

1. Enumerator			2. Date of Interview			3. EICV3 Household Identifier						4. EICV Panel ID		
			Day	Month	Year	Cluster No				Household ID		Dependent PID		

NOTES ON EICV PANEL IDENTIFIERS FOR HOUSEHOLDS

1. The unique household number for each panel household (who took part in EICV3) will be the household ID used for the household in EICV3. The EICV PANEL ID will be 00 for original households.
2. For any Dependent household which was derived from the splitting of an original EICV3 panel household will have the HH ID of the original household and the lowest PID of the household members who have moved together.
3. For any household living in the dwelling formerly occupied by a panel household, its HH ID will be for the Panel HH and given PID 94
4. Any replacing household in the cluster in order to have 9/12 households will be given HH ID of the replaced household and PID number 95.

ALL HOUSEHOLDS

TO BE COMPLETED BEFORE THE INTERVIEW COMMENCES	To be completed before the interview	Answer
A. Is this village a VUP sector	Yes.....1 No.....2	
B. What is the UBEDEHE category for this household according to the list in the Sector Office	Category 1.....1 Category 2.....2 Category 3.....3 Category 4.....4 Category 5.....5 Category 6.....6 Not found on list.....7	

PANEL HOUSEHOLDS ONLY COMPLETE SECTION 0

LISTING HOUSEHOLD MEMBERS

USING THE INFORMATION PROVIDED ON FORM PLS1 DERIVED FROM THE EICV3, COPY OUT THE NAMES OF ALL THE HOUSEHOLD MEMBERS PRESENT AT EICV3 INTO SECTION 0 QUESTION 1.

THE SAME PERSON IDENTIFICATION NUMBER FOUND ON PLS1 SHOULD BE USED IN SECTION 0

- **Members who have died or moved away should be represented by a blank line from Q7 IN SECTION 0**
- **New household members should be written in the next new line in Q7.**

QUESTION 9 IN SECTION 0, NEW PERSON ID NUMBERS ARE ALLOCATED FOR USE IN EICV4. THESE SHOULD BE ALLOCATED SEQUENTIALLY IN THE USUAL ORDER AS FOLLOWS:

- **The new head of household is ID 01**
- **Any spouse of the household head is person 02**
- **In case of several wives, record them in order of their marriage**
- **The register the name of their children after the name of each wife starting with the eldest child.**
- **Secondly, register the names of the others people related to the head of household or his spouse(s),**
- **Followed by the name of their children who currently live and take their meals here and recognize the authority of the household head.**
- **In third position, register the names of other nonrelated people to the head of household or his spouse but who live and take their meals here and recognize the authority of the household head.**
- **Lastly, add the names of the people currently absent but who usually live and take their meals here and recognize the authority of the household head, for example persons temporarily absent due to; school, seasonal work, holiday, hospital/clinic, etc.**
- **Do not add people who have died or moved out of the household permanently**

COPY THE OLD EICV3 PERSON ID INTO THE FIRST COLUMN IN SECTION 1 – THIS WILL ALLOW THE ANALYSTS TO LINK UP THE EICV3 RECORDS WITH EICV4 FOR THE SAME PERSON

SECTION 0: FOR PANEL HOUSEHOLDS ONLY. IF NOT A PANEL HOUSEHOLD GO TO SECTION 1

[illegible]

HH IDENTIFICATION

1. Cluster Number				5. Was the HH found and accepted to respond? 1=Yes, in its original dwelling => Q9 2=Yes, in the dwelling/village shifted in 3=No, Dwelling not found/Empty 4=No, shifted due to nyakatsi program 5= No, shifted due to other reasons 6=No, Hospitalized/lost their relative 7=No, Refused 8=No, due to another reason (specify) : • HH replacing the selected HH (If answer is 3 - 8) => continue • Tracked HH (If answer is 2) => Q8				HH identification			
								9. Province			
Household Listing								10. District			
2. HH ID in listing								11. Sector			
3. HH Number				12. Cell							
4. GPS coordinates				13. Village							
				14. Number of the HH selected							
LONGITUDE		LATITUDE		7 HH Number		15. HH name and phone number:					
				8. GPS coordinates							
				LONGITUDE		LATITUDE					
Questions addressed to HH or respondent											
16. If HH is not present, who responds for him/her well conversant with family issues? Write ID No in section 1 97= If he/she is not a member of the HH 98= If none		17. Religion of the Head of household? 1=Catholic 2=Protestant 3=Adventist 4=Jehovah witness 5=Other Christians 6=Islam 7=Traditional 8=No religion 9=Others (specify)		18. Date The date should correspond to the first visit of interview in section 0.1 Day Months Year		Write more information in general how the interview took place					

ALL HOUSEHOLDS COMPLETE SECTION 1

LISTING HOUSEHOLD MEMBERS

RESPONDENT: Preferably the head of household. If unavailable, the wife, husband or any other knowledgeable adult member of the household can provide information on other members.

Name of the RESPONDENT: _____ NO ID: ____/____/____/
(to refer to the list of
Members of the household)

ALL HOUSEHOLDS: Register on the folded paper the list of persons, present or absent, who:

- usually live and take their meal together in this household and
- recognize the authority of the head of the household.

CRITERIA OF MEMBERSHIP OF THE HOUSEHOLD

- Those who answered "6 months" or less on Question 8 of section 1 are household members (but see below for exceptions)
- If the answer on Question 8 of Section 1 is "more than 6 months" only the following individuals are household members;
 - THE HEAD OF THE HOUSEHOLD (DE JURE/DE FACTO)
 - THOSE WHO ARE NOT CURRENTLY LIVING IN ANOTHER HOUSEHOLD (who answered 'No' on Question 10 of Section 1)
 - CHILDREN AWAY AT SCHOOL

Persons who joined the household as permanent members

- NEW HUSBANDS OR WIVES
- NEWLY ADOPTED CHILDREN
- NEW-BORNS LESS THAN 6 MONTHS
- PEOPLE WHO RECENTLY JOINED THE HOUSEHOLD AND WILL RESIDE THERE PERMANENTLY

LISTING HOUSEHOLD MEMBERS

1) In the first position register the name of the **head of the household** followed by that of the **spouse**. In case of **several wives**, record them in order of their marriage and register the name of their **children** after the name of each wife starting with the eldest child.

2) Secondly, register the names of **the others people related to the head of household or his spouse(s)**, followed by the **name of their children** who currently live and take their meals here and recognize the authority of the household head.

3) In third position, register the names of **other nonrelated people to the head of household** or his spouse but who live and take their meals here and recognize the authority of the household head.

On the folded paper in **COLUMN A**: write the sex from question 1 of each member of the household.

On the folded paper in **COLUMN B**: write the age from question 3 of each member of the household.

In **COLUMN C** "1", put "X", if the person is a member of the household, if not, leave the space blank; following the criteria above.

