REPUBLIC OF RWANDA

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GENERAL POPULATION AND HOUSING CENSUS 16 - 30 AUGUST 2022

Legal Basis: Law n° 45/2013 of 16/06/2013 on the organisation of statistical activities in Rwanda.

CENSUS QUESTIONNAIRE (PRIVATE HOUSEHOLD)

| SECTION ML: LOCALISATION AND IDENTIFICATION OF HOUSEHOLD | | | | | | | |
|--|-----------------------------------|--|--|--|--|--|--|
| ML01. | PROVINCE/KIGALI CITY: | | | | | | |
| ML02. | DISTRICT: | | | | | | |
| ML03. | SECTOR: | | | | | | |
| ML04. | CELL: | | | | | | |
| ML05. | VILLAGE: | | | | | | |
| ML06. | ENUMERATION AREA (NO EA): | | | | | | |
| ML07. | AREA OF RESIDENCE (1.URBAN 2.RU | RAL) : | | | | | |
| ML08. | BUILDING NUMBER: | | | | | | |
| ML09. | HOUSEHOLD NUMBER: | | | | | | |
| ML10. | FOOT PRINT NUMBER (as it is shown | on the map) : | | | | | |
| ML11. | GPS COORDINATES: | Latitude: _ _ _ _ _ | | | | | |
| IVILII. | | Longitude: _ _ _ _ _ | | | | | |
| ML12. | DISTANCE: | | | | | | |
| | HOUSEHOLD TYPE: 1. Private HH | | | | | | |
| ML13. | 2. Institutional F | I H | | | | | |
| | | | | | | | |
| - | | e of Statistics of Rwanda as the enumerator of the General Population and housing census. | | | | | |
| _ | | ve the full enumeration of all Rwandan residents as well as their key characteristics; for the ish to talk with the head of the household. In general, the interview will last 30 min. All | | | | | |
| - | | you accept the interview, as your responses are very important for the country. | | | | | |
| • | | ew accepted => P01A (Start by making a list of HH members) | | | | | |
| ML14 | | iew is not done | | | | | |
| | | 1.Uninhabited dwelling | | | | | |
| | THE REASON OF NO INTERVIEW: | 2. Dwelling turned into business building | | | | | |
| | | 3.Dwelling destroyed | | | | | |
| | | 4.Refused | | | | | |
| ML15. | | 5.All residents are absents during the whole period of enumeration | | | | | |
| | | 6. The house is still inhabited by some members of HH | | | | | |
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| | HOUSEHOLD SCHEDULE (List of household members and visitors) | | | | | |
|---------------|--|--|--|--|--|--|
| N° | Name(s) of household members and visitors | | | | | |
| | 1. Resident household members | | | | | |
| ımber | INSTRUCTION: WRITE THE NAMES OF ALL RESIDENT MEMBERS WHO WERE PRESENT OR ABSENT IN THE REFERENCE CENSUS NIGHT: (15-16/08/2022) ACCORDING TO THE FOLLOWING ORDER: 1.Household head 2.Spouse 3.Household head son or daughter 4.Household adoptive child 5.Father/ Mother 6.Father-in-law/Mother-in-law | | | | | |
| Serial Number | 7.Brother-in-law/Sister-in-law 8.Brother/Sister 9.Grand Child 10. Son/Daughter-in-law 11.Other relative 12.House help 13.Non- relative 14.Unknown relationship to household head 2. Visitors RECORD THE NAMES OF ALL VISITORS WHO SPENT THE CENSUS NIGHT WITHIN THE HOUSEHOLD (IF ANY). (Please remember that visitors should be recorded after recording resident members) | | | | | |
| 1 | | | | | | |
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| | STICS OF THE POPULATION | | | | | | |
|--|--|-------------------------------------|--|--|--|--|--|
| FOR ALL MEMBERS | OF HOUSEH | OLD | | FOR RESIDENTS ONLY (P07=1) | | | |
| P01A: Serial Number of the person | | | P09A: was [NAME] born in Rwanda or abroad? | | | | |
| P01B: Surname of the person: | | | 1.ln Rwanda 2. Abroad =>P09C | | | | |
| P01C: Other names of the person | | | | P09B: In which District was [NAME] born? =>P10A | | | |
