

SECTION 0.3a COMPLETE “HH ID” AND “PID” FOR ALL HOUSEHOLDS IN THE PANEL VILLAGE

1. Enumerator			2. Date of Interview			3. EICV3 Household Identifier						4. Household Status (only for panel HHs)		
			Day	Month	Year	Cluster No				Household ID		PID		
														Original along EICV4 and EICV51 Original in EICV4 but split in EICV5.....2 Split in EICV4 and split again in EICV5.....3

NOTES ON EICV PANEL IDENTIFIERS FOR HOUSEHOLDS

1. The unique household ID for each panel household (which took part in EICV 4) will be the household ID used for the household in EICV3. The EICV PANEL ID (PID) will be 00 for original households and the ID used for the HH in EICV3 will be kept as reference.
2. For any Dependent household which was derived from the splitting of a HH EICV4 panel, the household will have the HH ID of the original household in EICV3 and the PID of the household member who has the nearest relationship with the head of household (himself) and for those who have moved with him/her.

SECTION 0.3b TO BE COMPLETED IN ALL HOUSEHOLDS BEFORE THE INTERVIEW

QUESTIONS	RESPONSES	CODE
A. Is this village in a VUP sector?	Yes.....1 No.....2	
B. What is the UBEDEHE category for this household according to the list in the Sector Office? (On the list given by the sector authorities)	Category 11 Category 22 Category 33 Category 44 Not found on list.....5	

PANEL HOUSEHOLDS ONLY COMPLETE SECTION 0.4

LISTING HOUSEHOLD MEMBERS

USING THE INFORMATION PROVIDED ON FORM PLS1 DERIVED FROM THE EICV3 and 4, COPY OUT THE NAMES OF ALL THE HOUSEHOLD MEMBERS PRESENT AT EICV4 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 Q7 in the next new lines after the latest completed.**

QUESTION 9 IN SECTION 0: NEW PERSON ID NUMBERS ARE ALLOCATED FOR USE IN EICV5. THESE SHOULD BE ALLOCATED SEQUENTIALLY IN THE USUAL ORDER AS FOLLOWS:

- **The ID of the new head of household is 01;**
- **If any spouse of the household head, his/her ID is 02 (without considering the line no);**
- **In case of several spouses, record them in order of their marriage. Each spouse will be followed by his/her children who currently live and take their meals there and recognize the authority of the household if any, starting with the eldest child;**
- **Thereafter, register the names of the others people related to the head of household or his spouse(s);**
- **Continue with 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.**

COPY THE OLD EICV3 AND EICV4 PERSON ID INTO THE FIRST AND SECOND COLUMNS IN SECTION 1 – THIS WILL ALLOW THE ANALYSTS TO LINK UP THE EICV3, EICV4 RECORDS WITH EICV5 FOR THE SAME PERSON

SECTION 0.4: FOR PANEL HOUSEHOLDS ONLY

NO ID		EICV4 Related information FORM PLS1 (Register those information up to Q4)					New Household Members in EICV5 Panel information (Those information related to new household members coming in the HH after EICV4)			All Household Members		
		1	2	3	4	5	6	7	8		9	
EICV3	EICV4	Name as was provided in EICV4	Sex M...1 F....2	Previous relationship with the head of household Household Head (HH).....01 Spouse of HH.....02 Son/Daughter of HH.....03 Step Child / adopted child of HH.....04 Father/Mother of HH.....05 Brother/Sister of HH.....06 Grandchild of HH.....07 Parent in law to HH.....08 Brother/sister in law to HH....09 Other relationship to HH.....10 No relationship to the HH.....11 Domestic worker12	What was "... age at the time of EICV4?	Does "... still live in the household? Yes1 No, moved...2 No, died.....3 <div>=>Next Person</div>	Has anyone moved into or been born into the household? Yes1 No2 If No =>Q9	Name of new resident <i>Write the names of new members in the lines following the list of household members in EICV4.</i>	Date arrived in this household. <div>Month Year</div>		EICV5 Person ID Renumber the persons who currently live in the household starting with the head of HH at number 01, spouse at 02 if any, etc. Write the new ID numbers on the same line as the person's name. TRANSFER NAMES TO SECTION 1 in this new numeric order with no gap on list of all HH members	
		01										
		02										
		03										
		04										
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		15										

SECTION 0.5: HOUSEHOLD IDENTIFICATION

1. Cluster Number				5. Was the HH found and accepted to respond? 1=Yes, in its original dwelling => Q9 2=Yes, shifted in another dwelling in the same village 3= Yes, shifted in another village 4=No, dwelling not found/Empty 5=No, shifted due to nyakatsi program 6= No, shifted due to other reasons 7=No, Hospitalized/lost their relative 8=No, Refused 9=No, due to another reason (specify) :				HH Localization		
								9.Province		
Household Listing				10. District				11. Sector		
2. House number in listing										
3. HH Number in cluster				12. Cell				13. Village		
4. GPS coordinates										
LONGITUDE				LATITUDE				14 Number of the HH selected		
								15. HH name and phone number:		
8. GPS coordinates				LONGITUDE				LATITUDE		
Questions addressed to HH or respondent										
16. If HH is not present, who can respond for him/her well conversant with family issues? Write his/her ID No from 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		Write more information related to how the interview in general				
				The date should correspond to the first visit of interview in section 0.1						
				Day						
				Months						
				Year						

LISTING OF OUSEHOLD MEMBERS

RESPONDENT: Preferably, the head of household. If absent, his/her spouse or any other knowledgeable adult member of the household who can provide information on other HH 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; recognize the authority of the head of this household.

CRITERIA OF MEMBERSHIP OF THE HOUSEHOLD

- All persons who answered "no on Question 7 of section 1 are automatically household members;
- Those who answered "**6 months**" or less on Question 8 of section 1 are household members;
- 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 WERE NOT LIVING IN ANOTHER HOUSEHOLD (who answered 'No' on Question 10 of Section 1)
- CHILDREN AWAY AT SCHOOL

Persons who recently joined the household as permanent members:

- NEW MARRIED;
- 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 (first line), register the name of the **head of the household**;
- 2) In the second position (second line), register his/her **spouse**. In case of **several wives**, record them in order of their marriage date followed by their **children** if any, starting by the eldest child.
- 3) Thereafter, register the names of **other peoples related to the head of household or his/her spouse(s)**, followed by the **name of their children** who currently live and take their meals there and recognize the authority of the household head.
- 4) Finally, register the names of **other nonrelated people to the head of household** or his/her spouse 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 of each member of the household as recorded on question 1, section 1;

On the folded paper in **COLUMN B**: write the age of each member of the household as recorded on question 3, section 1;

In **COLUMN C**, 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 ENUMERATION

PANEL ONLY			ALL PERSONS IN THE HOUSEHOLD											
0.	00	000	1.	2.	3.		4	5.		6.		7.	8.	9.
NO ID in EICV3	NO ID in EICV4 (write 00 if person was not in EICV4)	NO ID in EICV5	Sex M...1 F...2	What is “...” relationship with the head of household? Household Head (HH).....01 Spouse of HH.....02 Son/Daughter of HH.....03 Step Child /adopted/ foster child of HH.....04 Father/Mother of HH.....05 Brother/Sister of HH.....06 Grandchild of HH.....07 Parent in law to HH.....08 Brother/sister in law to HH...09 Other relationship to HH.....10 No relationship to the HH....11 Waged domestic worker.....12	What is “...”s age? Year and Month If age < 6 years Year only if age ≥ 6 years If age<12 years ⇒Q5		What is “...”s marital status? Married monogamously with legal certificate.....1 Married monogamously without certificate.....2 Married polygamous.....3 Living together.....4 Divorced.....5 Separated.....6 Single.....7 Widow/Widower.....8	Where was “...” born? (REGISTER DISTRICT IF BORN IN RWANDA ELSE COUNTRY) (Refer to country and District codes)		What is “...”s Nationality? (Refer to country codes)		Has “...” been away from home over the course of the last 12 months? Yes 1 No2 ⇒Q11	For how long has “...” been absent over the last 12 months? (TOTAL TIME) If less than a month write 00	What was the primary reason for the absence? Studies.....01 Seasonal work02 Working away03 For health care.....04 Attend ceremony.....05 Visit friends/family06 Training.....07 Detention/compulsory Service.....08 Unexplained absence.09 Not yet arrived in the HH.....10 Other, specify.....11
					Year	Month		District/ Country	Code	Nationality	Code		Months	
		01												
		02												
		03												
		04												
		05												
		06												
		07												
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		15												

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
000	10.	11.	12.	13.	14.	15.	16.
NO ID	<p>During “...”s absence, did he/she live in another household?</p> <p>(Including a household containing one person)</p> <p>Yes.....1</p> <p>No.....2</p> <p>If Q9=09 write 8</p>	<p>Will “...” be resident in the household during the period of enumeration?</p> <p>(PERIOD IS 1 MONTH URBAN, OR 2 WEEK RURAL)</p> <p>Yes.....1 ⇒Q13</p> <p>No.....2</p> <p>Don't Know3 ⇒Q13</p>	<p>What is the primary reason for “...”s absence?</p> <p>Studies.....01</p> <p>Seasonal work.....02</p> <p>Working away now.....03</p> <p>For health care.....04</p> <p>Attend ceremony.....05</p> <p>Visit friends/family.....06</p> <p>Training.....07</p> <p>Detention/compulsory Service.....08</p> <p>Unexplained absence....09</p> <p>Other, specify.....10</p>	<p>Does “...” suffer from a major disability which affects his/her life in general?</p> <p>Without Disability.....1</p> <p>Visual disability.....2</p> <p>Deaf and/or mut.....3</p> <p>Disability in the arms.....4</p> <p>Disability in the legs5</p> <p>Mental disability.....6</p> <p>Trauma7</p> <p>Very old.....8</p> <p>Other, specify.....9</p> <p>If suffered from many disability, record the severe one</p>	<p>Is “...”s father still alive?</p> <p>Yes, and residing in the household.....1</p> <p>Yes, but residing in another household.....2</p> <p>No.....3</p> <p>Don't Know...4</p>	<p>Is “...”s mother still alive?</p> <p>Yes, and residing in the household.....1</p> <p>Yes, but residing in another household ...2</p> <p>No.....3</p> <p>Don't Know.....4</p>	<p><i>Enumerator check: Is “...” a household member?</i></p> <p>Check criteria for household membership</p> <p>Yes.....1</p> <p>No2</p> <p>(All individuals where S1Q16=2 will not answer all next sections)</p>
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02							
03							
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NO ID	Write the names of all household members (present and absent) starting with the head of household	A	B		C
		SEX Copy information recorded in Section 1, Question 1	AGE Copy information recorded in Section 1, Question 3		Is "....." a member of the household? If he/she is a household member, put "X"; If he/she is not, keep blank; Review criteria of membership of the household on page 1.1
		Sex	Years	Months	
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02					
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SECTION 2: MIGRATION