SECTION 1: ALL HOUSEHOLDS

RESPONDENTS: FOR EACH PERSON LIVING IN THE HOUSEHOLD DURING

[illegible]

SECTION 1: INFORMATION ON MEMBERS OF HOUSEHOLD (CONTINUED)

RESPONDENTS: FOR EACH PERSON LIVING IN THE HOUSEHOLD DURING ENUMERATION

		ALL PERSONS IN THE HOUSEHOLD DURING ENUMERATION		ONLY YOUNG PERSONS UNDER THE AGE OF 20		ALL PERSONS IN THE HOUSEHOLD DURING ENUMERATION
	10.	11.	12.	13.	14.	15.
N O I D	During "..."'s absence, did he/she live in another household? (Including a household containing one person) Yes..... 1 No2⇒Q11	Will "..."' be resident in the household during the period of enumeration? (PERIOD IS 1 MONTH URBAN, OR 2 WEEK RURAL) Yes..... 1 ⇒Q13 No 2 Don't Know..... 8 ⇒Q13	What is the primary reason for "..."'s absence? Studies..... 01 Seasonal work..... 02 Working away now 03 For health care 04 Attend ceremony 05 Visit friends/family..... 06 Training 07 Detention/compulsory Service 08 Unexplained absence 09 Other, specify 10	Is "..."'s father still alive? Yes, and residing in the household..... 1 Yes, but residing in another household.....2 No3 Don't Know...8	Is "..."'s mother still alive? Yes, and residing in the household. ... 1 Yes, but residing in another household.....2 No.....3 Don't Know..... 8	<i>Enumerator check: Is "..."' a household member?</i> Check criteria for household membership Yes..... 1 No..... 2
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

RESPONDENT: All members of household

RESPONDENT: All members of household

[illegible]

SECTION 3: HEALTH

RESPONDENTS: All members of the household

	1.	2.	3.	4	5	6.	7.
N O I D	ID No of respondent	Does “..” suffer from a major disability which affects his/her life in general? Without Disability.....1 Visual disability.....2 Deaf and/or mute.....3 Disability in the arms.....4 Disability in the legs5 Mental disability...6 Trauma.....7 Very old.....8 Other, specify.....9	What main health insurance does “..” carry? RAMA.....1 Mutual insurance2 Employer.....3 MMI.....4 Other insurance, specify.....5 None.....6	Over the last 4 weeks did ‘.....’ suffer from any health problems? Yes1 No.....2 ==>Q6	What is/was the nature of the problem? <i>(if there are more than one, record the most serious)</i> Malaria.....1 Internal parasites ...2 Respiratory infection3 Skin disease4 Accident/injury5 Diarrhoea..... 6 Dental problem7 Reproductive issues8 Other, Specify 9	Over the last 4 weeks, has “...” consulted anyone in the medical profession, paramedical or a healer or visited a medical establishment? Yes.....1 No2 ==> Next person Don't know.8 ==>Next person	What was the main reason of this consultation? General visit or preventive.....1 Sickness.....2 Injury.....3 Sickness and injury.....4 Vaccination.....5 Prenatal care.....6 Postnatal care.....7 Other (specify)8 (In case of multiple consultations mention the latest)
01							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							

PART A: GENERAL EDUCATION (CONTINUED)

	7	8	9	10
N O I D	Have you been to school in previous 12 months? Yes.....1 No.....2 ⇒ Q16 (Check if Q2=01⇒Q11)	What type of school does.....attend/has attended in the past 12 months? Public.....1 Private2 Free Subsidized3	Which major problem does or did '....' experience at his school? No problem.....1 No enough teaching materials2 Mediocre teaching.....3 Not enough teachers.....4 Teachers absent.....5 Poor buildings & equipment.....6 Other (specify).....7 Don't know.....8	Does the school have separate toilet facilities for boys and girls? Yes 1 No 2 Don't know .. 8
	01			
	02			
	03			
	04			
	05			
	06			
	07			
	08			
	09			
10				

PART A: GENERAL EDUCATION (CONTINUED)

N O I D	SCHOOL EXPENSES								12	
	11 How much money has your HH paid over the last 12 months for “.....”s schooling in terms of?									
	A Registration and school fees	B Parents’ contribution.	C School uniforms and other sports uniforms	D Books and school supplies	E Transport to and from school	F Room and board (or board only)	G Other expenditures :Club field trips, insurance e.t.c.	H Total education expenses (non- distributed option) (COMPLETE THIS COLUMN IF DETAILS ARE NOT KNOWN)	Who paid the majority of school expenses over the last 12 months? Father.....01 Mother.....02 Both parents.....03 Other household members.....04 Other relatives.....05 Other non-relatives.....06 Student.....07 State.....08 Other Organization/ Association.....09 Employer.....10 Others 11 If Q2=01=>Next person	
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount		
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

PART A: GENERAL EDUCATION (Continued)

	SCHOOL ATTENDERS (Q7=1), except those in nursery class			LEAVING SCHOOL	
	13	14	15	16	17.
N O I D	Did '.....' miss any day at school in the last 7 days? Yes1 No2 => Part B, Q1	How many school days did '.....' not attend in the last 7 days?	What was the primary cause of not attending school? Dropped out01 ==>Q17 Poor health.....02 Hunger03 Financial Reasons..... 04 Family circumstances05 Fear of Punishment.....06 Holidays07 Transition between levels08 Completed Studies09 Other.....010 If answers are from 02-10 => Part B, Q1	In which year did '.....' leave school?	Why did "....." leave school? (main reason) Cost01 Work02 Marriage.....03 Change of residence.....04 Excluded05 Lack of interest.06 Lack of family support.....07 War/Genocide..08 Health09 Completed studies successfully..... 10 Other reason 11 (Specify)
		Days		Year	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					

SECTION 5: HOUSING

REQUIRED: THE HEAD OF THE HOUSEHOLD or the most knowledgeable person

At this point, I would like to ask you some questions concerning your housing. Whereby housing refers to every room and separate structure used by members of your household.

PART A: BACKGROUND AND STATUS OF THE HOUSING OCCUPANCY

1	2	3	4	5	6
Type of habitat	Type of Dwelling	How many other households share the dwelling with you?	Do you share any of the rooms in the dwelling with other households?	5. How many rooms does your household occupy? (Excluding bathroom, toilet, kitchen, corridor and stables)	6. How many rooms does your household have for sleeping in?
<i>Umu</i> <i>dugudu</i> (new recommended rural resettlement).....1	A single house occupied by one household dwelling.....1 =>Q5		Yes.....1	Excluding rooms extensively occupied by other HHs	Excluding rooms extensively occupied by other HHs
Unplanned clustered rural housing.....2	A house occupied by multiple Household s.....2		No.....2		
Isolated rural housing.....3	Multi-storied building with one household.....3 =>Q5				
Urban informal /unplanned housing area.....4	Multi-storied building with more households.....4 =>Q5				
Old <i>resettlement</i>5	Group of enclosed dwellings: multiple households..5 =>Q5				
Modern planned urban area.....6	Group of enclosed dwellings occupied by a single household.....6 =>Q5				
Other (Specify)7	Other (Specify) / _____/.....7 =>Q5				
		Number			