| P02: What is [NAME]'s relationship to Household? 01.Household head 02.Spouse 03.Son or daughter 04.Adoptive child 05.Father/ Mother 06.Father-in-law/Mother-in-law 07.Bother-in-law/Sister-in-law | 08. Brother/S 09. Grand Chi 10. Son/Daug 11. Other rela 12. House hel 13. Non-relati 14. Unknown | ld hter-in-la tive p ve | | SELECT ONE DISTRICT FROM THE LIST OF ALL DISTRICTS P09C: In which Country was [NAME] born? (SELECT THE COUNTRY FROM WORLD COUNTRIES LIST) P10A: How many years has [NAME] been living continuously in [District]? - Record 000 if less than 1 year - Record 888 if the residence has not changed since birth - If the residence has not changed since birth =>P12A | | | |
| P03: What is [NAME]'s Sex? 1.Ma | le | relations | 177 | P10B: Prior to come living in [district], was [NAME] residing in | | | |
| 2.Fen | nale | | 1 | Rwanda or abroad 1.In Rwanda | | | |
| P04: How old was [NAME] at his/her NOTE: RECORD AGE IN COMPLETI P05A: In which month was [NAME] bo | ED YEARS | [. | [] [] [] [] [] [] [] [] [] [] | 2.Abroad =>P11B P11A: In which District was [NAME] residing previously? (SELECT THE DISTRICT FROM THE LIST OF ALL DISTRICTS) | | | |
| P05B: In which year was [NAME] born | | r | | =>P12A P11B: In which Country was [NAME] residing previously? (Select the country among the world countries List) | | | |
| NOTE: RECORD 9999, IF THE YEAR IS UNKN | | | L_L_L_i | P12A: Is there any member of this household who does not have | | | |
| P06: What is [NAME]'s marital status ALL PERSONS AGED 12 YEARS AND 1.Married to one wife/husband official | ? O ABOVE | | | Rwandan Nationality? 1.Yes (Choose all non-Rwandans from the list of Household members 2.No (Make all Rwandans) => P13 | | | |
| 2.Married to one wife/husband not off3.Live in a polygamous union4.Divorced5. Separated6. Never married | icially | | LLI | P12E: What is [NAME]'s nationality? CHOOSE THE NATIONALITY FROM WORLD COUNTRIES LIST P13. What is [NAME's] Religious affiliation? 01.Catholic 02.ADEPR 08.Traditional/Animist | | | |
| 7. Widowed P07A: Is [NAME] usual resident or 1. Usual resident 2. Visitor => GO TO THE NE | | on censu | s night? | 03.Protestant 09. Other religion 04.Adventist 10. No Religion 05.Other Christians 11. Not stated 06.Muslim 99. Do not Know 07. Jehovah witness | | | |
| P07B: Did [NAME] sleep in this hou 1. Yes, slept in this HH (PR) 2. No, did not sleep in this HH (SECTION S: HOUSEHOLD SU | AR) | | ? | P14: What is [NAME]'s Medical insurance? 1.Mutuelle 5. Employer 2.RSSB (former RAMA) 6. Private insurance companies 3.MMI 7. NGOs | | | |
| Residence status | Both sexes | Male | Female | 4.Schools 8. None 9. Do not know DISABILITY: FOR RESIDENT AGED 5 YEARS AND ABOVE | | | |
| Present Resident (PR) | DOTH SEXES | wide | remale | P15: In this household, does any member have difficulty seeing? | | | |
| Absent Resident (AR) | | | | 1.Yes | | | |
| . , | | | | 2.None of the Household members has the difficulty =>P16 P15A: Who has difficulty seeing? | | | |
| Total Resident (PR+AR) | | | <u> </u> | CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | | | |
| Visitors(VIS) | | <u> </u> | 1 | | | | |
| Total Enumerated | | | | P15AA: Does [NAME] wear glasses? 1. Yes 2. No =>P15B | | | |
| ALL RESIDENT(P07A=1) AGED 1 | | D ABO\ | /E | | | | |
| P08A: How many spouses does [NAME] have? => P08C (FOR MEN IN POLYGAMOUS UNION ONLY) | | | | P15AB: Does [NAME] continue to have difficulties even when wearing glasses? | | | |
| IF THE NUMBER OF SPOUSES IS 8 OR ABOV | | | | 1. Yes 2. No => P16 | | | |
| P08B: What is the rank of [NAME] to His H | | | , | P15R: Would you say [NAME] has Same difficulty seeing a lat of | | | |
| (FOR FEMALE IN POLYGAMOUS UNIC | | | | P15E: Would you say [NAME] has Some difficulty seeing, a lot of difficulty or cannot do at all? | | | |
| IF THE RANK IS 8 OR ABOVE, WRITE 8. IF T | • | OWN WR | ITE 9 | 0. No difficulty (To be filled by CAPI if P15AA==2 OR P15AB==2) | | | |
| P08C: How old was [NAME] when he/she together with his/her partner (AGE RESERVED FOR ALL PERSONS WHO RESPONS OUESTION P06 IF THE AGE AT THE FIRST N | AT FIRST MARR OND 1,2,3,4,5, AI | IAGE)? ND 7 ON | | 1.Some difficulty 2.A lot of difficulty 3.Cannot see at all | | | |