RESPONDENT: All members of household

000	1.	2.	3.		4.		5.	6.	7.	8.
NO ID	ID No of respondent	Has "..." always lived in this district? Yes 1 ⇒Next person No 2	How long has "..." been here since his/her last move? REGISTER 0 IN YEAR IF LESS THAN 1 YEAR		In what district or foreign country did "... live prior to his arrival here? (Refer to codes of countries and of districts in case of Rwanda) If it is a foreign country =>Q6		What kind of place did "... live in prior to arriving here? Capital..... 1 Big City 2 Other town . 3 Countryside 4 Ask the district and the sector to know the category of town	How long did "... live in your previous location prior to arriving here? Register 0 if less than 1 year.	What is the primary reason for your departure from "....."? (Name the area declared in Q4) Employment01 Loss of Employment02 Employment of spouse.....03 Marriage04 Other family reasons, specify.....05 Studies06 Disasters/ Conflicts.....07 Health08 House built elsewhere09 Trade and Business.....10 Lack of Land.....11 Lack of employment.....12 Parent/HH moved.....13 Inadequate access to public services/infrastructure14 Other (specify).....15	On the last move did you move alone or with other members of your household? Alone.....1 Part of HH.....2 All of HH3
			Years	Months	District/Country	Code		Years		
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SECTION 3: HEALTH

RESPONDENTS: All members of the household

000	1.	2	3	4	5
NO ID	ID No of respondent	What main health insurance does “..” carry? RAMA1 Mutual insurance2 Employer.....3 MMI.....4 Other insurance, specify.....5 None.....6	Over the last 4 weeks did “....” suffer from any health problems? Yes..... 1 No 2	Over the last 4 weeks, has “...” consulted anyone in the medical profession, paramedical or a healer or visited a medical establishment? Yes1 No2 => Q6 Don't know.3 => Q6	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)
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12					
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15					

Ages 5 years old and above						
000	6	7	8	9	10	11
NO ID	Does “...” have difficulty in seeing, even if wearing glasses?	Does “...” have difficulty hearing, even if using a hearing aid?	Does “...” have difficulty in moving (walking or climbing steps...etc)?	Does “...” have difficulty in remembering or concentrating?	Due to physical, mental or emotional health condition; does “...” have difficulty in speaking/ talking (understanding and communicating with others)?	Does “...” have difficulty in self-care (such as: washing all over or dressing)?
	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot see at all.....4	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot hear at all.....4	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot move at all.....4	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot do at all.....4	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot do at all.....4	No, no difficulty.....1 Yes, some difficulty2 Yes, a lot of difficulty.....3 Yes, cannot do at all.....4
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SECTION 4: EDUCATION
PART A: GENERAL EDUCATION

RESPONDENTS (ELIGIBLE): All household members aged 3 years and above

000	1	2.	3.	4.		5.	6.		
NO ID	Has "...." ever been to school? Yes ... 1 No..... 2 ⇒ Part B, Q1	What is the highest class successfully completed? (Refer to the codes of classes; If never completed first year of primary school, write 10) IF CLASS CODE<16 ⇒Q6 IF CLASS CODE=01 ⇒Q7	What is the highest diploma/certificate/degree you have ever obtained? (Refer to the codes for diplomas) IF DIPLOMA CODE<04 OR 99 ⇒Q6	In which field of education was your diploma/degree/ Certificate received from? (Refer to ISCED – 2digit code) Q5 is only for those who answered 26 or 36 above on Q2		What was the last institution of higher learning you attended? University.....1 Institute/school2 Polytechnic.....3 College of Education....4 Technical College.....5 Other.....6 None7	Which classes are/were you in during the school years 2015 & 2016? (Refer to the codes of classes) IF NOT IN CLASS PUT 00 ⇒ Q7 IF Q6A= Q6B ⇒ Q6C, IF Not, ⇒ Q7		
				Field of education	ISCED		A. 2015	B. 2016	C. Why did "...." repeat the 2015 class in 2016? Failed year examinations.....1 Sickness.....2 Financial Problems.....3 Family Problems.....4 Other, specify.....5
01					/ _ / _ /				
02					/ _ / _ /				
03					/ _ / _ /				
04					/ _ / _ /				
05					/ _ / _ /				
06					/ _ / _ /				
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14					/ _ / _ /				
15					/ _ / _ /				

PART A: GENERAL EDUCATION (CONTINUED)

000	7	8	9	10
NO ID	Have you been to school in previous 12 months? Yes.....1 No.....2 ⇒ Q16	What type of school does '....' attend/ has attended in the past 12 months? Public.....1 Private.....2 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.....3
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PART A: GENERAL EDUCATION (CONTINUED)

SCHOOL EXPENSES									12
000	11 How much money has your HH paid over the last 12 months for "....."s schooling in terms of? IF no expenses go to Q13								
NO ID	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? Father01 Mother02 Both parents03 Other household members04 Other relatives05 Other non-relatives06 Her/himself07 State08 Other Organization/ Association09 Employer10 Others11 If Q2=01=>Next person
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	
01									
02									
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PART A: GENERAL EDUCATION (Continued)

SCHOOL ATTENDERS (Q7=1), except those in nursery class				LEAVING SCHOOL (Q7=2)	
000	13	14	15	16	17.
NO ID	Did '.....' miss any day at school in the last 7 days? Yes.....1 No2 => Part B, Q1	How many school days did '.....' not attend in the last 7 days? Days	What was the primary cause of not attending school? Dropped out.....01 =>Q17 Poor health 02 Hunger.....03 Financial Reasons..... 04 Family circumstances 05 Fear of Punishment 06 Holidays.....07 Transition between levels..... 08 Completed Studies 09 Other, specify 10 If answers are from 02-10 => Part B, Q1	In which year did '.....' leave school? Year	Why did "....." leave school? (main reason) Cost.....01 Work.....02 Marriage03 Change of residence.....04 Excluded.....05 Lack of interest06 Lack of family support.....07 War/Genocide.....08 Health09 Completed studies successfully10 Other reason11 (Specify)
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SECTION 4: EDUCATION (Continuation)
PART B: LITERACY, LEARNING, TRAINING AND OWNERSHIP OF ICT DEVICES

Required: Household members aged 10 years and above

	POST-SCHOOL/VOCATIONAL TRAINING		LITERACY					COMPUTER LITERACY AND OWNERSHIP OF ICT DEVICES		
000	1	2	3	4	5	6	7.	7.A	8	
NO ID	Did "....." attend any vocational training in a formal or informal establishment in the last 12 months? Yes, in a formal establishment1 Yes, in an informal establishment....2 I did not attend any.....3 ⇒ Q3	What was the expense of this training including fees, expenses and accommodation? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Amount	Have you attended a literacy course? Yes1 No2	Can you read a letter or a simple note? Yes 1 No 2 ⇒ Q6	Can you write a letter or a simple note? Yes 1 No 2	Can you perform a written calculation? Yes..... 1 No 2	Do you have a mobile telephone? Yes..... 1 No 2 ⇒ Q8	Does your phone have radio and/or internet function? Yes, radio only.....1 Yes, internet only.....2 Yes, radio and internet.....3 None.....4	A. Do you own a computer? Yes1 No2	B. Would "....." feel confident about using a computer? Yes.....1 No2 ⇒ Next person Not literate...3 ⇒ Next person
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PART B: LITERACY, LEARNING, TRAINING AND OWNERSHIP OF ICT DEVICES (CONTINUED)

COMPUTER LITERACY AND OWNERSHIP OF ICT DEVICES (To be answered if the response is 1 on S4BQ8)									
000	9. Did "....." undertake any of the following computer– related activities in the last 3 months?								
No. ID	A	B	C	D	E	F	G	H	I
	Copying or moving a file or a folder Yes..... 1 No.....2	Using copy and paste tools to duplicate or move information within a document Yes..... 1 No.....2	Sending e-mails with attached files (e.g. document, picture, video) Yes..... 1 No.....2	Using basic arithmetic formulae in a spreadsheet Yes..... 1 No.....2	Connecting and installing new devices (e.g. a modem, camera, printer) Yes..... 1 No.....2	Finding, downloading, installing and configuring software Yes..... 1 No.....2	Creating electronic presentations with presentation software (including text, images, sound, video or charts) Yes..... 1 No.....2	Transferring files between a computer and other devices Yes..... 1 No.....2	Writing a computer program using a specialized programming language Yes..... 1 No.....2
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02									
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PART B: LITERACY, LEARNING, TRAINING AND OWNERSHIP OF ICT DEVICES (CONTINUED)

ALL HOUSEHOLD MEMBERS AGED 10 YEARS AND ABOVE					
000	9.J	9.K	9.L	9.M	9.N
No. ID	Has “...” ever used computers, Smart Phones, Tablets to retrieve, access, store, produce, present and exchange information, communicate and participate in collaborative networks via the internet? Yes.....1 No2 ⇒ Next member	Has “...” used the internet in the last three months for finding information about goods and services (business)? Yes.....1 No2	Has “...” used the internet in the last three months for reading or downloading online news/ news papers/ news magazines? Yes.....1 No2	Has “...” used the internet in the last three months for obtaining information from websites of public authorities and public services? Yes.....1 No2	Has “...” used the internet in the last three months for seeking health information? Yes.....1 No2
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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

[illegible]

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 C Q1 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

