

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

#### NOTES ON EICV PANEL IDENTIFIERS FOR HOUSEHOLDS

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

#### ALL HOUSEHOLDS

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

**PANEL HOUSEHOLDS ONLY COMPLETE SECTION 0**

**LISTING HOUSEHOLD MEMBERS**

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

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

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

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

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

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



## HH IDENTIFICATION

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

## AII HOUSEHOLDS COMPLETE SECTION 1

### LISTING HOUSEHOLD MEMBERS

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

Name of the RESPONDENT: \_\_\_\_\_ NO ID: \_\_\_/\_\_\_/\_\_\_/  
(to refer to the list of  
Members of the household)

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

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

#### CRITERIA OF MEMBERSHIP OF THE HOUSEHOLD

- Those who answered "6 months" or less on Question 8 of section 1 are household members (but see below for exceptions)
  - If the answer on Question 8 of Section 1 is "more than 6 months" only the following individuals are household members:
    - THE HEAD OF THE HOUSEHOLD (DE JURE/DE FACTO)
    - THOSE WHO ARE NOT CURRENTLY LIVING IN ANOTHER HOUSEHOLD (who answered 'No' on Question 10 of Section 1)
    - CHILDREN AWAY AT SCHOOL
- Persons who joined the household as permanent members
- NEW HUSBANDS OR WIVES
  - NEWLY ADOPTED CHILDREN
  - NEW-BORNS LESS THAN 6 MONTHS
  - PEOPLE WHO RECENTLY JOINED THE HOUSEHOLD AND WILL RESIDE THERE PERMANENTLY

#### LISTING HOUSEHOLD MEMBERS

- 1) In the first position register the name of the **head of the household** followed by that of the **spouse**. In case of **several wives**, record them in order of their marriage and register the name of their **children** after the name of each wife starting with the eldest child.
- 2) Secondly, register the names of **the others people related to the head of household or his spouse(s)**, followed by the **name of their children** who currently live and take their meals here and recognize the authority of the household head.
- 3) In third position, register the names of **other nonrelated people to the head of household** or his spouse but who live and take their meals here and recognize the authority of the household head.

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

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

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

#### SECTION 1: ALL HOUSEHOLDS

#### RESPONDENTS: FOR EACH PERSON LIVING IN THE HOUSEHOLD DURING



**SECTION 1: INFORMATION ON MEMBERS OF HOUSEHOLD (CONTINUED)**  
**RESPONDENTS: FOR EACH PERSON LIVING IN THE HOUSEHOLD DURING ENUMERATION**

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



**SECTION 3: HEALTH**

RESPONDENTS: All members of the household

N O  I D	1.	2.	3.	4	5	6.	7.
	ID No of respondent	Does “..” suffer from a major disability which affects his/her life in general?  Without Disability.....1 Visual disability.....2 Deaf and/or mute.....3 Disability in the arms.....4 Disability in the legs .....5 Mental disability... .....6 Trauma.....7 Very old.....8 Other, specify.....9	What main health insurance does “..” carry?  RAMA.....1 Mutual insurance .....2 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  ==>Q6	<b>What is/was the nature of the problem?</b> <i>(if there are more than one, record the most serious)</i> Malaria ..... 1 Internal parasites... 2 Respiratory infection ..... 3 Skin disease ..... 4 Accident/injury ..... 5 Diarrhoea..... 6 Dental problem ..... 7 Reproductive issues ..... 8 Other, Specify 9	Over the last 4 weeks, has “...” consulted anyone in the medical profession, paramedical or a healer or visited a medical establishment?  Yes.....1 No .....2 <b>==&gt; Next person</b> Don't know. ....8 <b>==&gt;Next person</b>	What was the main reason of this consultation?  General visit or preventive.....1 Sickness.....2 Injury.....3 Sickness and injury.....4 Vaccination.....5 Prenatal care.....6 Postnatal care.....7 Other (specify) .....8  (In case of multiple consultations mention the latest)
01							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							