| | | | | | | | |

| SECTION P: CHARACTERISTICS OF THE POPULATION | | | | | | | |
|--|---|--|--|--|--|--|--|
| DISABILITY: FOR RESIDENT AGED 5 YEARS AND ABOVE | P21: In this household, Does any member have short stature? | | | | | | |
| P16: In this household, does any member have difficulty hearing? | 1.Yes | | | | | | |
| 1.Yes 2.None of Household member has the difficulty =>P17 | 2.None of Household member has the difficulty =>P22 | | | | | | |
| P16A: Who has difficulty hearing? CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | P21A: Who has a problem of short stature? CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | | | | | | |
| | P22: In this household, does any member have albinism? | | | | | | |
| P16AA: Does [NAME] use hearing aid? 1. Yes 2. No =>P16B | 1.Yes 2.None of Household member has the difficulty =>P23A | | | | | | |
| P16AB: Does [NAME] continue to have hearing difficulties even if using hearing aid? | P22A: Who has a difficulty with albinism? CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | | | | | | |
| 1. Yes 2. No =>P17 (After the automatic fill in of modality "No difficulty" by CAPI on P16B) | ALL RESIDENT AGED LESS THAN 18 YEAS OLD | | | | | | |
| P168: Would you say [NAME] has Some hearing difficulty, a lot of difficulty or | P23A: Is [NAME]'s biological mother alive? 1.Yes | | | | | | |
| cannot do at all | 2.No | | | | | | |
| 0. No difficulty 2.A lot of difficulty 3.Cannot hear at all | 9.Don't know =>P23C | | | | | | |
| P17: In this household, does any member have difficulty walking or Climbing | P23B: Does [NAME]'s biological mother live in this household? 1.Yes 2.No => P23C | | | | | | |
| 1.Yes 2.None of Household member has the difficulty =>P18 | P23BB: Who is [NAME]'s biological mother? | | | | | | |
| P17A: Who has difficulty walking or climbing steps? | FROM THE LIST OF ALL FEMALES AGED [THE AGE OF CHILD +10] YRS OR ABOVE CHOOSE THE MOTHER | | | | | | |
| CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | P23C: Is [NAME]'s biological father alive? | | | | | | |
| P17B: Would you say Some difficulty, a lot of difficulty or cannot do at all? | 1.Yes | | | | | | |
| No difficulty Some difficulty A lot of difficulty A. Cannot walk or climbing steps at all | 2.No 9.Don't know => P24 | | | | | | |
| P18: In this household, does any member has difficulty communicating, for example being understood by others? | P23D: Does [NAME]'s biological father live in this household? 1.Yes 2.No =>P24 | | | | | | |
| 1.Yes | P23DD: Who is [NAME]'s biological father? | | | | | | |
| 2.None of Household member has the difficulty =>P19 | FROM THE LIST OF ALL MALES AGED [THE AGE OF CHILD +15] YRS OR ABOVE | | | | | | |
| P18A: Who has difficulty communicating, for example being understood? | CHOOSE THE FATHER | | | | | | |
| CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | P24: Was [NAME]'s birth registered in the Civil Registration books? | | | | | | |
| | 1.Yes => P29 2.No | | | | | | |
| P188: Would you say Some difficulty, a lot of difficulty or Cannot do at all? O. No difficulty 1.Some difficulty | 9.Don't know | | | | | | |
| 2.A lot of difficulty 3.Cannot communicate at all | ABOVE AND THOSE WITH LESS THAN 18 YEARS BUT | | | | | | |
| P19: In this household, does any member have difficulty | RESPONDED 2 AND 9 IN QUESTION P24 | | | | | | |
| remembering or concentrating? 1.Yes | P25: What is the type of official identification document does [NAME] have? 01.Rwandan Identity Card 09. Refugee ID | | | | | | |
| 2.None of Household member has the difficulty =>P20 | 02.Foreign Identity Card 09. Refugee ID 02.Foreign Identity Card 10. Rwanda Birth Certificate | | | | | | |
| P19A: Who has difficulty remembering or concentrating? CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | 03.Rwandan Passport 11. Foreign Birth Certificate | | | | | | |