ALL HOUSEHOLDS							
1.	2.	3.	4.	5.	6.	7.	8.
What is the main source of water used for your household?	What is the distance in meters between your dwelling and this source?	What is the source of drinking water nearest to your dwelling?	What is the distance in meters between your dwelling and this source?	Does your household use the nearest drinking water source?	What is the main reason preventing your HH to use the nearest drinking water source?	What is the source of drinking water used by your household?	What is the distance in meters to the source you use?
Piped Into Dwelling 01⇒ Q9 Piped to Yard/Plot..... 02⇒ Q9 Public Tap/Standpipe.....03 Tube Well /Borehole04 Protected Well05 Unprotected Well06 Protected Spring.....07 Unprotected Spring.....08 Rainwater09 Tanker Truck10 Surface Water (River/Lake/Pond/Stream/Irrigation Channel)11 Other (specify)12		Public Tap/Standpipe03 Tube Well /Borehole04 Protected Well05 Unprotected Well06 Protected Spring.....07 Unprotected Spring.....08 Rainwater09 Tanker Truck.....10 Surface Water (River/Lake/Pond/Stream/Irrigation Channel)11 Other (specify)12		Yes.....1 ⇒ Q10 No.....2	Too expensive 1 Not safe 2 Difficult terrain..... 3 Too far 4 Does not function... 5 Other (specify) 6	Public Tap/Standpipe03 Tube Well / Borehole04 Protected well05 Unprotected Well06 Protected Spring.....07 Unprotected Spring08 Rainwater.....09 Tanker Truck.....10 Surface Water (River/Lake/Pond/Stream/Irrigation Channel).....11 Other (specify).....12	⇒ Q10
	Distance in metres		Distance in metres				Distance in meters

SECTION 5 PART C: SERVICES AND INSTALLATIONS (CONTINUED)

ALL HOUSEHOLDS							
9.		10.	11.	12	13	14	15
How much was the last bill for water from WASAC or other distributors? (Only your share, if the meter / bill is shared) and what period of time was covered.		Did you buy water from a private vendor/neighbour during the last 7 days? Yes 1 No 2 ⇒ Q12	How much did you pay to a private water vendor/ neighbour during the last 7 days?	Did you sell any water in the last 7 days? Yes 1 No 2 ⇒ Q14	How much money did your HH earn from the water sold during the last 7 days?	How much did your household contribute to maintain the water source during the last month? If nothing, write 0	How does your HH manage the rainwater? No measures 1 Rainwater tank from roof 2 Ditch 3 Piped away 4 Other 5 (specify)
Months	Amount		Amount			Amount	

ALL HOUSEHOLDS	QUESTIONS ON ELECTRICITY SHOULD BE COMPLETED BY THE MOST KNOWLEDGEABLE HOUHOLD MEMBER						
16	16.A1	16.A2		16.A3	16.A4	16.A5	16.A6
What is the main source of lighting in your home? Electricity from EUCL01 Other electricity distributors02 Bio Gas.....03 Generator.....04 Oil Lamp.....05 Firewood.....06 Candle.....07 Lantern (<i>Agatadowa</i>).....08 Solar panel.....09 Batteries+ bulb.....10 Torch/Phone.....11 Rechargeable Battery.....12 Other (specify).....13	What is the source of electricity that you use most of the time in your household? National Grid Connection From (COMPANY).....1 ⇒ 16.A3 Local Mini Grid2 ⇒ 16.A3 Diesel Generator.....3 ⇒ 16.A3 Solar Home System.....4 Solar Lantern.....5 Rechargeable Battery.....6 ⇒ 16.A3 No electricity7 ⇒ Q18 Other, specify.....8 ⇒ 16.A3	What is the supplier and model of this solar Home system/solar lantern?	Can you charge mobile phones everyday with “...” (Electricity system said in Q16.A1)? Yes, partial charge.....1 Yes, full charge2 No.....3 No mobile phones.....4	Who do you currently pay for “...” (Electricity system said in Q16.A1)? EUCL.....1 IPP2 No one3 Other, specify.....4 <i>(IPP: Independent Power Producer)</i>	In the last 7days, how many hours of electricity are available each day and night from National Grid Connection / Local Mini Grid? (max 24 hours) Don't know.....888 Only for those answered 1 or 2 to Q16.A1	In the last 7days, how many hours of electricity are available each evening, (from 6:00 pm to 10:00 pm) from National Grid Connection/ Local Mini Grid? (max 4 hours) Don't know.....888 Only for those answered 1 or 2 to Q16.A1	
		Supplier	model			Hours	Hours

QUESTIONS ON ELECTRICITY SHOULD BE COMPLETED BY THE MOST KNOWLEDGEABLE HOUHOLD MEMBER					ALL HOUSEHOLDS
16.A7	16.A8	16.A9	16.A10	16.A11	17
Enumerator/ CAPI Check: Are the hours of supply in 16.A5 more than 16 hours AND are the hours of supply in 16.A6 equal to 4 hours? Yes1 No 2 ⇒ 16.A10	In a typical day, how many outages/ blackouts of National Grid Connection / Local Mini Grid happen? Don't know.....888	In a typical day, what was the total duration of all the outages/ blackouts? Don't know.....888	In the last 12 months, did any of your appliances get damaged because the voltage was going up and down in the National Grid Connection / Local Mini Grid? Yes1 No2	In the last 12 months, did any household members die or have permanent limb (bodily injury) damage because of National Grid Connection / Local Mini Grid? Yes 1 No 2	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)
	No. of interruptions	Minutes			Amount

ALL HOUSEHOLDS					
18.B1	18	18.B2	18.B3	18.B4	18.B5
Respondent ID	What is your primary source of cooking fuel? Firewood.....01 Charcoal.....02 Gas03 Biogas04 Solar power05 Electricity06 Oil/kerosene07 Crop waste08 Animal dung09 Other (specify).....10	What type of cook stove is your primary cook stove? Three stone / fire stove1 ⇒ 18.B5 Other Self-Built Stove..... 2 ⇒ 18. B4 Manufactured Stove3 ⇒ 18.B4 Charcoal/fire stove..... 4 ⇒ 18. B4 Efficient cookstove5 Other, Specify6 ⇒ 18.B4	What is the model of this cook stove? See the picture	If you want to sell this cookstove in your community today, how much would you receive? Don't know.....888	Where did you normally cook with the cook stove? In dwelling, NOT in sleeping area1 In dwelling, in a sleeping area2 In a separate Dwelling 3 In a veranda (roofed platform with at least two open sides)4 ⇒ 18.B7 Outdoors5 ⇒ 18.B7 Other, specify.....6
			Model	Amount	

ALL HOUSEHOLDS						
18.B6	18.B7		18.B8	18.B9		19
Do you usually use a chimney, hood or other exhaust system while using this stove? Yes1 No2	In the last 12 months, what are the two main fuels you used on this cook stove? Kerosene1 Charcoal2 Wood3 Solar4 Animal Waste/ Dung5 Crop Residue / Plant Biomass6 Saw Dust7 Processed Biomass Briquette8 Biogas9 LPG/ cooking gas.....10 Electric11 Peat12 Other, specify 13 If no secondary fuel record99		How much do you spend on the said fuels for this stove in the last month/ in a typical month when you use the stove? Don't know.....888	In the last 12 months, what are the two main harm/ injury happened from this cook stove? <i>List the most severe injury.</i> Death1 Permanent physical damage to any person in the household.....2 Burns/fire/poisoning.....3 Severe cough/respiratory problem....4 Fire with no injury.....5 Other.....6 None7		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/ditches.....4 Burnt5 Compost heap on own property.....6 Other (specify).....7
			Amount			
	Most Used			Most Used		
	Second Most Used			Second Most Used		

ALL HOUSEHOLDS							
20	21	22	23	24.	25	26	27
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? Yes.....1 No.....2 ⇒ Q24	What is the main disaster you have experienced with your dwelling? Floods.....1 Mountain slides2 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 phone.....3 Wireless.....4 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?	What is the main material used for roofing your main dwelling?	What is the main material used for the floors of the dwelling?	What is the floor area of the dwelling? (In m ²)
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	Thatch/leaves/grass.....1 Metal sheets/corrugated iron.....2 Local clay tiles3 Concrete4 Plastic/plywood/impermanent materials5 Industrial tiles.....6 Other (specify)7	Beaten earth.....1 Dung hardened.....2 Wooden floor.....3 Clay tiles4 Cement.....5 Bricks.....6 Other (specify).....7	
			Outside Area

PART E: SHOCKS FACED BY HOUSEHOLD AND SURVIVAL STRATEGIES

ALL HOUSEHOLDS		
1	2	3
<p>Did your household experience any unusual situation during the last 12 months that negatively affected it?</p> <p><i>(e.g: food consumption habits or household asset ownership)</i></p> <p>Yes.....1</p> <p>No.....2 => PART F</p>	<p>What were the two main problems affecting your household during the last 12 months? <i>[Note: Do not read options]</i></p> <p>Drought/irregular rains, prolonged dry spell1</p> <p>Floods2</p> <p>Landslides and Mudslides3</p> <p>Unusually high level of crop pests & disease4</p> <p>Unusually high level of Livestock diseases.....5</p> <p>Unusually high level of human disease(EPIDEMIC)6</p> <p>Unusually high prices for food7</p> <p>Unusually high cost of agricultural inputs (seed, fertilizer, etc.)8</p> <p>Loss or reduced employment or Income for a household member.....9</p> <p>Fires.....10</p> <p>Serious illness or accident of household member11</p> <p>Death of the Head of the household.....12</p> <p>Other, Specify:13</p> <p><i>(Enumerate shocks by order of severity)</i></p>	<p>What did the household do to compensate for the consequences of the shock in the last 12 months?</p> <p>Sold household goods (radio, furniture, refrigerator, television, jewellery.....1</p> <p>Reduced expenditure on food.....2</p> <p>Reduced necessary expenditure on health and education.....3</p> <p>Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car.....4</p> <p>Used up savings.....5</p> <p>Borrowed money from a bank.....6</p> <p>Borrowed money from an informal money lender.....7</p> <p>Sold house or land.....8</p> <p>Withdrew a child from school.....9</p> <p>Sold more animals (non - productive) than usual.....10</p> <p>Sold our last female animals.....11</p> <p>Some household members migrated to find work.....12</p> <p>Entire household migrated.....13</p> <p>Resorted to begging, or to other degrading sources of income, illegal work, or high risk jobs.....14</p> <p>Other, Specify:15</p>
	1 st severe shock	
	2 nd severe shock	

