more sources are used, please rank (R:) them according to the amount of water withdrawn.

WATER (DOMESTIC)	CATEGORY	SOURCES	CODE	RAINY SEASON	3. Different in dry season? If yes, please fill in here →	DRY SEASON
				<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Modern sources	Private tap	[01]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Public tap	[02]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Bottled water	[03]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Borehole	[04]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Water vendor	[05]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Canal	[06]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Improved deep well	[07]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Traditional sources	Unimproved deep well	[08]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Shallow well	[09]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Earth dam	[10]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Oshana/ Lake / Pan	[11]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Rainwater	[12]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Other: ...	[13]	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Comments: ...						

4. What is the most reliable water source during a drought year?

[CODE] Other: .....

5. How long does it take to walk to the most reliable water source (one-way)?

..... Minutes

6. Do you use water for any business activities?

- ☐ Yes  
☐ No

7. If yes, for which activities?

A).....

B).....

8. Which water source does your livestock use during ...

... the rainy season? [CODE] Other: .....

... the dry season? [CODE] Other: .....

☐ No livestock

9. Is tap water available in your neighborhood (e.g. public or private taps)?

- ☐ Yes  
☐ No

10. If yes, would you financially be able to cover all your domestic water needs with tap water?

- ☐ Absolutely  
☐ Rather yes  
☐ Rather no  
☐ Not at all

- 11. Where does your household normally receive food from in the rainy season? (Tick boxes)**  
**12. If two or more food sources are used, please rank (R:) them according to the amount of food received.**

FOOD	CATEGORY	SOURCES	CODE	RAINY SEASON	13. Different in dry season? If yes, please fill in here →	DRY SEASON
	Own production	Field / grain basket	[01]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Garden / fruit trees	[02]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Livestock (meat, milk, eggs)	[03]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Self-collected wild food	[04]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Self-caught fish	[05]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Self-hunted bush meat	[06]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Markets	Local market	[07]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Supermarket	[08]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Social network	Relatives	[09]	<input type="checkbox"/> R:		<input type="checkbox"/> R:
Neighbors		[10]	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Donations	Church	[11]	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
	Government	[12]	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Other: ...		[13]	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Comments: ...						

- 14. What is the most reliable food source during a drought year?**

[CODE]	Other: .....
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- 15. Where does your household normally receive income from in the rainy season? (Tick boxes)**  
**16. If two or more income sources are used, please rank (R:) them according to the amount of cash received.**

INCOME	CATEGORY	SOURCES	RAINY SEASON	17. Different in dry season? If yes, please fill in here →	DRY SEASON
	Own production	Selling products from own agriculture	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Selling handicraft products	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Selling bricks	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Other non-agricultural business activities	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Employment	Salaries from agriculture	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Salaries from non-agriculture	<input type="checkbox"/> R:		<input type="checkbox"/> R:
	Government	Old-age pension	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Orphan's grant	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Disability grant	<input type="checkbox"/> R:		<input type="checkbox"/> R:
Relatives	Cash remittances	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Other: ...		<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Comments: ...					

- 18. On which items/services does your household normally spend money in the rainy season? (Tick boxes)**  
**19. If two or more expenditures exist, please rank (R:) them according to the amount of money spent.**

EXPENDITURE	CATEGORY	OPTIONS	RAINY SEASON	20. Different in dry season? If yes, please fill in here →	DRY SEASON
	Domestic	Food for human consumption	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Water for human consumption	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Clothing & footwear	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Education (e.g. school fees)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Health care (e.g. medication, hospital)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Transport (e.g. fuel for car, taxi)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Communication (e.g. Unitel)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Energy (e.g. wood, gas, charcoal)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
		Accommodation (e.g. rent)	<input type="checkbox"/> R:		<input type="checkbox"/> R:
Agriculture / Livestock		Fodder for animal consumption	<input type="checkbox"/> R:	<input type="checkbox"/> R:	
	Water for animal consumption	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
	Fertilizer / Pesticides	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
	Animal medication	<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Other: ...		<input type="checkbox"/> R:	<input type="checkbox"/> R:		
Comments: ...					

**21. How long does it take to walk to the nearest gravel / asphalt road (one-way)?**

..... Minutes

**22. Is your household more or less affected by drought, compared to your neighbors?**

- ☐ Most  
☐ Rather more  
☐ Equal  
☐ Rather less  
☐ Least  
☐ Don't know

**23. During the last drought situation, would have you been able to survive without governmental drought relief?**

- ☐ Absolutely  
☐ Rather yes  
☐ Rather no  
☐ Not at all  
☐ There is no drought relief  
☐ Don't know

**24. During the last drought situation, did your household depend on water donations from friends, relatives or neighbors?**

- ☐ Absolutely  
☐ Rather yes  
☐ Rather no  
☐ Not at all

**25. Which ethnic group do you belong to?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Ndonga       | <input type="checkbox"/> Kolonkadhi    |
| <input type="checkbox"/> Kwambi       | <input type="checkbox"/> Kwanhama      |
| <input type="checkbox"/> Ngandjera    | <input type="checkbox"/> Mbadja        |
| <input type="checkbox"/> Kwaluudhi    | <input type="checkbox"/> Nyaneca-humbi |
| <input type="checkbox"/> Mbalanhu     | <input type="checkbox"/> Muhandanda    |
| <input type="checkbox"/> Other: ..... |  |

**26. How many persons belong to the household (persons who stay in the house for more than 6 months per year)?**

..... Female ..... Male = ..... Total

**27. How many household members do stay away from the homestead for 1 to 6 month per year?**

..... Persons

**28. How many persons have any kind of disability or limitation that requires intensive care or prevents their engagement in economic activities?**

..... Persons

**29. How many household members belong to the age classes?**

..... <= 14

..... 15 – 59 = ..... Total

..... >= 60

**30. What is the household head's marital status?**

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Never married            | <input type="checkbox"/> Divorced   |
| <input type="checkbox"/> Married with certificate | <input type="checkbox"/> Widowed    |
| <input type="checkbox"/> Married traditionally    | <input type="checkbox"/> Separated  |
| <input type="checkbox"/> Consensual union         | <input type="checkbox"/> Don't know |

**31. What is the respondent's relation to the head of the household?**

- ☐ Identical ☐ Spouse  
☐ Other: .....