| | 04.Foreign Passport 12. Embassy/ Consular issued Documents 05.Rwandan Nationality Certificate 13. No document | | | | | | |
| P198: Would you say Some difficulty, a lot of difficulty or Cannot do at all? | 06.Foreign Nationality Certificate 13. No document 15. No document 14. Other (specify) | | | | | | |
| 0. No difficulty | 07.Refugee travel document 99. Don't know | | | | | | |
| 1.Some difficulty 2.A lot of difficulty | 08. Proof of registration for refugees | | | | | | |
| 3.Cannot remember or concentrate at all | QUESTION P25A-P28 ARE FOR THOSE WHO ANSWERED 13 ON P25 | | | | | | |
| P20: In this household, does any member have difficulty with self-care such as | P25A: Why does [NAME] not have any official identification document? | | | | | | |
| washing all over or dressing? 1.Yes 2. None of Household member has the difficulty > 0.21 | 1. In process looking for it 2. The request got rejected 5. Other reason(specify) | | | | | | |
| 2.None of Household member has the difficulty =>P21 | 3. Under required age 9. Do not know | | | | | | |
| P20A: Who has difficulty with self-care such as washing all over | P26: What is the Nationality of [NAME]'s Parents? | | | | | | |
| or dressing? CHOOSE FROM THE LIST OF HOUSEHOLD MEMBERS | 1. Both are Rwandan 2. One is Rwandan | | | | | | |
| P20B: Would you say Some difficulty, a lot of difficulty | 3. Both are non-Rwandan 9. Don't know | | | | | | |
| or cannot do at all | IF P25A=1 or 3 AND P26=1 =>P29 | | | | | | |
| No difficulty Some difficulty | P27: Are [NAME]'s Parents still alive? | | | | | | |
| Some difficulty A lot of difficulty | FOR RESIDENT AGED 18 YEAS OLD OR MORE | | | | | | |
| 3. Cannot do at all | 1. Yes Both 3. No | | | | | | |
| | 2. Yes, one of them 9. Don't know | | | | | | |
| | | | | | | | |

| SECTION P: CHARACTERISTICS OF THE POPULATION | | | | | | |
|--|---|--|--|--|--|--|
| P28: Do Parents of [NAME] have or had legal Residence in Rwanda? 1. Yes Both 2. Yes, one of them 9. Don't know | P35: Where does [NAME] often access Internet? 1.From Home 2.From work place 3.From School/Place of Education | | | | | |
| EDUCATION: ALL HOUSEHOLD RESIDENTS P29: Has [NAME], previously attended or is currently attending school / ECD? | 4.From Another Person's home 5.From Community Internet access facility 6.From cyber café/From Commercial Internet Access facility 7.Other | | | | | |
| 1.Has previously attended 2.Is currently attending | MOBILE PHONE OWNERSHIP | | | | | |
| 3.Has never attended =>P32 P30A: What is the highest level of education did [NAME] attend or is currently attending? | P36A: Does any member of this household own the mobile phone? 1.Yes 2. =>P37 | | | | | |
| 1.ECD =>P32 | P36E: Who own the mobile phone among members of the household? CHOOSE FROM THE LIST OF HH MEMBERS | | | | | |
| 2.Nursery 3.Primary | P36C: What type of mobile phone does [NAME] have? | | | | | |
| 4.INGOBOKA /Vocational training | 1.Smart phone 2.Ordinary phone with radio | | | | | |
| 5. Lower secondary 6. Upper secondary 7. Tertiary | 3.Ordinary phone withhout radio | | | | | |
| P30B: How many years of school did [NAME] complete successfully at that level? YEARS | IF ONE HAS BOTH TYPE, CHOOSE SMART PHONE | | | | | |
| WRITE 99 IF THE NUMBER OF COMLETED YEAR IS UNKOWN P31: What is the highest certificate/degree [NAME] obtained? | EMPLOYMENT: FOR RESIDENTS AGED 16 YEARS OLD AND ABOVE | | | | | |
| THE QUESTION IS ASKED IF P30A IS 3,4,5,6,7 | P37: During the last 7 days, did [NAME] do at least one of the following | | | | | |
| Primary school certificate Post primary certificate (CE/FM/TVET I/TVET II) | even if only for one hour? -Work for wage or salary, commission or tips -Work for pay in kind | | | | | |
| 3. EMA/ENTA | -Work in own business | | | | | |