7		8	9	10	11
How long has your household inhabited this dwelling?		Has your household lived in other dwelling before occupying your current house? Yes1 No..... 2 => Q10	What was the main reason that made your household move to your current accommodation? Resettlement- policy.....01 Evacuated-disaster02 Get a better house.....03 Build/buy own house.....04 Renting cost.....05 Move to a better neighbourhood.....06 Access to new/different job.....07 Forced by owner/parent.....08 Returning to Rwanda.....09 Other (specify).....10	Who owns this house/dwelling? Head.....1 Spouse.....2 Spouse and Head.....3 Other household member...4 Relative.....5 Non relative.....6 State.....7 Private company.....8 Other (specify).....9	What is your current occupancy status? Owner occupier.....1 => Part B Q1 Tenancy – Renting.....2 => Part B Q4 Dwelling provided by employer.....3 => Part B Q3 Dwelling provided free of charge.....4 => Part B Q3 Appropriation/Squatting.....5 => Part B Q3 Temporary camp or settlement.....6 => Part B Q3 Other (specify).....7 => Part B Q3
Years	Months				

PART B: HOUSING EXPENSES

[illegible]

SECTION 5 PART C: SERVICES AND INSTALLATIONS (CONTINUED)

ALL HOUSEHOLDS						
16	17	18	19	20	21	22
What is the main source of lighting in your home? Electricity from EWSA01 Other electricity distributors02 Bio Gas03 Generator.....04 ⇒Q18 Oil Lamp.....05 ⇒Q18 Firewood.....06 ⇒Q18 Candle.....07 ⇒Q18 Lantern (<i>Agatadowa</i>).....08 ⇒Q18 Solar panel.....09 ⇒Q18 Batteries+ bulb.....10 ⇒Q18 Other (specify).....11 ⇒Q18	How much did your household pay for electricity the last 4 weeks? (bill or cash power) (Only your share, if the meter / bill is shared)	What is your primary source of cooking fuel Firewood 01 Charcoal..... 02 Gas 03 Biogaz 04 Solar power 05 Electricity..... 06 Oil/kerosene 07 Crop waste 08 Animal dung 09 Other (specify).. 10	How does your household dispose of its rubbish/garbage? Publicly managed refuse area.....1 Rubbish collection service2 Thrown in the household's fields or bushes3 Dumped in river/lakes/ditches4 Burnt.....5 Compost heap on own property6 Other (specify)7	What type of toilet does your household use? Flush toilet..... 1 Pit Latrine with constructed floor slab 2 Pit latrine without constructed floor slab. 3 Other (specify)..... 4 No toilet(Bush, water channelled, river ,etc) 5	Is the toilet facility shared with another household? Yes.....1 No.....2	Has your dwelling faced any problems that resulted from environmental destruction in the previous 12 months? Yes1 No2 ⇒ Q24
	Amount					

ALL HOUSEHOLDS				
23.	24.	25	26	27
What is the main disaster you have experienced with your dwelling? Floods.....1 Mountain slides.....2 Destructive rain.....3 Others(specify).....4	Have you received any environmental information in the last 12 months? Yes..... 1 No 2 ⇒ Q26	What is your main source of information on environmental issues? Meetings/ Trainings 1 School.....2 Radio/TV.....3 Other type of media.....4 Others (Specify).....5	Does your household have an internet connection (including on a mobile phone/or mobile modem)? Yes 1 No..... 2 ⇒ Part D	What is the main kind of internet connection used by household members? Landline/LAN 1 Modem.....2 Mobile phone3 Wireless4 Other.....5

PART D: PHYSICAL CHARACTERISTICS OF THE DWELLING

ALL HOUSEHOLDS			
1	2	3	4
What is the main construction material of your exterior wall? Mud bricks.....01 Mud bricks with cement (stucco).....02 Oven fired bricks03 Cement blocks.....04 Wooden planks.....05 Stones.....06 Tree trunks with mud.....07 Tree trunks with mud and cement.....08 Plastic Sheeting.....09 Other (specify).....10	What is the main material used for roofing your main dwelling? Thatch/leaves/grass.....1 Metal sheets/corrugated iron.....2 Tiles clay3 Concrete4 Plastic/plywood/impermanent materials5 Other (specify).....6	What is the main material used for the floors of the dwelling? Beaten earth.....1 Dung hardened.....2 Wooden floor.....3 Clay tiles4 Cement.....5 Bricks.....6 Other (specify).....7	What is the floor area of the dwelling? (In m ²)
			Outside Area

PART A: USUAL ACTIVITY Filter Questions on all the occupations carried out over the last 12 months.

RESPONDENTS: All household members aged 6 years and above.

At this point I'd like us to talk about the economic activities that you have carried out over the last 12 months, i.e. since (Month /Year) / / /

[illegible]

(ANY HOME FARMING, PAID WORK OR PROFIT EARNING WORK, INCLUDING CASUAL WORK OF AT LEAST ONE HOUR IN ANY WEEK)

[illegible]

Section 6B (Continued) leading to Section 6C salaried workers

		ALL WITH ANY JOB IN PAST 12 MONTHS		Section 6C: WAGED/SALARIED ONLY THAT ANSWERED 1 OR 2 AT S6BQ15					
1	2	14	15.	16.	17	18	19	20	
ID NO. of the member	Employment (JOB) ID No	In which sector did “...” work in this job?	What was/is “...” occupational status in each activity?	What is the nature of “...”’s employment contract?	How often does “...”’s salary get increased?	Does this job provide “.....” with Medical coverage?	Does this job provide “.....” with Retirement pension/ Social Security contributions?	Does this job provide “.....” with paid annual leave	
		Private non- farm01	Wage farm..... 1	Permanent worker 1	Every year or less..... 1	Yes.....1	Yes.....1	Yes.....1	
		Private farm.....02	Wage non-farm 2	Fixed-term contract..... 2	Between 1 and 3 years.....2	No.....2	No.....2	No.....2	
		Public03	Independent non-farmer..... 3 ⇒ 6D	Casual worker 3	After 3 or more years...3				
		Cooperative.....04	Independent farmer..... 4 ⇒ 6E	Seasonal worker 4	Ad hoc.....4				
		NGO (local).....05	Unpaid family farm worker5 ⇒6E	Daily worker..... 5	No increase5				
		International organisation06	Non-farm family unpaid worker.. 6 ⇒6E	Other 6	Don't know.....8				
		VUP Community work in Private enterprise.....07	Other non-paid worker..... 7 ⇒ 6E	If answer is 3-6=> Q22					
		VUP Community work in public sector.....08	Member of non-farm cooperative.....8 ⇒ 6E						
		Household Domestic.....09	Member of farm cooperative..... 9 ⇒6E						
		Other (specify).....10							
		Don't know.....98	If the answer is 3-9=> Next job if he has more than one job						
		01							
02									
03									
04									
05									
07									
08									
09									
10									
11									
12									
13									

SECTION 6C: SALARIED WORKERS (Continued)[illegible]

RESPONDENT: ALL MEMBERS OF THE HOUSEHOLD AGED 6 YEARS AND ABOVE THAT ANSWERED '3' AT S6BQ15

[illegible]

[illegible]

RESPONDENT: All household members aged 6 years and above

0	
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[illegible]

[illegible]

Section 6E (Continued)

[illegible]

Section 6F: DOMESTIC & ANCILLIARY WORK (UNPAID)

RESPONDENTS: All household members aged 6 years and older (excluding paid work by household domestic workers).