PART F: ACCESS AND SATISFACTION TOWARDS BASIC SERVICES

ALL HOUSEHOLDS										
ID No	Basic service	1	2	3		4	5	6	7	8
		How often does your household use the nearest.....? Not at all.....1 Sometimes.....2 Often.....3 ⇒ Q3 Regularly.....4 ⇒ Q3 Not aware of service.....5 ⇒ Next service	Main reasons for little or no use..... Too far.....1 Too expensive.....2 Poor quality of service.....3 Too few staff.....4 Not enough equipment.....5 No need to use it.....6 Infrequent need7 Other (specify)8 <i>If Q1=1) =>Next service</i>	Hours	Minutes	meters	What is the main mode of transport used to access the service/facility? Foot.....1 Bicycle.....2 Motorcycle.....3 Vehicle.....4 Minibus.....5 Boat/Pirogue.....6 Other, specify....7	Are you satisfied with the quality of.....? Satisfied...1 Not Satisfied...2	How has the quality of fared over the last 12 months? Declining.....1 Same.....2 Improving.....3 Don't know....4	Was “.....” built or improved as result of VUP PW activities over the last 12 months? Yes.....1 No.....2 Don't know...3
1	Main Drinking/ clean Water source									
2	Food market/ shop									
3	Market for selling farm produce									
4	Public transport stage									
5	All-weather roads									
6	Pre-primary									
7	Primary schools									
8	Secondary schools									
9	District hospital									
10	Health centre									
11	Sector office									
12	Cellule office									
13	Internet services									
14	Public telephone									
15	Secretarial services									

SECTION 6: EMPLOYMENT
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) / / /

000	1.	Farm activities		Non-Farm Activities			If there is any "Yes" in questions 2, 3,4,5,6, ask questions 7 and 8 and then skip to S6B Q3		Inactivity in last 12 months If the answer is NO for all questions from 2 to 6, ask this question	
ID No	ID No of respondent	2.	3.	4.	5.	6	7.		8	9
		During the last 12 months, has "... " worked on his/ her own farm or worked on a farm belonging to a household member for no payment? Yes.....1 No.....2	During the last 12 months, did "...." carry out any agricultural activity whether farming, livestock, fishing or forestry for salary, wages or in-kind compensation? Yes.....1 No.....2	During the last 12 months, has "... " worked for salary, wages or any in-kind compensation in a non-farm business owned by someone else or government funded PW program activities? (includes paid apprentice) Yes.....1 No..... 2	During the last 12 months, has "... " run or operated a non-farm business for cash or profit for him/ herself like a small shop or other income generating activity? Yes.....1 No.....2	During the last 12 months, has "... " worked in a non-farm business belonging to a household member for no payment ? Yes.....1 No.....2 If the answer from 2-6=2 => Q9	How many jobs did "...." have over the....? A. Past 12 months B. Past 7 days (at least 1 hour per job)		How many months did... work over the last 12 months in all jobs? => Next Person	What was the main reason for "... " not working over the last 12 months? Unemployed /seeking work.....1 Domestic duties.....2 Student.....3 Retired/old age.....4 Sickness/Health problems/disability.....5 Too young.....6 Other, (<i>Specify</i>).....7 => Next Person
							Nbr of jobs	Nbr of jobs	Nbr of Months	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

SECTION 6B: EMPLOYMENT STATUS (FOR MEMBERS OF THE HOUSEHOLD AGED 6 YEARS AND ABOVE WHO HAVE BEEN EMPLOYED)

RESPONDENTS: ALL THOSE THAT ANSWERED 'YES' TO HAVING A JOB OR IS WORKING IN PART 6A Q2 TO Q6.

LIST ALL THE WORK EACH PERSON HAS DONE IN THE LAST 12 MONTHS.

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

ALL WITH ANY JOB IN PAST 12 MONTHS															
1	2	3.				4.				5.	6.	7.	8.	9.	10.
ID	NO. of the member Employment ID No	What work did "... do during last 12 months? <i>Describe the occupation clearly starting with main usual job – where the person spent most time, or in case of a tie earned most money in a 12 month period.</i>				What kind of economic activity was "... engaged in during last 12 months? <i>(what was made or what service supplied)</i>				How many months in the last year (12 months) did "... work in this job?	Is this the job where "... spent most of his/her working time in the last 12 months? Yes.....1 No.....2 ONLY 1 YES PER PERSON	Did '...' work for at least 1 hour in this job during the last 7 days? Yes.....1 No.....2 => Q11	Is this the job where "... spent most of his/her working time in the last 7 days? Yes.....1 No.....2 ONLY 1 YES PER PERSON	How many days did "... work on this job in the last 7 days?	How many hours did "... work per week on this job? ⇒ Q12
		Description of the occupation	ISCO CODE			Description of the industry	ISIC CODE			Months				Days	Hours
	01														
	02														
	03														
	04														
	05														
	06														
	07														
	08														
	09														
	10														
	11														
	12														
	13														
	14														

Section 6B (Continued)

		ALL WITH ANY JOB IN PAST 12 MONTHS					
ID NO. of the member	Employment (JOB) ID No	11	12	13		14	15
		How many days did "... work during the last 7 days of his/her last job?	Is '.....' still working in this job? Yes1 No2	For how long has/had "..." been working in this job?		In which sector did "..." work in this job? Private non- farm01 Private farm.....02 Public03 Cooperative.....04 NGO (local).....05 International organization.....06 Household Domestic.....07 Other (specify).....08 Don't know.....09	What was/is "..." occupational status in each activity? If the answer is 3-9 => Next job/Person Wage farm.....1 Wage non-farm2 Independent non-farmer.....3 Independent farmer.....4 Unpaid family farm worker5 Non-farm family unpaid worker..6 Other non-paid worker.....7 Member of non-farm cooperative.....8 Member of farm cooperative.....9
		Days		Years	Months		
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							

Section 6C.WAGED/SALARIED ONLY THAT ANSWERED 1 OR 2 AT S6BQ15

ID NO. of the member	Employment ID No	WAGED/SALARIED ONLY											
		16	17		18	19		20	21		22	23	
		What is the nature of "...s" employment contract? Permanent worker..... 1 Fixed-term contract 2 Casual worker 3 Seasonal worker 4 Daily worker 5 Other 6	How much was "..." last net salary/wage (cash)? (enumerator probe to get an answer) <u>UNIT OF TIME</u> Day.....1 Week.....2 Month.....3 Year.....4		Does "..." receive in-kind payments as food, agricultural products, livestock products or other benefits for this work? Yes..... 1 No..... 2 ⇒ Q20	What is the value of the last in-kind payments? <u>UNIT OF TIME</u> Day.....1 Week2 Month....3 Year.....4		Does "..." employer provide or subsidize his/her housing? Yes... 1 No..... 2 ⇒ Q22	What is the value of this benefit? <u>UNIT OF TIME</u> Day..... 1 Week ... 2 Month....3 Year.....4		Does "..." receive any other benefits (transportation, communication allowances) for this work? Yes ...1 No2 ⇒ Next Job		What is the value of this benefit? <u>UNIT OF TIME</u> Day.....1 Week2 Month.....3 Year.....4 <div style="border: 1px solid black; padding: 2px; text-align: center;">⇒ Next Job</div>
AMOUNT	UNIT	AMOUNT	UNIT	AMOUNT	UNIT	AMOUNT	UNIT	AMOUNT	UNIT	AMOUNT	UNIT		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													

Section 6D: BUSINESS Activities

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

2		24	25	26	27	28	29	30	31	32		33		34	
ID NO. of the member	Employment ID No	Is this business registered with the Rwanda Revenue Authority/RDB, or the District or sector authorities? RRA/RDB.....1 District/Sector....2 No.....3 Don't know.....4	Over the last 12 months, has this business sought a loan at a bank, VUP or other modern lending institution? Yes, with Success....1 Yes, no Success....2 No,.....3	Is this business the result of a VUP Financial Services Loan? Yes, Individual Loan.....1 Yes, Group Loan.....2 No.....3	Over the last 3 months, how many people did this business employ on average? (exclude all owners and include household members even if unpaid family workers) If none write 0	How many owners/ members of the enterprise work in the business? Yes..... 1 No.....2	Does this business maintain accounts regularly? Yes..... 1 No.....2	What were the greatest obstacles encountered by "..." when creating his/her business? No obstacle.....1 Lack of start-up Capital.....2 Access to credit.....3 Administrative procedures.....4 Lack premises.....5 Lack of qualified employees.....6 Lack of customers....7 Other (specify).....8	What was the primary source of money used to create this business? Household saving.....01 Commercial bank loan.....02 State fund.....03 Borrowed from Family...04 Cooperative loan.....05 Tontine.....06 Informal lenders.....07 VUP loan.....08 Gift09 MFI10 Other source11	What is the labour expenditure of the business? <u>UNIT OF TIME</u> Daily.....1 Weekly.....2 Monthly.....3 Annually.....4		What is the non labour expenditure of the business? <u>UNIT OF TIME</u> Daily.....1 Weekly.....2 Monthly.....3 Annually.....4		What is the turnover of this business? <u>TIME UNIT</u> Daily.....1 Weekly.....2 Monthly.....3 Annually4	
										Amount	Time unit	Amount	Time unit	Amount	Time unit
	01														
	02														
	03														
	04														
	05														
	06														
	07														
	08														
	09														
	10														
	11														
	12														
	13														
	14														

RESPONDENTS: All household members aged 6 years and older

RESPONDENTS: All household members aged 6 years and older

ALL AGED 6 YEARS AND ABOVE						
000	1.	2.	3.	4.	5.	6.
ID NO. of the member	Over the last 7 days, did... Gather, collect or purchase the main fuel for the main cook Stove? Yes. 1 No2 ⇒Q3	How many total minutes did ... spend Gathering, collecting or purchasing the main fuel for the main cookstove including travel time? 	Over the last 7 days, did... Prepare the main fuel (chopping, making pellets) and lit the main cook stove? Yes.....1 No2 ⇒Q5	How many total minutes did ... spend Preparing the main fuel (chopping, making pellets) and lit the main cookstove? 	Over the last 7 days, did... Cook (food, tea, boil water) on the main cook stove? Yes 1 No.....2 ⇒ Next Person	How many total minutes did ... spend Cooking (food, tea, boiling water) on the main cookstove?
		Minutes		Minutes		Minutes
01		_ _ _		_ _ _		_ _ _
02		_ _ _		_ _ _		_ _ _
03		_ _ _		_ _ _		_ _ _
04		_ _ _		_ _ _		_ _ _
05		_ _ _		_ _ _		_ _ _
06		_ _ _		_ _ _		_ _ _
07		_ _ _		_ _ _		_ _ _
08		_ _ _		_ _ _		_ _ _
09		_ _ _		_ _ _		_ _ _
10		_ _ _		_ _ _		_ _ _
11		_ _ _		_ _ _		_ _ _
12		_ _ _		_ _ _		_ _ _
13		_ _ _		_ _ _		_ _ _
14		_ _ _		_ _ _		_ _ _
15		_ _ _		_ _ _		_ _ _