| 4. O' level Certificate 5. A3/D4/D5 | -Helped unpaid in a family business or a job of a family member | | | | | |
| 6. A2/D6/D7 | -Farming for pay in cash or in Kind -Self-employed in farming/fishing/forestry mainly for market | | | | | |
| 7. TVET certificate III 8. TVET certificate IV | -As paid internees | | | | | |
| 9. TVET certificate V | 1.Yes =>P46 2. No | | | | | |
| 10. TVET advanced diploma (A1) | P38: During the last 7 days, did [NAME] have a paid job or a business from which he/she was temporarily absent and for which he/she expects | | | | | |
| 11. Diploma(A1): D6+2-3yrs | to return? | | | | | |
| 12. Bachelor(A0): D6+3-6yrs 13. Post Graduate Diploma | 1.Yes 2.No =>P42 | | | | | |
| 14. Masters: Bachelor+1-2yrs | P39: What was the main reason for which [NAME] was absent from work | | | | | |
| 15. Doctorate(PhD) | during the last 7 days? 1.Sick leave due to own illness or injury =>P46 | | | | | |
| 16. None 99. Do not know QUESTIONS P32 -P36 ARE RESERVED FOR PERSONS | 2.Annual leave/ maternity leave | | | | | |
| AGED 10 YEARS OLD AND ABOVE | 3.Seasonal worker =>P42 | | | | | |
| P32: Can [NAME] read, write and understand the following | 4.Business closed due to COVID-19 5.Self or Family in Quarantine | | | | | |
| languages? MORE THAN ONE LANGUAGE IS ALLOWED READ MODALITIES STARTING BY KINYARWANDA | 6.Laid off because of COVID-19 while business continued | | | | | |
| 1. Kinyarwanda 8. Swahili | 7.Not able to go to work due to COVID-19 movement restrictions | | | | | |
| 2. English 4. French 0. None | 8.Other | | | | | |
| P33: Has [NAME] ever attended or currently attending Informal | P40: Does [NAME] continue receiving an income from his/her job during absence? | | | | | |
| adult literacy Program? | 1.Yes =>P46 | | | | | |
| (RESERVED FOR THOSE WHO ANSWERED P29=3 OR P30A<4 | 2.No 9. Don't know | | | | | |
| AND P30B<4) 1.Yes, Still Attending | P41: Was [NAME] planning to go to work for a period less than | | | | | |
| 2.Yes, Completed | 3 months? 1.Yes =>P46 | | | | | |
| 3.Never attended | 2. No | | | | | |
| INTERNET ACCESS | 9.Don't know | | | | | |
| DOA'S DISTRIBUTED integrant in the least 42 are with 2 | P42: During the last four weeks did [NAME] work in farming, fishing or hunting mainly for own consumption | | | | | |
| P34: Did [NAME] use internet in the last 12 months? 1. Yes | 1.Yes | | | | | |
| 1. Yes 2. No => P36A | 2.No | | | | | |
| 9. Don't know => P36A | | | | | | |
| | | | | | | |

| SECTION P: CHARACTERIS | STICS OF THE POPULATION |
|---|---|
| ONLY FOR THOSE AGED 16 YEARS AND ABOVE | FOR RESIDENT WOMEN AGED 10 YEARS AND ABOVE |
| P43: During the last four weeks did [NAME] look for a paid job or | P50A: Has [NAME] ever given a live birth? |
| tried to start a profit job? | 1.Yes 2.No => Next Person |
| 1.Yes => P45 2.No | Z.NO —>Next reison |
| | |
| P44: In the last 4 weeks, did [NAME] find a profit job or was planning to start his/her own business? | P50B_Boys: How many live boys has [NAME] ever had? |
| 1. Yes 2. No | P50B_Girls: How many live girls has [NAME] ever had? |
| | P50C_Boys: Among those boys how many are still alive? |
| P45: If a paid job or business opportunity become available, could | TO BE ASKED IF P50B_BOYS>0 |
| [NAME] have started work during the last 7 days or within the next two weeks? | P50C_Girls: Among those girls how many are still alive? |
| 1.Yes | TO BE ASKED IF P50B_GIRLS>0 |
| | P51A: During the 12 months prior to the census night (From |
| P46: What is [NAME]'s institutional sector of employment? | 16/08/2021-15/08/2022) Did [NAME] give a live birth? 1.Yes |
| READ ANSWERS FOR RESPONDENT 1.Public institution/enterprise | 2.No =>Next Person |
| 2.Mixed public and private enterprise | P51B_Boys: How many live boys did [NAME] have during the 12 |
