

Assessing Progress in Reducing Child Labor in Cocoa Growing Areas of Côte d'Ivoire and Ghana

U.S. DEPARTMENT OF LABOR
Bureau of International Labor Affairs

Household Case Management
Procedures and Form



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NORC
at the UNIVERSITY of CHICAGO

Household Case Management Sheet

HOUSEHOLD CASE MANAGEMENT SHEET

Household ID:

Complete *Household Case Management Sheet* for each sampled household that passes secondary screening. For more information, see *Community Arrival Protocol and Guide*. Before proceeding, complete the *Household Roster* with any household member knowledgeable about the labor activities of household members (ideally household head), provided s/he is over the age of 18. For appointment scheduling and revisits, child tracking should be prioritized over tracking for the household head interview.

Household Survey

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S: ___ / ___	S: ___ / ___	S: ___ / ___
A: ___ / ___	A: ___ / ___	A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: ___ : ___	S: ___ : ___	S: ___ : ___
A: ___ : ___	A: ___ : ___	A: ___ : ___

Runner should complete sections A – C for each record			
A. Roster ID <input type="text"/> <input type="text"/>	B. Respondent name and contact info	C. Expected days/times that respondent will be home/available Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	D. Disposition code <input type="checkbox"/> Interviewed <input type="checkbox"/> Not available <input type="checkbox"/> Privacy concerns (refused) <input type="checkbox"/> Safety concerns (refused) <input type="checkbox"/> Availability/time (refused) <input type="checkbox"/> Other (specify):
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Notes:

Listing Household Head Survey Respondents

Household Survey

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Household Head Survey Eligible Respondent Record

<i>Runner should complete sections A – C for each record</i>			
A. Roster ID	B. Respondent name and contact info	C. Expected days/times that respondent will be home/available	
1111		<i>Check all that apply:</i> <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	<i>Circle one for each checked day:</i> Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening

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Household Head Survey Disposition Code

D. Disposition code	
<input type="checkbox"/> Interviewed	<input type="checkbox"/> Safety concerns (refused)
<input type="checkbox"/> Not available	<input type="checkbox"/> Availability/time (refused)
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A. Roster ID	B1. Child name	C. Expected times that child AND guardian will be available		D. Disposition code		E1. Reason for refusal (parent)
_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):	E2. Reason for refusal (child)
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Child Survey Respondent Record

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	B2. Parent name(s) and contact		

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_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):
					E2. Reason for refusal (child)
_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):
					E2. Reason for refusal (child)
_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):
					E2. Reason for refusal (child)
_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):
					E2. Reason for refusal (child)
_ _ _	B2. Parent name(s) and contact	Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening	<input type="checkbox"/> Interviewed <input type="checkbox"/> Child not available <input type="checkbox"/> Parent not available <input type="checkbox"/> Language barrier	<input type="checkbox"/> Parent refused (→ E1) <input type="checkbox"/> Child refused (→ E2) <input type="checkbox"/> Child severely disabled <input type="checkbox"/> Other (specify):
					E2. Reason for refusal (child)

Child Survey Disposition Code

D. Disposition code		E1. Reason for refusal (parent)
<input type="checkbox"/> Interviewed	<input type="checkbox"/> Parent refused (→ E1)	
<input type="checkbox"/> Child not available	<input type="checkbox"/> Child refused (→ E2)	
<input type="checkbox"/> Parent not available	<input type="checkbox"/> Child severely disabled	E2. Reason for refusal (child)
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Other (specify):	

Household Case Management Sheet

HOUSEHOLD CASE MANAGEMENT SHEET

Household ID:

Complete *Household Case Management Sheet* for each sampled household that passes secondary screening. For more information, see *Community Arrival Protocol and Guide*. Before proceeding, complete the *Household Roster* with any household member knowledgeable about the labor activities of household members (ideally household head), provided s/he is over the age of 18. For appointment scheduling and revisits, child tracking should be prioritized over tracking for the household head interview.

Household Survey

List up to 3 eligible respondents for the Household Head Survey. Any listed respondent must be knowledgeable about the following: household income from agriculture, use and costs of agricultural inputs (e.g., labor, fertilizer, pesticides), and household borrowing. If necessary, you may interview more than one respondent for the household survey, however informed consent procedures must be completed for all persons interviewed.

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: ___/___	S: ___/___	S: ___/___
A: ___/___	A: ___/___	A: ___/___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: ___:___	S: ___:___	S: ___:___
A: ___:___	A: ___:___	A: ___:___

Runner should complete sections A – C for each record

A. Roster ID	B. Respondent name and contact info	C. Expected days/times that respondent will be home/available	D. Disposition code
<input type="text"/>		Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	Circle one for each checked day: Morning Afternoon Evening Morning Afternoon Evening Morning Afternoon Evening
<input type="text"/>		Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	<input type="checkbox"/> Interviewed <input type="checkbox"/> Not available <input type="checkbox"/> Privacy concerns (refused)
<input type="text"/>		Check all that apply: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3	<input type="checkbox"/> Safety concerns (refused) <input type="checkbox"/> Availability/time (refused) <input type="checkbox"/> Other (specify):

Notes:

Attempt Log

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: ___ / ___ A: ___ / ___	S: ___ / ___ A: ___ / ___	S: ___ / ___ A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: ___ : ___ A: ___ : ___	S: ___ : ___ A: ___ : ___	S: ___ : ___ A: ___ : ___

Attempt Log

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: 09 / 11 A: ___ / ___	S: ___ / ___ A: ___ / ___	S: ___ / ___ A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: 17 : 00 A: ___ : ___	S: ___ : ___ A: ___ : ___	S: ___ : ___ A: ___ : ___

Attempt Log

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: <u>09</u> / <u>11</u> A: <u>09</u> / <u>11</u>	S: ___ / ___ A: ___ / ___	S: ___ / ___ A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: <u>17</u> : <u>00</u> A: <u>18</u> : <u>30</u>	S: ___ : ___ A: ___ : ___	S: ___ : ___ A: ___ : ___

Attempt Log

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: <u>09</u> / <u>11</u> A: <u>09</u> / <u>11</u>	S: <u>10</u> / <u>11</u> A: ___ / ___	S: ___ / ___ A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: <u>17</u> : <u>00</u> A: <u>18</u> : <u>30</u>	S: <u>9</u> : <u>00</u> A: ___ : ___	S: ___ : ___ A: ___ : ___

Attempt Log

Attempt log (S=scheduled visit date/time; A=actual attempt)		
C1. Date of first visit (DD/MM)	D1. Date of second visit (DD/MM)	E1. Date of third visit (DD/MM)
S: <u>09</u> / <u>11</u> A: <u>09</u> / <u>11</u>	S: <u>10</u> / <u>11</u> A: <u>10</u> / <u>11</u>	S: ___ / ___ A: ___ / ___
C2. Time of first visit (HH:MM)	D2. Time of second visit (DD/MM)	E2. Time of third visit (DD/MM)
S: <u>17</u> : <u>00</u> A: <u>18</u> : <u>30</u>	S: <u>9</u> : <u>00</u> A: <u>9</u> : <u>00</u>	S: ___ : ___ A: ___ : ___

Questions?

