Important information for the interviewer:

Create a reference number by combining the cluster, household and questionnaire number. Write this number NOW on the top of all pages.

### A. Interview Information

| A1. Interviewer’s name          |          |
| A2. Interviewer number          | +         |
| A3. Head of household           |           |
| A4. District code/District name  |           |
| A5. TA/STA/Town                 |           |
| A6. Village/Place               |           |
| A7. Date                       | A8. Interview start |
| Day  | Month  | Year  | Hour  | Min   | +   |
| A9. Respondent                 |           |
### B. Characteristics of the Household Members

#### Member line number

<table>
<thead>
<tr>
<th>Member line number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

MAKE A COMPLETE LIST OF ALL INDIVIDUALS 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.

**B1** What is [NAME]’s relationship to the head of the household?

- Head
- Spouse
- Son/Daughter
- Grandchild
- Brother/Sister
- Parent
- Other relative
- Not related

**B2** Is [NAME] male or female?

- Male
- Female

**B3** How old was name [NAME] at his/her last birthday?

<table>
<thead>
<tr>
<th>Completed years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**B4** During the last 12 months, has any member of the household been away from the household for at least one month?

- Yes
  - No
For how many months during the last 12 months has [NAME] been away from this household?

Number of months

What is [NAME]’s marital status?

Never married
Married, monogamous
Married, polygamous
Divorced
Separated
Widowed

Is [NAME]’s father still alive?

Does [NAME]’s father live in the household?

Is [NAME]’s mother still alive?

Does [NAME]’s mother live in the household?
IF EITHER THE MOTHER OR THE FATHER IS DEAD. OTHERS GO TO B14

B11 During the last 12 months, what was the main type of support received for caring for [NAME]?

B13 No support
   Food/Nutrition
   Psychosocial
   Financial
   Medical
   Domestic
   Material

B12 During the last 12 months, what was the main source of support received for caring for [NAME]?

Household/Family member
   Neighbours
   Religious Organizations
   Community Organizations
   Pvt Services/Prog/Clinic
   Govt. Services /Prog/Clinic
   Non-Govt Organization

B13 To which institution is [NAME] enrolled/registered?
   MULTIPLE RESPONSE
   None
   Orphanage Home
   Community Based Org
   Religious Organization
   Other
B14 Did any member of this household pass away during the past 12 months before the survey?

- Yes □
- No □

B15 How many persons passed away?

+ Number of persons passed away

B16 Were any of those deceased persons chronically ill for 3 months or more before he/she died?

- Yes □
- No □
- Don’t know □

B17 How many persons were chronically ill for 3 months or more before he/she died?

Number of persons sick for 3 months or more
C. Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

<table>
<thead>
<tr>
<th>Member line number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**C1** Can [NAME] read and write a simple sentence in any language?

- Yes: 
- No: 

**C2** Has [NAME] ever attended school?

- Yes: 
- No: 

**C3** What is the highest level of education [NAME] completed?

+ Code list (MANUAL)

**C4** What is the highest educational qualification [NAME] has acquired?

Code list (MANUAL)

**C5** Did [NAME] attend school last school year?

- Yes: 
- No: 

**C6** What level did [NAME] attend last school year?

+ Code list (MANUAL)

**C7** Did [NAME] enrol in school this school year?

- Yes: 
- No: 

**C8** Is [NAME] currently attending school?

- Yes: 
- No: 
Member line number 1 2 3 4 5 6 7 8 9 10

C9 What is the current level of education [NAME] is attending?

Code list (MANUAL)

C10 Who runs the school [NAME] is attending? READ OUT

Government
Religious Institution
Private Institution
Private Individual

C11 Did [NAME] participate in a school-feeding program during the last 12 months?

+ Yes
No

C12 Does [NAME] have any problems with the school? MULTIPLE RESPONSE

No
Yes, lack of books/supplies
Yes, poor teaching
Yes, lack of teachers
Yes, facilities in bad conditions
Yes, other reasons

C13 Why is [NAME] not currently attending school? MULTIPLE RESPONSE

Completed school
Is working (job/home)
Too old
Too far away
Too expensive
Useless/no benefit
Uninteresting
Illness
Failed exam
Got married/pregnancy

+ Lack of food in household
Other reasons
D. Health and Nutrition

D1 How many meals did [NAME] eat yesterday?

D2 How many snacks did [NAME] eat yesterday?

D3 During the past 2 weeks, has [NAME] suffered from an illness or an injury?