| 3.Private in non-agriculture activities | Months prior to the census night (From 16/08/2021-15/08/202 |
| 4.Private in agriculture activities 5.VUP | P51B_Girls: How many live girls did [NAME] have during the 12 |
| 6.International NGO/International organization" | Months prior to the census night (From 16/08/2021-15/08/2022)? |
| 7.Local NGO/Religious organization | 100 |
| 8.Cooperative 9.Household(Domestic workers) | |
| P47: What is the main product, service or activity of [NAME]' | |
| place of work? (Explain): | |
| P47A. ISIC | P51C_Boys: Among those boys how many are still alive? TO BE ASKED IF P51B_BOYS>0 |
| P48: What was [NAME]'s main occupation (main duty) during the | |
| last 7 days? Main | |
| occupation: | P51C_Girls: Among those girls how many are still alive? TO BE ASKED IF P51B_GIRLS>0 |
| Example : Teacher in primary school, Vegetable seller, House help, | TO BE ASKED IF 131B_GIRES/V |
| Taxi Driver P48A. ISCO | =>GO TO NEXT PERSON/SECTION H |
| P49: In this job, is [NAME]' working as? | |
| (What is [NAME]'s status in employment?) READ ANSWERS FOR RESPONDENT | |
| 1.Employee | |
| 2.Paid apprentice/Internee | |
| 3.Employer (with regular employees) 4.Own account worker (without regular employees) | |
| 5.Member of cooperative | |
| 6.Contributing family worker | |
| 7.Other | |

| SECTION H: HOUSING CHARACTERISTICS | | | | | |
|---|--|--|--|--|--|
| MAIN MATERIAL OF THE FLOOR | | | | | |
| H07: What is the main material used for the floor? | | | | | |
| 1. Earth 6. Wooden floor 2. Dung hardened 7. Ceramic/clays/Granite tiles 3. Concrete 8. Cement 4. Stones 9. Other 5. Burnt bricks NUMBER OF ROOMS | | | | | |
| H08: How many rooms do the housing units have, including bathrooms, toilets, kitchen, store rooms? | | | | | |
| ELLI | | | | | |
| NUMBER OF ROOMS FOR SLEEPING H09: How many rooms are used for sleeping? H10: Are Sleeping rooms for Boys separated from those for Girls? 1.Yes 2.No | | | | | |
| _ 3.NA | | | | | |
| MAIN SOURCE OF WATER | | | | | |
| H11: What is the main source of water used by your household for general purposes such as cooking and handwashing? 1.Internal pipe-born water 2.Pipe-born water in the compound 3.Pipe-born water from the neighbor HH 4.Public tap out of the compound 5.Tube Well /Borehole 6.Protected Spring/Well 7.Unprotected Spring/Well 8.Rain water 9.Tanker Truck 10.River/Lake/Pond/Stream/Irrigation Channel " 11.Lake/Stream/Pond/Surface water 12.Other | | | | | |
| SOURCE OF DRINKING WATER | | | | | |
| H12: What is the main source of drinking water for members of your household? 1. Internal pipe-born water 2. Pipe-born water in the compound 3. Pipe-born water from the neighbor HH 4. Public tap out of the compound 5. Tube Well /Borehole 6. Protected Spring/Well 7. Unprotected Spring/Well 8. Rain water 9. Tanker Truck 10. River/Lake/Pond/Stream/Irrigation Channel 11. Lake/Stream/Pond/Surface water 12. Mineral water 13. Other | | | | | |
| | | | | | |

SECTION H: HOUSING CHARACTERISTICS TYPE OF TOILET FACILITY MODE OF WASTE DISPOSAL H19: "What is the main mode of household waste disposal used?" H13: "What is the main type of toilet facility used by the members of the household?" 1. Public Composit dumping 1.Flush toilet used by one Household 2. Household ompost dumping 2. Flush toilet used by several Households 3. Waste collection companies 3. Pit Latrine with constructed floor slab used by one HH 4. Thrown in the household's fields or bushes " 4. Pit Latrine with constructed floor slab used by several HH 5 Rurnt 5.Pit Latrine without constructed floor slab used by one HH 6. In a River/Stream/Drain/Gutter/lacs 6.Pit Latrine without constructed floor slab used by several HH 7. Other 7. Bush **MODE OF SEWAGE DISPOSAL** 8. Other H20: What is the main mode of sewage disposal used by MAIN SOURCE OF ENERGY FOR LIGHTING the household? H14: Is this HH connected to the REG grid line or to other electric 1.Sump 5. Main sewer lines? 