SECTION 7: AGRICULTURE

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

Yes..... 1

No.....2 => Part B (but check section 6B, Q15 to be sure)

☐

PART A1: LIVESTOCK

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

Yes..... 1

No.....2 => Part B

☐

	3	4	5	5.A		5.B		6	7	8	9	10	11
TYPE OF LIVESTOCK	CODE	Over the last 12 months has any household member raised "....."?	How many "....." do you actually own? If the answer is "0" go to Q7	How many bee hive do you actually own?		How much kilo of honey have you harvested over the last 12 months?		How much would you sell one "....." on the average in today's prices?	Over the last 12 months have you sold or killed any "....."?	How many heads "....." were sold or slaughtered?	What was the value of the animals sold live or dead?	Have you rented out any "....." over the last 12 months?	How much did you earn from the rental?
		Yes..... 1 No..... 2 => next type	Number	Modern bee hive	Traditional bee hive	From modern bee hive (kg)	From traditional bee hive (kg)	Value	Yes....1 No..... 2 => Q10	Number	Amount	Yes.... 1 No..... 2 => Next type	Amount
Cattle ≥ 2 Years	1												
Cattle <2 Years	2												
Sheep	3												
Goats	4												
Pigs	5												
Rabbits	6												
Chickens	7												
Other Poultry	8												
Bees	9												
Other animals (Specify)	10												

PART A2: LIVESTOCK (Continued) one cow per poor family policy and 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?
			1 st Animal	2 nd animal					
Yes..... 1 No..... 2=> Q3	Yes.....1 No.....2	Yes..... 1 No..... 2 => Q5 If the answer on Q1&Q3=2 => Q6	Cattle1 Sheep2 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, increased....1 Yes, reduced.....2 No, the same.....3	Yes.....1 No.....2 => Part A3	Household's own.....1 Other person/ private company..... 2 State owned.....3 District land.....4		
								Amount	Number of months

PART A3: LIVESTOCK (Continued) Sale of livestock products

LIVESTOCK PRODUCTS	1	2	3	4	5		6	7
	CODE	Have you sold any "...over the last 12 months?	For how many months in the last 12 months did you sell "....."?	Have you sold any "...over the last 4 weeks?	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)
		Yes..... 1 No..... 2 => next product	Months	Yes.....1 No.....2 => Q7	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		
Honey	9					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					

SECTION 7: AGRICULTURE (Continued)

PART B1: Land and Agricultural Equipment

(1) Does any household member currently own any agricultural land

(Including any lands located outside of this vicinity)?

Yes.....1 => **Q3**

No.... 2

(2) Has any member of the household owned land over the last 12 months?

Yes.....1

No...2 => **Part B2**

3	4	5	6	7	8	9	10	11	12
Have you bought land over the last 12 months? Yes..... 1 No.....2 => Q 5	How much did you pay to acquire this land (including any payments in kind)? Amount	Have you sold any land over the last 12 months? Yes..... 1 No..... 2 => Q7	How much did you receive from the sale of this land (Including payments in kind)? Amount	Have you rented out any land over the last 12 months? Yes..... 1 No..... 2 => Q9	How much did you receive from the rent of this land (Including the payment in kind)? Amount	Have you sharecropped any land over the last 12 months? Yes.....1 No.....2 => Q11	How much did you receive from this sharecropping of this land (including the payment in kind) ? Amount	Have you received any land as a gift, inheritance, or dowry or otherwise over the 12 last months? Yes..... 1 No..... 2	Have you given any land to persons outside the household as gift, inheritance, or dowry or otherwise over the last 12 months? Yes..... 1 No.....2

SECTION 7: AGRICULTURE (Continued)
PART B2: Land and Agricultural Equipment

1 Has any member of the household owned any agricultural equipment over the last 12 months?

Yes.....1

No.....2=>Part C

Equipment	2 code	3 Does any member of the household currently own a "...."? Yes.....1 No.....2 =>next equipment	4 How many "..."do you have? Number	5 How long ago was the last "..." bought? If it wasn't bought write 98=> Q7 If it was bought less than one year ago write "00" Years	6 What was the price of the item "...."? Amount	7 What would "...." currently be worth if it were sold? Amount	8 Has "..." been rented over the last 12 months? Yes.....1 No.....2 => Q10	9 What was the amount of rent received? Amount	10 Have you sold "..." over the last 12 months? Yes.....1 No.....2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">=>next equipmen</div>
Hand tools									
Hoes or shovels	1								
Machetes	2								
Hatchet or axes	3								
Sickles and knives	4								
Rakes and spades	5								
Picks	6								
Wheel barrow	7								
Sprinklers	8								
Other tool	9								
ANIMAL DRAWN CARTS & MOTOR EQUIPMENT									
Peeling machine	10								
Mills and pestles	11								
Sower /drill	12								
Crop sprayer	13								
Plough	14								
Tractor	15								
Thresher	16								
Winnower	17								
Other equipment	18								

SECTION 7: AGRICULTURE (Continued)
PART C: DETAILS OF HOLDING PARCELS/BLOCS

Make the list of all holding parcels that were owned or exploited by the members of the household during the last 12 months (except those that were given out in hiring, share-cropping or freely lent). All parcels should be measured.

0. Over the last 12 months, has anyone in the household owned or cultivated a plot of land?

Yes 1

☐

No..... 2 =>Part F

Enumerate all fields for each owner/joint owner, while starting with those which were under use before the last 12 months ago, then adding those put to use during the last 12 months, finally by those remained in fallow during the last 12 months.

Codes for Q1	
Household Head (HH)	01
Spouse of HH	02
Son/Daughter	03
Father/Mother	04
Brother/Sister	05
Joint head & spouse	06
Other joint ownership	07
Other relationship to HH	08
No relationship to the HH	09

1	2	3	4	5	6	7	8	9	10	11	12	13
Code of Owners	Sex of owners	Field/bloc No.	Surface area of the field	How did "... obtain the plot or if not yours what arrangement is there for cultivating?	Do you have land title for this plot from national land center?	What is the current value of this plot if you were to sell it?	Does your household have the right to sell/use the land as guarantee for a loan?	What was the cost of renting this land over the course of the last 12 months (Including payments in kind)?	Has the field been cultivated over the last 12 months?	Is this plot irrigated at any time in the last growing season?	Is this parcel protected from erosion?	What is the main kind of protection used?
See CODES above	Male.....1 Female.....2 Both.....3 Not applicable..4			Inherited.....1 Purchase.....2 Gift.....3 Free use or loan...4=>Q10 Appropriation.....5=>Q10 Share cropped.....6=>Q9 Leased.....7=>Q9 Other (specify).....8=>Q10	Yes.....1 No.....2		Yes, to sell.....1 Yes, Guarantee.... 2 Yes, Both.....3 No.....4		Yes.....1 No.....2 =>next field	Yes.....1 No.....2	Yes.....1 No.....2 => Q14	
			Number of areas of parcel			Amount	=> Q10	Amount				
		01										
		02										
		03										
		04										
		05										
		06										
		07										
		08										
		09										
		10										
		11										

SECTION 7: AGRICULTURE (Continued)
PART C: DETAILS OF HOLDING PARCELS/BLOCS AND AGRICULTURAL POLICY CHANGES

1	2	3	14	15	16	17	18		19	20	
Code of owners	Sex of owners Male.....1 Female.....2 Both.....3 Not applicable.....4	Field/bloc No.	Have you faced any environmental problems on this plot? Yes.....1 No.....2 ⇒ Q16	What main problem have you faced as a result of environmental destruction? Floods.....1 Erosion.....2 Landslides.....3 Change of climate.....4 Destructive rains.....5 Loss of soil fertility.....6 Other (specify)7	Is this land used for land consolidation activity? Yes 1 No 2	Have you planted any new crops in this parcel due to regionalization of crops? Yes1 No.....2 ⇒ Q19	Which was the main crop planted due to regionalization?		Have you removed any crops from this parcel due to regionalization of crops? Yes.....1 No.....2⇒ Next Plot	Which was the main crop removed due to regionalization?	
See CODE S above							Crop	Code		Crop	Code
		01									
		02									
		03									
		04									
		05									
		06									
		07									
		08									
		09									
		10									
		11									

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

No2 => Part E

11

[illegible]

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

11

[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 of "...." during the last 4 weeks?	How much did your HH receive from the Sales of "...." during the last 12months?
			Amount	Amount
Hunting	1			
Mushrooms	2			
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?

Yes.....1

No.....2 =>SECTION 8

2		3		4	5	6	7	8		9	
Over the last 12 months, what products have you made by processing your crops? (see product code)		What quantity of products have you produced by transformation and in what period? Time Unit Day..... 1 Week..... 2 Month..... 3 Year..... 4		What was your labor cost in cash or in kind? (respond using the time unit as recorded in Q3)	What was the source of supply of the goods you have transformed (processed)? Own production 1 Purchases..... 2 Gifts..... 3 Other..... 4 (multiple responses accepted)	What other production costs did you have? (Use unit of time in Q3)	Have you sold any "....."? Yes..... 1 No..... 2 =>Next product	How much of "....." did you sell? Time Unit Day..... 1 Week..... 2 Month..... 3 Year..... 4		What was the amount of sales of "....."? Time Unit Day..... 1 Week..... 2 Month..... 3 Year..... 4	
Product	Code	Time unit	(L/Kg)	Amount		Amount		Time unit	(L/kg)	Time Unit	Amount

PART A:EXPENDITURE ON NON FOOD ITEMS

Names of the people interviewed	ID No.