**PART A: GENERAL EDUCATION (CONTINUED)**

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



**PART A: GENERAL EDUCATION (Continued)**

		<b>SCHOOL ATTENDERS (Q7=1), except those in nursery class</b>			<b>LEAVING SCHOOL</b>	
		13	14	15	16	17.
N O I D	Did '.....' miss any day at school in the last 7 days?	How many school days did '.....' not attend in the last 7 days?	What was the primary cause of not attending school?	In which year did '.....' leave school?	Why did "....." leave school? (main reason)	
	Yes.....1		Dropped out.....01 =>Q17 Poor health ..... 02 Hunger ..... 03 Financial Reasons..... 04 Family circumstances .....05		Cost.....01 Work.....02 Marriage.....03 Change of residence.....04 Excluded .....05 Lack of interest.....06 Lack of family support.....07 War/Genocide .....08 Health .....09	
	No..... 2 => Part B, Q1		Fear of Punishment ..... 06 Holidays ..... 07 Transition between levels ..... 08 Completed Studies ..... 09 Other..... 10		Completed studies successfully.....10 Other reason .....11 (Specify)	
		Days		<b>If answers are from 02-10 =&gt; Part B, Q1</b>	Year	
	01					
	02					
	03					
	04					
	05					
	06					
07						
08						
09						
10						



**SECTION 5: HOUSING**

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

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

**PART A: BACKGROUND AND STATUS OF THE HOUSING OCCUPANCY**

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

7	8	9	10	11
How long has your household inhabited this dwelling?  Years      Months	Has your household lived in other dwelling before occupying your current house?  Yes .....1 No..... 2 => <b>Q10</b>	What was the main reason that made your household move to your current accommodation? Resettlement- policy.....01 Evacuated-disaster .....02 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 => <b>Part B Q1</b> Tenancy – Renting.....2 => <b>Part B Q4</b> Dwelling provided by employer.....3 => <b>Part B Q3</b> Dwelling provided free of charge.....4 => <b>Part B Q3</b> Appropriation/Squatting.....5 => <b>Part B Q3</b> Temporary camp or settlement.....6 => <b>Part B Q3</b> Other (specify).....7 => <b>Part B Q3</b>



**SECTION 5 PART C: SERVICES AND INSTALLATIONS**

ALL HOUSEHOLDS							
1.	2.	3.	4.	5.	6.	7.	8.
What is the <b>main source of water</b> used for your household?  Piped Into Dwelling..... 01 ⇒ <b>Q9</b> Piped to Yard/Plot..... 02 ⇒ <b>Q9</b> Public Tap/Standpipe ..... 03 Tube Well /Borehole ..... 04 Protected Well ..... 05 Unprotected Well ..... 06 Protected Spring..... 07 Unprotected Spring..... 08 Rainwater ..... 09 Tanker Truck ..... 10 Surface Water (River/Lake/Pond/Stream/ Irrigation Channel)..... 11 Other (specify) ..... 12	What is the distance in meters between your dwelling and this source?	What is the source of <b>drinking water</b> nearest to your dwelling?  Public Tap/Standpipe ..... 03 Tube Well /Borehole ..... 04 Protected Well ..... 05 Unprotected Well ..... 06 Protected Spring..... 07 Unprotected Spring..... 08 Rainwater ..... 09 Tanker Truck ..... 10 Surface Water (River/Lake/Pond/Stream/ Irrigation Channel)..... 11 Other (specify) ..... 12	What is the distance in meters between your dwelling and this source?	Does your household use the nearest drinking water source?  Yes.....1 ⇒ <b>Q10</b>  No ..... 2	What is the main reason preventing your HH to use the nearest drinking water source?  Too expensive .....1 Not safe.....2 Difficult terrain .....3 Too far.....4 Does not function ....5 Other (specify) .....6	What is the <b>source of drinking water used</b> by your household?  Public Tap/ Standpipe..... 03 Tube Well / Borehole..... 04 Protected well ..... 05 Unprotected Well ..06 Protected Spring ....07 Unprotected Spring 08 Rainwater..... 09 Tanker Truck..... 10 Surface Water (River/Lake/Pond/Stream / Irrigation Channel) 11 Other (specify) ..... 12	What is the distance in meters to the source you use?  <div style="border: 1px solid black; padding: 5px; display: inline-block;">⇒ <b>Q10</b></div>
	Distance in metres		Distance in metres				Distance in metres