D6

YES

NO

FOR THOSE SICK OR INJURED, OTHERS GO TO D6

D4 For how many days in the past 2 weeks did [NAME] have to stop his/her normal activities because of this illness?

IF MORE THAN ONE BOUT OF ILLNESS, ADD UP TOTAL NUMBER OF DAYS

D5 What kind of illness or injury did [NAME] suffer from? MULTIPLE RESPONSE

- Fever/Malaria
- Diarrhoea
- Accident
- Dental problem
- Skin condition
- Eye
- Ear, nose or throat
- Other

D6 Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?

D8

YES

NO
What type of health provider or traditional healer did [NAME] consult?

MULTIPLE RESPONSE

Government hospital
Govt. health centre/dispensary
Mission hospital
Mission health centres
Private hospital/clinic
Traditional healer
Pharmacy/shop
Mobile clinic
Other

Why did [NAME] not use medical care?

MULTIPLE RESPONSE

No need
Too expensive
Too far
Other

Has [NAME] been continuously ill for 3 months or more during the last 12 months?

Yes
No
Don't know

During the illness, what was the main type of support received for caring for [NAME]?

No support
Food/Nutrition
Psychosocial
Financial
Medical
Domestic
Material
D11 **During the illness, what was the main source of support received for caring for [NAME]?**

- Household/Family member
- Neighbours
- Religious Organizations
- Community Organizations
- Pvt Services/Prog/Clinic
- Govt. Services /Prog/Clinic
- Non-Govt Organization

D12 **To which institution is [NAME] enrolled/registered?** MULTIPLE RESPONSE

- None
- Comm. Based Organization
- Home Based Care
- Religious Organization
- Other

---

**E. Employment**

**FOR PERSONS AGED 5 YEARS OR MORE**

E1 **Did [NAME] do any type of work during the last 7 days?**

- **E5** Yes
- **E5** No

E2 **Was [NAME] absent from work during the last 7 days?**

- **E5** Yes
- **E5** No

E3 **What was the main reason [NAME] did not work the last 7 days?**

- No work available
- Seasonal inactivity
- Student
- Household/family duties
- Too old/Too young
- Infirmity
- Other reasons
**E4** Has [NAME] been looking for work and ready to work in the last 4 weeks?

- [ ] Yes
- [ ] No

**E5** How many jobs did [NAME] have in the last 7 days?

Number of jobs

The next questions will be about the main job

**E6** For whom did [NAME] work in the main job?

- Private business
- Private individual
- Parastatal
- Public/Government
- Mission/NGO
- Self employed
- Mlimi

**E7** What was the main activity at the place of [NAME]’s work?

- Agriculture, forestry, fishing
- Mining and quarrying
- Manufacturing
- Electricity, water, other utilities
- Construction
- Wholesale and retail marketing, hotel/restaurants
- Transport and communication
- Finance and business
- Social and community services

**E8** How was [NAME] paid in the main job?

- Mlimi – not paid
- Wages, salary
- Payment in kind
- Casual (hourly/daily), Ganyu
F. Agricultural activities and production

F1  Does your household do any crop farming?

G  ← Yes  □
   No  □

F2  What types of staple crops did your household grow during the 2004/2005 agricultural season? MULTIPLE RESPONSE

F3  ← Maize  □
    F4  ← Rice  □
    F4  ← Cassava  □
    F4  ← Millet  □
    F4  ← Sorghum  □

F3  How many 50 kg bags of maize did you produce this season, 2004/2005?

Number of 50 kg bags □ □ □ □

F4  Do you still have staple food from your own harvest this season, 2004/2005?

F5  ← Yes  □ +
    F6  ← No  □

F5  When do you think your staple food from your harvest from the season 2004/2005 will run out?

Month  Year □ □

F6  When did your staple food from your own harvest from the season 2004/2005 run out?

Month  Year □ □

F7  Did your household receive any seeds during this season 2004/2005?

G  ← Yes  □ +
    No  □

F8  How did you use the seeds you received during the agricultural season 2004/2005? Did you:  MULTIPLE RESPONSE

Use all of it  □
Sell some of it  □
G. Housing condition and amenities

G1 Does the household or a household member own the dwelling unit?

- Owns the dwelling [ ]
- Rents the dwelling [ ]
- Uses dwelling without paying rent [ ]
- Other [ ]

G2 How many separate rooms do the members of your household occupy?
Do not count bathrooms, toilets, storerooms, or garage

Number of rooms [ ]

G3 Does your household or any of the household members own any of the following items, in working condition?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrist/wall watch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sowing machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxcart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modern stove</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motorcycle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G4
What is your main source of fuel used for cooking?