	DD	MM	YY
DATE:			

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?	Where did you buy it most often? Small shop/boutique01 Supermarket/ big shop02 Specialized shop.....03 Market.....04 Mobile seller.....05 Individual06 Service provider07 Bar/restaurant08 Other09 Do not ever buy it.....10 Don't know11
				Amount	
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(Igitenge)	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			

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/boutique01 Supermarket/ big shop02 Specialized shop.....03 Market.....04 Mobile seller.....05 Individual06 Service provider07 Bar/restaurant08 Other09 Do not ever buy it.....10 Don't know11
Watches (timepiece)	19	12.3.1.3.01			
Clocks	20	12.3.1.3.02			
Metal/Wooden Case	21	12.3.2.1.01			
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			
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			

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?	Where did you buy it most often? Small shop/boutique01 Supermarket/ big shop02 Specialized shop03 Market.....04 Mobile seller.....05 Individual06 Service provider07 Bar/restaurant08 Other09 Do not ever buy it.....10 Don't know11
				Amount	
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?
				Amount	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 it..... 10 Don't know 11
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 (Excluding engine)	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

ITEMS	O. ITEM NUMBER	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
		1. COICOP CODE	2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "..." over the last 7 days?	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. How much did you spend on "..." since my last visit?	14. Where do you buy "..." most often?									
			No. of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount									
															Small shop/boutique01 Supermarket/ big shop02 Specialised shop.....03 Market.....04 Mobile seller.....05 Individual06 Service provider07 Bar/restaurant08 Other09 Do not ever buy it.....10 Don't know.....11									
LEISURE AND CULTURE																								
Stadium entry	1	09.4.1.1.01																						
Cinema/movie entry/ Video club	2	09.4.2.1.01																						
Dancing	3	09.4.2.1.02																						
Newspapers	4	09.5.2.1.02																						
Stationary (paper, staples, pen, pencil, etc..)	5	09.5.4.1.01																						
HYGIENE AND CLEANING																								
Laundry soap	6	05.6.1.1.04																						
Bath soap	7	12.1.3.2.02																						
Other soaps and Detergents	8	05.6.1.1.05																						
Insecticides	9	05.6.1.1.06																						
Toilet paper	10	12.1.3.4.02																						
TRANSPORT																								
Petrol (Fuel)	11	07.2.2.1.01																						
Diesel (Fuel)	12	07.2.2.1.02																						
Vehicles Lubricants	13	07.2.2.2.01																						
Parking	14	07.2.4.1.01																						
Taxi fees (Voiture)	15	07.3.2.1.01																						
Buses including Coaster and minibus	16	07.3.2.1.02																						
Motorcycle/Bicycle	17	07.3.2.1.04																						
Other transport, e.g	18	07.3.4.1.02																						

ITEMS	O. ITEM NUMBER	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	
		1. COICOP CODE	2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "..." over the last 7 days?	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. How much did you spend on "..." since my last visit?	14. Where do you buy "..." most often?										
			No. of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount										
Boats etc																									
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																									
Dried tobacco leaves	35	02.2.0.1.01																							
Cigarettes	36	02.2.0.1.02																							
Other non-food products	37	02.2.0.1.03																							

PART B: FOOD EXPENDITURE

Name of people interviewed	No ID

52

ITEMS	O. ITEM NUMBER	1. COICOP CODE	DATES OF THE ISITS		1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit	7th visit	8th visit	9th visit	10th visit	11th visit	14. Where do you buy"..." 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 it.....10 Don't know.....11			
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "... " over the last 7 days?	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. How much did you spend on "...." since my last visit?					
			Nber of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount				
MEAT																			
Beef meat	19	01.1.2.1.01																	
Sheep /Mutton / lamb meat	20	01.1.2.3.01																	
Goat meat	21	01.1.2.3.02																	
Pork meat	22	01.1.2.2.01																	
Rabbit Meat	23	01.1.2.5.01																	
Wild Meat	24	01.1.2.5.01																	
Other Meats	25	01.1.2.5.03																	
Sausages, bacon, ham etc	26	01.1.2.8.01																	
Preserved/canned meat	27	01.1.2.9.01																	
POULTRY & PRODUCTS																			
Chicken live	28	01.1.2.4.01																	
Frozen chicken	29	01.1.2.4.03																	
Other domestic poultries eg ducks	30	01.1.2.4.02																	
Eggs	31	01.1.4.7.01																	
FISH																			
Fish (fresh / frozen)	32	01.1.3.1.01																	
Small Sized Fish (fresh)	33	01.1.3.1.02																	
Fish (dry / smoked)	34	01.1.3.3.01																	
Small Sized Fish (dry)	35	01.1.3.3.02																	
Preserved/canned fish	36	01.1.3.2.01																	
DAIRY & PRODUCTS																			
Fresh milk	37	01.1.4.1.01																	
Curdled Milk	38	01.1.4.5.02																	
Condensed milk unsweetened	39	01.1.4.3.02																	
Milk powder	40	01.1.4.3.01																	
Yogurt	41	01.1.4.4.01																	
Ice cream	42	01.1.4.4.02																	
Cheese	43	01.1.4.5.01																	
Butter (local)	44	01.1.5.1.01																	
Butter (imported)	45	01.1.5.1.02																	

ITEMS	0. ITEM NUMBER	1. COICOP CODE	DATES OF THE ISITS		1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit	7th visit	8th visit	9th visit	10th visit	11th visit	14. Where do you buy "..." 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 it.....10 Don't know.....11			
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
EDIBLE OILS																	46		
Margarine	47	01.1.5.2.01																	
Peanut oil	48	01.1.5.4.01																	
Palm oil	49	01.1.5.4.02																	
Other plant oils	50	01.1.5.3.03																	
Lard of pork	51	01.1.5.5.02																	
FRUITS																	52		
Banana fruit (Imineke)	53	01.1.6.2.01																	
Banana - beer (Ikakama/Inkashi)	54	01.1.6.2.03																	
Banana - cooking (Inyamunyo)	55	01.1.6.2.02																	
Mangos	56	01.1.6.5.02																	
Papayas	57	01.1.6.7.03																	
Avocado	58	01.1.6.5.01																	
Pineapple	59	01.1.6.7.01																	
Guava	60	01.1.6.7.02																	
Orange (local)	61	01.1.6.1.01																	
Orange (imported)	62	01.1.6.1.02																	
Tangerine	63	01.1.6.1.04																	
Citron - Lemon	64	01.1.6.1.03																	
Passion Fruit	65	01.1.6.7.04																	
Plums	66	01.1.6.5.03																	
Berries	67	01.1.6.7.05																	
Apples	68	01.1.6.1.05																	
Other fruits	69	01.1.6.1.17																	
LEGUMES																			
Soya Flour	70	01.1.9.4.03																	
Groundnut flour	71	01.1.6.8.03																	
Ground nuts (peanuts)	72	01.1.6.8.01																	
Grilled ground nuts	73	01.1.6.2.02																	
String bean	74	01.1.7.3.01																	
Fresh bean	75	01.1.7.3.02																	

ITEMS	O. ITEM NUMBER	1. COICOP CODE	DATES OF THE ISITS		1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit	7th visit	8th visit	9th visit	10th visit	11th visit	14. Where do you buy "..." 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 it.....10 Don't know.....11			
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "... " over the last 7 days?	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. How much did you spend on "... " since my last visit?					
			Nber of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount				
Dry beans	76	01.1.7.5.01																	
Soya (fresh)	77	01.1.9.4.03																	
Soya (dry)	78	01.1.9.4.03																	
Green pea (fresh)	79	01.1.7.3.03																	
Green pea (dry)	80	01.1.7.5.02																	
VEGETABLES																			
Tomato	81	01.1.7.3.04																	
Onion	82	01.1.7.4.01																	
Garlic	83	01.1.7.4.02																	
Pumpkin	84	01.1.7.3.08																	
Cucumber	85	01.1.7.3.06																	
Eggplant	86	01.1.7.3.07																	
Carrot	87	01.1.7.4.03																	
Leeks	88	01.1.7.4.04																	
Lettuce	89	01.1.7.1.01																	
Celery	90	01.1.7.1.07																	
Parsley	91	01.1.7.1.02																	
Mushrooms	92	01.1.7.4.05																	
Cassava leaves	93	01.1.7.1.06																	
Amarante (small leafed green)	94	01.1.7.1.04																	
Cabbages	95	01.1.7.2.01																	
Spinach	96	01.1.7.1.03																	
Amarante (large leafed green)	97	01.1.7.1.05																	
Other Vegetables	98	01.1.7.1.25																	
Pepper	99	01.1.9.2.02																	
ROOTS TUBERS																			
Irish Potato	100	01.1.7.7.01																	
Sweet potato	101	01.1.7.8.01																	
Cassava (root)	102	01.1.7.8.02																	
Tarot/amateke	103	01.1.7.8.05																	
Yams/Ibikoro	104	01.1.7.8.06																	
Other tubers	105	01.1.7.2.06																	

ITEMS	0. ITEM NUMBER	1. COICOP CODE	DATES OF THE ISITS		1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit	7th visit	8th visit	9th visit	10th visit	11th visit	14. Where do you buy "..." 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 it.....10 Don't know.....11	
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM
			2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "... " over the last 7 days?	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. How much did you spend on "... " since my last visit?			
			Nber of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount		
Cassava (fermented)	106	01.1.7.8.03															
Cassava flour (yasekuwe)	107	01.1.7.8.04															
Cassava flour (yasheshejwe kumashini)	108	01.1.7.8.04															
Cassava flour (imvaruganda)	109	01.1.7.8.04															
Sugar (local)	110	01.1.8.1.01															
Sugar (imported)	111	01.1.8.1.02															
Sugarcane	112	01.1.8.1.03															
Jam, marmalade	113	01.1.8.2.01															
Honey	114	01.1.8.2.02															
Chocolate	115	01.1.8.3.01															
Candy / Gum	116	01.1.8.4.01															
Powdered juice(super dip)	117	01.2.2.4.02															
SPICE & OTHER FOOD ITEMS																	
Salt	118	01.1.9.2.01															
Pepper(ground / liquid)	119	01.1.9.2.05															
Vinegar	120	01.1.9.1.01															
Mayonnaise	121	01.1.9.1.02															
Tomato concentrate	122	01.1.9.1.03															
Pepper-raw	123	01.1.9.1.07															
Boullion cubes(MAGGI)	124	01.1.9.2.03															
Baby food	125	01.1.9.3.01															
Other food items	126	01.1.9.3.02															
NON-ALCOHOLIC BEVERAGES																	
Coffee (local)	127	01.2.1.1.01															
Coffee (imported)	128	01.2.1.1.02															
Tea (local)	129	01.2.1.2.01															
Tea (imported)	130	01.2.1.2.02															
Cocoa and powdered drinking chocolate	131	01.2.1.3.01															