ALL HOUSEHOLDS							
9.		10.	11.	12.	13.	14.	15.
How much was the last bill for water from EWSA or other distributors? (only your share, if the meter / bill is shared) and what period of time was covered.  <i>Take care to collect only the water part – if a joint electricity &amp; water bill.</i>		Did you buy water from a private vendor/neighbour during the last 7 days?  Yes ..... 1 No .....2 ⇒ <b>Q12</b>	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 ⇒ <b>Q14</b>	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 <i>(specify)</i>
Months	Amount		Amount			Amount	

**SECTION 5 PART C: SERVICES AND INSTALLATIONS (CONTINUED)**

ALL HOUSEHOLDS						
16	17	18	19	20	21	22
What is the main source of lighting in your home?  Electricity from EWSA ..... 01 Other electricity distributors .... 02 Bio Gas ..... 03 Generator.....04 ⇒ <b>Q18</b> Oil Lamp.....05 ⇒ <b>Q18</b> Firewood.....06 ⇒ <b>Q18</b> Candle.....07 ⇒ <b>Q18</b> Lantern ( <i>Agatadowa</i> ).....08 ⇒ <b>Q18</b> Solar panel.....09 ⇒ <b>Q18</b> Batteries+ bulb.....10⇒ <b>Q18</b> Other (specify).....11⇒ <b>Q18</b>	How much did your household pay for electricity the last 4 weeks? (bill or cash power) (Only your share, if the meter / bill is shared)	What is your primary source of cooking fuel  Firewood ..... 01 Charcoal ..... 02 Gas ..... 03 Biogaz ..... 04 Solar power..... 05 Electricity ..... 06 Oil/kerosene ..... 07 Crop waste..... 08 Animal dung..... 09 Other (specify) .. 10	How does your household dispose of its rubbish/garbage?  Publicly managed refuse area..... 1 Rubbish collection service.....2 Thrown in the household's fields or bushes .....3 Dumped in river/lakes/ditches .....4 Burnt.....5 Compost heap on own property ....6 Other (specify).....7	What type of toilet does your household use?  Flush toilet ..... 1 Pit Latrine with constructed floor slab .....2 Pit latrine without constructed floor slab .....3 Other (specify) .....4 No toilet(Bush, water channelled, river ,etc) .....5	Is the toilet facility shared with another household?  Yes.....1 No.....2	Has your dwelling faced any problems that resulted from environmental destruction in the previous 12 months?  Yes..... 1 No .....2 ⇒ <b>Q24</b>
	Amount					

ALL HOUSEHOLDS				
23.	24.	25	26	27
What is the main disaster you have experienced with your dwelling?  Floods.....1 Mountain slides.....2 Destructive rain.....3 Others(specify).....4	Have you received any environmental information in the last 12 months?  Yes..... 1 No ..... 2 ⇒ <b>Q26</b>	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 ⇒ <b>Part D</b>	What is the main kind of internet connection used by household members?  Landline/LAN ..... 1 Modem ..... 2 Mobile phone ..... 3 Wireless ..... 4 Other ..... 5