**32. What is the respondent's sex?**

- ☐ Male  
☐ Female

**33. What is the respondent's age?**

..... Years

**34. What is the highest level of education one of the household members completed?**

- |  |  |
|--|--|
| <input type="checkbox"/> Primary school      | <input type="checkbox"/> University degree |
| <input type="checkbox"/> High school         | <input type="checkbox"/> None              |
| <input type="checkbox"/> Vocational training |  |
| <input type="checkbox"/> Other: .....        |  |

**35. Would you say this neighborhood is a place where neighbors look after each other?**

- ☐ Absolutely  
☐ Rather yes  
☐ Rather no  
☐ Not at all  
☐ Don't know

**36. How often do you talk to your neighbors?**

- ☐ On most days  
☐ Once or twice per week  
☐ Once or twice per month  
☐ Less often than once a month  
☐ Never

**37. How close do your relatives live nearby?**

- ☐ In this village  
☐ In a neighboring village  
☐ In the next town  
☐ Far away  
☐ Very far away  
☐ No relatives

**38. If relatives exist, how often do you meet them?**

- ☐ On most days  
☐ Once or twice per week  
☐ Once or twice per month  
☐ Less often than once a month  
☐ Never

**39. What is the type of housing unit?**

- ☐ Detached house  
☐ Semi-detached house / Town house  
☐ Apartment  
☐ Traditional dwelling  
☐ Improvised housing unit  
  
☐ Other: .....

**40. How many rooms does the dwelling consist of?**

..... Rooms

**41. What is the main material used for the roof of the dwelling?**

- ☐ Corrugated iron / zinc  
☐ Thatch  
☐ Asbestos  
☐ Slate / brick tiles  
☐ None  
  
☐ Other: .....

**42. What is the main material used for the walls of the dwelling?**

- ☐ Cement blocks / bricks / stones  
☐ Burnt bricks  
☐ Corrugated iron / zinc  
☐ Wooden poles, sticks and grass  
☐ Sticks, mud, clay and / or cow-dung  
☐ Asbestos  
☐ None  
  
☐ Other: .....

**43. What is the main material used for the floor of the dwelling?**

- ☐ Sand  
☐ Concrete  
☐ Mud, clay and/or cow dung  
☐ Wood  
  
☐ Other: .....

**44. How much land do own?**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> < 1 ha   | <input type="checkbox"/> 2 – 5 ha   |
| <input type="checkbox"/> 1 – 2 ha | <input type="checkbox"/> > 5 ha     |
| <input type="checkbox"/> None     | <input type="checkbox"/> Don't know |

**45. What is the main source of energy for cooking?**

- ☐ Electricity from mains  
☐ Electricity from generator  
☐ Gas  
☐ Paraffin  
☐ Wood or wood charcoal  
☐ Coal  
☐ Animal dung  
☐ Solar energy  
☐ None  
  
☐ Other: .....

**46. What is the main toilet facility?**

- ☐ Private flush connected to main sewer  
☐ Shared flush connected to main sewer  
☐ Private flush connected to septic/cesspool  
☐ Shared flush connected to septic/cesspool  
☐ Pit Latrine with ventilation pipe  
☐ Covered Pit Latrine without ventilation pipe  
☐ Uncovered Pit Latrine without ventilation pipe  
☐ Bucket toilet  
☐ No toilet facility  
  
☐ Other: .....

**47. Does anyone of the household members own any of the following assets? (Multiple choice)**

- |   |  |
|---|--|
| <input type="checkbox"/> Radio                      | <input type="checkbox"/> Motor vehicle     |
| <input type="checkbox"/> Stereo / HiFi              | <input type="checkbox"/> Motor cycle       |
| <input type="checkbox"/> Television                 | <input type="checkbox"/> Donkey- / Ox cart |
| <input type="checkbox"/> Satellite TV (e.g. DStv)   | <input type="checkbox"/> Plough            |
| <input type="checkbox"/> Telephone (landline)       | <input type="checkbox"/> Tractor           |
| <input type="checkbox"/> Cell telephone             | <input type="checkbox"/> Wheelbarrow       |
| <input type="checkbox"/> Refrigerator               | <input type="checkbox"/> Grinding mill     |
| <input type="checkbox"/> Stove: gas, elect., paraf. | <input type="checkbox"/> Bicycle           |
| <input type="checkbox"/> Microwave oven             | <input type="checkbox"/> Computer          |
| <input type="checkbox"/> Freezer                    | <input type="checkbox"/> Generator         |
| <input type="checkbox"/> Washing machine            | <input type="checkbox"/> None              |
| <br><input type="checkbox"/> Other: .....           |  |

**48. How much livestock do you own?**

- |                    |                               |
|--------------------|-------------------------------|
| ..... Cattle       | ..... Horses                  |
| ..... Goats        | ..... Game                    |
| ..... Donkeys      | ..... Poultry (Chicken)       |
| ..... Sheep        | ..... Ostrich                 |
| ..... Pigs         | ..... Cats                    |
| ..... Dogs         | <input type="checkbox"/> None |
| ..... Other: ..... |                               |