ITEMS	0. ITEM NUMBER	1. COICOP CODE	DATES OF THE ISITS		1st visit	2nd visit	3rd visit	4th visit	5th visit	6th visit	7th visit	8th visit	9th visit	10th visit	11th visit	14. Where do you buy "..." 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 it.....10 Don't know.....11			
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD		MM	DD	MM
			2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "... " over the last 7 days?	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. How much did you spend on "... " since my last visit?					
			Nber of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount				
Mineral water	132	01.2.2.1.01																	
Carbonated Soft Drinks	133	01.2.2.2.01																	
Local banana juice	134	01.2.2.3.01																	
Passion fruit juice	135	01.2.2.3.02																	
Other juices of fruits (local)	136	01.2.2.3.04																	
Other juices of fruits (imported)	137	01.2.2.3.05																	
Sorghum juice(Ubushera)	138	01.2.2.4.01																	
ALCHOHOLIC BEVERAGES																			
Liqueurs (local)	139	02.1.1.1.01																	
Liqueurs (imported)	140	02.1.1.1.02																	
Wine (local)	141	02.1.2.1.01																	
Wine (imported)	142	02.1.2.1.02																	
Local Banana beer	143	02.1.3.1.05																	
Local sorghum beer(ikigage)	144	02.1.3.1.03																	
Other local beer	145	02.1.3.1.03																	
Commercial beer (local)	146	02.1.3.1.01																	
Commercial beer (imported)	147	02.1.3.1.02																	
MEALS & DRINKS PURCHASED AND CONSUMED OUTSIDE THE HOME																			
Shish kebab(Brochette)	148	11.1.1.1.01																	
Chicken / fish grilled	149	11.1.1.1.02																	
Bar and restaurant foods	150	11.1.1.1.03																	
Bar and restaurant drinks	151	11.1.1.1.04																	
Other meals and drinks purchased outside the household	152	11.1.1.1.05																	

SECTION 8: HOUSEHOLD EXPENDITURE AND SUBSISTENCE FARMING
PARTC: SUBSISTENCE FARMING
Respondents: People in charge of meals preparation

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

☐

Yes1

No....2 ⇒ SECTION 9

Name of people in charge of meal preparation	No ID

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?	3. How much did you consume since the last 7 days	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. How much "...." did you consume since my last visit?	14. Unit of measure declared	15. At what price could you sell one kg of "...."?								
			No. months	Quantity												Price								
CEREALS																								
Local rice	1	01.1.1.1.01													Kg									
Maize (fresh)	2	01.1.1.6.01													Kg									
Dry maize (grain)	3	01.1.1.6.02													Kg									
Sorghum	4	01.1.1.6.03													Kg									
Wheat (grain)	5	01.1.1.6.05													Kg									
Other cereals,	6	01.1.1.2.13													Kg									
CEREAL FLOURS																								
Corn (flour) (yasheshejwe ku mashini)	7	01.1.1.6.07													Kg									
Sorghum (flour)	8	01.1.1.6.08													Kg									
Wheat (flour)	9	01.1.1.6.09													Kg									
Millet (flour)	10	01.1.1.6.10													Kg									
Other flours of cereals,	11	01.1.1.2.14													Kg									
MEAT																								
Beef meat	12	01.1.2.1.01													Kg									
Sheep /Mutton / lamb meat	13	01.1.2.3.01													Kg									
Goat meat	14	01.1.2.3.02													Kg									
Pork meat	15	01.1.2.2.01													Kg									
Rabbit Meat	16	01.1.2.5.01													Kg									
Wild Meat	17	01.1.2.5.01													Kg									
Other Meats	18	01.1.2.5.03													Kg									
POULTRY & PRODUCTS																								

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?	3. How much did you consume since the last 7 days	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. How much "...." did you consume since my last visit?	14. Unit of measure declared	15. At what price could you sell one kg of "...."?								
			No. months	Quantity													Price							
Chicken live	19	01.1.2.4.01													Kg									
Other domestic poultries e.g ducks	20	01.1.2.4.02													Kg									
Eggs	21	01.1.4.7.01													Unit									
FISH																								
Fish (fresh / frozen)	22	01.1.3.1.01													Kg									
Fish (dry / smoked)	23	01.1.3.3.01													Kg									
DAIRY & PRODUCTS																								
Fresh milk	24	01.1.4.1.01													L									
Curdled Milk	25	01.1.4.5.02													L									
Cheese	26	01.1.4.5.01													Kg									
EDIBLE OILS																								
Local Butter (Amavutay'inka)	27	01.1.5.1.01													Kg									
Other animal fats	28	01.1.5.4.02													Kg									
Lard of pork	29	01.1.5.5.02													Kg									
FRUITS																								
Banana fruit (Imineke)	30	01.1.6.2.01													Kg									
Banana - beer (Ikakama/Inkashi)	31	01.1.6.2.03													Kg									
Banana - cooking (Inyamunyo)	32	01.1.6.2.02													Kg									
Mangos	33	01.1.6.5.02													Kg									
Papayas	34	01.1.6.7.03													Kg									
Avocado	35	01.1.6.5.01													Kg									
Pineapple	36	01.1.6.7.01													Kg									
Guava	37	01.1.6.7.02													Kg									
Orange (local)	38	01.1.6.1.01													Kg									
Tangerine	39	01.1.6.1.02													Kg									
Citron – Lemon	40	01.1.6.1.04													Kg									
Maracouja	41	01.1.6.1.03													Kg									
Plums	42	01.1.6.7.04													Kg									
Berries	43	01.1.6.5.03													Kg									
Other fruits, e.g jackfruit	44	01.1.6.1.17													Kg									
LEGUMES																								

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	ITEM NUMBER	1. COICOP CODE	2. How many months did you consume this out of the last 12 months?	3. How much did you consume since the last 7 days	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. How much "...." did you consume since my last visit?	14. Unit of measure declared	15. At what price could you sell one kg of "...."?								
			No. months	Quantity													Price							
Soya Flour	45	01.1.9.4.03													Kg									
Groundnut flour	46	01.1.6.8.03													Kg									
Sunflower Flour	47	01.1.1.2.12													Kg									
Ground nuts (peanuts)	48	01.1.6.8.01													Kg									
String bean	49	01.1.7.3.01													Kg									
Fresh bean	50	01.1.7.3.02													Kg									
Dry beans	51	01.1.7.5.01													Kg									
Soya (fresh)	52	01.1.9.4.03													Kg									
Soya (dry)	53	01.1.9.4.03													Kg									
Green pea (fresh)	54	01.1.7.3.03													Kg									
Green pea (dry)	55	01.1.7.5.02													Kg									
VEGETABLES																								
Tomato	56	01.1.7.3.04													Kg									
Onion	57	01.1.7.4.01													Kg									
Garlic	58	01.1.7.4.02													Kg									
Pumpkin	59	01.1.7.3.08													Kg									
Cucumber	60	01.1.7.3.06													Kg									
Eggplant	61	01.1.7.3.07													Kg									
Carrot	62	01.1.7.4.03													Kg									
Leeks	63	01.1.7.4.04													Kg									
Lettuce	64	01.1.7.1.01													Kg									
Celery	65	01.1.7.1.07													Kg									
Parsley	66	01.1.7.1.02													Kg									
Mushrooms	67	01.1.7.4.05													Kg									
Cassava leaves	68	01.1.7.1.06													Kg									
Amarante (small leafed green)(dodo,inyabuton go)	69	01.1.7.1.04													Kg									
Cabbages	70	01.1.7.2.01													Kg									
Spinach	71	01.1.7.1.03													Kg									
Amarante (large leafed green) (Imwija, shufureri)	72	01.1.7.1.05													Kg									
Other Vegetables,	73	01.1.7.1.25													Kg									
Ibishayote	74	01.1.7.1.26													Kg									
Pepper	75	01.1.9.2.02													Kg									

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?	3. How much did you consume since the last 7 days	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. How much "...." did you consume since my last visit?	14. Unit of measure declared	15. At what price could you sell one kg of "...."?								
			No. months	Quantity													Price							
ROOTS AND TUBERS																								
Irish Potato	76	01.1.7.7.01													Kg									
Sweet potato	77	01.1.7.8.01													Kg									
Cassava (root)	78	01.1.7.8.02													Kg									
Tarot/amateke	79	01.1.7.8.05													Kg									
Yams/lbikoro	80	01.1.7.8.06													Kg									
Other tubers	81	01.1.7.2.06													Kg									
Cassava (fermented)	82	01.1.7.8.03													Kg									
Cassava flour (gusekura)	84	01.1.7.8.04													Kg									
Cassava flour (gushesha kumashini)	85	01.1.7.8.04													Kg									
SUGAR & PRODUCTS																								
Sugarcane	86	01.1.8.1.03													Kg									
Honey	87	01.1.8.2.02													Kg									
SPICES																								
Pepper(ground/ liquid)	88	01.1.9.2.05													Kg									
Pepper-raw	89	01.1.9.1.07													Kg									
NON-ALCOHOLIC BEVERAGES																								
Coffee (local)	90	01.2.1.1.01													Kg									
Tea (local)	91	01.2.1.2.01													Kg									
Local banana juice	92	01.2.2.3.01													L									
Passion fruit juice	93	01.2.2.3.02													L									
Other fruit juices,	94	01.2.2.3.04													L									
Sorghum juice(Ubushera)	95	01.2.2.4.01													L									
ALCOHOLIC BEVERAGES																								
Local Banana beer	96	02.1.3.1.05													L									
Local sorghum beer (ikigage)	97	02.1.3.1.03													L									
Other local beer	98	02.1.3.1.03													L									
OTHER AGRICULTURAL PRODUCTS																								
Dried tobacco leaves	99	02.2.0.1.01													Kg									
Construction wood	100	04.3.1.1.02													Unit									
Charcoal (cooking)	101	04.5.4.1.01													Kg									
Wood (cooking)	102	04.5.4.1.02													Kg									

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

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.