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

		ALL WITH ANY JOB IN PAST 12 MONTHS		Section 6C: WAGED/SALARIED ONLY THAT ANSWERED 1 OR 2 AT S6BQ15						
1	2	14	15.	16.	17	18	19	20		
ID NO. of the member	Employment (JOB) ID No	In which sector did “...” work in this job?	What was/is “...” occupational status in each activity?	What is the nature of “...”’s employment contract?	How often does “...”’s salary get increased?	Does this job provide “...” with Medical coverage?	Does this job provide “...” with Retirement pension/ Social Security contributions?	Does this job provide “...” with paid annual leave		
		Private non- farm .....01	Wage farm.....1	Permanent worker..... 1	Every year or less .....1	Yes.....1	Yes.....1			
		Private farm.....02	Wage non-farm.....2	Fixed-term contract .....2	Between 1 and 3 years .....2	No.....2	No.....2			
		Public .....03	Independent non-farmer.....3 ⇒ 6D	Casual worker .....3	After 3 or more years ...3					
		Cooperative.....04	Unpaid family farm worker .....5 ⇒6E	Seasonal worker.....4	Ad hoc .....4					
		NGO (local).....05	Non-farm family unpaid worker ..6 ⇒6E	Daily worker .....5	No increase .....5					
		International organisation .....06	Other non-paid worker.....7 ⇒ 6E	Other .....6	Don't know .....8					
		VUP Community work in Private enterprise.....07	Member of non-farm cooperative.....8 ⇒ 6E	<b>If answer is 3-6=&gt; Q22</b>						
		VUP Community work in public sector.....08	Member of farm cooperative .....9 ⇒6E							
		Household Domestic.....09								
		Other (specify).....10								
		Don't know.....98	<b>If the answer is 3-9=&gt; Next job if he has more than one job</b>							
		01								
		02								
03										
04										
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11										
12										
13										

















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

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

**PART A3: LIVESTOCK (Continued) Sale of livestock products**

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

**SECTION 7: AGRICULTURE (Continued)**

**PART A4: Livestock (Continued) Expenditure on livestock during the last 12 months**

	1	2	3	4	5	6
Products or Services	CODE	Have you incurred any expenses of "....." in the last 12 months?  Yes..... 1 No..... 2 <b>=&gt; next product</b>	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 <b>=&gt; Q6</b>	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 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)											
Code of Owners	Sex of owners Male.....1 Female.....2 Both.....3 Not applicable....4	Field/bloc No.	Surface area of the field	How did "...” obtain the plot or if not yours what arrangement is there for cultivating?  Inherited.....1 Purchase.....2 Gift.....3 Free use or loan...4=>Q8 Appropriation.....5 =>Q8 Share cropped.....6=>Q7 Leased.....7=>Q7 Other (specify).....8=>Q8	Does your household have the right to sell/use the land as guarantee for a loan?  Yes, to sell..... 1 Yes, Guarantee. 2 Yes, Both.....3 No..... 4	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?  Yes.....1 No.....2 =>next field	Is this plot irrigated at any time in the last growing season?  Yes.....1 No.....2	Is this parcel protected from erosion?  Yes.....1 No.....2 => Q12	What is the main kind of protection used?  Terracing ..... 1 Erosion fence .... 2 Erosion ditch..... 3 Planting trees .... 4 Other (specify) ... 5											
			Number of ares of parcel			Amount															
		01	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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**PART F: OTHER INCOME FROM AGRICULTURE**

SOURCE	CODE	1	2	3
		Over the last 12 months, have you obtained any income from '...'? Yes..... 1 No ..... 2 => 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			
Honey and wax	3			
Fish	4			
Firewood	5			
Charcoal	6			
Wooden planks	7			
Construction timber	8			
Hides and skins	9			
Grass feed for animals	10			
Flowers	11			
Others (pyrethrum, banana leaves,)	12			

**PART G: The cost and expenditure on agricultural activities.**

EQUIPMENT AND SERVICES	CODE	1	2
		Have you incurred expenditures of “...” over the last 12 months?  Yes..... 1 No..... 2 <b>=&gt; next item</b>	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		





<b>I) - EXPENDITURE DURING THE LAST 12 MONTHS</b>					
ITEMS	0	1	2	3	4
	ITEM NUMBER	COICOP CODE	Has your household purchased any "...." over the last 12 months?  Yes..... 1  No..... 2 => next item	How much did you spend on "..." over the last 12 months?          Amount	Where did you buy it most often?  Small shop/boutique .....01 Supermarket/ big shop.....02 Specialised shop.....03 Market .....04 Mobile seller.....05 Individual.....06 Service provider.....07 Bar/restaurant .....08 Other .....09 Do not ever buy it10 Don't know .....98
Suitcases	22	12.3.2.1.03			
Travel bags	23	12.3.2.1.04			
Hand bags (other than women's handbags)	24	12.3.2.1.05			
women's handbags	25	12.3.2.1.07			
Other personal effects, e.g. wallet	26	12.3.2.1.06			
Umbrellas	27	12.3.2.4.01			
Sunglasses	28	12.3.2.4.02			
<b>HOUSING</b>					
Building repairs (supplies)	29	04.3.1.1.01			
Building repairs (labor)	30	04.3.2.1.01			
<b>HOUSEHOLD FURNISHINGS &amp; APPLIANCES</b>					
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			