2.In the courtyard 6. Cesspool 2.No 3.Rivulet/Trench/Channels 7. Bush H15: What is the main source of energy that the household uses for 4.In the street 8. Other lighting? **HH ASSETS** 01. Electricity from REG 08. Candles H21: Does your household has the following assets in functioning 02. Private Hydro Mini grid 09 Firewood Condition? 1. Yes 03. Standalone solar system 10. Batteries 1. Radio 9. Bed 04. Private Solar Mini Grid 11. flashlight /phone flashlight 2.Television 10. Tables 05. Generator 12. Rechargeable battery 3. Refrigerator/ 11. Sofa \subseteq Freezer for HH use 06. Kerosene/ Paraffin lamp 12. Computers 13. Lantern only 07. Biogas 14. Other 4.Gas/Electrical 13. Vehicles for household use only **ENERGY FOR COOKING** Cooker H16: "What is the main source of energy the household uses for cooking?" 5. Washing machine 14. Motorcycles for household use 01. Firewood 6.Microwave 15. Bicycles for household use only 02. Charcoal 03. Gas 7. Mattress 16. Electrical/Charcoal Iron 04. Electricity 11. Peat 8. Bench/Chair 05. Kerosene/Parafine 12. sawdust LIVESTOCK 06. Biogas 13. Straw/shrub/grass 07.Solar power 14. Other(specify) H22: Does your household has any big /small livestock, beehive 8. Crop waste 15. Do not cook =>H19 or dog? 09. Animal dung 1.Yes 2.No =>H23 10. Briquette H17: "Is there any additional source of energy the household uses for H22A: What type of livestock do you have? cooking?" If Yes; which? 01. Firewood SELECT Livestock type 02. Charcoal 01. Local breed cows 03. Gas 02. Exotic breed cows 03. Cross breed cows 04. Electricity 04. Local goats 05. Kerosene/Parafine 05.Exotic goats 06. Biogas 06.Cross goats 07.Solar power 07. Local sheep 8. Crop waste 08. Exotic sheep 09. Animal dung 09. Local pigs 10. Exotic pig 10. Briquette 11. Cross pig 11. Peat 12. Rabbits 12. sawdust 13. Broiler chicken 14. Layers chicken 13. Straw/shrub/grass 15. Dual purpose chicken 14. Other(specify) 16. Local chicken 15. None 17.Duck **ENERGY SAVING STOVE** 18.Turkey 19. Other poultry H18: Does your HH use a cooking energy saving stove? (Do not ask if H16 and 20.Camel H17 responded 3,4,5,6,7) 21.Bees hive 22.Dogs 1. Yes 23.Others 2. No

| SECTION H: HOUSING CHARACTERISTICS | | | | | | | |
|---|---|-------------------|---|---------------------------------------|-------------|---------------|-------------|
| H22B: "How many (Type of live | stock) do you have | now | H25: What type of vegetables that household grew in last 12 | | | | |
| and in which district are | months? Ask this question if on question H24 vegetables is in | | | | | | |
| Livestock type | Number | Location/District | selected crops" | | | | |
| 01. Local breed cows | | | | ASK THIS QU | IESTION IF | H24=16 | |
| 02. Exotic breed cows | | | 01.Amaranths | | 13.Garlic | | |
| 03. Cross breed cows | | | 02.Tomato | | 14.Lettud | ce | 221 |
| 04. Local goats | | | 03.Cabbage | 111 | 15.Brocc | oli | |
| 05.Exotic goats 06.Cross goats | +-+-+-+-+ | +-+-+ | 04.Onion | | 16.Spina | ch | |
| 07. Local sheep | | | 05.Carrot | | 17.Celery | У | 226 |
| 08. Exotic sheep | | | 06.Eggplant | | 18.Leeks | i | |
| 09. Local pigs | +-+-+- | | 07.Black eggplant | | 19.Pump | kin | |
| 10. Exotic pig | | | 08.Sweet pepper | | 20.Cocur | mber | |
| 11. Cross pig | | | 09.Pepper | | 21.Mush | room | |
| 12. Rabbits | | | 10.Cauliflower | | 22.Chayo | ote | |
| 13. Broiler chicken | +-+-+-+ | | 11.French beans | | 23. Cassa | ava Leaves | |
| 14. Layers chicken 15. Dual purpose chicken | | | 12.beetroot | | 24.Other | vegetables | |
| 16. Local chicken | +-+-+-+ | +-+-+ | H26. IIII ann mann ta | | | | |
| 17.Duck | +-+-+-+ | | H26: "How many te | | - | | |
| 18.Turkey | | | Ask this question if a selected crops | on question | nz4 tea tre | ee is in | |