[illegible]

1. Over the last 12 months has any household member grown food or other agricultural produce to eat or sell, or raised cattle or poultry?

NAME

2. Over the last 12 months has any household member raised animals or poultry?

[illegible]

PART A2: LIVESTOCK (Continued) one cow per poor family policy, animals and pasture

ONE COW PER POOR FAMILY POLICY, ANIMALS					PASTURE				
1	2	3	4		5	6	7	8	9
Have you ever received a cow from the Government's 'one cow per poor family policy'?	Do you still keep this animal?	Have you ever received any animal from an NGO or other social protection scheme'?	What kind of animal was it?		Has the number of these animals changed?	Do you use a maintained pasture?	To whom does this pasture belong?	What was the cost of using this pasture over the last 12 months?	How many months in the last 12 months did you use this pasture?
Yes..... 1 No..... 2 => Q3	Yes..... 1 No 2	Yes..... 1 No..... 2 => Q5 If the answer on Q1&Q3=2, write 4 on Q5 without asking it.	Cattle 1 Sheep 2 Goat 3 Poultry 4 Pig.....5 Rabbit.....6 Other 7 (If the received animals are in the same type write "0" in the 2 nd column In case , the received animals are more than two different types write two main types)		Yes, increased1 Yes, reduced2 No, the same.....3 Not applicable.....4	Yes.....1 No.....2 => Part A3	Household's own..... 1 Other person/ private company..... 2 State owned.....3 District land.....4		
			1 st Animal	2 nd animal				Amount	Number of months

PART A3: LIVESTOCK (Continued) Sale of livestock products

	1	2	3	4	5		6	7
LIVESTOCK PRODUCTS	CODE	Have you sold any "...over the last 12 months? Yes..... 1 No..... 2 => go to next product	For how many months in the last 12 months did you sell '.....'	Have you sold any "... over the last 4 weeks? Yes.....1 No.....2 => Q7	How much '.....' did you sell in the last 4 weeks?		In the last 4 weeks how much income did you make from the sale of "..."?	On average, how much did you sell in each month? (Referring to Q3)
			Months		Quantity	Unit of Measure	Amount	Amount
Fresh milk	1					Liter		
Curdled/sour milk	2					Liter		
Butter	3					Kg		
Cheese	4					Kg		
Eggs	5					Unit		
Manure	6					Kg		
Meat from animals	7					Kg		
Lard of pork	8					Kg		

SECTION 7: AGRICULTURE (Continued)
PART A4: Livestock (Continued) Expenditure on livestock during the last 12 months

	1	2	3	4	5	6
Products or Services	CODE	Have you incurred any expenses of "....." in the last 12 months? Yes..... 1 No..... 2 => next product	For how many months in the last 12 months did you incur any expenses of "....."? Months	Did you spend in cash or in kind for this expenditure "...." in the last 4 weeks? Yes.....1 No.....2 => Q6	How much did you spend in cash or in kind for this expenditure "....." in the last 4 weeks? Amount	On average, how much did you spend in each month? (Referring to Q3)
Salt or minerals	1					
Veterinary services (vaccines, medicines and other care)	2					
Traditional care	3					
Wages of animals' keeper	4					
Fence maintenance, Cattle sheds	5					
Transport of animals/poultry	6					
Stud animals	7					
Artificial Insemination	8					
Tax on animals	9					
Animal feeds and delivery charges	10					
Other expenditure on the animals & poultry	11					

PART B1: Land and Agricultural Equipment

(Including any lands located outside of this vicinity)?

Yes.....1

[illegible]

PART C: DETAILS OF HOLDING PARCELS/BLOCS AND AGRICULTURAL POLICY CHANGES

PART C: DETAILS OF HOLDING PARCELS/BLOCS AND AGRICULTURAL POLICY CHANGES

[illegible]

SECTION 7: AGRICULTURE (Continued)
PART D: Crop harvests and Use on a large scale

1. Over the last 12 months, have you engaged in any larger scale agricultural production (Starting with cereals, legumes, Tubers then cash crops).

Yes.....1

No 2 => Part E

[illegible]

SECTION 7: AGRICULTURE (Continued)
PART E: Small Scale crops - Harvests and use.

1. Over the last 12 months, have you engaged in any piecemeal agricultural production? : Tubers, fruits, vegetables and other crops produced on a small scale.

Yes.....1

No..... 2 => Part F

[illegible]

PART F: OTHER INCOME FROM AGRICULTURE

SOURCE	CODE	1	2	3
		Over the last 12 months, have you obtained any income from '...'? Yes.....1 No2 => next product	How much did your HH receive from the Sales ofduring the last 4 weeks?	How much did your HH receive from the Sales ofduring the last 12months?
			Amount	Amount
Hunting	1			
Mushrooms	2			
Honey and wax	3			
Fish	4			
Firewood	5			
Charcoal	6			
Wooden planks	7			
Construction timber	8			
Hides and skins	9			
Grass feed for animals	10			
Flowers	11			
Others (pyrethrum, banana leaves,)	12			

PART G: The cost and expenditure on agricultural activities.

EQUIPMENT AND SERVICES	CODE	1	2
		Have you incurred expenditures of “...” over the last 12 months? Yes..... 1 No..... 2 => next item	How much was spent on “...” over the last 12 months? (in kind payments included)
			Amount
Hand tools	1		
Traditional seeds and seedlings	2		
Improved seeds and seedlings	3		
Sacks and packing	4		
Hired labor -wages not terracing	5		
Fencing material	6		
Transport of the harvest	7		
Storage of harvest	8		
Equipment rental	9		
Organic fertilizers	10		
Chemical fertilizers	11		
Insecticides	12		
Irrigation, drainage fees	13		
Terracing (wages)	14		
Pole for beans	15		
Other expenditures	16		

PART H: Transformation (processing) of agricultural products.

1. Over the course of the last 12 months, are there any agricultural products (own product, purchased or given other household member) that have been processed or fish that has been smoked?

□

No.....2 =>**SECTION 8**

[illegible]

SECTION 8: HOUSEHOLD EXPENDITURE AND SUBSISTENCE FARMING**PART A:EXPENDITURE ON NON FOOD ITEMS****RESPONDENT:** People responsible for the nonfood purchases in the household

Names of the people interviewed	ID No.