<b>I) - EXPENDITURE DURING THE LAST 12 MONTHS</b>					
ITEMS	0	1	2	3	4
	ITEM NUMBER	COICOP CODE	Has your household purchased any "...." over the last 12 months?  Yes..... 1  No..... 2 => next item	How much did you spend on "..." over the last 12 months?          Amount	Where did you buy it most often?  Small shop/boutique .....01 Supermarket/ big shop.....02 Specialised shop.....03 Market .....04 Mobile seller.....05 Individual.....06 Service provider.....07 Bar/restaurant .....08 Other .....09 Do not ever buy it10 Don't know .....98
Electric clothes iron	47	05.3.2.1.04			
Non-electric clothes iron	48	05.3.4.0.01			
Repair of household appliances	49	05.3.3.1.01			
Dishes (tableware)	50	05.4.0.1.01			
Kitchen and domestic utensils(Pots and pans)	51	05.4.0.3.01			
Cutlery, flatware and silverware	52	05.3.2.1.07			
Other household and garden tools	53	05.5.2.2.02			
<b>TRANSPORT</b>					
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			
<b>LEISURE &amp; RECREATION</b>					
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			
<b>HEALTH</b>					
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			
<b>OTHER SERVICES</b>					
Nursery and daycare fees	68	10.1.0.1.01			
Issue of administrative (official) documents	69	12.7.0.5.01			



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			
<b>COMMUNICATION</b>					
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			
<b>OTHER SERVICES TO THE HOUSEHOLD</b>					
Security services	40	04.4.4.3.01			
Photocopies/printing/scanner/other secretarial services	41	12.7.0.4.01			
<b>BASIC PREVENTION &amp; MEDICINES &amp; MEDICAL CONSULTATIONS</b>					
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			



ITEMS	DATES OF THE VISITS														13. 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 .....98										
	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	DD	MM
0. ITEM NUMBER	1. COICOP CODE	2. How many months did you purchase this out of the last 12 months?  Number of months	3 How much did you spend on "...." since my last visit?  Amount	4. How much did you spend on "...." since my last visit?  Amount	5. How much did you spend on "...." since my last visit?  Amount	6. How much did you spend on "...." since my last visit?  Amount	7. How much did you spend on "...." since my last visit?  Amount	8. How much did you spend on "...." since my last visit?  Amount	9. How much did you spend on "...." since my last visit?  Amount	10 How much did you spend on "...." since my last visit?  Amount	11 How much did you spend on "...." since my last visit?  Amount	12 How much did you spend on "...." since my last visit?  Amount	13.												
Motorcycle/Bicycle	17	07.3.2.1.04																							
Other transport, e.g Boats etc	18	07.3.4.1.02																							
<b>ENERGY AND MATERIALS FOR COOKING AND LIGHTING</b>																									
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																							
<b>REPAIRS</b>																									
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																							
<b>COMMUNICATION</b>																									
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																							
<b>OTHER EXPENDITURES</b>																									