No..... 2 =>Part B

11

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PART B: TRANSFERS RECEIVED BY THE HOUSEHOLD (IN)
RESPONDENT: HEAD OF THE HOUSEHOLD OR INFORMED MEMBER OF THE HOUSEHOLD

Exclude receipts such as dowry, contribution to wedding, baptism which are recorded in section 9D

Yes..... 1

No..... 2 =>Part C

11

[illegible]

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES
PART C1: VUP, UBUDEHE & RSSP SCHEMES

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

1	2	3	4		5
In what Ubudehe category is this household?	Has any member of your household ever received any income /Loan from VUP?	How many months have you been on the eligibility list and waiting to benefit from VUP?	Please specify the VUP programmes that your household benefitted from each year since 2008?	Year	VUP Code
Category 11			Direct Support only1⇒Q6	2008	
Category 2.....2	Yes in the past but not now.....1 ⇒ Q5	[Note: if less than 1 month, write "00"]	Public Works only.....2⇒ PART C3	2009	
Category 33	Currently VUP beneficiary.....2 ⇒ Q4		Financial services only.....3 ⇒ PART C4	2010	
Category 44			DS and FS services.....4 ⇒Q6	2011	
Don't know.....8	Currently Eligible but not yet benefiting.....3		Expanded PW.....5⇒ PART C3	2012	
	No, never...4⇒ S9CQ45		PW and FS Services.....6⇒ PART C3	2013	
			Expanded PW and FS7⇒ PART C3	2014	
			Not applicable/No Benefit.....8⇒Q45	2015	
				2016	
			Skips are respected if the current year is 2016 or 2017		
			If the HH received a loan before 2016 or 2017, write 3 from the first Year of loan payment up to the last year of payment	2017	
		Months			

5
Why is your household no longer benefit from the VUP program? [Do not read options]
Moved to a higher Ubudehe category.....1
We did not participate in training.....2
We are supported by other organizations/programs.....3
We found other sources of income.....4
The daily wages are too low [PW only].....5
Delay in payment [PW only].....6
Illness or disability [PW only].....7
Paid off VUP loan.....8
Worksites are too far away [PW only].....9
We do not want/like this kind of support (religious/moral reasons).....10
VUP Work ended12
Don't know13
Other, Specify:.....14
⇒ S9CQ45

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)
PART C2: VUP, UBUDEHE & RSSP SCHEMES

Direct support or DS+FS (If Q4 =1 or Q4 =4)							
6	7	8	9	10	11	12	13
How do you usually receive your Direct Support payment?	Do you usually receive your direct support payments on time?	How much did your household receive at the last Direct Support payment?	Is this more, the same or less than what you usually receive?	How much has your household been informed to get in VUP support payment every month?	How many months has your HH received Direct Support payments in the past 12 months?	Why have you not received for payment 12 months?	Have you used your direct support benefit for any of the following in the last 12 months?
Umurenge SACCO.....1	Yes, Every month.....1		It is more.....1 It is the same.... 2 It is less.....3	If does not know, put "99999"	If "12 Months" ⇒ Q13	New beneficiary.....1	Yes.....1
Other MFI.....2	No Between one and 30 days late.....2					Payment was delayed.....2	No.....2
Other, specify.....3	No More than 30 days late.....3					Other, Specify.....3	
							To buy food Clothes To buy home utensils Durable asset Education Health/medical Buy animals Invest in farm Invest in business or income generating activity Improve house Saving Other (specify)
		Amount		Amount	Months		<div style="border: 1px solid black; padding: 2px;"> If Q4=1⇒ Q45, if Q4=4 ⇒ PART C4 </div>

PART C3: VUP, UBUDEHE & RSSP SCHEMES

[illegible][illegible]

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

PART C4: VUP, UBUDEHE & RSSP SCHEMES

FINANCIAL SERVICES (If Q4 = 3,6, 7)											
00	01	30		31	32	33	34	35	36		37
ID of the person receiving FS loan	Loan ID	When was the loan received?		What type of financial services loan is it? Individual.....1 ⇒Q34 Cooperative (formal)...2 Group (informal).....3	How many people were included in the Financial Services loan application?	How many people are involved in the group /cooperative?	What was the total amount of the loan received?	What is the amount that has already been repaid by you to the SACCO/ account?	When was the last payment made?		Ask only if group or cooperative loan How much of the loan amount has '....' taken to use independently of the group/ cooperative?
		Month	Year						Month	Year	
					Number	Number	Amount	Amount			Amount
	1										
	2										
	3										
	4										
	5										

SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)
PART C4: VUP, UBUDEHE & RSSP SCHEMES

FINANCIAL SERVICES								
01	38		39	40	41	42	43	44
Loan ID	Have you used FS loan received for some of the following household's basic expenses? (2 main activities) To buy food.....01 Clothes.....02 To buy home utensils.....03 Durable assets.....04 Education.....05 Health/medical.....06 Buy animals/ Invest in farm.....07 Invest in business or income generating activity.....08 Improve house.....09 Saving.....10 Other (specify).....11 None activity12		What was the main project activity that '....' originally planned to do using the loan? Investment in Farming.....1 To buy Livestock....2 Poultry keeping.....3 Business/Trade.....4 Handcraft (Tailoring, Carpentry and other professions).....5 Other (specify).....6	On average, how much of the loan amount was used to cover other expenses?	Are you implementing the same project applied for or you changed? Yes, same project....1 ⇒ Q43 Yes, but different project ...2 No3 ⇒ Q45	What is the main current project activity? Investment in Farming...1 To buy Livestock.....2 Poultry keeping.....3 Business/Trade.....4 Handcraft (Tailoring, Carpentry and other professions).....5 Other (specify).....6	How many people are employed by this project other than '....' and other members of the group or cooperative? <i>(Note: Include those that are working for cash or in kind payment)</i>	Is the project profitable? Yes.....1 No.....2
	1 st Activity	2 nd Activity					No. of people	
1								
2								
3								
4								

SECTION 9C: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES (contd.)
PART C5: VUP, UBUDEHE & RSSP SCHEMES

45	46					
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 subsidized 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

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

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, bucket, etc.)	10			
Other benefits to the household (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 (Property, Non agricultural land, House, Car,.....)	17			
Property rent (Fixed or non-fixed assets)	18			
NGO/ Charity contribution to education costs	19			
Royalties (Copyright,)	20			
Other benefits (specify..)	21			

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 own household	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 A: CREDIT

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

Ensure that all loans and appropriations of the household (i.e. debts of the household) are enumerated here. Count also the loans and appropriations already mentioned in S6DQ24 & Q30, S7CQ5 and S9C1Q4 & S9C4Q31

1	2	3	4	5	6	7	8	9	10	11	12
Over the last 12 months, is there any member of household who requested for and failed to get a loan?	Main reason loan wasn't granted? Insufficient income.....1 Insufficient collateral..... 2 Problems related to debts history 3 Unclear purpose of the loan 4 Other reasons.....5	Are there any members of the household who owe/owed money or goods over the previous 12 months? Yes.....1 No..... 2 =>Part B	ID numb er of the loan	What is the origin of the loan? Employer loan01 Commercial bank....02 Borrowed from Relative.....03 Credit Cooperative04 Tontine (community).....05 Informal lenders.....06 Microfinance07 VUP financial services loan08 Ubudehe loan09 SACCOs10 Other (specify).....11	Which household member received the Loan?	What is the amount of the loan? (Interest excluded)	What are the total interest payments on the Loan?	What was the main purpose of the loan? Agricultural Equipment01 Agricultural inputs..... 02 Business expansion03 House Improvement 04 Education.....05 Medical Treatment06 Ceremony (marriage, funeral, baptism).....07 Purchase of household Items.....08 Livestock purchase 09 Others specify)10	What was the property required to Secure the loan? Land.....1 Animals.....2 House.....3 None.....4 Other.....5	Has the loan been repaid either partially or completely? Yes all..... 1 Yes part....2 No..... 3 => following loan	Over the course of the last 12 months, how much of the loan has been paid by "..."? (including bank loan, interest and payment in kind)
					No ID	Amount	Amount				Amount
			1								
			2								
			3								
			4								
			5								
			6								
			7								
			8								
			9								
			10								

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

i) Items	1	2	3	4
	Item code	How many "...." does your household own? IF none put 0	Did your HH sell "...." in the last 12 months? Yes.....1 No..... 2 ⇒ Next article	What is the amount of sold item in last 12 months?
Bench	01			
Chairs sale a manger/Dining room sits	02			
Beds	03			
Table sale a manger/Dining room table	04			

ii) Items	1	2	5			6			7		
	Item code	How many "...." does your household own? IF none put 0, ⇒ following article	When did you acquire"...." ? If the article was bought before the last 12 months ⇒Q7			Purchase price if bought in the last 12 months IF GIFT WRITE 0			Current value		
			MOST RECENTLY PURCHASED THREE ITEMS			MOST RECENTLY PURCHASED THREE ITEMS			MOST RECENTLY PURCHASED THREE ITEMS		
			Article 1	Article 2	Article 3	Article 1	Article 2	Article 3	Article 1	Article 2	Article 3
			Month/Year	Month/Year	Month/Year	Price RwF	Price RwF	Price RwF	Value RwF	Value RwF	Value RwF
Radio (with or without CD player)	05										
Mobile telephone	06										
TV set	07										
Satellite dish	08										
Video / DVD player	09										
Decoder	10										
Music system	11										
Computer and accessories	12										
Living room suite (arm chairs, couch, coffee tables)	13										
Bicycle (For home use only)	14										

	1	2	5			6			7		
ii) Items	Item code	How many "...." does your household own? IF none put 0, => following article	When did you acquire"...."?			Purchase price if bought in the last 12 months IF GIFT WRITE 0			Current value		
			MOST RECENTLY PURCHASED THREE ITEMS			MOST RECENTLY PURCHASED THREE ITEMS			MOST RECENTLY PURCHASED THREE ITEMS		
			Article 1	Article 2	Article 3	Article 1	Article 2	Article 3	Article 1	Article 2	Article 3
			Month/Year	Month/Year	Month/Year	Price RwF	Price RwF	Price RwF	Value RwF	Value RwF	Value RwF
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										
Printer	28										
Water Filter	29										

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 interview

☐

		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 cooperatives..... 4 Other (specify)..... 5	What is the current amount of money in '.....'s savings account?	How much has '.....' deposited on average each month? If he has only one account continue to Q8 If he has another account go to next account (Q3), if not in Q4 =>Q8	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							
	4							
	5							
	6							
	7							
	8							
	9							
	10							