DATE: DD MM YY

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I) - EXPENDITURE DURING THE LAST 12 MONTHS					
ITEMS	0 ITEM NUMBER	1 COICOP CODE	2 Has your household purchased any "...." over the last 12 months? Yes..... 1 No..... 2 => next item	3 Amount	4 Where did you buy it most often? Small shop/boutique 01 Supermarket/ big shop..... 02 Specialised shop 03 Market 04 Mobile seller 05 Individual 06 Service provider 07 Bar/restaurant..... 08 Other 09 Do not ever buy it10 Don't know 98
CLOTHING					
Fabric (cloth) for men	1	03.1.1.1.01			
Fabric (cloth) for women	2	03.1.1.1.02			
Wrap around cloth for women(lgitenge)	3	03.1.3.1.01			
Men's garments	4	03.1.2.1.01			
Men's tailoring	5	03.1.4.2.01			
Men's underwear	6	03.1.2.4.01			
Men's clothing accessories (ties, hats, belts)	7	03.1.3.1.02			
Women's garments	8	03.1.2.1.02			
Women's tailoring	9	03.1.4.2.02			
Women's underwear	10	03.1.2.4.02			
Women's clothing accessories (scarves, hats, belts)	11	03.1.3.1.03			
Children's clothing (excluding school uniform)	12	03.1.2.1.03			
Children's underwear	13	03.1.2.4.03			
Children's tailoring	14	03.1.4.2.03			
Men's footwear	15	03.2.1.1.01			
Women's footwear	16	03.2.1.1.02			
Children's footwear	17	03.2.1.1.03			
PERSONAL BELONGINGS					
Jewelry	18	12.3.1.1.01			
Watches (timepiece)	19	12.3.1.3.01			
Clocks	20	12.3.1.3.02			
Metal/Wooden Case	21	12.3.2.1.01			

I) - EXPENDITURE DURING THE LAST 12 MONTHS					
ITEMS	0	1	2	3	4
	ITEM NUMBER	COICOP CODE	Has your household purchased any "...." over the last 12 months? Yes..... 1 No..... 2 => next item	How much did you spend on "..." over the last 12 months? Amount	Where did you buy it most often? Small shop/boutique 01 Supermarket/ big shop..... 02 Specialised shop 03 Market 04 Mobile seller 05 Individual 06 Service provider 07 Bar/restaurant..... 08 Other 09 Do not ever buy it10 Don't know 98
Suitcases	22	12.3.2.1.03			
Travel bags	23	12.3.2.1.04			
Hand bags (other than women's handbags)	24	12.3.2.1.05			
women's handbags	25	12.3.2.1.07			
Other personal effects, e.g. wallet	26	12.3.2.1.06			
Umbrellas	27	12.3.2.4.01			
Sunglasses	28	12.3.2.4.02			
HOUSING					
Building repairs (supplies)	29	04.3.1.1.01			
Building repairs (labor)	30	04.3.2.1.01			
HOUSEHOLD FURNISHINGS & APPLIANCES					
Mattresses	31	05.1.1.1.02			
Rugs, floor coverings, carpets	32	05.1.2.1.01			
Mats	33	05.1.2.1.03			
Furniture repair	34	05.1.3.1.01			
Draperies (curtains)	35	05.2.0.1.01			
Bed Pillows	36	05.2.0.2.01			
Blanket	37	05.2.0.3.01			
Bed Sheets	38	05.2.0.3.02			
Mosquito nets	39	05.2.0.3.03			
Tablecloth	40	05.2.0.4.01			
Dish towel/Rag/Wiper	41	05.2.0.4.02			
Cloth for wiping table ware	42	05.4.1.1.01			
Other household textiles	43	05.2.0.5.01			
Local Energy saving Stove	44	05.3.1.3.01			
Other small household appliances (tea kettles etc.)	45	05.3.2.1.08			
Torch (flashlight)	46	05.5.2.5.01			

I) - EXPENDITURE DURING THE LAST 12 MONTHS					
ITEMS	0	1	2	3	4
	ITEM NUMBER	COICOP CODE	Has your household purchased any "...." over the last 12 months? Yes..... 1 No..... 2 => next item	How much did you spend on "..." over the last 12 months? Amount	Where did you buy it most often? Small shop/boutique 01 Supermarket/ big shop..... 02 Specialised shop 03 Market 04 Mobile seller 05 Individual 06 Service provider 07 Bar/restaurant..... 08 Other 09 Do not ever buy it10 Don't know 98
Electric clothes iron	47	05.3.2.1.04			
Non-electric clothes iron	48	05.3.4.0.01			
Repair of household appliances	49	05.3.3.1.01			
Dishes (tableware)	50	05.4.0.1.01			
Kitchen and domestic utensils(Pots and pans)	51	05.4.0.3.01			
Cutlery, flatware and silverware	52	05.3.2.1.07			
Other household and garden tools	53	05.5.2.2.02			
TRANSPORT					
International travel –bus fares	54	07.3.2.1.06			
Aeroplane flights	55	07.3.3.1.01			
Motor boat transport	56	07.3.4.1.01			
Vehicle/ Motor insurance	57	12.5.4.1.01			
LEISURE & RECREATION					
Musical instruments	58	09.2.2.1.01			
Sporting equipment	59	09.3.2.1.01			
Subscription to DSTV, Star times e.t.c	60	09.4.2.6.01			
Hotel overnight and hotel services	61	11.2.0.1.01			
HEALTH					
Spectacles / eye lenses	62	06.1.3.1.01			
Dentures	63	06.1.3.1.02			
Hearing aids/prosthetic limbs/ disability aids	64	06.1.3.1.03			
Hospitalization	65	06.3.0.1.01			
Givingbirth	66	06.3.0.3.01			
Healthinsurance (Mutuelle,RAMA,MMI, etc.)	67	12.5.3.1.01			
OTHER SERVICES					
Nursery and daycare fees	68	10.1.0.1.01			
Issue of administrative (official) documents	69	12.7.0.5.01			

SECTION 8: HOUSEHOLD EXPENDITURE
PART A: EXPENDITURE ON NON FOOD ITEMS

RESPONDENT: People responsible for the nonfood purchases of the household

DATE:

DD	MM	YY

II) - EXPENDITURE DURING THE LAST 4 WEEKS

ITEMS	0. ITEM NUMBER	1. CODE	2. Has your household purchased any "...." over the last 4 weeks? Yes..... 1 No..... 2=> next item	3. How much did you spend on "..." over the last 4 weeks?	4. Where did you buy it most often? Small shop/boutique.....01 Supermarket/ big shop.....02 Specialised shop.....03 Market.....04 Mobile seller.....05 Individual/HH06 Service provider07 Bar/restaurant08 Other.....09 Do not ever buy it.....10 Don't know98
				Amount	
DOMESTIC HYGIENE & PRODUCTS					
Laundry services (washing clothes & others)	1	03.1.4.1.01			
Rubbish collection services	2	04.4.2.1.01			
Bleach	3	05.6.1.1.01			
Disinfectant and cleaners	4	05.6.1.1.02			
Broom/Brush	5	05.6.1.2.01			
Shoe brush	6	05.6.1.5.01			
Shoe polish	7	05.6.1.5.02			
Other non-durable household goods e.g, sponges, window cleaning products etc	8	05.6.1.5.03			
Wages for household (domestic) help	9	05.6.2.1.01			
TRANSPORT					
Spare parts of Vehicle	10	07.2.1.1.01			
Spare parts of motorcycle or bicycle (parts)	11	07.2.1.1.02			
Vehicle repair (labour)	12	07.2.3.1.01			
Repair of motorcycle or bicycle (labour)	13	07.2.3.1.02			
LEISURE & CULTURE					
CD and DVD disks	14	09.1.4.1.01			
Audio video cassettes & internet downloads	15	09.1.4.2.01			
Film and developing	16	09.1.4.4.01			
Toys	17	09.3.1.2.01			
Natural & artificial flowers,foliages& plants	18	09.3.3.1.01			
Other interior decorations	19	09.3.3.1.02			
Other recreational or cultural items, (Pets:- cats, dogs, Birds)	20	09.3.4.1.01			
Books	21	09.5.1.1.01			
Magazines	22	09.5.2.1.01			
Stationary supplies (stapler, perforator, Folder, etc..)	23	09.5.4.4.01			
Passport photos	24	12.7.0.4.02			
PERSONAL CARE					
Men's haircut (barber)	25	12.1.1.1.01			
Women's haircut (stylist & treatment)	26	12.1.1.1.02			

Beauty Treatment/Massage(Non-medical)/ Manicure & steam bath	27	12.1.1.1.03			
Shaving accessories	28	12.1.3.1.01			
Combs	29	12.1.3.1.02			
Other personal hygiene products, e.g; razor blades, nail cutters	30	12.1.3.1.03			
Toothpaste (and accessories)	31	12.1.3.2.01			
Hair products	32	12.1.3.3.01			
Beauty/cosmetics products	33	12.1.3.3.02			
Deodorants	34	12.1.3.3.03			
Sanitary napkins, pampers	35	12.1.3.4.01			
COMMUNICATION					
Postage stamps	36	08.1.0.1.01			
Rwandatel/MTN fixed line charges	37	08.3.0.2.01			
Fax and courier services	38	08.3.0.3.01			
Internet connection subscription (Rwandatel /MTN/TIGO/...)	39	08.3.0.4.01			
OTHER SERVICES TO THE HOUSEHOLD					
Security services	40	04.4.4.3.01			
Photocopies/printing/scanner/other secretarial services	41	12.7.0.4.01			
BASIC PREVENTION & MEDICINES & MEDICAL CONSULTATIONS					
Diabetes drugs	42	06.1.1.1.01			
Heart disease medicines	43	06.1.1.1.02			
High/low blood pressure drugs	44	06.1.1.1.03			
Asthma drugs	45	06.1.1.1.04			
ARV drugs	46	06.1.1.1.05			
Pain relievers (Aspirin/Paracetamol/Hedex,...)	47	06.1.1.1.06			
Antimalarial drugs	48	06.1.1.1.07			
Astringents (iodine, alcohol)	49	06.1.1.1.08			
Worm medicine	50	06.1.1.1.09			
Contraceptive drugs	51	06.1.1.1.10			
Other basic/preventive medicines	52	06.1.1.1.11			
Condoms	53	06.1.2.1.01			
Medical consultations	54	06.2.1.1.01			
Medical exams	55	06.2.3.1.01			

SECTION 8: HOUSEHOLD EXPENDITURE AND SUBSISTENCE FARMING

PART A: EXPENDITURE ON NON FOOD ITEMS

III) – FREQUENTLY MADE EXPENDITURE

[illegible]

ITEMS	1st visit		2nd visit		3rd visit		4th visit		5th visit		6th visit		7th visit		8th visit		9th visit		10th visit		11th visit					
	DATES OF THE VISITS																									
	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM				
	0. ITEM NUMBER	1. COICOP CODE	2. How many months did you purchase this out of the last 12 months? Number of months		3. How much did you spend on "...." since my last visit? Amount		4. How much did you spend on "...." since my last visit? Amount		5. How much did you spend on "...." since my last visit? Amount		6. How much did you spend on "...." since my last visit? Amount		7. How much did you spend on "...." since my last visit? Amount		8. How much did you spend on "...." since my last visit? Amount		9. How much did you spend on "...." since my last visit? Amount		10. How much did you spend on "...." since my last visit? Amount		11. How much did you spend on "...." since my last visit? Amount		12. How much did you spend on "...." since my last visit? Amount		13. Where do you buy"..." most often? Small shop/boutique01 Supermarket/ big shop.....02 Specialised shop03 Market04 Mobile seller05 Individual06 Service provider.....07 Bar/restaurant.....08 Other09 Do not ever buy it10 Don't know.....98	
Motorcycle/Bicycle	17	07.3.2.1.04																								
Other transport, e.g Boats etc	18	07.3.4.1.02																								
ENERGY AND MATERIALS FOR COOKING AND LIGHTING																										
Gas (propane)	19	04.5.2.2.01																								
Kerosene	20	04.5.3.1.01																								
Charcoal (cooking)	21	04.5.4.1.01																								
Wood (cooking)	22	04.5.4.1.02																								
Batteries	23	05.5.2.5.02																								
Light bulbs	24	05.5.2.5.03																								
Candle	25	05.6.1.4.01																								
Matches/lighter	26	05.6.1.4.02																								
Fuel for generator	27	07.2.2.1.03																								
REPAIRS																										
Clothing repair	28	03.1.4.2.04																								
Shoes repair	29	03.2.2.1.01																								
Other household repairs, furniture, beds, kitchen items	30	05.1.3.1.02																								
COMMUNICATION																										
Mobile phone battery recharging	31	08.2.0.3.02																								
Airtime (cell phone) cards/Me 2 you	32	08.3.0.1.01																								
Public phone charges	33	08.3.0.2.02																								
Internet cafe	34	08.3.0.4.02																								
OTHER EXPENDITURES																										

[illegible]

PART B: FOOD EXPENDITURE

Name of people interviewed	No ID

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

		1st visit		2nd visit		3rd visit		4th visit		5th visit		6th visit		7th visit		8th visit		9th visit		10th visit		11th visit	
DATES OF THE VISITS																							
		DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM
ITEMS	0. ITEM NUMBER	1. COICOP CODE	2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "...." since my last visit?	4. How much did you spend on "...." since my last visit?	5. How much did you spend on "...." since my last visit?	6. How much did you spend on "...." since my last visit?	7. How much did you spend on "...." since my last visit?	8. How much did you spend on "...." since my last visit?	9. How much did you spend on "...." since my last visit?	10. How much did you spend on "...." since my last visit?	11. How much did you spend on "...." since my last visit?	12. How much did you spend on "...." since my last visit?	13. Where do you buy"... " most often? Small shop/boutique01 Supermarket/ big shop.....02 Specialised shop.....03 Market04 Mobile seller05 Individual06 Service provider.....07 Bar/restaurant.....08 Other09 Do not ever buy it.....10 Don't know.....98									
			Number of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount										
Cassava (flour)	104	01.1.7.4.02																					
SUGAR & PRODUCTS																							
Sugar (local)	105	01.1.8.1.01																					
Sugar (imported)	106	01.1.8.1.02																					
Sugarcane	107	01.1.8.1.03																					
Jam, marmalade	108	01.1.8.2.01																					
Honey	109	01.1.8.2.02																					
Chocolate	110	01.1.8.3.01																					
Candy / Gum	111	01.1.8.3.02																					
Powdered juice(super dip)	112	01.2.2.3.01																					
SPICE & OTHER FOOD ITEMS																							
Salt	113	01.1.9.1.02																					
Pepper(ground / liquid)	114	01.1.9.1.03																					
Vinegar	115	01.1.9.1.04																					
Mayonnaise	116	01.1.9.1.05																					
Tomato concentrate	117	01.1.9.1.06																					
Pepper-raw	118	01.1.9.1.07																					
Boullion cubes(MAGGI)	119	01.1.9.2.01																					
Baby food	120	01.1.9.3.01																					
Other food items	121	01.1.9.3.02																					
NON-ALCOHOLIC BEVERAGES																							