- Electricity
- Solar energy
- Gas
- Paraffin
- Charcoal
- Firewood
- Straw/Crop Residue/Saw dust
- Animal waste
- Other

What is your main source of fuel used for lighting?

- Electricity
- Solar energy
- Gas
- Paraffin
- Candles
- Firewood
- Grass
- Other

What is your main source of drinking water?

- Piped into dwelling unit/compound
- Communal standpipe/borehole
- Protected well
- Rain water
- Unprotected well
- Spring/river/lake/pond

What kind of toilet facilities does your household have?
Flush to sewer +
Ventilated improved pit latrine +
Covered pit latrine
Uncovered pit latrine
None

G9 The roof of the main dwelling is predominantly made of what material?

Grass
Iron sheets
Clay tiles
Concrete
Plastic sheeting
Other

G10 The floor of the main dwelling is predominantly made of what material?

Sand
Smoothed mud
Smooth cement
Wood
Tile
Other

G11 The outer walls of the main dwelling are predominantly made of what material?

Grass
Mud (Yomata)
Compacted earth (Yamdindo) +
Mud brick (unfired)
Burnt bricks
Concrete
Wood
Iron Sheets
Other

G12 How many minutes does it take to walk from here to reach the nearest.....

0-14   15-29   30-44   45-59   60 +
Supply of drinking water
Food market
<table>
<thead>
<tr>
<th>Service</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“All season” road</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health clinic or hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G13 Is there any organization in your area that cares for chronically ill persons or orphans?

- Yes, for chronically ill
- Yes, for orphans
- Yes, both
- No

G14 Are there any home based care volunteers in your area who care for chronically ill, elderly persons or orphans?

- Yes
- No
- Don’t know

G15 Did any household member take part in any of the following work programs during the last 12 months?

- MASAF
- Food for work
- Community policing
- Neighbourhood watch
- One Village One Product

- Yes
- No

+ +
### H. Poverty predictors

<table>
<thead>
<tr>
<th><strong>H1</strong> Does someone in the household own a cellular telephone (cell phone) in working condition?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H2</strong> How many changes of clothes do you (head) own? RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes of clothes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H3</strong> What do you (head of household) sleep under in the cold season?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blankets and sheets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H4</strong> Over the past three months, did you or any member of the household purchase or pay for any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men’s trousers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H5</strong> Over the past three months, did you or any member of the household purchase or pay for any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy’s shoes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>H6</strong> Over the past one month, did you or any member of the household purchase or pay for toothpaste or toothbrush?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
H7 Over the past one month, did you or any member of the household purchase or pay for bar soap (body soap or clothes soap)?
Yes ☐
No ☐

H8 How much did you pay in total for bar soap?
Kwacha

H9 Over the past 7 days, did you or any member of the household purchase or pay for public transport – bus fare, minibus fare or taxi fare?
Yes ☐
No ☐

H10 Over the past 7 days, did you or others in your household consume any of the following?
- Eggs
- Beef
- Goat
- Pork
- Chicken
- Other poultry – guinea fowl, doves etc.
- Rice
- Bread
- Fresh milk
- Cooking oil ☐ +
- Sugar ☐

H11 How much did you or any member of the household spend in total on cooking oil (past 7 days)?
Kwacha +

+ H12 How much did you or any member of the household spend in total on sugar (past 7 days)?
Kwacha
### I. Child module – Birth and anthropometric measures

<table>
<thead>
<tr>
<th>Member line number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR EACH CHILD UNDER 5 YEARS ENTER:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I1** The child’s member number from the household list

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
</table>

Mother’s member number from the household list

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
</table>

ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

**I2** When was the child born?  

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**I3** Where was the child delivered?  