		1st visit		2nd visit		3rd visit		4th visit		5th visit		6th visit		7th visit		8th visit		9th visit		10th visit		11th visit	
DATES OF THE VISITS																							
		DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM
ITEMS	0. ITEM NUMBER	1. COICOP CODE	2. How many months did you purchase this out of the last 12 months?	3. How much did you spend on "....." since my last visit?	4. How much did you spend on "....." since my last visit?	5. How much did you spend on "....." since my last visit?	6. How much did you spend on "....." since my last visit?	7. How much did you spend on "....." since my last visit?	8. How much did you spend on "....." since my last visit?	9. How much did you spend on "....." since my last visit?	10. How much did you spend on "....." since my last visit?	11. How much did you spend on "....." since my last visit?	12. How much did you spend on "....." since my last visit?	13. Where do you buy"... " most often?									
				Number of months	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	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 ..... 98									
<b>SUGAR &amp; PRODUCTS</b>																							
Cassava (flour)	104	01.1.7.4.02																					
<b>SUGAR &amp; PRODUCTS</b>																							
Sugar (local)	105	01.1.8.1.01																					
Sugar (imported)	106	01.1.8.1.02																					
Sugarcane	107	01.1.8.1.03																					
Jam, marmalade	108	01.1.8.2.01																					
Honey	109	01.1.8.2.02																					
Chocolate	110	01.1.8.3.01																					
Candy / Gum	111	01.1.8.3.02																					
Powdered juice(super dip)	112	01.2.2.3.01																					
<b>SPICE &amp; OTHER FOOD ITEMS</b>																							
Salt	113	01.1.9.1.02																					
Pepper(ground / liquid)	114	01.1.9.1.03																					
Vinegar	115	01.1.9.1.04																					
Mayonnaise	116	01.1.9.1.05																					
Tomato concentrate	117	01.1.9.1.06																					
Pepper-raw	118	01.1.9.1.07																					
Boullion cubes(MAGGI)	119	01.1.9.2.01																					
Baby food	120	01.1.9.3.01																					
Other food items	121	01.1.9.3.02																					
<b>NON-ALCHOHOLIC BEVERAGES</b>																							













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









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

DIRECT SUPPORT				
9	10	11	12	13
How long has your household been receiving direct support?	Do you usually receive your direct support payments on time?  Yes, every month.....1  No, between one and 30 days late .....2  No, more than 30 days late.....3	On average, what is the payment your household receives from direct support per month?	How much money has your household received in the last 12 months?	Have you been able to invest your direct support benefit in any asset? ...(record main investment)  To buy home utensils .....01 Durable assets .....02 Education .....03 Health/medical .....04 Buy animals .....05 Invest in farm .....06 Invest in business or income..... generating activity .....07 Improve house .....08 Saving .....09 Other (specify) ..... 10  <div style="border: 1px solid black; padding: 2px; display: inline-block;">⇒Q20</div>
Months		Amount	Amount	

PUBLIC WORKS					
14	15	16	17	18	19
For how long has your HH been involved in Public works?	How many household members worked in PWs in the last 12 months?	In total, how many months did these household members work over the last 12 months?	What is the total payment to all household members over the last 12 months?	Do you usually receive your PWs payments on time?  Yes, every 15 days ..... 1  No, between 15 days and one month ..... 2 No, more than one month 3	Have you been able to invest your public works pay in any asset? ...(record main investment)  To buy home utensils .....01 Durable assets .....02 Education .....03 Health/medical .....04 Buy animals .....05 Invest in farm .....06 Invest in business or income..... generating activity .....07 Improve house .....08 Saving .....09 Other (specify) ..... 10 Food/clothes .....11
Months	Number	Months	Amount		



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

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

**SECTION 9: TRANSFERS OF INCOMES, OTHER REVENUES AND EXPENDITURES**

**PART D: INCOME SUPPORT PROGRAMMES & OTHER REVENUES (excluding all incomes accrued from saving)**

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

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

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

<b>OTHERS EXPENDITURE</b>	<b>Code</b>	<b>Amount</b>
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	
<b>CEREMONIES</b>	<b>Code</b>	<b>Amount</b>
Wedding/Introduction ownhousehold	6	
Contribution to other household's wedding	7	
Baptism	8	
Death (Including funerary articles e.g. coffin, etc.)	9	
Religious festivals (Christmas, Easter, etc.)	10	
Offerings and tythes	11	
Other ceremonies (child naming, graduation ceremonies etc.)	12	
Other expenditure (to exclude any savings)	13	





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

**SECTION10: CREDIT, DURABLES AND SAVINGS**

**PART C: DEPOSIT AND SAVINGS**

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

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

Yes..... 1   
 No..... 2 => End of the Questionnaire

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