[illegible]

[illegible]

Name of people in charge of meal preparation	No ID

Respondents: People in charge of meals preparation

0. During the last 12 months have you consumed products of your own harvest?

Yes1

No....2 \Rightarrow SECTION 9

[illegible]

[illegible]

[illegible]

[illegible]

DATES OF THE VISITS			1st visit		2nd visit		3rd visit		4th visit		5th visit		6th visit		7th visit		8th visit		9th visit		10th visit		11th visit	
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM
PRODUCT	0. ITEM NUMBER	1. COICOP CODE	2. How many months did you consume this out of the last 12 months? No. months	3. How much "...." did you consume since my last visit?	4. How much "...." did you consume since my last visit?	5. How much "...." did you consume since my last visit?	6. How much "...." did you consume since my last visit?	7. How much "...." did you consume since my last visit?	8. How much "...." did you consume since my last visit?	9. How much "...." did you consume since my last visit?	10. How much "...." did you consume since my last visit?	11. How much "...." did you consume since my last visit?	12. How much "...." did you consume since my last visit?	13. Unit of measur e declared	14. At what price could you sell one kg of "...."?									
														kg/litres	Price									
Pepper	76	01.1.9.1.01																						
ROOTS AND TUBERS																								
Irish Potato	77	01.1.7.2.01																						
Sweet potato	78	01.1.7.2.02																						
Cassava (root)	79	01.1.7.2.03																						
Tarot/amateke	80	01.1.7.2.04																						
Yams/Ibikoro	81	01.1.7.2.05																						
Other tubers	82	01.1.7.2.06																						
Cassava (fermented)	83	01.1.7.4.01																						
Cassava (flour)	84	01.1.7.4.02																						
SUGAR & PRODUCTS																								
Sugarcane	85	01.1.8.1.03																						
Honey	86	01.1.8.2.02																						
SPICES																								
Pepper(ground/ liquid)	87	01.1.9.1.03																						
Pepper-raw	88	01.1.9.1.07																						
NON-ALCOHOLIC BEVERAGES																								
Coffee (local)	89	01.2.1.1.01																						
Tea (local)	90	01.2.1.2.01																						
Local banana juice	91	01.2.2.3.02																						
Passion fruit juice	92	01.2.2.3.03																						
Other fruit juices,	93	01.2.2.3.04																						
Sorghum juice(Ubushera)	94	01.2.2.4.01																						
ALCOHOLIC BEVERAGES																								

[illegible]

RESPONDENT: HEAD OF THE HOUSEHOLD OR INFORMED MEMBER OF THE HOUSEHOLD

No..... 2 =>Part B

PAYMENTS IN CASH OR IN KIND RECORDED HERE REFER TO ONLY TRANSFER PAYMENTS BY THE HOUSEHOLD AND THEY DO NOT INCLUDE/NOT TO BE UNDERSTOOD AS PAYMENTS CARRIED OUT IN EXCHANGE OF GOODS AND SERVICES BY THE HOUSEHOLD.

[illegible]

RESPONDENT: HEAD OF THE HOUSEHOLD OR INFORMED MEMBER OF THE HOUSEHOLD

No..... 2 =>Part C

Yes..... 1 ☐

No..... 2 =>Part C ☐

[illegible]

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES
PART C: VUP, UBUDEHE & RSSP SCHEMES

RESPONDENT: HEAD OF THE HOUSEHOLD OR INFORMED MEMBER OF THE HOUSEHOLD

1	2	3	4	5	6	7	8
<p>In what Ubudehe category is this household?</p> <p>Extremely poor 1 Very poor..... 2 Poor 3 Self-reliant..... 4 Rich..... 5 Very rich 6 Don't know.....8</p>	<p>Does this household live in a VUP Support sector?</p> <p>Yes1 No.....2 Don't know.....8</p>	<p>Has your household ever been enrolled in the VUP?</p> <p>Yes....1 No.....2 ⇒Q30</p>	<p>In what year did this household start to benefit from VUP?</p> <p>Not yet started.....0 ⇒Q30</p> <p>2014..... 1 2013..... 2 2012..... 3 2011..... 4 2010..... 5 2009..... 6 2008..... 7 Don't know 8</p>	<p>When you first started to benefit from VUP what programme were you on?</p> <p>Direct Support1 Public Works.....2</p> <p>Financial services Loan..... 3</p>	<p>Does your household currently benefit from the VUP program?</p> <p>Yes.....1⇒Q8 No.....2</p>	<p>Why is your household no longer benefiting from the VUP program?</p> <p>Moved to a higher Ubudehe category 1 I found another job..... 2 Did not participate in training..... 3 Forced to leave..... 4 Not enough public works employment in this sector 5 Now supported by other NGO/partner 6 Does not want/like this kind of support (religious/moral) 7 Other(Specify) 8</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">⇒Q30</div>	<p>What component of the VUP program does your household currently benefit from?</p> <p>Direct Support Only.....1 Direct Support plus Financial Services 2 Public Works Only.....3 ⇒Q14 Public Works and Financial Services 4⇒Q14 Financial Services Only ...5 ⇒Q20</p>

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)
PART C: VUP, UBUDEHE & RSSP SCHEMES

DIRECT SUPPORT				
9	10	11	12	13
How long has your household been receiving direct support?	Do you usually receive your direct support payments on time? Yes, every month.....1 No, between one and 30 days late 2 No, more than 30 days late.....3	On average, what is the payment your household receives from direct support per month?	How much money has your household received in the last 12 months?	Have you been able to invest your direct support benefit in any asset? ...(record main investment) To buy home utensils01 Durable assets02 Education03 Health/medical.....04 Buy animals.....05 Invest in farm.....06 Invest in business or income..... generating activity07 Improve house.....08 Saving.....09 Other (specify).....10 ⇒Q20
Months		Amount	Amount	