- Hospital/maternity
- Health clinic
- Health centre
- Health post
- At home
- Other

**I4** Who assisted in the delivery of the child?  

- Doctor/Clinical Officer
- Midwife/nurse
- Trained T.B.A
- Other
- Self
**Member line number** | 1 | 2 | 3 | 4
---|---|---|---|---

**I5** RECORD THE CHILD’S

- Weight in kilograms (1 decimal) [ ] [ ] [ ] [ ]
- Height in centimetres (1 decimal) [ ] [ ] [ ] [ ]

PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO I7

**I6** Why was [NAME] not weighed and measured?

- Unwilling [ ] [ ] [ ] [ ]
- Not at home [ ] [ ] [ ] [ ]
- Too sick [ ] [ ] [ ] [ ]

**I7** Did [NAME] participate in a nutrition programme the last 12 months?

- Yes [ ] [ ] [ ] [ ]
- No [ ] [ ] [ ] [ ]

---

**J. Child health – Malaria Protection and Treatment**

**J1** Does [NAME] usually sleep under a bed net?

- Yes [ ] [ ] [ ] [ ]
- No [ ] [ ] [ ] [ ]

**J2** Did [NAME] sleep under a bed net last night?

- Yes [ ] [ ] [ ] [ ]
- No [ ] [ ] [ ] [ ]

**J3** Was the bed net acquired during the last 12 months or more than 12 months ago?

- During last 12 months [ ] + [ ] [ ] [ ]
- More than 12 months ago [ ] [ ] [ ] [ ]

**J4** Has the bed net been treated with chemicals (soaked or dipped) during the last 12 months?
J5  Has [NAME] been sick with fever/malaria during the last 4 weeks?

K  Yes  □  □  □  □  □  No  □  □  □  □  □

J6  Was [NAME] given any drugs in response to the last fever/malaria?

K  Yes  □  □  □  □  □  No  □  □  □  □  □

J7  Which drugs were given to [NAME]?

Fansiadar/Novidar  □  □  □  □  □
Quinine  □  □  □  □  □  +
Cloroquine  □  □  □  □  □
Amodiaquine  □  □  □  □  □
Halafan  □  □  □  □  □
Painkillers  □  □  □  □  □
Herbs  □  □  □  □  □

K. Child health – Vaccination

K1  Do you have a card where [NAME’s] vaccinations are written down?

Yes  □  □  □  □  □  No  □  □  □  □  □

K2  Which of the following vaccinations has [NAME] been given: READ OUT

Measles  □  □  □  □  □
BCG  □  □  □  □  □
DPT1  □  □  □  □  □
DPT2  □  □  □  □  □
DPT3  □  □  □  □  □
Polio 0  □  □  □  □  □
Polio 1  □  □  □  □  □
Polio 2  □  □  □  □  □
**K3** Has there been any deaths of children under five including infants in this household during the past 5 years?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each deceased child, enter:

**K4** Child’s pre-printed number

| 91 | 92 | 93 | 94 |

Mother’s member number

From the household list

Enter 00 if the mother is deceased or not a member of the household

**K5** What was the date of birth of the child?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

**K6** Where was the child delivered?

- Hospital/maternity
- Health clinic
- Health centre
- Health post
- At home
- Other

**K7** Who assisted in the delivery of the child?

- Doctor/Clinical Officer
- Midwife/nurse
- Trained T.B.A
- Other
- Self
K8 When did the child die?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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L. HIV/AIDS Knowledge

FOR SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE, SEE MANUAL.

Respondent’s member number from household list

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

L1 Is it possible for a healthy looking person to have the HIV/AIDS virus?

Yes
No
Don’t know

L2 Can people protect themselves from getting the HIV/AIDS virus by using condom every time they have sex?

Yes
No
Don’t know

L3 Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?

Yes
No
Don’t know +

L4 Have you had an HIV test during the last 12 months?

Yes
No

L5 Where did you have the test?

MACRO
Government Hospital
Mission Hospital
Private Hospital/Clinic
MSF
Other

L6 Did you get counselling when you went for the test?

END Yes, before and after
END Yes, only before +
END Yes, only after
END No
L7 What is the main reason for not having an HIV test?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Choice</th>
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<tbody>
<tr>
<td>Not available</td>
<td>☐</td>
</tr>
<tr>
<td>Results take too long</td>
<td>☐</td>
</tr>
<tr>
<td>Not interested</td>
<td>☐</td>
</tr>
<tr>
<td>Test centre too far</td>
<td>☐</td>
</tr>
<tr>
<td>Not at risk/No need</td>
<td>☐</td>
</tr>
<tr>
<td>No privacy</td>
<td>☐</td>
</tr>
<tr>
<td>Scared of outcome</td>
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<tr>
<td>Other reasons</td>
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M. Interview Completion Information

M1. Interview end

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<th>Hour</th>
<th>Min</th>
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M2. Result

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<tr>
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<td>Refusal</td>
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<tr>
<td>Not found</td>
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<tr>
<td>Too ill</td>
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M3. Comments