| 19.Other poultry | +-+-+- | | | · · · · · · · · · · · · · · · · · · · | | | |
| 20.Camel | | | H27: How many cof | | | | |
| 21.Bees hive | F - T - T - T - T | | Ask this quest is in selected (| | estion H24 | Corree tree | L- |
| 22.Dogs | | | is in selected (| Lrops | | | |
| 23.Others | <u>i i i i</u> | | H28A: Does your ho | ousehold ha | s any fruit | tree? | |
| | | | 1.Yes 2.No => Go to Section M | | | | |
| AGRICULTU | RAL ACTIVITIES | | H28B: What Type a | ind How ma | _ | ees) does you | r household |
| H23: During the last 12 months d | id any member of t | his household | 1 | 28BA: Typ | grow? | 28BB: How ma | any troop |
| grow crop? | • | | ll . | Zoba. Typ | | do you have? | any trees |
| (DO NOT INCLUDE AGRICULTURA | L ACTIVITIES DONE | IN KITCHEN | 1.Avocado | | - | uo you naver | 7 |
| GARDEN) | | | | L_1 | | | . I |
| 1. Yes | | | 2.Orange | L_1 | | | .1 |
| 2. NO →H28A | | | 3.Papaya | LLI | Ĺ | | .1 |
| H23A: Where were agricultura | al activities done | ? | 4.Guava | | 1 | | .i |
| 1.In household owned land | | _ | 5.Lemon | | | | |
| 2.In rented land (in cash or in kind | payment or for free | e) | 6.Mango | | [| | |
| 3.In both households owned land | and in rented land | | 7.Mandarin | | | | 7 |
| | | | 8.Jack fruits | r = - | - | | 7 |
| H24: " What types of crops di | d your househol | d grow in last | | L _ I | | | - |
| 12 | 2 months? | | 9.Beefheart | L _ I | | | .1 |
| 01.Maize | 12. Yams& Taro | | 10.Passion fruits | LLi | | | |
| 02.Rice | 13. Cooking Bana | na 🛄 | 11.Pineapple | | | | |
| 03.Sorghum | 14. Dessert Banar | na [] | 12.Tree tomato | | | | |
| 04.Wheat | 15. Banana for Be | eer [| 13.Watermelon | | | | |
| 05.Bean | 16. Vegetables | | 14.Strawberry | r = - | | | |
| 06.Pea | 17. Tea | 223 | I | L _ I | | | |
| 07.Groundnut | 18. Coffee | | 15.Other fruit | LLI | | | |
| 08.Soybean | 19. Sugarcane | | 1 | | | | |
| 09.Cassava | 20. Pyrethrum | | 1 | | | | |
| 10.Sweet potato | 21. Flowers | 221 | 1 | | | | |
| 11.Irish potato | 22. Others, specif | y | 1 | | | | |
| | 1 | | 1 | | | | |
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| | SECTION M: MORTALITY | | | | | | | | | | | |
|-----|--|--------------------|---|---|---|--|--|--|---|--|--|--|
| F | M1: Is there any member of the household who died 12 months prior to the census night (16/08/2021-15/08/2022)? 1.Yes 2.No => End of the interview If there was a death in the HH during the 12 months prior to the census night ,Write their Names and ask the following questions | | | | | | | | | | | |
| S/N | M2: Names | M3: SEX | M4: AGE at Death | If the Deceased Person was a female aged 10- 49 years, we ask the following questions: | | | | | | | | |
| | Write the names of those who died during the last 12 months | 1.Male 2.Female | How old was [NAME] when (he/she) died? IF THE AGE IS 1 YEAR OR ABOVE => M5 (Record 000 if less than 1 year) | How many months or days [NAME] had before dying? RECORD THE ANSWER IN MONTHS IF THE AGE WAS FROM 1 TO 11 MONTHS. RECORD THE ANSWER IN DAYS IF THE AGE WAS FROM 0 TO 29 DAYS | where the death for the [NAME] took place? 1. At community 2. At health facilities | "What is the manner of death of [NAME]? 1.Natural cause/disease 2.Accident 3.Suicide 4. Homicide 9. Don't know IF THE ANSWER IS 2-9 =>Next Person End if no other died person | M7: "Did [NAME] death occur while Pregnant? 1.Yes => Next Person 2.No | M8: "Did the death Occur during the childbirth? 1.Yes =>Next Person 2.No | M9: "Did the death occur during the 6 weeks' period following the termination of pregnancy? 1: Yes =>Next Person 2: No=>Next Person =>Next Person End if no other died person | | | |
| 1 | ••••• | | | 1:days 2:months | | | | | | | | |
| 2 | ••••• | | | 1:days 2:months | | | | | | | | |
| 3 | | | | 1:days 2:months | | | | | | | | |