PUBLIC WORKS					
14	15	16	17	18	19
For how long has your HH been involved in Public works?	How many household members worked in PWs in the last 12 months?	In total, how many months did these household members work over the last 12 months?	What is the total payment to all household members over the last 12 months?	Do you usually receive your PWs payments on time? Yes, every 15 days..... 1 No, between 15 days and one month 2 No, more than one month 3	Have you been able to invest your public works pay in any asset? ...(record main investment) To buy home utensils01 Durable assets02 Education03 Health/medical.....04 Buy animals.....05 Invest in farm.....06 Invest in business or income..... generating activity07 Improve house.....08 Saving.....09 Other (specify).....10 Food/clothes.....11
Months	Number	Months	Amount		

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)
PART C: VUP, UBUDEHE & RSSP SCHEMES

20. Are there some members of your household who benefited from a financial services loan (group or individual)?

Yes..... 1

No 2 \Rightarrow Q30

[illegible]

SECTION 9C: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)

30	31					
Has your household ever benefited from the Rural sector support project (RSSP)? Yes.....1 No.....2 ⇒ Section 9D	Did your household receive any of the following benefits from the RSSP/MINAGRI program?					
	A.	B.	C.	D.	E.	F.
	Forming cooperatives to carry out profit earning projects? Yes.....1 No.....2	Access to credit subsidised by RIF? Yes.....1 No.....2	Training? Yes...1 No....2	Swamp or marshland rehabilitation? Yes.....1 No.....2	Construction of markets, crop drying structures and crop barns? Yes.....1 No.....2	Others (<i>Specify</i>)? Yes...1 No....2

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES
PART D: INCOME SUPPORT PROGRAMMES & OTHER REVENUES (excluding all incomes accrued from saving)

INCOME SUPPORT SOURCES	Code	1	2	3
		Has your household received any of the following in the last 12 months? Yes.....1 No.....2 ⇒ next item	How much have you received from"..... " in cash or in kind during the last 4 weeks? Amount	How much have you received from"..... " in cash or in kind during the last 12 months? Amount
PUBLIC INCOME SUPPORT				
The Rwanda Social Security Board old age, disability and survivors' pension Social Security/Caisse Sociale du Rwanda	01			
Payments for medical treatment	02			
Old Age Grant	03			
The Genocide Survivors Support and Assistance Fund (FARG)	04			
Local government education support	05			
Educational scholarships (primary, secondary, university, TVET)	06			
The Rwanda Demobilization and Reintegration Commission (RDRC),	07			
Food relief	08			
Allowance for dismissal or termination of employment	09			
Government donations of goods (Telephones, bicycles, mosquito nets etc.)	10			
Other benefits to the household - e.g. NGOs (Specify)	11			
OTHER PRIVATE INCOME SOURCES (Exclude transfers mentioned in 9B)				
Pension from the private sector	12			
Private savings fund (private sector)	13			
Insurancedividends	14			
Dowry, contribution to wedding or inheritance	15			
Gambling – Lottery – Tombola	16			
Sale of fixed / non fixed assets	17			
Property rent (Fixed or non-fixed assets)	18			
NGO/ Charity contribution to education costs	19			
Other benefits (specify..)	20			

PART E: OTHER EXPENDITURE (EXCLUDING EXPENDITURES RELATED TO ANY FORM OF SAVING)

Over the last 12 months, how much has this household spent (in cash or in kind) on the following;

OTHERS EXPENDITURE	Code	Amount
Taxes on property	1	
Other Taxes/ Duties	2	
Contribution to mutual aid or developmental projects	3	
Charitable works	4	
Gifts and donations (excluding those declared above as transfers)	5	
CEREMONIES	Code	Amount
Wedding/Introduction ownhousehold	6	
Contribution to other household's wedding	7	
Baptism	8	
Death (Including funerary articles e.g. coffin, etc.)	9	
Religious festivals (Christmas, Easter, etc.)	10	
Offerings and tythes	11	
Other ceremonies (child naming, graduation ceremonies etc.)	12	
Other expenditure (to exclude any savings)	13	

SECTION10: CREDIT, DURABLES AND SAVINGS
PART B: DURABLE HOUSEHOLD GOODS

i) Items	1	2
	Item code	How many "...." does your household own? IF none put 0, ⇒ following article
Bench	01	
Chairs sale a manger	02	
Beds	03	
Table sale a manger	04	

[illegible]

	1	2	3	4	5
iii) Items	Item code	How many "...." does your household own? IF none put 0, ⇒ following article	When did you acquire "...."?	Purchase price if purchased in last 12 months. IF GIFT WRITE 0	If you were to sell it today how much money do you think you could get?
			NEWEST ARTICLE ONLY SKIP TO Q5 IF PURCHASED MORE THAN 12 months AGO	NEWEST ARTICLE ONLY	NEWEST ARTICLE ONLY
TV set	07				
Satellite dish	08				
Video / DVD player	09				
Decoder	10				
Music system	11				
Computer and accessories	12				
Living room suite (arm chairs,	13				

	1	2	3	4	5
iii) Items	Item code	How many "...." does your household own? IF none put 0, ⇒ following article	When did you acquire "...."?	Purchase price if purchased in last 12 months. IF GIFT WRITE 0	If you were to sell it today how much money do you think you could get?
			NEWEST ARTICLE ONLY SKIP TO Q5 IF PURCHASED MORE THAN 12 months AGO	NEWEST ARTICLE ONLY	NEWEST ARTICLE ONLY
couch, coffee tables)					
Bicycle (For home use only)	14				
Cupboard	15				
Cooker	16				
Laundry machine	17				
Electric fan	18				
Sewing machine	19				
Refrigerator/Freezer	20				
Electric generator	21				
Electric hotplate (burner)	22				
Power Stabiliser	23				
Still Camera	24				
Video camera	25				
Motorcycle (For home use only)	26				
Car (for home use only)	27				

SECTION10: CREDIT, DURABLES AND SAVINGS

PART C: DEPOSIT AND SAVINGS

RESPONDENT: ALL HOUSEHOLD MEMBERS HAVING BANK ACCOUNTS / WHO ARE IN TONTINE OR COMMUNITY SAVINGS GROUP

1. Are there members of your household who saves with any savings institution (including a tontine/community savings)?

Yes..... 1

No..... 2 => End of the Questionnaire

☐

		SAVINGS ACCOUNTS / MICROFINANCE / COOPERATIVES				TONTINE		
2	3	4	5	6	7	8	9	10
ID of the person saving	ID Number of Account / Tontine	Does "....." have a savings account? Yes.....1 No..... 2 =>Q8	What institution does "..." save with? Commercial bank....1 Microfinance.....2 Cooperative bank ...3 Savings & credit cooperatives4 Other (specify).....5	What is the current amount of money in '.....'s savings account?	How much has '.....' deposited on average each month? => Next account	Does "....." participate in a tontine? Yes..... 1 No..... ...2 => next Person	What was the total amount received by '.....' over the course of last 12 months?	How much has '.....' deposited on average each month?
ID				Amount	Amount		Amount	Amount
	1							
	2							
	3					1		
	4							
	5							
	6							
	7							
	8							
	9							
	10							